

HEALTH SELECT COMMISSION

- Date and Time :-** Thursday, 13 June 2019 at 2.00 p.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), Short (Vice-Chair), John Turner, Vjestica, Walsh, Williams, Wilson and Yasseen)
- Co-opted Members – Robert Parkin (Rotherham Speak Up)**

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

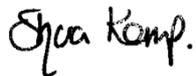
Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Democratic Services Officer of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence
To receive the apologies of any Member who is unable to attend the meeting.
2. Declarations of Interest
To receive declarations of interest from Members in respect of items listed on the agenda.
3. Questions from members of the public and the press
To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.
4. Minutes of the previous meeting held on 11th April, 2019 (Pages 1 - 19)
To consider and approve the minutes of the previous meeting held on (insert date) as a true and correct record of the proceedings.
5. Communications
6. Sexual Health Strategy for Rotherham (Refresh 2019-2021) (Pages 20 - 54)
7. Response to the Scrutiny Workshop - Adult Residential and Nursing Care Homes (Pages 55 - 62)

8. 2018 Annual Report of the Director of Public Health (Pages 63 - 86)
9. Healthwatch Rotherham
10. South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update
11. Urgent Business
12. Date and time of next meeting

The next meeting of the Health Select Commission will be held on Thursday, 11th July, 2019, commencing at 2.00 p.m. in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

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11th April, 2019

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

Tony Clabby, Healthwatch Rotherham, was in attendance.

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

Apologies for absence were received from Councillors Andrews, Bird and Taylor.

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

79. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

80. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

81. MINUTES OF MEETING HELD ON 28TH FEBRUARY, 2019

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 28th February, 2019.

Resolved:- That the minutes of the previous meeting held on 28th February, 2019, be approved as a correct record.

Arising from Minute No. 72 (Integrated Place Plan), it was noted that a response was awaited on one query which would be circulated when received.

Arising from Minute No. 73 (CQC Inspection of The Rotherham Hospital Trust) (TRFT), it was noted that the Safe and Sound framework was to be discussed at the Quality Sub-Group on 12th April.

With regard to feedback on the delivery of the action plan, it had been agreed that a report would be submitted to the September meeting of the Select Commission after all the actions relating to the UECC had been completed. However, due to the Commission meeting on 5th September, the Chair proposed that it be submitted to the October meeting.

The CQC had fully accepted the action plan developed by TRFT in response to the re-inspection with no amendments. This was quite unusual and, therefore, provided some reassurance that the Trust had

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captured all the actions required to make improvements following the findings.

The presentation on the workforce mix and Nursing Associates would be submitted to the October meeting.

Arising from Minute No. 77 (Health and Wellbeing Board), it was noted that Councillor Roche had circulated responses to Select Commission Member questions.

82. COMMUNICATIONS

Information Pack

Contained within the information pack were the notes from the ASCOF Sub-Group, quarterly briefing with health partners together with the slides from the recent NHS Long Term Plan Members Seminar.

Quality Account Sub-Group Meetings

TRFT	12 th April
YAS	16 th April
RDaSH	17 th April

Improving Lives Select Commission

Councillor Jarvis provided details of the issues discussed at the recent Improving Lives Select Commission meeting which included:-

- Feedback from Barnardos regarding the multi-agency project that they had been working on
- Early Help Strategy Phases 2 and 3
- Ofsted Annual Conversation
- Looked After Children/Sufficiency Strategy
- Feedback on the Peer Review of Looked After Children Services

83. INTERMEDIATE CARE AND RE-ABLEMENT PROJECT

Councillor Roche, Cabinet Member, Adult Social Care and Health, stated that Intermediate Care and Re-ablement were a key, essential feature of the vision and way forward as they related to independence, choice and living at home. Re-ablement would be the prime vehicle for moving forward with the approach to localities as it was felt to be the most effective way for services and people. He introduced Anne Marie Lubanski, Strategic Director Adult Care, Housing and Public Health, and Chris Holt, Deputy Chief Executive TRFT, who gave the following powerpoint presentation on the development of the Intermediate Care and Reablement Outline Business Case:-

What do we mean by Intermediate Care and Reablement – Health and Social Care Services Providing:-

- Fast Response
Where there was an urgent increase in Health or Social Care needs which could 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 were greater than could be delivered at home but consultant-led care was 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 were disjointed and could be hard to navigate
- Care Quality
Evidence shows people did better at home
We know that a large number of people received care in a community bed when they could have gone home with the right support
Rotherham had significantly more community beds than other similar areas
Current services were focussed on older people and their physical needs
Through changing the way we worked, more people were going home and our community beds were 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 Lordy 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 moved through multiple services rather than an integrated pathway
- Significant duplication and some capacity issues in a number of services

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Project Aim

- Referrals
- Co-ordination
- Integrated Intermediate Care and Reablement Service
 - Pathway 1: Integrated Urgent Response
 - Pathway 2: Integrated Home-based Rehab/Reablement
 - Pathway 3: Integrated Bed-based Rehab/Reablement
- 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	Bed-based Pathway
1. Urgent response (integrated team)	3. Community bed-base – rehabilitation and reablement without nursing (integrated team)
2. Home-based reablement and rehabilitation (integrated team)	3. Community bed-base rehabilitation and reablement with nursing (integrated team)

- 3 core integrated pathways
- Services aligned to work as a single team to provide the 3 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 co-ordination to ensure people get the right support
- Reduction in duplication

Benefits

Patients and Carers	Commissioners (CCG and RMBC)	RMBC (Service delivery)	TRFT
Improved experience of services Telling story once Reduced duplication and hand-offs Improved outcomes More people able to be supported at home	Supports Rotherham Plan for 'Home First' and integration of Service delivery Reduces over reliance on bed base where Rotherham was an outlier More cost effective model	Supports delivery of the Council's target operating model and future sustainability Improving flow through the Social Care system	Supports the Trust's wider plans for bed configuration/estate moves Improving flow through the Hospital and Community Services

Timeline

- January, 2019 – Scoping
- February, 2019 – Develop proposal/engagement
- March, 2019 – Develop and draft proposal
- April/May, 2019 – Finalise and approvals
- May/June, 2019 – Approvals
- June/July, 2019 – Engagement, detailed proposals and implementation

Discussion ensued with the following issues raised/clarified:-

- Intermediate Care and Reablement was one of the priorities of the Urgent and Community Care Transformation Group, which was jointly chaired by Chris and Anne Marie giving a fully joined up Health and Social Care oversight
- It was envisaged that as the Service was developed it would be for people 18+ years of age
- More people chose to go home and the community beds were not fully utilised
- The services that existed were good; it was not because they were bad that they were being changed. There was a lot of skill and capacity in the system but the aim was to try to create more capacity and by getting the right pathways; there was confidence that it would deliver the right thing for individuals. The co-ordinating and alignment of the teams was critical and the right ethos. There were good

services but slightly disjointed in how they operated across Health and Social Care.

- In terms of GPs within the model, the Urgent Response Team would have a direct line and communication link to GPs. The Intermediate Care bed base model would be supported by GPs as it was today but, when aligned, there would be GP input and medical leadership from GPs. There would be greater clarity on step up and down with GPs having more options to avoid sending people to the Emergency Department. Through the Transformation Group there was strong GP representation on the model who were supportive of the business case and approach being taken
- Increased Community capacity would consist of additional Reablement Officers and changing the way people worked, with a focus on therapy rather than rotas and optimising digital. Additional staff would be required whilst the pathways matured and the first year would be very much one of proof of concept.
- The business case was still in draft form; until it was signed off responses could not be given to the detail of the project and the presentation was on the direction of travel.
- Re-admission rates were tracked and Rotherham was in the upper quartile of getting patients back into the right location. The Integrated Discharge Team, consisting of Health and Social Care teams and therapists, were the gate keepers of anyone leaving hospital as to where they would go. The development of that Team was one of the enablers to seeing more people getting back home. The Team had been shortlisted for a national award for the work they had carried out
- It was not just a hospital pathway and about someone leaving hospital but about people having a change in their life at home and reablement and intermediate care may be appropriate for them.
- In terms of patient/carer voice in decisions about care, staff would ascertain people's outcomes of what they wanted to achieve by the intervention. A lot of the principles that were built into the new proposal were based on the recovery from mental health and the principles tied into that; there was strong evidence in terms of people believing that they could recover
- Reablement linked in with use of technology/equipment rather than providing care and it was a question of developing confidence and changing the mindset and expectation of people. It was a journey for people, including for health and social care staff.

It was noted that Anne Marie and Chris were meeting with the Rotherham Clinical Commissioning Group (RCCG) later that day to consider the next draft of the business case. It was hoped by the end of May 2019 it would be signed off.

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

(2) That the principles of the final business case be submitted to the June meeting of the Select Commission.

84. MY FRONT DOOR - UPDATE

Councillor Roche, Cabinet Member for Adult Social Care and Health, reported that the project was now on track to meet the timetable including assessments. This was despite a lack of capacity at times due to difficulties of filling some vacancies and needing to move staff into other work areas. The key was the impact on people in real life and the case studies were now showing some examples. It was hoped to hold an All Member Seminar on the lessons learnt so far and what the next steps were.

He introduced Anne Marie Lubanski, Strategic Director Adult Care, Housing and Public Health, and Jenny Anderton, Transformation Lead, who gave the following powerpoint presentation on My Front Door:-

My Front Door

- Was the vehicle for communication and engagement with all our key stakeholders
- Built on the Learning Disability Strategy and Adult Social Care Vision ensuring the information was accessible and relatable to individual, carers and families
- Supported potential providers to “buy into” our Learning Disability Transformation Programme by pitching their services in real-life ways
- Was our personalised approach to our Learning Disability Transformation Programme moving hearts and minds towards a positive future
- Ensured person-centred planning and enabled our practitioners to engage with people in a new and different way
- Created a narrative that changed all our thinking from a focus on decommissioning services to a focus on the real alternatives and opportunities available for individuals
- Would have engagement activities that were co-produced with individuals and would enable further consultation on new opportunities

Workstreams

- Assessments
- Commissioned Solutions
- Carers Support

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- Accommodation
- Community Catalyst
- Shared Lives
- Transforming Care
- Communications and Engagement
- Health

The MFD Team

- The initial staffing agreement for My Front Door Team was 10 full-time assessing staff plus 2 Workers from Oaks
- 7.8 FTE from 1st April, 2019
- Recruitment was underway with interviews planned
- Team average caseload was 17.52

Employment

- Employment Co-ordinators were facilitating a number of people to access different types of employment/job-based support
 - 10 people were accessing voluntary opportunities (organisations included St. Vincent's, Salvation Army, RSPB, Barnardo's)
 - 19 people were accessing work experience (organisation included RMBC, BA components, Costa, Pound Land, Riverside Café, Mears, Life Wise)
 - 23 people were accessing paid work (organisation/employers included dog walking, Premier Inn, Asda, RMBC, Partech, McDonalds, Broad Horizons)
 - 6 people were paid by BA components
- A piece of work was taking place to validate figures and develop a Project Search offer with the schools and colleges
- There had been a successful bid into European Social Fund which would help us to expand the employment offer

Discussion ensued with the following issues raised/clarified:-

- Voluntary Action Rotherham (VAR) had been really helpful working with the enterprises with regard to developing business models and working with them in partnership
- The work was ongoing about changing the ways of working
- The contract had not changed with VAR as there was no need. What they did within their infrastructure was appropriate in terms of the work of My Front Door
- The project had grown in confidence and more providers were beginning to contact the authority. People were now beginning to see from the learning disability and autism perspective that Rotherham was in a different place. It was a positive evolving journey but would take time

- The successful European Social Fund joint bid was part of the Employment Pathway to get more people ready for work and into jobs. The funding was across Adults and Children so would involve working with those in transition. A meeting was to be held with Sheffield Council in the near future to work through the detail of the funding
- With regard to how many people were waiting for an assessment, the Transformation Lead had a plan to work through the Oaks and that plan was on schedule; everyone was allocated in terms of the assessment pathway within Oaks. Part of the sophistication of the assessments was about confidence and in terms of when the work had started (95 people attending Oaks) now stood at 28
- Mental capacity was a legal requirement of the local authority and had to ensure that the assessment was done correctly. Everyone had been allocated an assessment at Oaks but would be at different stages of their journey due to their own personal complexities. Every individual would have a different pathway and timescale
- Shared Lives was a service that would grow. A number of people had come forward that wanted to be Shared Lives carers and a number of people that wanted to access the Shared Lives Service. Work sometimes took a while to get a suitable match
- There had been no complaints from carers about the work that had taken place and work was taking place with them as part of the Person Centred Plan. Efforts were being made to make sure carers were offered a Carers Assessment
- There was no target for caseload numbers for the MFD Team as the client audience was very complex and some may need a longer period of time than others. The ambition was to meet the requirements as set out in the Cabinet report and was on track to do so. The Social Work Team would increase, however, they were meeting all their targets at the moment
- More and more case studies were emerging. The stories would grow but there were some teething problems. An evaluation would be carried out of the first stage to look at the things that could have been done better and would be submitted to the Select Commission
- Providers were interested in what was happening in Rotherham but because some of the work took time and confidence to build up capacity in the provider, the service was having to work closely with providers because they would not have a whole raft of people going to their service at the beginning. Part of the learning was in terms of how the Services worked with the providers to be sustainable whilst the confidence grew so the transformation could continue

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- Community catalysts were a provider who had been commissioned by the Service to conduct a piece of work looking at Rotherham and those that wanted to set up businesses and work with the Service, to ensure they had the right ethos and values and to support them to make that happen. Members were also asked to forward information on anything happening in their wards that might link in with MFD.
- Shared Lives was part of the assessment process to look at people's outcomes and what they wanted to achieve. If, through the support plan Shared Lives was one of the options desired, a referral would be made. It was offered to everyone that wanted it
- In terms of overall quality assurance, as part of the review, some service users with learning disabilities would be asked to quality assure some of the enterprises/new services to make sure they were correct. Also the Contract Compliance Team would pick up on any contracting issues
- It would be difficult to have one quality assurance format that would suit every provider e.g. a day service did not fit within the regulation of CQC. Part of the assessment process was also about checking Safeguarding and the associated risks and that was where a lot of the micro assurance would come from. In terms of wider commissioned providers, the Contract Team would be able to provide information on their contract compliance visits
- It was noted that additional information showing some of the learning from a wider range of case studies and details on the timescales to undertake this transformation work would be useful to inform Members and to help in managing expectations.

