HEALTH SELECT COMMISSION

Date and Time :- **Thursday, 23 January 2020 at 1.00 p.m.**

Venue:- **Town Hall, Moorgate Street, Rotherham.**

Membership:- **Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), Short, 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 Governance Advisor 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. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

4. 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.

5. Communications

6. Minutes of the previous meeting held on 10th October 2019 (Pages 1 - 14)

To consider and approve the minutes of the previous meeting held on 10th October 2019 as a true and correct record of the proceedings.

For Discussion/Decision

7. Progress on Autism Strategy and Implementation Plan
Ian Spicer, Assistant Director, Adult Care, Housing and Public Health to present a progress update.

For Information/Monitoring

8. Outcomes from Workshop on Suicide Prevention (Pages 15 - 21)

9. Outcomes from Workshop on Adult Social Care Outcomes Framework (Pages 22 - 26)

10. Rotherham Healthwatch

11. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee - Update

12. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

13. Date and time of next meeting

The next meeting of the Health Select Commission will be held on Thursday 20th February 2019 commencing at 2p.m. in Rotherham Town Hall.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

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.

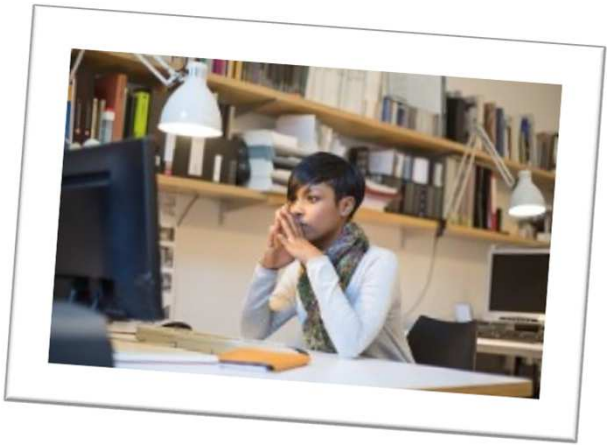
Rotherham's All Age Autism Strategy

Progress and update

January 2020

Our vision

To work towards making Rotherham an autism friendly place to live. This means a place where you can get a timely diagnosis with support, meet professionals with a good understanding of autism, find services, organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential, and become a full members of the local community.



Guiding principles

- All autistic children, young people, adults and their families are at the centre of everything we do
- Focus on individual's strengths to overcome barriers
- Guidance, information and support are easily available
- Supporting individuals to live the life they choose
- The right support at the right time and making every contact count
- Increasing awareness of autism across Rotherham
- Ensuring a Person Centred Approach for autistic people living in Rotherham

Diagnosis in Rotherham

Nationally and in Rotherham there has been a increase in requests for Autism Spectrum Condition (ASC) assessments for both children and adults.

The increase is because of increased awareness both by individuals themselves, their carers/family members and by the health, education and social care system.

More men than women are diagnosed with autism. This is changing with increases in the number of women being diagnosed

Key Activity– Children and Young People

- Working with partners, our voluntary organisations and community groups we have identified five priority areas on which to focus our implementation plan. Some examples of the operational activity that is underway are:
  - A digital diagnostic pathway has been commissioned from Healios who will support local CAMHS service.
  - Planning is underway to re-design our C&YP pathway in 20-21
  - Education settings have engaged in training, licensed by Autism Education Trust
  - New specialist education places have been created, at primary and secondary, for children with Autism
  - Rotherham Opportunities College offers local post-19 education provision
  - Project Search offers supported internships
  - Rotherham Parent Carers Forum are commissioned by Rotherham CCG to offer regular drop-in sessions to support families on the diagnostic pathway

Key Activity Area's– Adults

- Planning to introduce a Rotherham based adult diagnostic and post diagnostic service from Q1 2020/21
- Will maintain existing capacity in Sheffield service for one year to ensure waiting list is managed.
- Launched Autism Alert Card – this was done in partnership between SYP, Police and Crime Commissioner, the Council, NHS and Rotherham NAS.
- Parent Carer Forum and VOICE co-char the Autism Partnership Board

Priority 1: Starting well

All Rotherham's autistic children and young people are healthy and safe from harm.

