HEALTH SELECT COMMISSION
10th October, 2019

Present:- Councillor Keenan (in the Chair); Councillors Albiston, Brookes, The Mayor (Councillor Jenny Andrews), Bird, Cooksey, R. Elliott, John Turner, Vjestica and Walsh.

Apologies for absence were received from Councillors Jarvis and Williams.

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

36. DECLARATIONS OF INTEREST

Cllr Bird declared an interest pertaining to the item on the Trailblazer Mental Health Pilot as Chair of Governors at Rawmarsh Children's Centre and the Arnold Centre.

37. EXCLUSION OF THE PRESS AND PUBLIC

There was no reason to exclude members of the public or the press from any item on the agenda.

38. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

39. COMMUNICATIONS

World Mental Health Day
The Chair reminded everyone that this was celebrated on 10th October and wished everyone a good and happy day.

Be The One Campaign
The Director of Public Health provided an update on the campaign which had achieved 160,847 web hits since its launch in September 2019, including 27,720 to date in October. 68 pledges had been made, excluding those via social media. Very importantly, 373 toolkits had been downloaded. The video had been shown at two Rotherham United games, reaching around 34,000 people with another 743 viewings on the website. Three quarters of a million "shares" had been on social media and the aim was to reach one million. More badges were available if required.

Healthwatch Rotherham
The Chief Executive informed the Select Commission about recent work that Healthwatch had undertaken:-

- In support of World Mental Health Day a new men's mental health group had been formed which met on Tuesdays at Rotherham Titans and was having significant impact.
- The recent cluster of maternity issues at Rotherham Hospital had all been resolved satisfactorily bar one that would be discussed at a meeting between the service user, the Trust and Healthwatch the following week.
- Healthwatch had been working with Child and Adolescent Mental Health Services (CAMHS) and RCCG on the neuro-developmental pathway to try and reduce waiting times for assessment.
- Work on intermediate care and reablement would be commencing on behalf of RCCG through interviews with residents of Lord Hardy and Davis Court.
- Annual PLACE assessments had been carried out at Rotherham Hospital and the Hospice.
- Healthwatch Rotherham had won an award, along with their South Yorkshire and Bassetlaw partners, from Healthwatch England for outstanding achievement on engagement work on the NHS Long-term Plan. Rotherham in particular had high levels of interaction and input.
- The contract for the Healthwatch service in Rotherham had gone out to tender without the NHS complaints advocacy.

Information Pack

Contained within the information pack circulated to Members were the slides from the Respiratory Care Pack, further information from Rotherham Clinical Commissioning Group (RCCG) on engagement and a presentation about the proposed Target Operating Model in Adult Social Care.

40. MINUTES OF THE PREVIOUS MEETING HELD ON 5TH SEPTEMBER 2019

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 5th September, 2019.

Resolved:- That the minutes of the previous meeting held on 5th September, 2019 be approved as a correct record.

41. SOCIAL AND EMOTIONAL MENTAL HEALTH STRATEGY

Jenny Lingrell, Joint Assistant Director Commissioning, Performance & Inclusion (RMBC and Rotherham Clinical Commissioning Group), delivered a short presentation to provide the Health Select Commission with an overview of the latest draft of the new Social, Emotional and Mental Health Strategy.

Initial actions had commenced in October 2018 with the development of robust data on Special Educational Needs and Disability (SEND) Sufficiency and would culminate in new provision being introduced in a

phased approach by September 2021. An action plan covering the six priorities was incorporated within the draft strategy and set out timescales to implement the Mental Health Trailblazer (see next item), which would pilot a new approach to delivering mental health support in schools and act as an enabler. The action plan would also be refreshed annually.