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

(2) That an All Member seminar be arranged on Shared Lives and a progress report submitted to the Health Select Commission.

85. IMPLEMENTATION OF THE HEALTH AND WELLBEING STRATEGY 2018-25 - UPDATE

Councillor Roche, Cabinet Member for Adult Social Care and Health, reported that the Health and Wellbeing Strategy was a living document and was a Rotherham success story.

The Rotherham Health and Wellbeing Board was recognised by the Local Government Association as one of the 10 best Boards in the country and been part of a case study last year. Rotherham had been asked to take part again this year. A presentation had been made recently at a conference in London by Inside Government on Rotherham's journey.

Rotherham was one of the few that had taken on board including the Place Plan under the remit of the Health and Wellbeing Board which allowed accountability. It had also added loneliness to its Aims in 2018 and recently added Addictive Gambling to Aim 4.

The Strategy and Place Plan would need to be refreshed to take account of the NHS 10 Year Plan once the detail was known.

Terri Roche, Director of Public Health, and Becky Woolley, Policy and Partnerships Officer, gave the following powerpoint presentation:-

Health and Wellbeing Strategy

- Aim 1
All children get the best start in life and go on to achieve their full potential
Sponsors:- Jon Stonehouse (RMBC) and Dr. Jason Page (RCCG)
- Aim 2
All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of live
Sponsor: Kathryn Singh (RDaSH)
- Aim 3
All Rotherham people live well or longer
Sponsors: Sharon Kemp (RMBC) and Louise Barnett (TRFT)
- Aim 4
All Rotherham people live in healthy, safe and resilient communities
Sponsors: Steve Chapman (SYP) and Paul Woodcock (RMBC)

Aim 1: All children get the best start in life

Key progress has included:-

- New weight management service for children and young people currently being finalised which will be delivered by the 0-19 Service and aligned closely with the National Child Measurement Programme (NCMP) (links also to Healthy Weight for All Plan in Aim 3)
- Implementation of Phase Two and Phase Three of the Early Help Strategy
- The development of a Smoking in Pregnancy Pathway
- Enhancing the use of evidence-based programmes to reduce health and wellbeing inequalities such as sleep programmes, introducing solid foods, Talking Tables, Baby Box University and Bookstart
- Ensuring the effective implementation of the 'Rotherham Family Approach' (Signs of Safety, Restorative Approaches and Social pedagogy) across the wider Children's workforce
- The development of a Draft SEND Sufficiency Strategy
- Supporting young people to be ready for the world of work through a number of programmes – achieved the combined 2018/19 NEET/Not Known Target: 5.8%

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Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Key progress has included:

- The rollout of the Five Ways to Wellbeing campaign across the partnership
- Promotion of workplace wellbeing, including through the launch of the South Yorkshire Workplace Wellbeing Award
- The CORE 24 (Mental Health and Liaison Service) went live from January 2019 with positive joint working in place with other teams including the Alcohol Liaison Team
- Clinically-led review of Rotherham Dementia Care Pathway commenced with consideration of new NICE guidelines – Rotherham has one of the highest rates of dementia diagnosis in Yorkshire and the Humber
- A draft Autism Strategy has been developed. This has been co-produced with people (including young people) with autism, professionals, parents, families, carers and local businesses

Aim 3: All Rotherham people live well or longer

Key progress has included:

- Making Every Contact Count training on smoking and alcohol delivered to over 300 frontline staff across the partnership
- Embedding the QUIT programme for smoking across Rotherham and South Yorkshire
- Rotherham's award winning approach to social prescribing was featured within the national NHS Prevention Vision
- Mapping is underway to develop a Rotherham-wide 'Healthy Weight for All' plan using a whole-system approach to reducing the rise in excess weight and obesity – this will include working towards adopting the Local Authority Declaration on Healthy Weight
- The assurance process for health checks and screenings for cardiovascular risks is currently being reviewed
- Rotherham Activity Partnership established, involving a range of partners, to plan and promote physical activity and sport across the Borough, with a particular focus on children and young people and the least active

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

Key progress has included:

- Worked closely with Safer Rotherham Partnership to influence the priority-setting process and to ensure that the impact on health and wellbeing was considered
- SRP funded mental health triage car operational over Christmas period supporting the diversion of punitive action
- Programmes underway with a focus on healthy, sustainable employment for local people
- Links established with the Thriving Neighbourhoods programme to help build resilience in communities

- Piloting the Housing First model in partnership with South Yorkshire Housing Association
- A new Equal and Healthy Communities Supplementary Planning Document is in development
- The pilot of the MECC Loneliness training has commenced in the south of the Borough

What are we worried about

- Life expectancy for both men and women in Rotherham was lower than the England average
- Inequalities in health outcomes between our most and least deprived neighbourhoods were increasing
- Specific concerns that have been raised by partners at the Health and Wellbeing Board included:-
 - Obesity including childhood obesity
 - Chaotic lifestyles
 - The impact of austerity

What needs to happen

- Explore opportunities within local and national policy developments to address health inequalities
- Ensure that across partners plans have a focus on upstream prevention and early intervention
- Specific work was being undertaken to address concerns raised:-
 - Development of a 'Healthy Weight for all Plan' with a particular focus on children and young people
 - Exploring opportunities to support those with chaotic lifestyles in a more co-ordinated way

Performance Framework

- The Health and Wellbeing Board has approved a performance framework to measure the impact of the Health and Wellbeing Strategy
- This framework seeks to provide a high level and outcomes-focussed overview of performance complimented by other sources such as JSNA and quarterly performance reports on the Place Plan
- This does not seek to capture all of the indicators that the Strategy sought to impact upon rather partners have agreed a number of priority indicators that require a partnership focus

Discussion ensued with the following issues raised/clarified;-

- Concern regarding the phrase “punitive action” when referring to the SRP mental health triage car and agreement that the wording would be changed
- Rotherham’s social prescribing was award winning. It was mostly funded by RCCG and the contract was with VAR. As far as it was understood at the moment, but further detail was awaited in the NHS

10 Year Plan, GPs would be funded up to 100% for signposting through link workers. That was positive because it meant there was money in the system but also a negative because there was already a very good model in Rotherham. There was the threat that there was no money in the system within the Long Term Plan to support the voluntary and community sector

- Social prescribing was being extended to include mental health social prescribing
- It was understood that the Autism Strategy was completed and just waiting on the action plan
- Planning decisions were crosscutting and if they had an impact on people's health and wellbeing it would impact on the other indicators. An indicator would be developed following publication of the Equal and Healthy Communities Supplementary Planning Guidance
- The wording of Aim 4 "number of repeat victims of anti-social behaviour" was aligned with the Safer Rotherham Partnership performance framework. The reason why anti-social behaviour in particular had been stated was because public perception of anti-social behaviour in Rotherham was currently very high but mismatched with recorded incidents of anti-social behaviour. Perception was having an impact on how people felt in their communities
- Having said that there was a mismatch between reality and the numbers, it was known that anti-social behaviour figures were probably different to those being recorded because of the problem with the 101 telephone line and the number of abandoned calls (in excess of 30% in November 2018). The Aim spoke about the perception and numbers and yet the indicator was the number of repeat victims, therefore, based all on the numbers when it was known that there was a mismatch. Was that really the right indicator or should it be about whether people felt safe?
- Aim 4 had been developed over the last few months with senior planning officers invited to the Board when planning was discussed. A workshop was to be held shortly on Aim 4. There were national guidelines as to the percentage of green space per new planning development. The Board needed to ask Planning to make sure that always happened
- The Board was a broad umbrella that partners reported to and it was not necessarily involved in the operational difficulties. The performance framework indicators were the priority indicators for partners but did not prevent exploration of other indicators

- Addictive gaming and the effect on children's health – was that something the Board could look at?
- Rotherham Public Health was one of the first to access the free training offered on gambling. The Long Term Plan would provide additional funding to provide appropriate services to support people with addictions
- Reducing the number of children who experienced neglect and abuse was an attempt to catch people/families much earlier and offer them Early Help support; it was not avoiding making children the subject of a Child Protection Plan. It was about supporting families much earlier and recognising neglect
- Currently the training on gambling was aimed at statutory front line staff and not those that worked in a shop e.g. bookmakers. Consideration would be given as to whether an invitation could be extended to such operatives
- Meetings were taking place with carers but, due to the Judicial Review, caution had to be taken as to what was and was not said. The Strategy was being renewed and refreshed and when complete could be submitted to the Commission

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

(2) That the Select Commission participate in an annual performance session.

(3) That when completed the Autism Strategy be submitted to the Select Commission.

(4) That the Carers strategy be submitted to the Select Commission.

86. OUTCOMES FROM JOINT SCRUTINY WORKSHOP - TRANSITION FROM CHILDREN'S TO ADULT SERVICES

Councillor Evans, Chair, presented the outcomes of a workshop held by members of the Health Select Commission and the Improving Lives Select Commission on 19th March, 2019.

The purpose of the workshop was to seek assurance that young people and their families/carers would have a positive transition from Children's to Adult Services, through clear pathways and a strength based approach that sought to maximise independence and inclusion.

Evidence comprised of briefing papers, case studies, a presentation and the refreshed draft Education, Health and Care Plan.

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Membership of the sub-group included Councillors Evans (Chair), Cusworth, Elliot, Jarvis, Keenan and Short.

The findings were set out in the report and fell within the following headings:-

- Understanding the cohort – numbers and main presenting needs of the children and young people
- Strategic alignment
- Voice and influence
- Shared approach to assessment and strength-based practice
- Demonstrating outcomes – short and long term

It was noted that the follow-up actions for scrutiny outlined in Section 10 would be considered in the work programme for the new municipal year.

Resolved:- That the report be noted and the following recommendations be forwarded for consideration:-

(1) That the PfA (Preparing for Adulthood) Board develop a range of outcome measures during 2019-20 to supplement output measures such as the 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 continue 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.

87. HEALTH SELECT COMMISSION WORK PROGRAMME

Janet Spurling, Scrutiny Officer, gave the following powerpoint presentation on the suggested 2019-20 Work Programme for the 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 and adolescent)
- Quality Improvement – NHS Trusts
- Joint Health Scrutiny – NHS Transformation

Long term issues for 2019-20

- Adult Social Care (development/performance)
 - ASCOF measures
 - Enablement
 - Carers' Strategy implementation
 - Information, Advice and Guidance
 - Delegated from OSMB for ongoing scrutiny
 - Learning Disability
 - Intermediate Care
 - "right sizing" care packages
 - Home care
 - Target Operating Model
- Rotherham Integrated Care Place Plan
 - Ongoing monitoring
 - Performance reports (light touch)
 - Integrated locality implementation?
 - Maternity?
- Mental Health and Wellbeing
 - Trailblazer project
 - Child and Adolescent Mental Health Services
 - Social and Emotional Mental Health Strategy?
- Joint Scrutiny – NHS Transformation
 - Implementation of service changes
 - Children's Surgery and Anaesthesia
 - Hyper Acute Stroke
 - Hospital Services Programme – 5 specialties
 - South Yorkshire and Bassetlaw response to NHS long-term plan

Carried forward from 2018-19

- Autism Strategy
- Suicide Prevention and Self-Harm Action Plan
- The Rotherham Foundation Trust – CQC inspection action plan progress
- Joint Strategic Needs Assessment refresh update

HEALTH SELECT COMMISSION - 11/04/19

- Quality Reports NHS providers (annual x 3)
- Rotherham Community Health Centre

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

In light of the discussion earlier in the agenda, it was suggested that Gaming/Gambling be also included in the work programme.

Resolved:- (1) That the proposed 2019/20 Work Programme be noted.

(2) That any suggested items for inclusion be forwarded to Janet Spurling, Scrutiny Officer.

88. HEALTHWATCH ROTHERHAM

Tony Clabby, Healthwatch Rotherham, reported on the following:-

Maternity Services

Healthwatch Rotherham had recently picked up a cluster of 8 complaints around Maternity and Gynaecology Services in Rotherham. All were very different complaints and all were proceeding through the Complaints Procedure. Feedback would be submitted in due course.

It was queried whether Maternity and Better Births could be given higher priority from that presently stated on the draft work programme given the complaints received. It was noted that liaison was taking place with the CCG on the draft maternity plan.

NHS 10 Year Plan

Healthwatch Rotherham had been requested to carry out engagement work on this matter which included the sharing of an online survey with Rotherham residents. The link would be sent to Janet Spurling, Scrutiny Officer, to forward to members.

Autism Strategy

Tony was a member of the Autism Partnership Board. The Strategy was ready but was missing the “how and who” with work was taking place on this aspect.

Access to GP Surgeries

Given the discussion at the previous meeting, it was queried whether access had been raised as a concern with Healthwatch.

Tony agreed to provide the data that Healthwatch had on this matter.

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

Janet Spurling, Scrutiny Officer, reported on the meeting held on 19th March where the following updates had been provided:-

- South Yorkshire and Bassetlaw ICS governance arrangements
- Transformation and progress on hosted network development under the Hospital Services Programme
- NHS Long Term Plan and developing the South Yorkshire and Bassetlaw response

Members had requested:-

- Further work on myth busting around the ICS and how it worked so that it was clearer to the public
- More detail on the communication and engagement plan for the South Yorkshire and Bassetlaw NHS Long Term Plan and then details of the engagement undertaken and emergent themes
- A future item on resources and capacity in the voluntary and community to deliver work on prevention.

90. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the Health and Wellbeing Board held on 20th March, 2019.

Resolved:- That the minutes of the Health and Wellbeing Board held on 20th March, 2019, be noted.

91. DATE AND TIME OF NEXT MEETING

Resolved:- That meetings of the Health Select Commission be held during 2019/20 as follows:-

Thursday, 13th June, 2019
11th July
5th September
17th October
28th November
9th January, 2020
20th February
26th March

all commencing at 10.00 a.m.

BRIEFING	TO:	Health Select Commission
	DATE:	13 th June 2019
	LEAD OFFICER (Full name, title and Directorate)	Gill Harrison, Public Health Specialist, Adult Social Care, Housing and Public Health
	TITLE:	Sexual Health Strategy for Rotherham (Refresh 2019 – 2021)

Background

1. 1.1 The Rotherham Sexual Health Strategy Group is a multi-agency group that promotes good sexual health for all Rotherham residents. The group is made up of representatives from all agencies involved in the delivery of sexual health. It is chaired by the Cabinet Member for Adult Social Care and Health, with coordination and support from the Council's Public Health team.
The Terms of Reference for the group state that representatives should include (but are not limited to):
 - Consultant in Public Health
 - The Integrated Sexual Health Services, at The Rotherham NHS Foundation Trust (TRFT)
 - Rotherham Clinical Commissioning Group (RCCG)
 - The Council's Early Help service
 - The Council's School Effectiveness Service
 - Yorkshire MESMAC
 - Rotherham Local Pharmaceutical Committee (LPC)
 - Rotherham Local Medical Committee (LMC)
 - The Gate Surgery
 - Rotherham Children, Young People & Families Consortium
 - TRFT Named Nurse (looked after children & care leavers)
 - Barnardo's
 - Healthwatch
- 1.2 The Sexual Health Strategy for Rotherham was first developed in 2015 with an agreed action plan running through until 2018 when the Strategy was due to be refreshed. The strategy was agreed by all parties and endorsed, on behalf of all agencies, by the Health and Well Being Board. The group recently refreshed the strategy and agreed an action plan for the first calendar year which is now open for consultation.
- 1.3 The strategy sets out the priorities for the next three years for improving sexual health outcomes for the local population. This document provides a framework for planning and delivering commissioned services and interventions (within existing resources) aimed at improving sexual health outcomes across the life

	<p>course.</p> <p>1.4 The group is always open to comments and suggestions that help progress its actions in the most effective way.</p>
Key Issues	
2.	<p>2.1 The National Strategy for Sexual Health and HIV (2001) defines sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and well-being; poor sexual health can impact unfavourably on both individuals and communities.</p> <p>2.2 Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including young people, men who have sex with men (MSM), people from countries of high HIV prevalence, especially Black Africans, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods (Public health England). For this reason measures should be put in place to reduce sexual health inequalities whilst improving the sexual health of all the people of Rotherham.</p> <p>2.3 Good sexual health includes having the skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse impedes the development of such skills and distorts such expectations, and leads to increased risk of sexually transmitted infections (STIs), unwanted pregnancy, and domestic abuse. The negative impacts upon educational attainment, health behaviours and mental health are also well evidenced (Public Health England).</p> <p>2.4 The strategy aims to address the sexual health needs reflected by the Public Health England (PHE) sexual and reproductive health epidemiology report, 2017 which highlights areas of concern. The following are identified as concerns to identify actions for 2019 – 2021:</p> <ul style="list-style-type: none"> • Sexually Transmitted Infection (STI) diagnosis in young people • Sexual health within vulnerable groups • Under 18 conception rate • Pelvic inflammatory disease (PID) admission rate • Abortions under 10 weeks <p>2.5 The refreshed strategy also reflects concerns expressed in the Rotherham Voice of the Child Lifestyle Survey 2018. According to the survey the numbers of those sexually active young people (aged 14/15 years) who said that they did not use any contraception has increased from 27.5% in 2017 to 29.1% in 2018. Furthermore the numbers of young people (aged 14/15 years) reporting that they had had sex after drinking alcohol and/or taking drugs showed a significant increase since the 2017 survey.</p>
Key Actions and Relevant Timelines	
3.	<p>3.1 The Strategy Group has produced a refreshed Sexual Health Strategy for Rotherham, 2019 – 2021.</p> <p>3.2 The Strategy Group has developed an action plan for 2019 which will be updated on a regular basis. The Group will develop further action plans for</p>

	2020 and 2021.
Recommendations	
4.	7.1 That the HSC note the refreshed Sexual Health Strategy and the associated action plan.

Rotherham Sexual Health Strategy (Refresh 2019 – 2021) Summary

This strategy refresh sets out Rotherham’s vision, ambitions and addresses the priorities for sexual health over the next three years to improve sexual health and wellbeing and reduce inequalities.

The World Health Organisation (2004) defined Sexual Health as: ‘a state of physical, mental and social wellbeing in relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity’.

Sexual health includes access to sexually transmitted infection testing and treatment, contraception and includes healthy, safe relationships, consent and resilience.

Sexual health is concentrated in many vulnerable and marginalised communities and improving sexual and reproductive health will address the differences in sexual health outcomes.

Strategic Ambitions

1. Improving sexual health

- Reduce repeat infections
- Improve admissions due to complications of sexually transmitted infections (STIs)

2. Improving reproductive health

- Continue to minimise unplanned pregnancies and repeat abortions
- Ensure that all, especially those at risk of exclusion from routine service provision, can access a full range of contraception

3. Focusing on vulnerable groups

- Address the needs of the more vulnerable and at risk groups whilst meeting universal needs of people across the lifecourse
- Develop health promotion focused on, for example, those with a learning difficulty

4. Building on successful service planning and commissioning

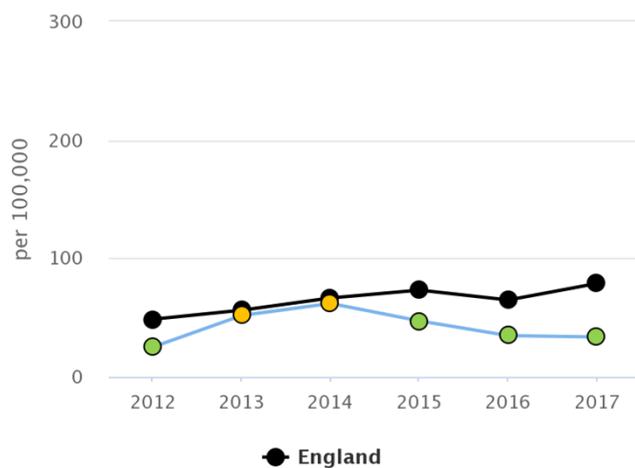
- Ensure provision of integrated services that are evidence based, value for money, informed by sexual health needs

Improving Sexual Health

Rotherham has significantly improved in relation to STI diagnosis since 2013 when the rate was 951.4 per 100,000 population. The 2017, Public Health England profiles show:

- STI diagnosis of 581.4 per 100,000 population (compared to 743 per 100,000 population in England)
- 58% of diagnoses of new STIs were in young people aged 15-24 (compared to 50% of diagnoses of new STIs in young people aged 15-24 in England)
- Rate of chlamydia detection per 100,000 young people aged 15-24 was 2,010 (compared to a rate of 1,882 in England)

Rotherham has also shown significant improvement in the rates of gonorrhoea, a marker of high levels of risky sexual activity, with rates falling from 51.9 per 100,000 in 2013 to 33.6 per 100,000 in 2017

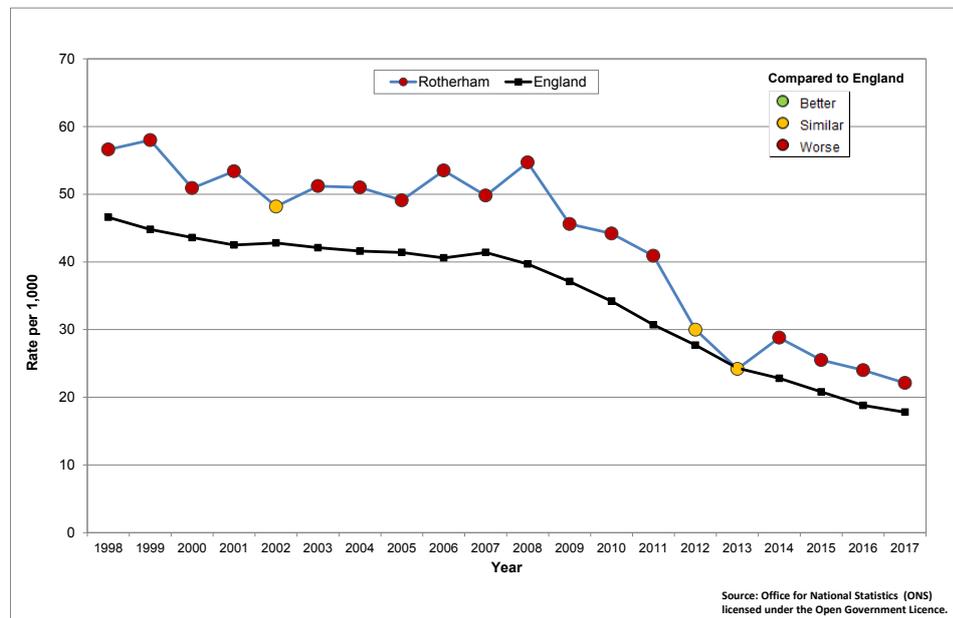


Priorities:

- STI diagnoses in young people:
58% of diagnoses in Rotherham in 2017 in young people aged 15-24.
Young people are also more likely to become re-infected with STIs.
- Pelvic Inflammatory Disease (PID) admissions:
PID admission rate in Rotherham, at 542.8 per 100,000, is much higher than the rate in England (242.4 per 100,000) and Yorkshire and Humber (264.7 per 100,000).
PID can be a complication of some STIs especially chlamydia so screening and treatment of this infection is a priority.

Improving Reproductive Health

Unplanned pregnancy in young women aged 15-17 in Rotherham has fallen by 60% between 2008 and 2017.



Evidence suggests that young people need a quality programme of sex and relationship education and access to young people friendly sexual health services. From September 2020 there will be compulsory relationship education in all primary schools and compulsory sex and relationship education in all secondary schools.

The Rotherham Voice of the Child Lifestyle Survey 2018 shows that the numbers of those sexually active young people (aged 14/15 years) who said that they did not use any contraception has actually increased from 27.5% in 2017 to 29.1% in 2018.

For those women who need to access abortion services the earlier the abortions are performed the lower the risk of complications. Early access to such services is cost-effective and an indicator of service quality.

Priorities:

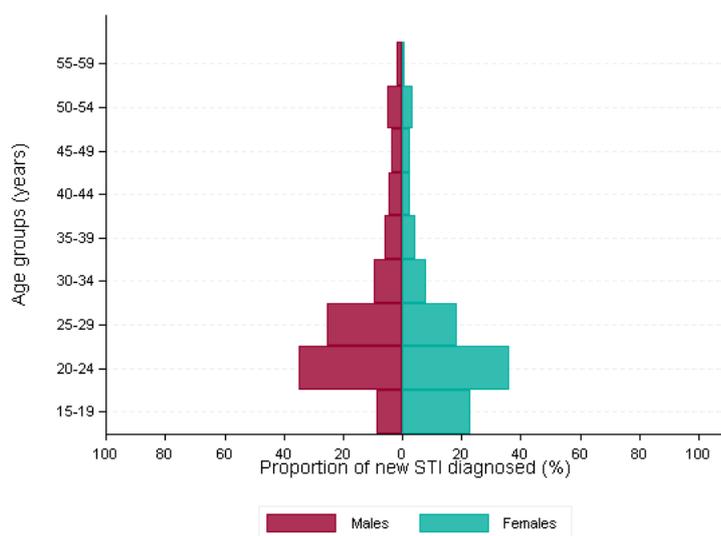
- Under 18 conception rate:
Rotherham has a relatively high rate of 24.0 per 1,000 females aged 15-17 compared to the rate of 18.8 in England and 22.0 in Yorkshire and Humber.
- Access to contraception:
There is good uptake of LARC in Rotherham but this could be improved in those women under 25
- Timely access to abortion services:
Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 71.5%, while in England the proportion was 76.6%. Whilst this shows an improvement from 2016 when the rate was 69.7% there is still room for improvement.

Focusing on Vulnerable Groups

Certain population groups are more affected by poor sexual health than others.

This strategy supports universal services for all (for example, contraceptive services for women of all ages) and promotes programmes of work to reach those identified as being at highest risk of poor sexual health outcomes such as young people under 25, vulnerable adults, gay, bisexual and men who have sex with men (MSM), black and ethnic minority groups and people living in areas of high deprivation.

For example: Proportion of new STIs by age group and gender in Rotherham: 2017



Priorities:

- 58% of diagnoses of new STIs in Rotherham in 2017 were in young people aged 15-24 years compared to 50% in England. Services, health promotion and prevention initiatives to prioritise young people.
- Prevention, diagnosis, treatment and care needs to be delivered to the general population as well as having a focus on groups and individuals with greater sexual health needs such as young people under 25, vulnerable adults such as those with ,learning difficulties, MSM, black and ethnic minority groups and people living in areas of high deprivation.