Priority 2: Developing well

All Rotherham's autistic children and young people start school ready to learn for life.

Priority 3: Moving on well to independence

All Rotherham's autistic children and young people are ready for the world of work.

Priority 4: Living well

Autistic adults living in Rotherham will get the right support when needed.

Priority 5: Ageing well

Autistic adults living in Rotherham will be better supported as they grow old.

Transforming Care

- Since 2015, Rotherham has been working on a national programme with Sheffield, Doncaster and North Lincolnshire to reduce the numbers of people with a learning disability who are detained in specialist hospitals – Transforming Care.
- Rotherham currently has **8** people detained in specialist hospitals - 4 people in hospital beds commissioned by Rotherham CCG and 4 people in hospital beds commissioned by NHS England.
- Rotherham has successfully discharged 5 people back into the community over the last 2 years.
- Rotherham will discharge a further 4 people in 2020/21. The population has changed in that 3 people have autism and not a learning disability. A specialised housing and care support offer is required and this has taken time to develop.

Success stories

Scott is a 46-year-old man with autism who had been attending a day centre and is now following his passion for cooking, working in the kitchen at a local play centre.
“It’s more enjoyable because I can choose what I do”

A NEW DOOR OPENS...

‘Everyone has got something to give’

DEXX in Wath is a bustling centre of activity with a trampoline park alongside an undulating, challenging skateboard and scooter complex.

It’s also one of a range of employment options for people with learning disabilities who previously spent much of their time at Oaks Day Centre in the village.

Rotherham Council’s decision to shut the day centre in favour of a model of self-commissioning and work placements in the community caused an outcry last year but the council said those concerns had evaporated.

“We’ve not had a single call from anyone saying: ‘Please reopen the Oaks!’,” said Ian Spicer, the council’s assistant director of adult social care and inclusion.

“There have been examples of people going and trying something out and not liking it and that’s fine. We want them to try something else that’s more successful.

“There is always going to be anxiety when change is proposed. Rotherham was probably a bit behind in getting round to this as in other areas it’s been going on for some years.”

The emphasis of My Front Door, which gives its customers the chance to have taster sessions and activity centres or workplaces before deciding how many days a week to spend there, is heavily placed on choice.

That’s reflected in the experiences of two former Oaks users, Scott (46) and Michael (59), who are both working at Dexx and training for professional qualifications. Scott in food hygiene and Michael in first aid.

Scott, who had been going to Oaks for about 22 years and is autistic, works in the kitchen and is on track for a food hygiene certificate.

HELPING HANDS: Dexx owner Lee McKeith (right) and colleague Tony Wood (left) with Michael and Scott. Michael (centre left) is being trained in First Aid and Scott is training in the cafe’s kitchen 191175-1

He admitted the prospect of changing how he spent his days had been daunting but he was glad he had made the switch.

“I was probably a bit worried,” said Scott, of North Anston. “It’s better here — it’s more lively.

“It’s more enjoyable because I can choose what I do.”

Scott’s mum Ann said: “When Oaks was ready for closing, he said they were just watching videos all day.

“We were worried about the effect it would have as autistic people don’t like change.

“Scott came here a few times on a taster session and had a go on the trampolines which he though was wonderful.

“He then got a placement to come every week.

“He’s a lot happier here.”

Dad Peter said: “Everyone here has taken him under their wing.

“When we knew Oaks was closing, we were concerned he was just going to sit at home all day or that carers would take him to Meadowhall.

“We wanted him to be able to mix with people and get some stimulation.

“You can see how much he’s enjoying himself.”

Michael, who has learning disabilities, had been going to the Oaks for 43 years.

He used to go five days a week and spent his time helping the staff.

After five months at Dexx, his first aid training has already come in useful.

In one recent incident, he earned the gratitude of one boy’s mum after raising the alarm and giving first aid when her son fell on the trampoline park.