Social, Emotional and Mental Health Strategy

Context

- Provides a strategic framework to underpin activity
- Builds on the foundation of existing work and policy drivers but tries not to over-complicate
- Does not identify every activity or action in detail
- Has been co-produced with headteachers; and reflects the views of children and young people

Principles of Collective Responsibility for Children and Young People with Social Emotional and Mental Health (SEMH) difficulties

- Be based on the equitable use of resources which is affordable, with realistic expectations and clearly defined outcomes
- Be a whole Borough response which is informed by transparent information and data and knowledge of local and national good practice;
- Recognise the importance of early intervention and be family and person centred;
- Recognise the importance of collective responsibility, which includes education, health and care partners and is based on a shared understanding of what is expected of all parties;
- Provide a graduated response with thresholds to prevent escalation into expensive out of borough provision;
- Provide local and flexible solutions which are developed and managed by schools;

Vision

Rotherham meets the social, emotional and mental health needs of all children and young people through seamless access to the right services at the right time and a confident and resilient workforce

Priorities

1. **Sufficiency:** develop local education provision that responds to need – this will include flexible and specialist provision (special schools and specialist provision in mainstream)
2. **Seamless Pathways:** ensure that pathways to support are connected and aligned and develop a clear behaviour pathway that includes responses to attachment and trauma

3. **Partnerships:** develop and sustain robust inclusion partnerships that enable schools to meet need through a collective approach to responding to the needs of individual children

4. **Evidence-Based Approaches:** ensure that the local authority offer (from Early Help and Inclusion services) responds to need and is underpinned by evidence-based approaches and aligned with clear pathways

5. **Workforce:** develop a robust training and support offer, enabling professionals to feel confident in responding to the needs of children and young people with SEMH needs

6. **Outcomes Focused and Value for Money:** ensure that all activity can demonstrate a clear outcomes and value for money

The draft strategy and action plan were discussed with the following issues raised by Members.

- Would workforce training and support include training for NTAs and other such workers? Could it encompass understanding behaviours and being able to deal with them, especially regarding some of the challenges of complex behaviours of Looked After Children? – Yes, that was exactly the vision of what the outcome of the training should be, although it would be a significant undertaking. Training needs across the system, including schools, staff, parents and carers needed to be understood, with clarity on how these would be met. Who would be best to meet these needs could include the private sector, health and RMBC. Schools were buying in training and needed support to navigate through what was out there as it was probably confusing.

- Would train the trainer training be possible as there were some excellent Special Educational Needs Co-ordinators (SENCOs) out there who could potentially become involved? – It was confirmed SENCOs were involved.

- Would there a focus on prevention as although this seemed to be about early help or early intervention some innovative things were already happening in schools to help young people around their mental health? So would this support that development? - Going on to the Trailblazer next would probably bring that to life. A whole school approach was desired and having a positive attitude to mental health and strategies to support good mental health applied in all workplaces. Trailblazer will support that and although the pilot was only in a small number of schools the governance structure aimed to broaden it out. Priorities could not really be discussed in isolation as they fitted together like a jigsaw.

- Why then was prevention not included as a priority as it was really an underpinning part of the model? Punishments were seen from schools regarding behaviour which emanated from a child's needs and it was important to have whole school approaches and create those environments otherwise the other priorities could become quite

piecemeal. – This was helpful feedback and the whole school approaches and prevention would be strengthened in the document.

- What types of emotional behaviour were most common – anxiety or depression? Did distressing media stories have an impact or seeing other children have difficulties in the classroom? – It was impossible to generalise as the whole spectrum of presenting behaviour was seen, from children being very withdrawn to exhibiting traumatised or violent behaviours. How they responded to trauma or stress depended very much on the individual.

- There seemed to be a heavy reliance on the Trailblazer, so were there concerns about sustainability, such as future funding? – It did have a strong focus this year with going live and being a good opportunity but not all priorities relied on Trailblazer and they had separate funding streams to support them. The aim was to maximise the opportunities from Trailblazer to learn from it regarding future activity. For example, for the work with the workforce separate funding had been identified. Trailblazer would provide intelligence and sufficiency work would be delivered through the capital programme.

- Was there involvement from sixth form colleges and Further Education? - Yes as SEMH was a category within SEND and responsibilities around SEND go up to age 25 they were included.

Resolved:

1) To note the draft strategy and information provided in the presentation.

42. MENTAL HEALTH TRAILBLAZER

Following on from the SEMH Strategy, Jenny Lingrell continued with a second presentation in relation to the Mental Health Trailblazer.