Building on Successful Service Planning and Commissioning

Rotherham has a range of well performing, evidence based commissioned services including:

- Integrated Sexual Health Service – providing contraception and STI testing and treatment (The Rotherham Foundation Trust)
- HIV and STI Prevention service (Yorkshire MESMAC)
- HIV treatment services (The Rotherham Foundation Trust)
- Primary Care enhanced contraception services (Rotherham General Practices and Pharmacies)
- Termination of Pregnancy services (The Rotherham Foundation Trust and British Pregnancy Advisory Service)



Priorities:

- Ensure provision of integrated services that are evidence based, value for money, informed by sexual health needs
- Build on the success of the commissioned services and look to promote access and understand any barriers preventing access

Key Indicators for Success

- Increased chlamydia detection rate
- Reduction in number of people presenting with HIV at a late stage
- Maintenance of continued year on year reduction in teenage unplanned pregnancy rates
- Reduction in levels of STIs
- Reduction in onward transmission of STIs
- Reduction in repeat abortions
- Increased access to contraception

Implementation and Monitoring – the action plan

The strategy highlights the vision, ambitions and priorities for sexual and reproductive health for the people of Rotherham.

It will be implemented by an action plan managed via the multi agency Rotherham Sexual Health Strategy Group.

An annual action plan will be agreed by the group, but will be kept constantly under review. The Group meets on a quarterly basis to review actions and emerging priorities.

Sexual Health Strategy for Rotherham

(Refresh 2019 – 2021)

The Rotherham Sexual Health Strategy Group (a multi-agency group aiming to promote good sexual health for all Rotherham residents.)

The Sexual Health Strategy Group

The Rotherham Sexual Health Strategy Group is made up of representatives from all agencies involved in the delivery of sexual health work plus supporting officers from Public Health and chaired by the Cabinet Member for Adult Social Care and Health.

The Terms of Reference for the group state that representatives should include (but are not limited to):

- Consultant in Public Health
- The Integrated Sexual Health Services (TRFT)
- RCCG
- RMBC Early Help
- RMBC School Effectiveness Service
- Mesmac
- Rotherham LPC
- Rotherham LMC
- The Gate Surgery
- Rotherham Children, Young People & Families Consortium
- TRFT Named Nurse (looked after children & care leavers)
- Barnardos
- Healthwatch

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Sexual Health Strategy for Rotherham 2019 – 2021

Purpose and key aims

This strategy gives an overview of the Sexual Health Strategy Group's priorities for supporting improved sexual health outcomes for the local population's health and wellbeing over the next three years.

A challenging public funding landscape means it is vital to identify clear priorities that focus on reducing sexual health inequalities and provide an accessible service to all who need it.

The ambition of the strategy is to:

- Improve sexual health
- Improve reproductive health
- Focus on vulnerable groups
- Build on successful service planning and commissioning

To achieve this, this document provides a framework to guide the planning and delivery of commissioned services and public health interventions aimed at improving sexual health outcomes across the life course.

Introduction

Sexual health as part of wellbeing

The World Health Organisation (2004) defines Sexual Health as: 'a state of physical, mental and social wellbeing in relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity'. The National Strategy for Sexual Health and HIV (2001) [live link](#) regards sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and wellbeing; the consequences of poor sexual health can impact considerably on individuals and communities.

Inequalities in sexual health

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including young people, men who have sex with men (MSM), people from countries of high HIV prevalence, especially Black Africans, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods. It is important, therefore, to ensure that measures are put into place to reduce sexual health inequalities and improve the sexual health of all the people of Rotherham.

Relationships and education

Good sexual health includes developing skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse damages this development, and leads to increased risk of sexually transmitted infections (STIs), unwanted pregnancy, and of domestic violence and abuse in the future. The negative impacts upon educational attainment, health risk behaviours and mental health problems are also well evidenced.

CSE is everyone's responsibility

The Health Working Group Report on Child Sexual Exploitation, January 2014, states that all those concerned with improving the health and welfare of their local population have a responsibility to tackle child sexual abuse.

A duty to protect public health

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with the Director Public Health. The legislation enables and requires the Local Authority to intervene and take action to protect the health of the population. Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread.

The responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

The Director of Public Health is responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns, including those in relation to the sexual health of the local population.

Effective, relevant and responsive services

It is important that emerging needs and changes in populations and lifestyles are assessed and responded to in a timely and relevant way, to protect population health. It is also important that service models deliver the best outcomes for individuals and the wider population. This involves challenging ourselves to ensure that delivery is the most effective, relevant and responsive to challenging contexts.

The principles align with the government's criteria for improved sexual health in 'A Framework for Sexual Health Improvement in England' (2013):[live link](#)

- Prevention is prioritised: evidence-based interventions that motivate people to alter their behaviour are commissioned.
- Leadership and joined up working: commissioners and key local partners work closely together to ensure that sexual health services are of a high quality and are not fragmented.
- Focus on outcomes: challenging outcome measures are produced, used to develop plans and monitored over time.

- Wider determinants of sexual health are addressed: links are made with other key determinants of health (eg alcohol and drug misuse, mental health) in order to tackle them in a joined up way.
- Commissioning of high-quality services: services are commissioned from high quality providers with appropriately trained staff and are offered in a range of settings, with robust care pathways to ensure a seamless service. Patient feedback is used to ensure that service meets needs.
- The needs of more vulnerable groups are met: services are able to meet the needs of groups who may be vulnerable and at risk from poor sexual health.

Measuring sexual and reproductive health

The importance of improving sexual health is acknowledged by the inclusion of three key indicators in the Public Health Outcomes Framework (PHOF):

- under 18 conceptions;
- chlamydia detection (15-24 year olds);
- presentation with HIV at a late stage of infection.

The outcome indicators have been included to give an overall picture of the level of sexually transmitted infection (STI), unprotected sexual activity and general sexual health within a population. The Framework for Sexual Health Improvement in England (2013) acknowledges that effective collaborative commissioning of interventions and services is key to improving outcomes.

A system approach

The lead responsibility for the commissioning of sexual health services and interventions rests with the Local Authority (since 2013). In addition, Rotherham Clinical Commissioning Group (CCG) and NHS England commission certain sexual health services. It is vital that all commissioning organisations work closely together to ensure that services and interventions are comprehensive, high quality, seamless and offer value for money. [Link to NHS long term plan](#)

Under these commissioning arrangements Rotherham Metropolitan Borough Council (RMBC) has been mandated to ensure that their local populations receive effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to STI outbreaks.

Sexual health needs analysis

Sexually transmitted infections

In the 2017 Local Authority Sexual Health epidemiology report produced by Public Health England (PHE), Rotherham was ranked 179th out of 326 local authorities in England (first in the rank has highest rates) for rates of new STIs. A total of 1524 new STIs were diagnosed in residents of Rotherham, a rate of 581.4 per 100,000 residents (compared to 743 per 100,000 in England). 58% of diagnoses of new STIs in Rotherham were in young people aged 15-24 years (compared to 50% on average nationally).

Rotherham has significantly improved in relation to STI diagnosis since 2013 when we were the 60th highest local authority in England with a rate of 951.4 per 100,000 residents.

Rotherham has also shown significant improvement in the rates of gonorrhoea, which is a marker of high levels of risky sexual activity, with rates falling from 51.9 per 100,000 in 2013 to 33.6 per 100,000 in 2017.

The rate of chlamydia detection per 100,000 young people aged 15-24 years in Rotherham was 2,010 (compared to 1,882 per 100,000 in England).

The high rates for chlamydia detection indicates *good* performance, as it means the services are strong on finding and treating chlamydial infection; and this will, in time, lead to lower levels of infection circulating in the population. There are relatively low rates of syphilis and gonorrhoea in Rotherham. These two are seen as markers of more 'severe' infection and give us a good indication of the overall health protection risk in the population. The rate of HIV is relatively low in Rotherham; which is not a "high incidence area" for HIV. The pattern seen in Rotherham is more of a young, sexually active population and a relatively controlled level of more serious infection, but there is a need to ensure that this control is maintained.

STI reinfection rates

Reinfection with an STI is a marker of persistent risky behaviour. In Rotherham, an estimated 5.3% of women and 5.3% of men presenting with a new STI at a Genitourinary medicine (GUM) clinic during the five year period from 2013 to 2017 became reinfected with a new STI within twelve months. This is significantly lower than national reinfection rates. Nationally, during the same period, an estimated 7.0% of women and 9.4% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.

Reinfection specifically with gonorrhoea is also comparatively low. Locally and nationally, men are twice as likely to be reinfected compared to women. In Rotherham, an estimated 1.7% of women and 4.6% of men diagnosed with gonorrhoea at a GUM clinic between 2013 and 2017 became reinfected with

gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 11.1% of men became reinfected with gonorrhoea within twelve months.

Chlamydia

Chlamydia is an important cause of infertility, pelvic infection in women and testicular inflammation in men, and increases the risk of acquiring other sexually transmitted infections.

Chlamydia is the most common STI among Rotherham residents in 2017. The measure that is currently used to assess chlamydia is the rate of detection of disease. It may seem counterintuitive, but there is a need to keep the detection rate of chlamydia in Rotherham high. This is because there is a high background rate in the community, and having a high detection rate suggests it is being identified effectively and treated. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The detection rate in Rotherham indicates that there is an effective detection programme in place, but that there is a considerable level of unprotected sexual activity and, thus, high levels of the infection circulating, within the targeted population of young people aged between 15 and 24 years of age.

The initial target, for effective detection, is 2,400 positive tests per 100,000 eligible population. The 2017 detection rate for chlamydia in Rotherham is 2,010 cases per 100,000, which is below the Public Health Outcomes Framework recommendation but higher than the rate in England (1,882 per 100,000). The relatively high percentage of positive tests shows that testing in Rotherham is being effectively targeted towards the populations most at risk. However, as testing is currently predominantly from the core Integrated Sexual Health Services and Primary Care, There is a need to continue to ensure that access to testing is adequate for *all* young people, especially the more vulnerable, who may be less likely to access such services.

Distribution of new STIs and deprivation

Socio-economic deprivation is a known determinant of poor health outcomes; data from Genito Urinary Medicine (GUM) services show a strong positive correlation between rates of new STIs and the Index of Multiple Deprivation across England. The relationship between STIs and socio-economic deprivation is probably influenced by a range of factors such as the provision of and access to sexual health services, education, health awareness and sexual behaviour.

HIV

HIV is now considered to be a chronic disease which can be effectively managed. Crucially the earlier the diagnosis is made the more effective the treatment regime, and the more likely transmission to an uninfected person is prevented. Overall

numbers of those living with HIV is low in Rotherham (the diagnosed HIV prevalence being 1.2 per 1,000 population aged 15-59 years compared to 2.3 per 1,000 in England). There has also been an improvement in the number who present late with the infection. Between 2015 and 2017, 48.4% of HIV diagnoses in Rotherham were made at a late stage of infection (defined as CD4 count <350 cells/mm³ within 3 months of diagnosis) which is classified as 'amber' by PHE. Late diagnosis has implications for success and cost of treatment and onward transmission of the disease and is a critical component of the Public Health Outcomes Framework.

Abortion

The total abortion rate, access to NHS funded abortions at less than 10 weeks gestation, and under and over 25 years repeat abortion rates are indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method and, potentially, poor access to termination services. Unplanned pregnancies can end in abortion or a maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children.

In 2017, in Rotherham the total abortion rate per 1,000 female population aged 15-44 years was 13.4, while in England the rate was 17.2. This metric gives an indication of accessibility to services.

Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 71.5%, while in England the proportion was 76.6%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure. There is considerable room for improvement in earlier access to terminations.

Rotherham does perform relatively well in terms of repeat termination rates. In 2017, among women under 25 years who had an abortion in Rotherham, the proportion of those who had had a previous abortion was 21.2%, while in England the proportion was 26.7%. It is recognized, however, that there are a group of women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care.

The Rotherham Pause project, working through an intense, relationship-based programme, aims to give women the chance to pause and take control of their lives. It seeks to work with women in a way which addresses everybody in their lives including service providers to work towards a more positive future.

Teenage pregnancy

Continuing to reduce under 18 pregnancies is a priority as highlighted by the inclusion of this as an indicator in the Public Outcomes Framework.

Teenage pregnancy in Rotherham has fallen over the past few years due, in part, to increasing take up of Long Acting Reversible Contraception (LARC) and a range of community interventions. Rotherham's under 18 conception rate in 2017 fell to 22.1 per 1,000 females aged 15 -17 years. Between 1998 and 2017 Rotherham has achieved a 60.0% reduction in the under 18 conception rate. However, while there has been an impressive reduction in rates Rotherham still has rates higher than Yorkshire and Humber (20.6 per 1,000) and England (17.8 per 1,000). There is a good uptake of LARC in Rotherham and although there is a higher percentage of under 25 year olds choosing LARC (29.9%) than England (20.6%) there is room for improvement.

In Rotherham (as with the rest of the country) there is a clear relationship between conception rate and deprivation and interventions have been targeted to work with deprived young people to address risk taking behaviour and to raise self-esteem and aspiration.

A life course approach

In order for people to stay healthy, know how to protect their sexual health and how to access appropriate services and interventions when they need them, everyone needs age appropriate education, information and support.

For all young people it is important that they receive high quality education about sex and relationships. Focusing especially on our young people is crucial, as early established behaviour patterns can affect health throughout life. There is a need to prioritise prevention for our young people aged 16 to 19 years, who tend to have significantly higher rates of poor sexual health than older people, it is important that all young people:

- know how to ask for help and are able to access confidential advice and support about wellbeing, relationships and sexual health;
- have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex;
- understand consent and issues around abusive relationships;
- make informed and responsible decisions, understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex;

- have rapid and easy access to appropriate services
- whatever their sexuality, have their sexual health needs met.

For all adults there is a need to have access to high quality services and information. Older residents need to remain healthy as they age. It is important that:

- all Rotherham residents understand the range of choices of contraception and where to obtain them;
- people with additional needs are identified and appropriately supported;
- all Rotherham residents have information and support to access testing and early diagnosis to prevent the transmission of HIV and STIs;
- people of all ages understand the risks of unprotected sex and how they can protect themselves;
- older people with diagnosed HIV are able to access any health and social care services they need;
- people with other physical problems that may affect their sexual health are able to access the support they need.