“The people here are nice and I like it here,” he said.

“I still see some of my friends from Oaks at the community centre. I like music, especially playing the drums.”

Tony Wood, development worker at Dexx, said: “This is not going to replace the Oaks but it gives people more experience of the real world.

“It’s been really positive for us, too”

Lee McKeith, who runs the youth centre, said: “After three months, we’re getting to know Scott more now and found he has a real passion for cooking.

“He has got more confidence and he’s talking more, too.

“All the staff have welcomed Scott and Michael and want them to do well.

“It (My Front Door) is about choice. What we offer here is not for everyone but there are some amazing offers in Rotherham in general and everyone should have the choice of what they can do.

“My belief is everyone has got something to give — you just have to find out what it is.”

Autism Alert Card

Rotherham Council, South Yorkshire Police and Rotherham CCG have worked together to develop the Autism Alert Card.

This will ensure the needs of autistic people are known by the police and criminal justice system. Previously a significant gap.

Ongoing challenges

- Supporting services and the community to be open to support people with autism: for the community to celebrate neurodiversity.
- Diagnosis and post diagnostic offer for Children and Young People and Adults.
- Rotherham CCG and RDaSH are working to create ‘all age’ solutions to address the diagnosis waiting list issues and develop a local post diagnostic offer for adults.
- Ensuring that the right support is available and is cost effective.

Autism Strategy progress and timeline

- The Autism Partnership Board has supported the proposed implementation plan.
- The strategy will be online and will be built around people's stories.
- The strategy will be agreed by partners by April 2020 and presented to Cabinet in June 2020
- It is planned that the strategy will be formally launched in July 2020.

Agenda Item 8

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	23 January 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 255421
	TITLE:	Outcomes of Workshop on Suicide Prevention

1. Background

1.1 **Present**: Cllrs Keenan (Chair), Bird, Cooksey, R Elliott, Ellis, Jarvis and Walsh

1.2 **Apologies**: Cllrs Albiston and Williams

1.3 **Attendees**: Cllr Roche, Ian Atkinson - Rotherham Clinical Commissioning Group (RCCG), Ruth Fletcher-Brown - RMBC, Sharon Greensill - Rotherham Doncaster and South Humber NHS Trust (RDaSH), Lynsey Mould - RMBC, Matt Pollard - RDaSH, Glyn Shakespeare - South Yorkshire Police (SYP), Jean Summerfield - The Rotherham Foundation Trust (TRFT), Kate Tufnell - RCCG/RMBC, Andrew Wells - RMBC, and Jacqueline Wiltschinsky - RMBC.

1.4 **Purpose of the session**

1) To seek assurances regarding current activity, future plans and resources for work on suicide prevention and self-harm.

2) To scrutinise and have input into the draft action plan.

1.5 **Information**

A short presentation outlined work at both local level and at South Yorkshire and Bassetlaw Integrated Care System level on suicide prevention. Other supporting papers, including financial information and Public Health data on suicide prevalence rates and suicide prevention profiles, provided additional information and informed discussion with representatives from RMBC and partner agencies involved in this work.

The Draft Rotherham Suicide Prevention and Self-Harm Action Plan 2019-2021 was circulated in advance of the workshop to assist Members in developing their questions. Embedded within the multi-agency plan and contributing towards it is the RDaSH Suicide Prevention Action Plan 2019 – 2021.

2. Key Issues

Members went through the draft action plan in detail asking a number of questions in relation to the various workstreams and touching on broader issues in relation to the information provided. The key issues explored and responses from partners are outlined below.

2.1 **Funding**

After using quite a large sum of non-recurrent funding to date, how will this be handled in the future?
Commissioners were trying to avoid having a time-limited view and were taking an earlier opportunity to look at funding in year to see its impact and to prioritise where initiatives were doing well for small spend. NHS England were prescriptive regarding Clinical Commissioning Groups' spending sets parameters. Real time information would also advise future work.