Mental Health Support Team (MHST) Service Model
The mental health trailblazer pilot will see mental health support teams established in 22 schools and education settings across Rotherham. Up to 8,000 children and young people will receive face-to-face support to help address and prevent mild to moderate mental health problems

Wave 1 – Whole School Approach including the senior designated mental health lead
Wave 2 – Delivered by the Education Mental Health Professionals
Wave 3 – MHST senior practitioners linked to CAMHS Locality and Advice Teams
Wave 4 – MHST clinical lead and liaison/case management function linked to CAMHS pathways

This project was not a replacement for the CAMHS service. It provided a graduated response with a range of activities within each wave and needed to dovetail with and enhance what was in place. Under wave 2 liaison with services to access the right support would help with triage. Workers had been recruited and were at university but also working one or two days each week in schools already part of the time.

MHST Roles

- Deliver evidence-based interventions 1:1 and to groups of children and young people, building on the support already in place, not replacing it
- Support the senior mental health lead to introduce or develop a whole school approach
- Give timely advice to school staff, and liaise with external services, to help children and young people get the right support and stay in education.

Education Mental Health Professional Role

- Delivering evidence-based intervention for children and young people, with mild to moderate mental health problems, in schools.
- Helping children and young people who present with more severe problems to rapidly access more specialist service.
- Supporting and facilitating staff in education settings to identify, and where appropriate, manage issues related to mental health and wellbeing.

Role of the MHST Strategic Lead

- Strategic lead from the voluntary and community sector will integrate the social model/trusted relationship approach to complement CAMHS clinical approach
- Ensure effective dissemination of learning from the Trailblazer – viewed as key
- Produce a MHST service model and referral pathway
- Oversee the allocation of referrals across the schools
- Establish how the views of young people and families are collated - done
- Establish what schools need and how they will work together and share good practice - a lot of time had been spent on this aspect
- Following a competitive procurement process Barnardo's will lead this work
- Barnardo's have significant experience of working in Rotherham schools. They currently deliver services focused on Child Sexual Exploitation, Child Criminal Exploitation, Harmful Sexual behaviour and young carers

Other slides

- Diagram showing how MHST complement CAMHS Locality Model
- Recruitment of MHST – 2 in Rotherham, fully recruited
- Map of participating schools and colleges – some at different stages on the journey so the learning could be compared

- Implementation milestones

Detailed discussion ensued on a number of issues.

- Overall how did you see the project going and were you confident that the requirements of the Green Paper would be met? How was the training going and what was the background and expertise of the practitioners? - People came from a variety of backgrounds and details on training and expected interventions could follow from CAMHS.

- Rotherham MIND used to carry out an effective schools mental health programme. Was this still in place and was it connected in? - Yes MIND did still work in some schools and Maltby had their own delivery around counselling and mental health support Early Help also delivered targeted interventions in some schools. It was a mixed picture but many schools already had support for children with SEMH needs. Mental Health Support Teams (MHST) were the "glue" between CAMHS and Early Help to ensure the right support at the right time.

- Cllr Bird had declared an interest in this item but asked a broad question. With the reduction in budgets for Children's Centres, was money going from schools and elsewhere to fund this project? - This was separate money from RMBC funding and had come down through the NHS to deliver *Future in Mind*. The Assistant Director clarified that her post was a joint RMBC/RCCG role but it was RCCG who led on the Trailblazer.

- Regarding the whole school approach with a senior mental health lead, was that person in a full time role within each school? Or was it the lead from one of the two teams that were being established? - It was a separate school based role and varied between schools, which linked in but was supported through this funding for MHST. It was not a case of one size fits all and some larger schools or a Multi-Academy Trust may have a full time designated person whereas in a smaller school or primary it might fit within the role of the SENCO or pastoral lead.

- Were there any recommendations to schools of how large the role should be in terms of the school population? – In the absence of statutory guidance it was at schools' discretion. It was hoped that the project would provide a lot of information about how needs were met and what worked well.