For all residents, regardless of age, there is a need for the services provided to meet their needs and take their views into account.

Safeguarding

It is important that all service providers are aware of child protection and safeguarding issues and the possibility of abuse and/or exploitation and work collaboratively to protect all children under 18 years of age. Sexual health services have a particular role to play in identifying risk and managing the impact of sexual abuse and or exploitation and, by working together with others and sharing intelligence, contributing to the protection of vulnerable young people and the pursuit and prosecution of perpetrators.

The Sexual Offences Act 2003 provides that the age of consent is 16 and that sexual activity involving children under 16 is unlawful. The age of consent also reflects the fact that children aged under 16 are particularly vulnerable to exploitation and abuse.

It is known that young people under 16 in Rotherham are sexually active (Rotherham Voice of the Child Lifestyle Survey 2018) and, worryingly, the numbers reporting that they had had sex after drinking alcohol and/or taking drugs has increased significantly from 2017.

It is important, therefore, that any young person under 16 who is sexually active should have confidence to attend sexual health services and have early access to professional advice, support and treatment.

Health improvement

Sexual health promotion and prevention aims to help people to make informed and responsible choices in their lives. Effective sexual health promotion programmes can help to address the prejudice, stigma and discrimination that can be linked to sexual ill health. Such programmes can help to tackle the factors that can influence sexual health outcomes.

Prevention is key to good sexual health and there are some issues where additional focus is needed to improve outcomes.

In the prevention of unwanted teenage pregnancies (under 18 years) there is strong evidence to suggest that high quality education about relationships and sex and access to, and correct use of, effective contraception is key. In Rotherham there is a clear relationship between teenage conception rate and deprivation and interventions have been targeted to work with young people from the most deprived areas to address risk and raise self-esteem and aspiration.

Increased use of the highly effective LARC methods to prevent unwanted pregnancy could potentially lead to a perception that a condom is unnecessary. The best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. Promotion of, and access to, all methods of contraception is important.

The most vulnerable young people often lead chaotic lifestyles, are often found in the care system and/or have special educational needs. Interventions need to be targeted effectively.

Health protection

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with the Director Public Health. The legislation enables and requires the Local Authority to intervene and take action to protect the health of the population. Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread.

The responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

RMBC and all partners support preventive actions to protect the health of the population and all sexual health incidents and outbreaks are dealt with effectively at the most appropriate level.

There are local plans and capacity to monitor and manage acute incidents to help prevent the transmission of sexually transmitted infections and to foster improvements in sexual health.

Improving outcomes through effective commissioning

Evidence demonstrates that spending on sexual health interventions and services is cost effective and has a marked effect on other healthcare costs. Preventing unwanted pregnancies and reducing levels of sexual ill health in the population also impacts on social care budgets, benefits, housing and the overall economy of Rotherham. Good sexual health has a clear role to play in improving health and reducing health inequalities.

The commissioning arrangements for sexual health services have been in force since 1st April 2013. RMBC is mandated to commission for comprehensive sexual health services which includes contraception, STI testing and treatment, Chlamydia screening as part of the screening programme and HIV testing. Rotherham CCG commissions abortion services, sterilisation, psychosexual counselling and Gynaecology (including any use of contraception for non-contraceptive purposes). The third commissioner of Rotherham's sexual health services is NHS England which is responsible for commissioning HIV treatment and care and the Sexual Assault Referral Centre (SARC). It is vital for commissioners to work closely together to ensure that the care and treatment the people of Rotherham receive is of high quality and is not fragmented.

A key principle of sexual health services is that they are open access, confidential and free of charge for the user. There are strong public health reasons why this should continue.

Priorities 2019 – 2021

This document provides a framework to guide our planning and delivery of commissioned services and public health interventions aimed at improving sexual health outcomes across the life course.

The strategy aims to address the sexual health needs reflected by the PHE sexual and reproductive health epidemiology report, 2017 which highlights areas of concern. Actions should therefore be identified to address the following concerns during 2019-2021:

Abortions under 10 weeks (%)

The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure.

Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 71.5%, while in England the proportion was 76.6%. Whilst this shows an improvement from 2016 when the rate was 69.7% there is still room for improvement.

Under 18 conception rate

In March 2017, an amendment via the Children and Social Work Act (2017) is leading to the introduction of compulsory relationships education in primary schools and compulsory relationships and sex education in secondary schools from September 2020. All agencies should now work together to provide support for this initiative which must be high quality, evidence based and best practice.

Although teenage pregnancies have fallen dramatically in Rotherham there is still a relatively high rate of 22.1 per 1,000 females aged 15-17, compared to the rate of 17.8 in England and 20.6 in Yorkshire and Humber. There is a good uptake of LARC across Rotherham but this could be improved in those women under 25.

The percentage of under 18 conceptions leading to abortion is also far lower in Rotherham (35.5%) than in England (51.8%) and in Yorkshire and Humber (44.3%).

According to the Rotherham Voice of the Child Lifestyle Survey 2018, the numbers of those sexually active young people (aged 14/15 years) who said that they did not use any contraception has increased from 27.5% in 2017 to 29.1% in 2018.

Pelvic inflammatory disease (PID) admission rate/100,000

Rotherham has a much higher rate of admission for PID at 542.8 per 100,000 than in England (242.4 per 100,000) and in Yorkshire and Humber (264.7 per 100,000).

PID can be a complication of some STIs, especially chlamydia which is the most common STI among Rotherham residents in 2016. The 2016 detection rate for chlamydia in Rotherham is 2,033 cases per 100,000, which is below the Public Health Outcomes Framework recommendation but our relatively high percentage of positive tests shows that testing in Rotherham is being effectively targeted towards the populations most at risk. However, testing is currently predominantly from the core Integrated Sexual Health Services and may not be access by the more vulnerable residents.

STI diagnoses in young people

58% of diagnoses of new STIs in Rotherham in 2017 were in young people aged 15-24 years compared to 50% in England. It is crucial that services, health promotion and prevention initiatives prioritise young people.

Correct and consistent condom use remains an extremely effective way to prevent STI transmission and schemes to promote distribution and use should be encouraged. According to the Rotherham Voice of the Child Lifestyle Survey 2018, the numbers of young people (aged 14/15 years) reporting that they had had sex after drinking alcohol and/or taking drugs showed a significant increase since the 2017 survey. The implied risk taking behaviour needs to be taken into account when developing schemes to increased use of condoms.

Young people are also more likely to become re-infected with STIs. In Rotherham, more young men (aged 15 -19 years) became re-infected with an STI within 12 months than young women over a five year period but overall, in 2017, more young women than men were diagnosed with a new STI. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

Sexual health within vulnerable groups

Whilst prevention, diagnosis, treatment and care needs to be delivered to the general population there should also be a focus on groups and individuals with greater sexual health needs such as young people, black ethnic minorities and MSM.

Prevention programmes are also required for populations known to be at risk of exclusion from routine contraception, pregnancy testing and abortion provision. These include teenagers, the homeless, asylum seekers and refugees, those with learning difficulties, those involved in the criminal justice system, victims of sexual violence and those suffering from domestic abuse or from alcohol and drug problems.

Implementation and monitoring

The strategy highlights the vision, ambitions and priorities for sexual and reproductive health for the people of Rotherham.

It will be implemented by an action plan managed via the Rotherham Sexual Health Strategy Group. An annual action plan will be agreed by the group, but will be kept constantly under review. The Group meets on a quarterly basis to review actions and emerging priorities.

Sexual Health Strategy for Rotherham 2019 Action Plan

Priorities	Agreed Actions	Progress – up to December 2019	Lead/responsibilities
<p>STI diagnoses in young people</p> <p>Using the Rotherham Voice of Child Lifestyle Survey 2018 to identify concerns in relation to risk taking behaviours</p>	<p>Presentation / discussion to be brought to the Sexual Health Strategy Group meeting</p> <p>An operational group to be established to establish:</p> <ul style="list-style-type: none"> a) what work is going on with young people now b) what the gaps are c) the sharing of good practice 	<p>Presentation/discussion at meeting January 2019</p> <p>Areas of concern highlighted / discussed:</p> <ul style="list-style-type: none"> • Young people not using condoms • Rise in risk taking behaviour in general • Young people are more likely to become re-infected within 12 months • Young people getting advice from friends 	<p>RMBC Public Health</p> <p>All members of Strategy Group</p> <p>RMBC Public Health</p>

<p>Addressing the need to promote condom use</p>	<p>Promote and expand the Rotherham condom distribution scheme, including assessing the feasibility of the scheme being used by:</p> <ul style="list-style-type: none"> • pharmacies • Early Help colleagues • College staff <p>Promote condom use by using national campaign materials including those produced for Sexual Health Week (June 2019) and World AIDS Day (December 2019)</p>		<p>TRFT ISHS RMBC Early Help Pharmacies Barnados Colleges</p> <p>Yorkshire Mesmac All</p>
<p>Sexual health within vulnerable groups</p> <p>Addressing the need for MSM to be aware of the benefits of HPV vaccine</p> <p>Ensuring that young people can:</p> <p>a) access services for contraception</p> <p>b) understand how the products worked/what was best for them</p> <p>Ensuring that adults with learning difficulties can:</p>	<p>All Rotherham MSM aged 45 and under to have access to HPV vaccine</p> <p>Carry out consultation with young people across Rotherham</p> <p>Produce recommendations for improving access and communication in product use</p> <p>Carry out consultation with adults with learning difficulties across</p>	<p>From January 2019 Yorkshire Mesmac are signposting all Rotherham MSM aged 35 and under to the ISHS</p>	<p>ISHS Yorkshire Mesmac</p> <p>RMBC Early Help TRFT ISHS Barnados</p> <p>RMBC/RDASH</p>

<p>PID admission rate/100,000</p> <p>Ensuring that chlamydia prevalence / detection and treatment is continued and that reinfection is targeted</p>	<p>Reinfection rate of chlamydia to be investigated</p> <p>The feasibility of chlamydia screening to be expanded to the following to be looked into:</p> <ul style="list-style-type: none"> • RMBC Early Help • Pharmacies • College staff 	<p>Work being carried out April 2019</p>	<p>TRFT ISHS</p> <p>TRFT ISHS RMBC Early Help Pharmacy College Staff</p>
<p>Abortions under 10 weeks (%)</p> <p>Ensuring that women are able to access services in a timely fashion</p> <p>Understanding the barriers to access</p>	<p>Undertake a mapping exercise in relation to women accessing the services now</p> <p>Carry out consultation in relation to any barriers to women accessing the services and make recommendations</p>		<p>RMBC Public Health BPAS TRFT</p>

Summary Sheet

Committee Name and Date of Committee Meeting

Health Select Commission – 13 June 2019

Report Title

Cabinet Response to Recommendations from Scrutiny Workshop: Adult Residential and Nursing Care Homes

Is this a Key Decision and has it been included on the Forward Plan?

No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Nathan Atkinson, Assistant Director, Adult Care, Housing and Public Health
01709 822270 or nathan.atkinson@rotherham.gov.uk

Jacqueline Clark, Head of Strategic Commissioning, Adult Care, Housing and Public Health (01709) 822358 or jacqueline.clark@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

This report sets out the response to the recommendations from the scrutiny workshop undertaken in April 2018 by the Health Select Commission to consider residential and nursing care home for adults aged over 65. The purpose of the workshop was to consider progress in bringing about improvements to safety, quality and effectiveness in the sector.

Under the Overview and Scrutiny Procedure rules, the Cabinet is required to respond to any recommendations made by scrutiny and this report is submitted to meet that requirement.

Recommendations

That the Cabinet response to the recommendations of the Scrutiny Workshop: Adult Residential and Nursing Care Homes, as set out in Appendix A, be approved.

List of Appendices Included

Appendix A – Response to Recommendations

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Cabinet – 15 April 2019

Council Approval Required

No

Exempt from the Press and Public

No

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1. Background

- 1.1 The Health Select Commission agreed to schedule a scrutiny workshop on residential and nursing care home provision for older people in their 2017-18 work programme to consider progress in bringing about improvements to safety, quality and effectiveness in the sector.
- 1.2 It was also an opportunity to explore the impact of the Care Home Support Service, as the care home sector is one of the transformation initiatives under the Rotherham Integrated Health and Social Care Place Plan, a significant part of the Select Commission's work programme.

2. Key Issues

- 2.1 In light of their findings following the workshop, the Health Select Commission made the following four recommendations:

(1) That briefings should be provided for Ward Members on issues relating to any care home in their ward at an early stage.

(2) That Council officers liaise with the Care Quality Commission regularly around Registered Managers in care homes to identify potential concerns.

(3) That all care homes be encouraged to work with the Care Home Support Service and Clinical Quality Advisor to raise standards.

(4) That care home staff be encouraged to attend organised training sessions and that the take up and the impact of training be monitored.

3. Options considered and recommended proposal

- 3.1 The recommendations from the Health Select Commission scrutiny workshop have been accepted by Adult Care and the actions outlined in Appendix A will be implemented as part of the on-going requirements for the service.

4. Consultation on proposal

- 4.1 There is no requirement for consultation with regard to this activity.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The response from Council to the review recommendations will be reported back to the Health Select Commission on 13 June 2019.

6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial implications arising from this report.
- 6.2 There are no direct procurement implications arising from this report.

7. Legal Advice and Implications

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

8. Human Resources Advice and Implications

8.1 Officer time is needed to implement the actions, but there are no further implications arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The focus of the review was on older people in residential and nursing care homes and there are therefore no implications for Children and Young People.

10. Equalities and Human Rights Advice and Implications

10.1 There are no direct equalities or human rights implications arising from this report.

11. Implications for Partners

11.1 Rotherham Clinical Commissioning Group are involved in commissioning services and the Care Home Support Service and Clinical Quality Advisor are based at Rotherham Hospital.