Recurrent funding for core provision was for crisis support (hospital and community) and IAPT (Improving Access to Psychological Therapies). A significant shift had been through putting in additional money above the core. Co-ordination of spending non-recurrent money was needed within the overall plan and discussion about how to move non-recurrent to recurrent if possible.

Commissioning used different approaches and although some funding was non-recurrent dialogue about sustainability and how things might be done in a different way took place. For example, working with men's groups to see if they could tap in to other external monies. Future planning took place even if the money was non-recurrent at that time.

Scope to be creative whilst also meeting government priorities
Some leeway existed and regional colleagues would also advise. There would still be investment, for example support for people in crisis, but perhaps looking to do more downstream.

ICS-wide funded activity
The funding split from NHS England Suicide Prevention monies is ICS 20% and local 80%, and has funded the following activity:-

- Coroners Audit
- Real Time Surveillance and Bereavement Support
- Working with the Media

The Coroners retrospective audit involved working with the university to look at records and build up the bigger picture around people's lives and around themes. SYP have appointed a post to look at real time surveillance. Any suspected death by suicide leads to a suicide inquiry form being circulated to Public Health leads from SYP. The picture could be very complex with many people affected or involved, for example if it was a person from Rotherham with a GP in another area and whose suicide took place in a third, hence the value of good partnership working.

Locally funded activity
For year one this included the small grants scheme, training including post-vention support and targeted geographical work in central Rotherham with Rotherham United.

Year two includes the Train the Trainer self-harm project on reducing stigma, which was at an early stage. Suicide prevention training had been put into practice by those who had taken the courses. The Suicide Liaison service had been added and commenced in February/March for those bereaved and/or affected by suicide, including historical cases.

2.2 **Sharing good practice across the sub-region**
Two officers had links South Yorkshire-wide and in a Yorkshire and Humber peer group. Other areas looked to Rotherham and our approach to real time data surveillance. Workshops were held at Integrated Care System (ICS) level, where Rotherham had a

	strong voice so it certainly happened at higher levels. Rotherham was doing a lot but also learned from other areas. RDaSH confirmed that in North Lincolnshire there had been discussion about real time data post-vention and they were looking to adopt our approach.
2.3	**Primary Care – work with GPs to upskill staff on mental health** At the symposium this work had interested national colleagues as an example of good practice. A national core contract for the service existed and a GP quality contract was in place in Rotherham with all 30 practices. Discussions looked at spending area funding to improve health outcomes. This year the focus had been on mental health, dementia, learning disability and military veterans. Practices had to identify a mental health lead and have staff undertake training to be able to recognise mental health needs, which linked to care navigation. RCCG agreed to look into a case reported by a Member of HSC where this did not seem to be embedded.
2.4	**Military Veterans** Support for veterans was a national issue and Rotherham mirrored national best practice. It was clarified that military veterans could be all ages, not necessarily veterans meaning older people, with some still in training. Suicide attempts from young veterans had been known here and other issues were severe mental illness, dementia and health inequalities. The work of the Military Community and Veterans Centre (MCVC) was positive and it was important to capture the learning from what they had done.
2.5	**In Protected Learning Time (PLT) was there a danger of focusing too much on one group and potentially missing others as messages needed to go to anyone at risk?** PLT focus was on those at risk. "Be the One" focused on men in the age range with higher suicide prevalence. It was also important to engage women to talk to men.
2.6	**Core Themes in the plan** (linked to 2016 Public Health England guidance and NHS Long Term Plan) • Reducing the number of suicides amongst people receiving mental health support from across all organisations. - reemphasis that suicide prevention is the responsibility of all. • To improve support to those bereaved or affected by suicide. – the child bereavement pathway was unique to SY&B and showed a real partnership approach. • People who self-harm. • Reducing suicides amongst high risk groups by reaching people where they live and work. Emerging from the Rotherham symposium it was evident that self-awareness of partners and awareness of the wider context around suicide prevention and self-harm were both vital. The key was learning as a place, as Professor Kapur had informed the symposium that other than for self-harm the clinical evidence base was less clear for the other issues. He had agreed to act as a critical friend to review the draft plan, bringing the benefits of external input.
2.7	**"Be the One" Campaign** Members watched the video for the recently launched campaign and were informed that officers had worked with a men's group on the wording. Since the launch on 10 September the campaign had achieved a good "reach", bettering that of some national campaigns. This encompassed web hits and returns to the web, looking at pledges and looking at social media contacts, although retweets could not be measured. Members were all encouraged to sign the pledge and to tweet. It had been suggested that the video should play on the screens in GP waiting rooms.