- With two teams across all schools, where would they be based and would they just go into schools according to demand? - Operational implementation was being worked out with schools being asked if they had space to accommodate a MHST, as it was hoped they would each have a permanent base in one school whilst working across a

number of schools. Schools were also asked about availability of space and having the necessary infrastructure and IT in place for a team when they did come in to a school.

- Looking at the map, there appeared to be clusters of participating schools in some parts of the borough yet others with only one or a few. – In part this reflected the nature and population of Rotherham as what is referred to as the central area is located quite high up on the map to the north. In addition the workers were only in the schools that submitted a bid to be in the project and there had been a process around that.

- How did it work in practice, through direct access for children and young people or via a teacher or teaching assistant? - Yes face-to-face contact was intended, probably through an appointment system to be determined by schools. The aim was to link MHST in with existing access and infrastructure. The EMHPs would work with individual children and groups of children, not just with staff. In 12 months it might be worth coming back to report on progress and outcomes. As relationships varied flexibility was needed to ensure support from someone with whom the child was comfortable.

- In 2016-17 a whole school approach mental health pilot had run in six schools. Had that been reflected back on to inform this work and had there been a continuation of the work post-pilot as at the time schools had been keen to keep it going and sustainability was important? - To follow up.

- Could you say more about the successful work of Barnardo's? - Improving Lives have considered several monitoring reports regarding Barnardo's work on CSE through the ReachOut programme. Individual contract monitoring also took place.

- What were the success measures for this pilot? How would it be funded in the future if it worked, as we have seen issues with ongoing funding for other positive initiatives such as the Pause Project? Would the money be found to sustain it and expand into other schools? - As an NHS England programme clear outcomes were needed so measure would include a reduction in inappropriate referrals and increased confidence in schools which could be brought back in 12 months. In terms of sustainability partners were mindful of funding but future funding from the NHS for mental health was yet to be confirmed

- How would greater confidence as an outcome be measured - School workforce perception surveys would be used as people reported feeling overwhelmed by the level of needs presented and meeting those needs in the way that they would wish.

- The point was reiterated about needing to consider the money and future sustainability at the outset and about expectations being met.

- There was still a lack of awareness about the Trailblazer across the wider workforce, including staff from Early Help, which a need to educate them. - This would be taken back as a local reference group included staff from Early Help so information should be cascaded.

- How will it contribute to schools as at present the support mentioned is low level, so what system is there for higher need levels and those close to exclusion? - Others had fed this in as well and it was a case of challenging and unpicking. It was still very early days and practitioners were still training but once embedded it would be clearer. Existing pastoral support was good for children feeling "upset" and it was the next level where people needed support.

- Reassurance was sought that the rumour that CAMHS support would be withdrawn from Trailblazer schools was untrue. – That rumour had been challenged very robustly.

- What method was employed in choosing participating schools and was there any danger some with the most needs were overlooked? Were there plans to roll it out more widely later? - Levels of need in each school were considered and performance data, together with deprivation. NHSE guidelines were also referred to regarding the number of students who would be involved. Schools had to bid in and want to be part of the project. Secondaries would also be expected to link in with their feeder primaries. It was reiterated that the SEMH strategy and the priorities within it applied to all schools across the Borough not just those in Trailblazer.

- A four week standard waiting time was referred to; what was it currently? - Approximately six.

- The Chair returned to two recommendations made at the previous meeting. One had been for consideration to be given to having a lead case worker for families as their dedicated single point of contact. Was this happening? - Yes but this would depend where the child sat in the system and could be a social worker, someone from Early Help, the EHCP coordinator or a single point of contact within the school.

- The second had been for consideration to be given to support for LGB&T+ young people as Members were aware of long waits for Tavistock and Porterbrook Clinics. Was there anything specific in the strategy or in Trailblazer for that cohort of young people? - It had not been highlighted in either but that could be picked up. Information about support through Early Help would be circulated again.

The officer was thanked for her attendance and presentations.

Resolved:

1) To note progress on the implementation of the Mental Health Trailblazer pilot.

2) That details of the training and types of interventions to be delivered in schools be provided for the Select Commission.