11.2 Positive partnership working is the key to raising quality in the sector with a need to involve providers as well as other agencies to gain commitment and buy-in.

12. Risks and Mitigation

12.1 Safe, quality care for older people living in residential or nursing care homes is vital. The work of partners through commissioning and contract management, the Quality Board and the Care Home Support Service contributes to improving standards

13. Accountable Officer(s)

Nathan Atkinson, Assistant Director, Adult Care, Housing and Public Health
Jacqueline Clark, Head of Strategic Commissioning, Adult Care Housing and Public Health

Approvals obtained on behalf of:-

	Named Officer	Date
Chief Executive	Sharon Kemp	Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Graham Saxton	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Stuart Fletcher	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.

Report Author: Nathan Atkinson, Assistant Director, Adult Care, Housing and Public Health

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

This report is published on the Council's [website](#).

Cabinet's Response to Scrutiny Workshop: Adult Residential and Nursing Care Homes

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/ Deferred)</i>	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
1) That briefings should be provided for Ward members on issues relating to any care home in their ward at an early stage.	Accepted	Officers have for some time liaised with Ward members over issues in Care homes. Briefings to Ward members where deviation from quality and regulatory standards are prepared for the Strategic Director of Adult Care, Housing and Public Health and disseminated to Ward members where appropriate. The process of termination of a care home contract due to quality concerns was recently discussed with Ward members, as was the provider led closure of another care home. Ward members were advised of the process and procedures to be undertaken and their queries were addressed at a dedicated meeting.	Nathan Atkinson (Assistant Director, Strategic Commissioning)	On-going requirement
2) That RMBC Officers liaise with the Care Quality Commission regularly around Registered Managers in care homes to identify any potential concerns.	Accepted	The recommendation reaffirms activity already conducted by Officers. The Care Quality Commission's (CQC) Inspection Manager attends the Quality Board and CQC inspectors meet with the Principal Contracts Officer on a 6 weekly basis. Contract Compliance Officers (CCOs) liaise regularly with CQC Inspectors and discuss a number of issues which arise around registered managers. CCOs meet with registered managers at least six monthly to discuss quality and contract compliance.	Jacqui Clark (Head of Prevention and Early Intervention Commissioning)	On-going requirement

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/ Deferred)</i>	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
3) That all care homes be encouraged to work with the Care Home Support Service and Clinical Quality Advisor to raise standards.	Accepted	<p>The recommendations reiterate the need to continue with a multi-agency response. The Clinical Quality Advisor, though an NHS employee, is an active member of the Contract Compliance Team and supports Quality Assurance Framework activity. She is part of the multidisciplinary team (MDT) that works collaboratively to consider issues that arise in care homes in particular that relate to health.</p> <p>The Clinical Quality Advisor has been instrumental for example in medication audits and tissue viability issues that arise and she was part of the MDT involved in the Special Measures Improvement Plan that led to the termination of the contract with two care homes. She also carries out training to increase skills in care planning, pressure area care, Malnutrition Universal Screening Tool and Moving and Handling and use of Equipment.</p> <p>Providers are actively encouraged to embrace this offer and any reluctance to engage informs soft intelligence to feed into the provider risk matrix.</p>	Jacqui Clark (Head of Prevention and Early Intervention Commissioning)	On-going requirement
4) That all care home staff be encouraged to attend training sessions and that the take up and impact of training be monitored.	Accepted	The Council has had a long standing commitment to supporting the independent sector with training, and this recommendation endorses that approach. Training schedules of the staff working in care homes are monitored by the Contract Compliance Officers.	Jacqui Clark (Head of Prevention and Early Intervention Commissioning)	On-going requirement

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/ Deferred)</i>	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
		<p>Care Home managers provide their training matrix to be verified by the CCOs. This identifies the training undertaken by staff including mandatory training i.e. Safeguarding, Medication Management, Moving and Handling, Mental Capacity Act. Specialist training also undertaken i.e. Caring for people who experience the symptoms of dementia is identified.</p> <p>Training that is due/overdue is also monitored. Where it is considered that the care home falls short in certain aspects of care then the training of staff is taken into account.</p> <p>Providers are expected to pay staff to attend training and many employ their own trainers via independent training organisations and utilise Skills for Care – a workforce development body for social care in England.</p> <p>A recent audit was carried out in respect of training undertaken in Dignity Challenge – Providers appoint champions – who are staff with enhanced knowledge or skills in certain areas who can support and advise staff. CCOs also examine evidence of good practice, team meeting minutes, care plans, customer experience surveys, resident activities etc. These audits inform the provider risk matrix score.</p>		

BRIEFING	TO:	Health Select Commission
	DATE:	13 th June 2019
	LEAD OFFICER (Full name, title and Directorate)	Teresa Roche, Director of Public Health
	TITLE:	2018 Annual Report of the Director of Public Health
Background		
1.	Directors of Public Health (DsPH) in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and as such can be powerful both in talking to the community and also to support fellow professionals in across the Council and partner organisations.	
Key Issues		
2.	<p>For the previous 3 years, the annual Director of Public Health reports for Rotherham have focussed on the life course, looking at the health challenges from childhood through to older age – starting well, living well and aging well. Having completed the set across the life course, this year’s report takes a new approach, and seeks to champion the strengths of our local communities and share experiences of what keeps us healthy, happy and well.</p> <p>We asked the general public (via an article in the Advertiser, staff briefings, online and through social media, plus cascaded through voluntary sector organisations) to submit photographs which show what keeps them healthy, happy and well where they live. We then grouped these photographs by theme and found that they strongly fell into 2 main themes, community and the environment. They also captured all five of the ‘five ways to wellbeing’.</p> <p>When we look at all the factors known to influence health and wellbeing, we can see why people are right to recognise the importance of our social networks, communities and our environment. Our health is not only influenced by obvious health behaviours (such as smoking, alcohol, diet and exercise) and the health care we receive, but also by our social interactions with others, our sense of community, the environment we live in and our economic circumstances.</p>	
Key Actions and Relevant Timelines		
3.	The report concludes with recommendations that we should consider ‘health and wellbeing’ in the wider context of being influenced by everything around us and seek first to understand what is ‘strong’ in our communities and what assets we can build on together to support the health and wellbeing of our residents.	

Recommendations	
4.	<ul style="list-style-type: none">• HSC members are requested to consider and discuss the report and to support the actions in the report, in particular:<ul style="list-style-type: none">○ Continuing to raise awareness of the 'Five ways to wellbeing' and working together to tackle loneliness and social isolation○ Supporting the continued development and expansion of social prescribing as laid out in the NHS long term plan○ Continuing to support healthy work, through initiatives such as the 'working win' trial and promoting uptake of the BeWell@Work workplace award.

WHAT KEEPS US HEALTHY, HAPPY AND WELL IN ROTHERHAM?

2018 Annual Report of the Director of Public Health

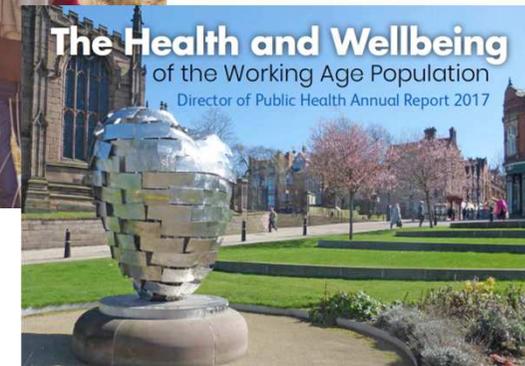
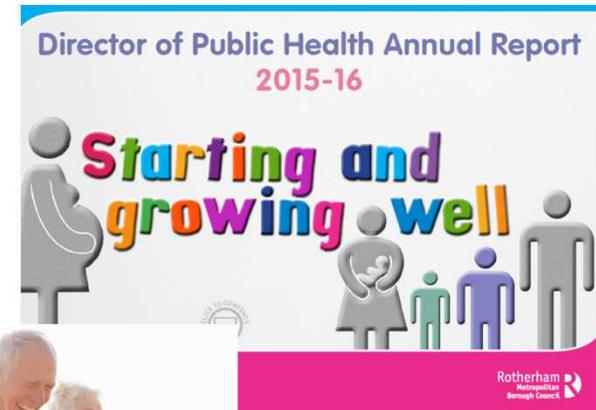


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Big hearts, big changes

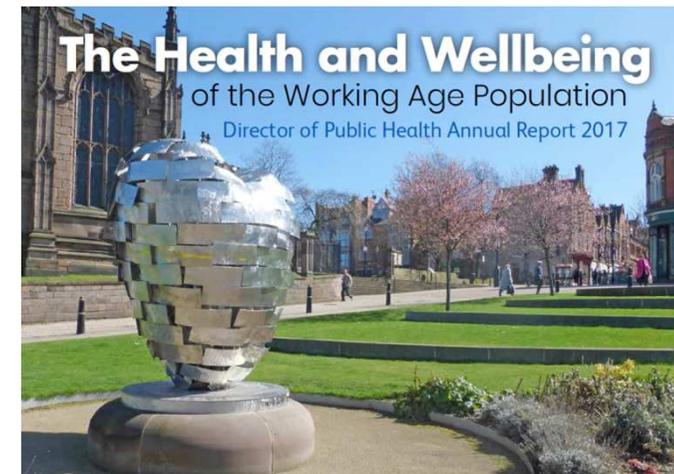
Annual Report of the Director of Public Health

- Statutory duty to write independent report on health and wellbeing of local population
- Previous 3 years focussed on health challenges across the life course



Progress on recommendations from last year

- 1) Work and health in partnership
- 2) Making Every Contact Count
- 3) Mental health
- 4) Physical activity
- 5) Health and social care plan

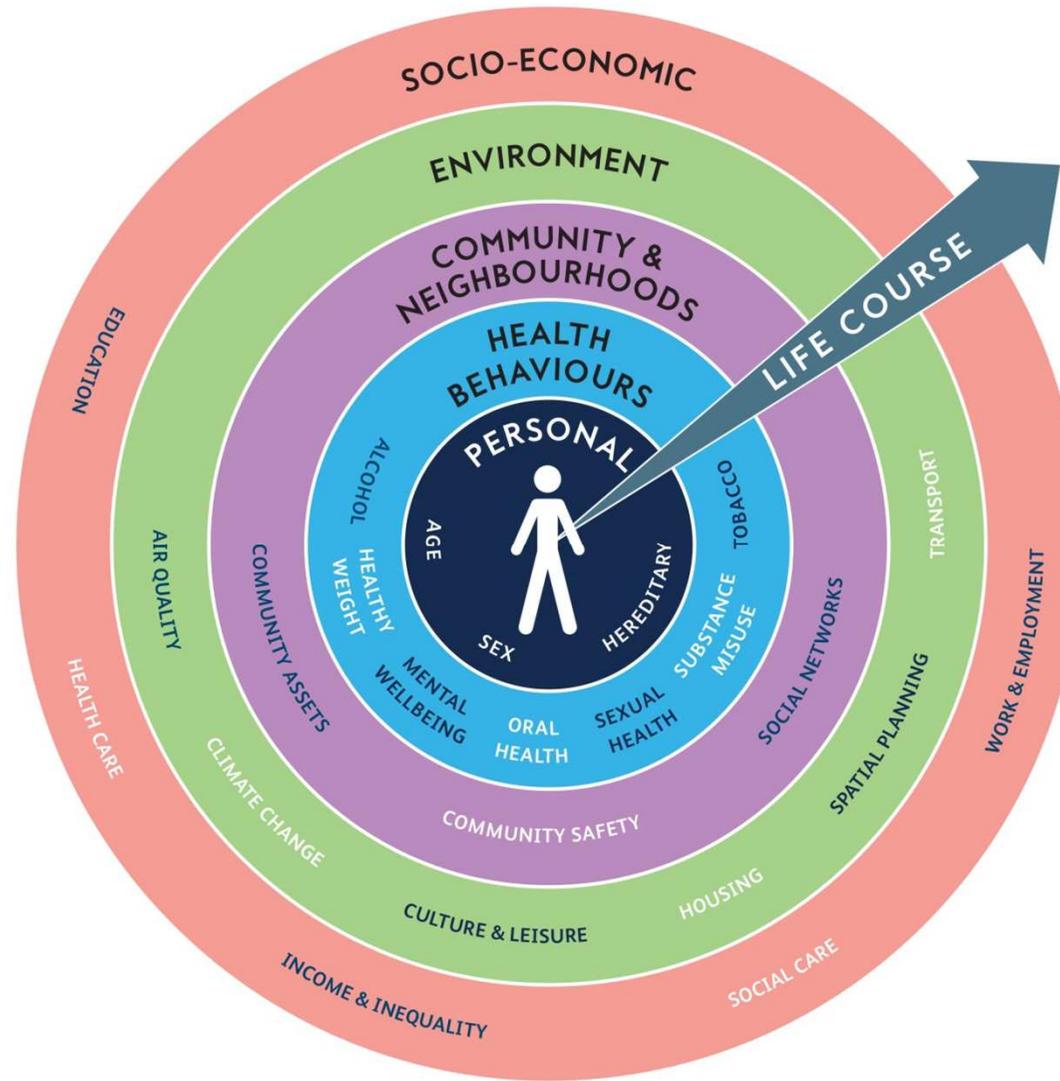


What does it mean to be healthy in Rotherham?