2.8	**Governance** **It was recognised as positive that the list of partners and groups on page 4 of the plan was important for coordination and sustained coordination, plus it showed the collective responsibility. Were strong governance arrangements in place?** An annual report was presented to the Health and Wellbeing Board but recent updates had been more frequent. The Place Board had also requested brief monthly updates and Public Health supported delivery. The Mental Health and Learning Disability Transformation group receives regular updates. Health Select Commission (HSC) could pick up discussion/issues through the minutes of these meetings.
2.9	**Contacts and Information for parents/carers** **After a recent crisis situation with a young person, what was the first point of contact, as social workers seemed unsure? Could there be an information pack/card for foster carers?** Cards had been produced with a range of both local and national numbers including Papyrus and Samaritans. In cases of immediate risk people should ring 999. RDaSH confirmed that the 24:7 crisis number for Rotherham was staffed during the day and diverted in the evenings. The service were strengthening the staffing on the numbers and would do more advertising and promotion. RDaSH agreed to look into the case reported. **How do we inform bereaved parents/carers about good news stories and that things have improved since they lost their young people?** There is contact with them and opportunities to be kept informed if they wish to be, which some do and others choose not to. The key is to think of the best way to do it.
2.10	**Training** **Was there a problem with coordination between services as it was hard to believe social workers would not be aware of self-harming and suicidal ideation amongst young people who were fostered?** Some social workers had undertaken the Youth mental health first aid training which was valuable in raising their awareness. **Who was being trained on the courses? Foster carers were a potential group who would benefit from the training.** Front line training and training for parents/carers was taking place. Two people from Rotherham Parent Carers Forum had completed the Self-Harm Train the Trainer project and would be able to train other parents and carers and the general public. People could book places through RMBC Directions portal where it was advertised. Training could also be tailored. **Reassurance about training for officers from South Yorkshire Police** In cases of immediate risk or a life and death situation national best practice was followed. Call handlers were trained to risk assess calls and front line officers were trained as they will meet people in crisis through their normal everyday policing. **Was autism being addressed strategically and also within staff training?** This had been flagged with the lead officer and the understanding was that it was reflected in the strategy for children and adults, but this point would be taken back. There were still many unknowns regarding best practice. **Staff training on self-harm as some people seemed inured to it or had certain attitudes?**