3) That consideration be given to including support for LGBT+ young people as a cohort within the SEMH Strategy and within the Trailblazer Project.

43. ROTHERHAM FOUNDATION TRUST - ACHIEVE AN IMPROVED CQC RATING

Angela Wood, Chief Nurse, provided an update regarding the findings and the ongoing actions to improve the Care Quality Commission (CQC) rating for the Trust, in particular for the Urgent and Emergency Care Centre (UECC).

Four requirement notices were given to the Trust following CQC inspections in 2018, plus 74 actions, (a combination of 47 Must Do and 27 Should Do actions), some of which were organisation-wide such as governance, training and medicines management. A comprehensive action plan was developed and monitored in the Trust with significant progress made to address the concerns raised by the CQC. Examples of activity and improvements were outlined across all five domains – Safe, Effective, Responsive, Caring and Well-led. Two actions had slipped and the Trust was in dialogue about these with the CQC – training around mental health capacity and medical audits around care in the UECC. The remainder of the actions would be completed by 31 October 2019, followed by monitoring/audit for a period of sustained improvement.

The CQC had subsequently returned in an unannounced inspection in August 2019 to the UECC and the Trust was awaiting the draft report for commen on factual accuracy. A re-rating of the core service would ensue and the Trust hoped to achieve improved ratings in the domains previously rated as inadequate.

The CQC would probably return again in early 2020 as some core services had not been inspected for a while. A request for a Provider Information Return would flag up that the CQC were expected imminently, usually within six weeks. Regular meetings were taking place with the CQC, including inviting them to visit core services and to a quality assurance meeting. The CQC had also visited a Serious Incident Panel and complimented the Trust on the rigour with which that was conducted. Preparation for the next inspection was under way through assessments and peer reviews and after 12 months in post the Chief Nurse was able to see the progress made in terms of engagement and quality of care.

Members raised the following issues.

- Was a system in place to reward positive role models and staff behaviours? - This had been touched upon at the last meeting and discussed subsequently. Star cards are sent as thanks for staff going over and above what they should be doing or demonstrating really good values. The Proud awards on 15th November, 2019 would be voted for by staff and there was also a patients' category. One area to look at capturing would be if a person received multiple star cards.

- The positive report was welcomed as good news with the hope of it being formally confirmed in due course and clarification was sought on several acronyms within the briefing.

- With the reorganisation within the Trust to what extent did the CQC pick up on the teething problems? – Some recognition was given to this such as the vastness of the areas, bringing things together and cultural issues to work on. Team building and organisational development were worked on, including strong leadership and support for escalating issues, but it was also about delivery to the required standards as well.

- Recently on social media messages were posted asking people not to go to the UECC due to a shortage of beds. What was the current position? - Nationally, increased numbers had been attending A&E and the usual summer lull did not occur in 2019. The hospital was looking to improve patient flows through the hospital to have beds available, for example improvements in the discharge process through the work of the Integrated Discharge Team. Some of the issues related to the sheer volume of people attending and whether they should be at the UECC or seen elsewhere. Work was taking place with GPs and RCCG around the pathways and increased care at home and support to avoid hospital admissions.

- In relation to mandatory training work with certain staff was mentioned, so what more was needed to ensure compliance? - Significantly increased compliance had resulted, but further work was taking place with some of the medical colleagues but it could be difficult to release staff from the sharp end in the UECC so the Trust was looking at alternative methods of delivery.

- Staffing - had there been a reduction in use of agency staff and were measures being introduced to try and retain the Trust's own good staff? - Significant staffing issues had been present in the paediatric UECC before but no agency staff had been used since early 2019. The hospital's own staff and bank staff had been used for extra shifts. The Trust had now exceeded the CQC requirements for paediatric nursing staffing. In general UECC some agency staff were used due to unfilled vacancies, more for medical staff than nurses and a review had just been undertaken of nursing staff and vacancies would be backfilled with bank/agency staff to ensure an appropriate skill mix.

Recruitment would be taking place in November and a number of staff were also on maternity leave.