Big hearts, big changes

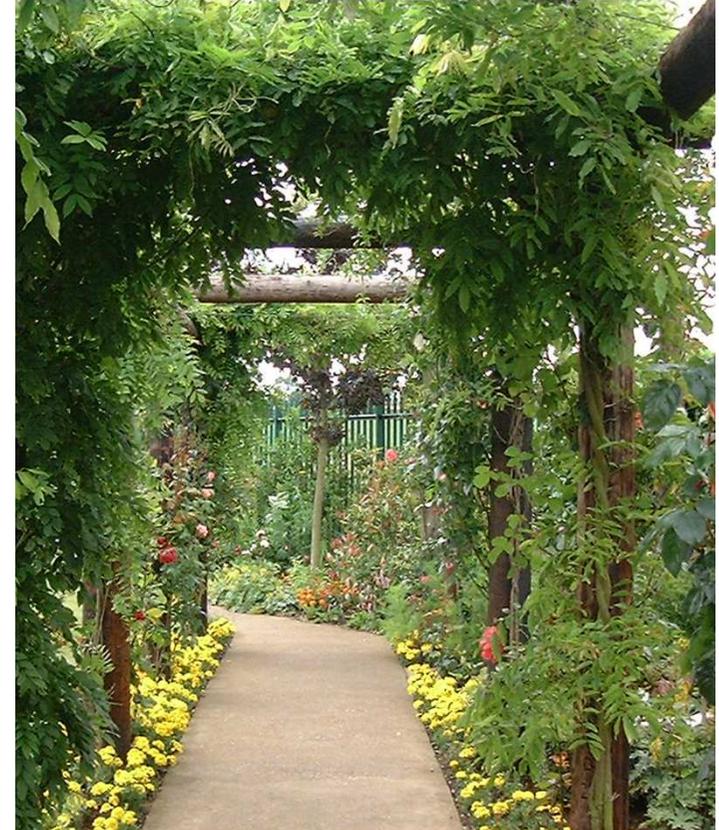
Health influencing factors



Rotherham
'Influencers on
health' model, based
on Dahlgren and
Whitehead 1991

Recommendations

- Consider 'health and wellbeing' in the wider context of being influenced by everything around us.
- Seek first to understand what is 'strong' in our communities and what assets we can build on together to support the health and wellbeing of our residents.



What we can do together

- Relaunch the Joint Strategic Needs Assessment
- Raise awareness of 'Five ways to wellbeing'
- Workforce development on asset-based working
- Expansion of social prescribing
- Support 'working win' sustainability
- Encourage uptake of BeWell@Work workplace award
- Engage communities in what keeps them healthy



WHAT KEEPS US HEALTHY, HAPPY AND WELL IN ROTHERHAM?

2018 Annual Report of the Director of Public Health



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FOREWORD

The annual Director of Public Health report is an opportunity to share my thoughts on the health and wellbeing of the population of Rotherham.

In the previous three years we have followed the life course, looking at the health challenges from childhood through to older age and what we can do to help people to start well, live well and age well. However, this year I have chosen to ask you, the people of Rotherham, what it means to you to be healthy, happy and well in Rotherham.

I am grateful for the photographs that you have shared that together capture so well the value of our environment and community in supporting our wellbeing. I hope that this report helps to celebrate some of the strengths of our local communities and encourages us to start by thinking about what matters to you and how we can build on what is already 'strong' as we try to address some of the challenges of improving health and wellbeing.

Teresa Roche, Director of Public Health,
Rotherham Metropolitan Borough Council



WHAT DOES KEEPING HEALTHY, HAPPY AND WELL IN ROTHERHAM MEAN TO YOU?

We asked people in Rotherham to send in photographs that showed what it meant to you to keep healthy, happy and well. From all these photos, there were two strong themes represented: our environment and our communities.

OUR ENVIRONMENT

A strong theme of the photos was a sense of our environment in which we live and how this can make us feel. There is strong evidence that access to green spaces improves mental health. Use of green spaces is associated with a decrease in health complaints, improved blood pressure and cholesterol levels, reduced stress, improved general health perceptions and a greater ability to face problems.

► *We're a group called **The Meeting Place for Adults with learning difficulties.** We meet twice a week (Monday and Saturday) for social activities.*



▼ *I love walking around Thrybergh country park. Whatever the weather, there is always something to see. I like to finish off with a lovely hot cup of tea and bun from the cafe.*



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FACTS AND FIGURES

- Around 70 % of land in Rotherham borough is classed as rural in nature
- Nearly a quarter of residents have accessible woodland nearby
- Around 1 in 8 people are estimated to be using outdoor space for exercise or health reasons

OUR COMMUNITIES

Perhaps the strongest theme of all from the photos was the importance of spending time with other people. These were people with common interests, or who lived in the same neighbourhoods, or who worked together, all contributing to healthy social networks.

The number of people living on their own is rising, particularly amongst older people. At the same time, social relationships are broadening and we are becoming increasingly inter-connected through digital networks such as social media. The impact of this on health is highly uncertain, so it is important to consider how we can ensure people can enhance their social networks and communities in a way which continues to be supportive to their wellbeing.

For many people, work provides connection to other people. Being in work is generally good for our health. However, working in a stressful environment can be detrimental to mental and physical health in both the short and the long term. Musculoskeletal disorders, stress, depression or anxiety, account for around three-quarters of work-related conditions. Many workplaces in Rotherham are now aware of the importance of supporting staff wellbeing.

FACTS AND FIGURES

- In Rotherham nearly a quarter of people aged 16 and over are members of sports clubs
- Nearly half of adult social care users felt they had as much social contact as they liked
- Nationally, people spend around two hours a day on social media
- Nationally, around 2 in 5 people are volunteers spending around 1½ hours per week in unpaid work or services
- Rotherham has similar rates of employment as the England average, with more than 3 in 4 people aged 16-64 years in employment

► *At Headway Bowling we offer our members, who have acquired brain injuries, a variety of different activities. This helps to keep them happy and healthy and reduces social isolation.*



◀ *The Victoria Street Allotments group in Dinnington transforms unused land into allotments, provides physical and social activity, addressing isolation and loneliness and allowing residents to grow and cook their own food.*

▼ *Rawmarsh Runners are based in Rosehill Park. Being part of this group keeps me happy, healthy and well. We run or walk in a social and welcoming environment.*



▲ *We enjoy our weekly circuit class at our Rotherham CCG offices.*

FIVE WAYS TO WELLBEING

The concept of wellbeing is about feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing.

Interestingly, when we looked at all the photos we also found that between them they covered all the aspects of the 'five ways to wellbeing'. We know that mental wellbeing impacts on physical wellbeing and that feeling happy is an important part of feeling well. Evidence suggests that building the following five actions into our day-to-day lives is important for well-being.

► **Kayaking at Rother Valley Country Park is a great way to keep fit with friends and colleagues.**



1. Exercising makes us feel good. Evidence shows that regular physical activity is associated with a greater sense of wellbeing and lower rates of depression and anxiety across all age groups. Even small changes in activity levels, such as short bouts of up to 10 minutes of low intensity exercise like walking, has been shown to improve mood.



▲ **'Mini Millers' provides fun sessions for children up to five years of age to develop running, jumping, kicking, throwing and catching skills.**



▲ **Cycling with Rotherham Wheelers Cycling Club and walking local footpaths keeps me fit and healthy.**

FACTS AND FIGURES

- In a survey asking residents how satisfied they were with their life nowadays, more than 75% of adults in Rotherham had a high satisfaction score
- When asked how happy did you feel yesterday, 71% reported high happiness scores



◀ *The Mature Millers meet weekly and love a game of walking football. Members of the group include former Millers players as well as members of the community who have never played football.*



▲ *I help to organise weekly indoor bowls. Short Mat Bowls which anyone can play.*



▶ *At Montgomery Hall in Wath, we welcome groups including: knitting; sewing; gentle exercise; bingo; boccia; curling and line dancing. These groups bring a social aspect to people's lives.*



By connecting with the people around us, (family, friends, colleagues and neighbours), at home, work, school or in our local community, we are better supported and enriched. Social relationships are critical for acting as a buffer against mental ill health for people across all ages. By strengthening and broadening our social networks we can maintain and improve our wellbeing.



▲ *Hard work in the garden pays off with a Wendy Keith Award.*



▲ Voluntary Action Rotherham's 2018 Volunteer Walk through Rotherham Town Centre.

▼ Being a part of our local litter pick group gives us pride in our area and keeps us active in the fresh air.



FACTS AND FIGURES

- Recorded prevalence of depression in Rotherham is 13.4%
- 1 in 4 people will experience mental ill health at some point in their life

▼ Giving made easy at a coffee morning raising funds for Prostate Cancer UK at Mowbray Gardens Library.



3.



By seeing ourselves and our happiness, linked to the wider community can be incredibly rewarding and helps us to create connections with the people around us. Evidence shows that feelings of happiness and life satisfaction have been strongly associated with active participation in social and community life. For older people, volunteering is associated with more positive affect and more meaning in life and offering support to others has even been shown to be associated with reduced mortality rates.



▲ An English for Speakers of Other Languages student (ESOL) receiving a certificate.



▲ I run a community group called Crafty Talk in Brinsworth and I get joy seeing people loving the company a cuppa and crafting.



► **Cooking at Headway**
We offer our members, who have acquired brain injuries, a variety of different activities. This helps keep them happy and healthy and reduce social isolation.



▲ Defibrillator training for defib machines in libraries in partnership with British Heart Foundations, StartAHeart 24:7 and Yorkshire Ambulance Service.



4. Whether it's trying something new or re-discovering an old interest, it can be enjoyable to achieve a new challenge. Learning new things makes us more confident as well as being fun. For children, learning plays an important role in social and cognitive development. However, the continuation of learning throughout life has the benefits of enhancing an individual's self-esteem, encouraging social interaction and a more active life.

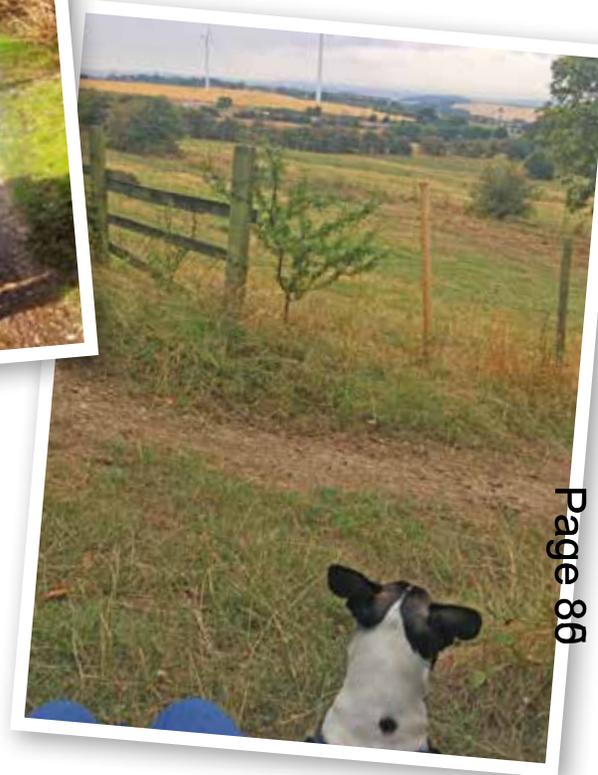


▲ *Bulb planting at Eastwood village.*

► *I keep fit and healthy with a balanced diet and being a regular member of Team Manvers at Manvers BoatClub, Wath.*



► *I keep happy and healthy by going on daily walks with my dog. I walk around the local area of Thurcroft, via public footpaths through the countryside.*



◀ *Walking with friends is a great way to keep healthy and happy.*



By being aware of the world around us and what we are feeling and reflecting on our experiences it helps us to appreciate what matters to us. This can be just being curious, catching sight of the beautiful or remarking on the unusual and savour the moment.

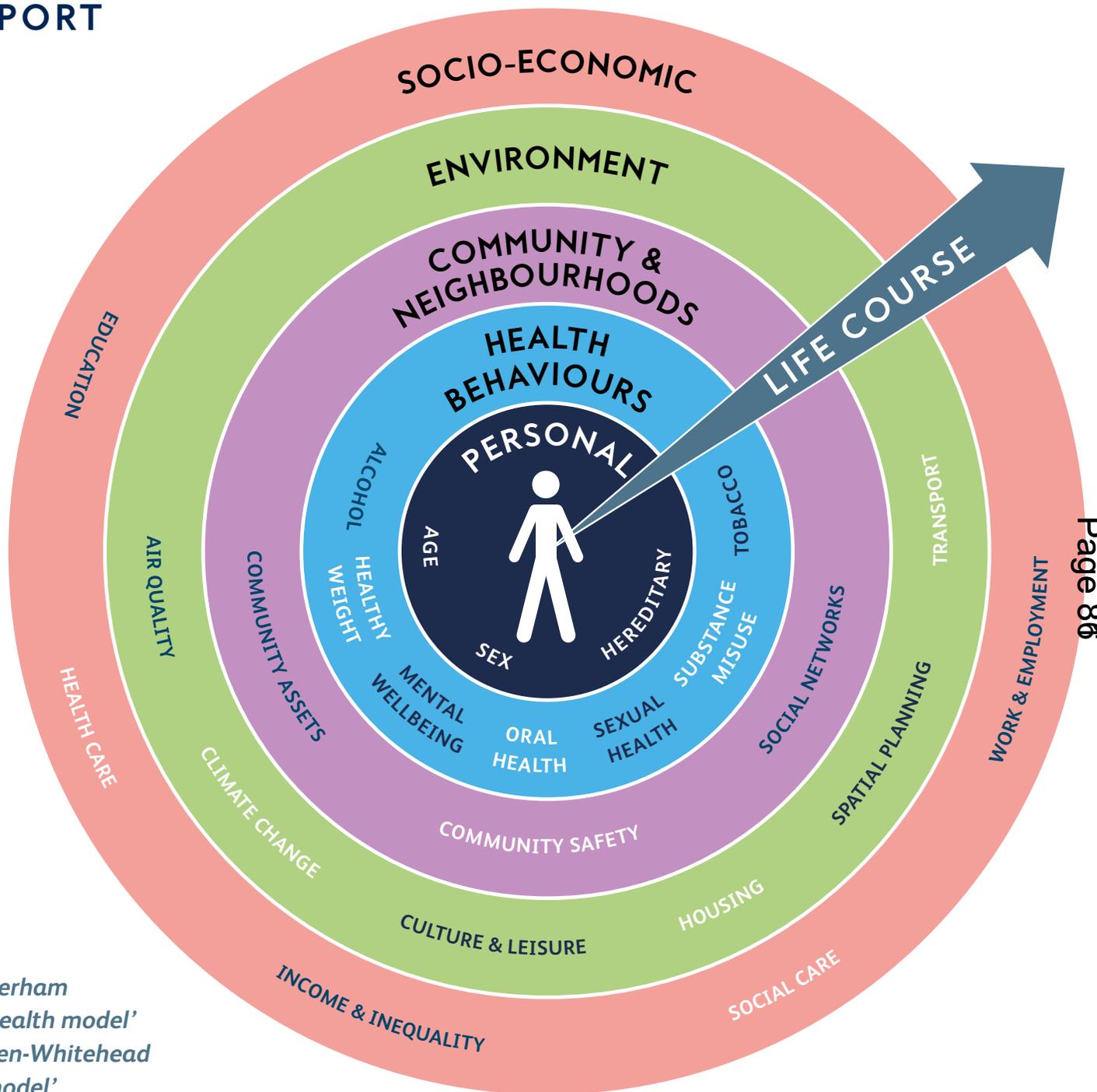
Watch our video about how important it is to incorporate the five ways to wellbeing into our daily lives.