- Monthly culture checks, what were they for and what were they showing?
  - They covered working together and appropriate escalation of issues. Various pieces of work were under way as outlined in the paper, including the drop-in clinics for people to share ideas or concerns. Organisational development within HR was looking to introduce monthly barometer checks to gauge how people were feeling.

- From a patient perspective, how different would things look and feel now in the UECC compared with at the beginning of this journey? - The UECC was busy but would feel like a calmer and safer environment to be in and with staff now more engaged. Information came through more quickly and better communication was happening. With a high throughput of patients delays were inevitable but triage times were monitored and staff were ensuring people were streamed appropriately from the front door. Ambulances were also bringing people in to rapid assessment areas.

Resolved:-

1) That the progress being made with the 2018 and 2019 inspection process be noted.

2) That a further monitoring report be provided for HSC once the outcome of the CQC re-inspection was known.

44. TRAINEE NURSING ASSOCIATE

Angela Wood, Chief Nurse delivered a short presentation on the recently created role of Nursing Associate and how this would help to address the national shortage of Registered Nurses, estimated to be around 40,000, by bridging the gap between staff in unregulated support roles and Registered Nurses. The need for defined principles of practice, a competency framework, and a defined career pathway had been recognised for the role.

The presentation covered the role of the Nursing Associate and the training involved, which was a two-year programme of study and clinical practice leading to a level 5 Foundation Degree. The trainees would work in clinical practice as a member of the nursing team with a number of placements each year and achieve agreed competencies. After the generic training they would then choose their preferred route.

Recruitment to the courses had been positive with over 5,000 people recruited nationally as trainee nursing associates in 2018, with the ambition to attract a further 7,500 in 2019. Sheffield University and other local affiliated universities were offering the courses and the first five

nursing associates qualified in April 2019 and were still at the Trust. During June 2019, a further 22 commenced their training and the Trust would continue to support future cohorts as part of wider workforce planning.

The June cohort was smaller than expected but the requirements regarding Maths and English could be a barrier for some people and the hospital was offering training to support people to achieve the required level so they could apply in the future. The courses and opportunities were promoted both internally within the Trust and externally and school leavers would be considered.

Members inquired whether a patient's treatment might differ between a Registered Nurse and a Nursing Associate. It was clarified that not in terms of hands on care delivery once people were confident and competent. The difference would be more in the organisation, management and accountability of planning care for groups of patients. The Nursing Associate would be responsible for the delivery of care planned by the Registered Nurse. Nursing Associates were a Band 4 role working in health and social care, Registered Nurses were Band 5 and Support Workers would be a Band 2 or 3 so there would be differences in salary.

HSC welcomed the opportunities provided by the new role and drew parallels with the former State Enrolled Nurses but wondered if there were any threats to success. There was a potential risk that people might all want to move straight to becoming Registered Nurses and hospitals needed some to stay in the Nursing Associate Role. The Chief Nurse highlighted the importance of people utilising their skills fully and for the role and contribution to care to be recognised and valued appropriately.

The Chief Nurse was thanked for her informative presentation.

Resolved:-

1) That the information presented be noted.

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

The Governance Advisor confirmed that the committee was scheduled to meet on 7th November, 2019. Although the agenda had not yet been finalised it was likely to include:-

- Hospital Services Review
- Gluten Free Prescribing Proposals
- Hyper Acute Stroke Services – implementation of the new model
- Integrated Care System (ICS) Work Programme – what was coming up in the short-medium term that the JHOSC would wish to consider

There was a possibility that Yorkshire Ambulance Service would be scrutinised at some point but this would not be in November. This might depend on the response from the service to the queries that had been submitted by HSC which colleagues were working on and which should be back in time for the next meeting.

Once the papers had been published they would be shared with the Health Select Commission to enable Members to feed in any questions or issues they would like the Chair to raise at the meeting.

46. ROTHERHAM HEALTHWATCH

An update was provided by Healthwatch under Communications.

47. URGENT BUSINESS

There was no urgent business to report.

48. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday, 28th November, 2019, commencing at 2.00 p.m.