WHAT CAN WE DO TO SUPPORT HEALTH AND WELLBEING?

When we look at all the factors known to influence health and wellbeing, we can see why people are right to recognise the importance of our social networks, communities and our environment. Our health is not only influenced by obvious health behaviours (such as smoking, alcohol, diet and exercise) and the health care we receive, but also by our social interactions with others, our sense of community, the environment we live in and our economic circumstances.

Research has shown that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (such as obesity and physical inactivity). Social relationships are also particularly important in increasing resilience and promoting recovery from illness in socio-economic circumstances that otherwise would be detrimental to health.



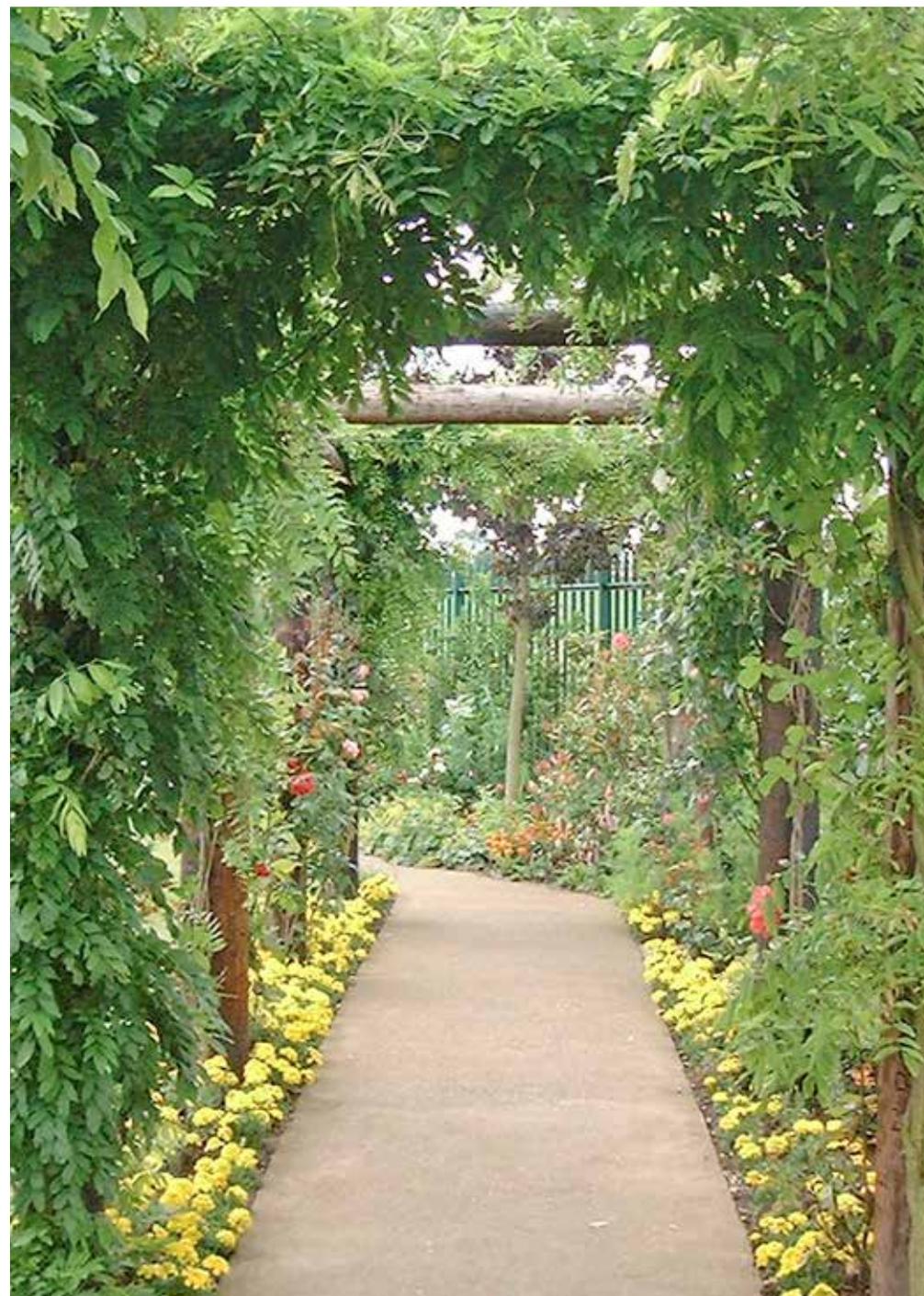
► **Diagram: Rotherham 'influencers on health model' based on Dahlgren-Whitehead 1991 'rainbow model'**

We need to value our communities and the significant role they can play in improving health and wellbeing. The assets within communities, such as skills, knowledge and social networks, are the building blocks for good health, whereas a focus on needs and deficits limits the options available, and sometimes increases stigma by labelling people with problems. The support from peers who share similar life experiences can be a powerful tool for improving and maintaining health, addressing social isolation and loneliness which are associated with higher risks of mortality and morbidity.

Power and participation matter to health, at an individual and a collective level. When individuals gain a sense of control over their lives and health, such as through development of personal skills, self-confidence and coping mechanisms, the self-efficacy, self-esteem, confidence to change and problem solving skills that result are factors which support the adoption of positive health behaviours and self-care.

Therefore by aiming to try to change the way we work with our residents, such as by working 'with' rather than 'for', and by seeking first to understand our communities and their strengths, we can better support people to live healthier lives.

► *I volunteer at Winthrop Gardens, a one acre community garden in Wickersley. Designed for peace and tranquillity, Winthrop is inclusive and accessible to all. The Winthrop ethos is very much about extending the warmest of welcomes to those who need that extra little bit of friendship and support. We provide a range of volunteering opportunities, run a monthly memory cafe for people living with dementia and their carers, and support a range of activities including craft groups.*



RECOMMENDATIONS

I hope this report will inspire the people of Rotherham, Councillors, Council colleagues and partner organisations to:

- Consider ‘health and wellbeing’ in the wider context of being influenced by everything around us.
- Seek first to understand what is ‘strong’ in our communities and what assets we can build on together to support the health and wellbeing of our residents.



WHAT WE WILL DO TOGETHER

- Public Health will lead the development of the re-launch of the Rotherham Joint Strategic Needs Assessment to ensure we all have access to clearer insight into the interplay of the factors that influence health and to better describe the assets and strengths of our communities.
- All partners should continue to raise awareness of the ‘Five Ways to Wellbeing’ and the issue of loneliness, such as through collaborative campaigns and Making Every Contact Count training, and embedding the importance of general mental wellbeing into the delivery of contracted services. This will include safe talk and mental health first aid training for Rotherham Council staff groups, Councillors and voluntary community sector organisations, and targeted suicide prevention training and work in South and Central wards, and a men’s mental health football project.
- Public health will support a programme of workforce development and training as part of the [Thriving Neighbourhoods Strategy](#), to improve skills and understanding around asset-based working.
- Partners should work together to enable the local voluntary and community sector to support the expansion of the offer of social prescribing as described in the NHS long term plan. This should build on the learning from the newly launched South area multi-agency group pilot work on loneliness. The role of voluntary sector organisations (such as REMA and RotherFed) and Voluntary Action Rotherham and their [volunteer centre](#) will be vital in supporting local smaller community organisations in building capacity and sustaining local community-based activity.
- All partners should continue to support the ‘Working Win’ pilot to support those with mental or physical health conditions to remain in work or gain employment and work together to consider sustainability of this approach.
- All partners should encourage local workplaces to commit to improving the health and wellbeing of their staff through the Rotherham launch of the South Yorkshire BeWell@Work Award.
- Public Health will work with a community arts organisation to create an interactive art work at the Rotherham Show based on this report, stimulating more people to get involved in thinking about what keeps them healthy, happy and well.

◀ *At Headway we offer our members, who have acquired brain injuries, a variety of different activities. This helps keep them happy and healthy and reduce social isolation.*

PROGRESS ON LAST YEAR'S RECOMMENDATIONS

A brief summary of progress on the recommendations in last year's report on the health and wellbeing of the working population is included below.

2017 RECOMMENDATIONS	PROGRESS
<p>1. Work and health in partnership – To help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to work with workplaces to embed a systematic approach to Making Every Contact Count.</p>	<p>Rotherham Public Health team have been working with Doncaster, Barnsley and Sheffield councils to develop a South Yorkshire Bewell@work award scheme. This replaces the national workplace charter that ceased operation in 2018. Rotherham now has seven local organisations that have completed the pilot and have achieved the award. These include two schools, two from the adult care sector, one recruitment agency, one charitable organisation and one community organisation. The official launch of the Bewell@work award scheme will take place on 6th March at New York stadium with 120 people from local businesses.</p> <p>In order to support achievement of the award training is offered on different topic areas, including Workplace Health champions. 35 workplace champions have been trained so far.</p>
<p>2. Making Every Contact Count – working with partners to deliver MECC (Healthy Chats) which is a key component of the Rotherham Integrated Health and Social Care Strategy.</p>	<p>Throughout 2018 we have delivered MECC training to 316 staff. In 2018 the MECC training focused on smoking and alcohol. From April 2019 we will be focussing the training on social isolation and loneliness. This second wave will be piloted through the South multi-agency group, with further roll-out throughout Rotherham.</p>
<p>3. Mental health – Public Health to lead on the implementation of the Better Mental Health For All Strategy, with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing.</p>	<p>The Health and Wellbeing Board's Five Ways to Wellbeing Campaign was launched in May 2018 and since this time partners have been engaged in promoting the Five Ways key messages to staff and the general public.</p> <p>The Rotherham Suicide Prevention and Self Harm Action Plan has been refreshed in line with emerging themes and priorities. South Yorkshire and Bassetlaw has secured suicide prevention funding from NHS England, and the Public Health team have been working with Rotherham CCG and local partners to look at how this will be spent in Rotherham. Initiatives include training for primary care and frontline staff and a suicide prevention small grants scheme targeting men.</p>

PROGRESS ON LAST YEAR'S RECOMMENDATIONS (CONTINUED)

A brief summary of progress on the recommendations in last year's report on the health and wellbeing of the working population is included below.

2017 RECOMMENDATIONS	PROGRESS
<p>4. Physical activity – Public Health will work with the Rotherham Activity Partnership to increase physical activity across Rotherham using opportunities such as our award winning parks (green spaces), promoting active travel and working with planning departments to combat obesogenic environments.</p>	<p>Rotherham Activity Partnership is now established, bringing a range of partners together from the Council, health, police, voluntary community sector, and leisure centres to 'plan, promote and co-ordinate physical activity and sport, so that it is an everyday part of people's lives.' Public health are also leading on the development of a local 'Healthy Weight for All' plan, which this work will contribute to.</p> <p>During this year, Rotherham was also a national Public Health England pilot area for phase one of a Physical Activity Clinical Advice Pad project, in which GP practices have been supported with training and resources to better enable clinical staff to have brief conversations with patients, encouraging them to make small changes to increase their levels of physical activity.</p>
<p>5. Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the health and social care plan.</p>	<p>Progress is being made to deliver on the prevention requirements of the Integrated Care System (ICS), with ongoing discussions with NHS partners to explore the opportunities for population health management using the Rotherham Shared care record. Current priorities for the ICS include social prescribing and tobacco dependency. The Public Health team are supporting The Rotherham Foundation Hospital Trust to implement the South Yorkshire QUIT programme, ensuring all patients attending hospital are offered support to stop smoking.</p>



FURTHER INFORMATION

Below is a list of references that were used in the preparation of this report. They provide interesting further reading on the concepts discussed.

Further data on the health of the people of Rotherham can also be found in the Joint Strategic Needs Assessment (<https://www.rotherham.gov.uk/jsna/>). However as noted in the recommendations, this is will be undergoing significant changes to structure and content, to give clearer insight into the interplay of the factors that influence health and to better describe the assets and strengths of our communities.

Determinants of health

- <https://www.kingsfund.org.uk/projects/vision-population-health-england>
- <https://www.health.org.uk/infographic/what-makes-us-healthy>

Community-centred approaches

- <https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>
- <https://whatworkswellbeing.org/product/joint-decision-making-full-report>
- http://www.euro.who.int/__data/assets/pdf_file/0003/382971/hen-60-eng.pdf?ua=1
- <https://www.local.gov.uk/asset-approach-community-wellbeing-glass-half-full>

Five Ways to Wellbeing

- <https://neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence>
- https://www.rotherham.gov.uk/homepage/486/five_ways_to_wellbeing

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