	11 people had been trained so far (Self Harm Train the Trainer project commenced in June 2019) from partner organisations.
2.11	**Data** **In the plan pages 8 and 9 set out the local picture which was hard to understand fully, could the information be presented differently so it was clearer?** This would be taken back. However the only comparator data was the Public Health Outcomes Framework, which does have a time lag and retrospective data. Rotherham's real time data could not be compared with others. **Was there anything particular where Rotherham was different?** Following the changes to the burden of proof, in the latest data it may be that the number of recorded suicides shows an increase and this is monitored nationally. It was a complex picture and important to have the three year block of data as it varied greatly year by year. RDaSH confirmed the increased numbers due to this change and expected an increase in 2019 but added that socio-economic challenges were also a factor. Deprivation was a factor but there were anomalies and possibly different causal factors. It was positive that Rotherham has good local real time data, good work carried out in certain wards and is responsive to changes and this was reflected in the positive feedback from Professor Kapur. **Any connection to what was a borderline cluster group and CSE?** No but SYP were mindful of this. Three possible perpetrators of CSE were facing charges and another was charged on sexual offences. In terms of victims and survivors of CSE, things did not always emerge from someone's history if there was a myriad of issues but in depth information was collated for each case of suicide. SYP concurred with other partners that no-one else had as much on real time as Rotherham. **From the data regarding contact with services and death by suicide, did the findings indicate a need to increase early intervention?** Part of it was understanding when people first express needs, usually before they get to secondary care. It was important to deliver the early intervention such as through Samaritans. For some people there was still stigma attached to contacting mental health services directly so they go through other means. Samaritans can signpost people on with their consent. In terms of suicides approximately one third of patients were in primary care, a third in secondary care and a third not in contact with services. "Be the One" was part of the early intervention and prevention work. Any work on loneliness was tackling suicide prevention as part of the bigger picture. A Loneliness stakeholder event had taken place at the end of September 2019 involving all partners, with the action plan due to be launched in November.
2.12	**Schools - given the younger age range for suicides in Rotherham, was more work needed in schools?** A lot of preventative work was taking place in schools with multi-agency teams involved and good work with Educational Psychology. Relationships with schools had improved but it was important to build on this. Regarding engagement with schools the CCG confirmed that Professor Kapur was raising this at national policy level because of the impact of social media. Rotherham also had the Mental Health Trailblazer in schools.
2.13	**Evaluation of pilot projects – should evaluation afterwards be carried out by people not directly involved? This could be part of the key information to feed in when deciding budgets.** Evaluation was difficult and was mainly based on service user feedback as it was hard to do more with the resources in the system. Ward profiles had been developed if people wanted particular data and officers confirmed refreshed profiles would be coming

	out to reflect forthcoming boundary changes. The refreshed Joint Strategic Needs Assessment (JSNA) would help with ward plans.
2.14	**Small grants programme - how was this going and was it geared more towards older people?** No these were for all age groups and the grants had been one of the most successful initiatives, eliciting positive feedback and having an impact. The touring exhibition Flourish highlighted a number of positive case studies. Some groups had been awarded more than they originally requested.
2:15	**How were loneliness initiatives promoted to those at risk as these were likely to be the hardest to reach?** Methods included connectors and staff training including front line staff such as housing and police officers to deliver interventions and signpost people. MECC was now addressing loneliness as a theme. A pilot would be rolled out if successful.
2.16	**Inquests** **Why are inquests taking so long to be completed and is there any data?** National guidance is in place for Coroners and they are working to reduce the time taken for inquests. **Assurance and support for people awaiting the Coroner's verdict** Amparo are an organisation who are providing support to people through the process right up to the inquest.
3. Key Actions and Timelines	
3.1	**Conclusions** After consideration of the information provided and scrutiny of the draft plan, HSC Members were reassured about the multi-agency work taking place in Rotherham on suicide prevention and self-harm. They acknowledged the benefits of the real time data surveillance and welcomed the refreshed plan, whilst recognising that this did not represent the entirety of the work taking place on these issues. The commitment of partners was also evident from the discussion during the workshop and will be necessary to make further progress. Training and awareness raising for staff, colleagues, parents and carers continues to be a key factor and will support the achievement of the key aims within the plan. Some initiatives are still at an early stage but had already demonstrated positive impact and funding to ensure future sustainability of successful projects needs to be addressed. Scrutiny of mental health services has featured strongly in the Health Select Commission's work programme for a number of years and HSC have seen a number of improvements in recent years. After discussing the governance and reporting arrangements for suicide prevention and self-harm it was agreed any future reports to HSC would be by exception and through liaison with the Cabinet Member.
4. Recommendations	
4.1	Members made two specific recommendations in relation to the draft plan: 1. To consider presenting the information about the local picture (pages 8 and 9 of the plan) in a different way so it was clearer, as it was hard to understand fully.

	2. Future reporting to HSC would be by exception as robust governance arrangements were in place and there would be liaison between the Chair of HSC and Chair of HWBB should any major concerns or emerging issues require closer scrutiny.
4.2	The workshop also touched on broader issues and it was agreed the following points or recommendations would be taken back: 1. To ensure all foster carers and social workers have information and contact details for mental health services. 2. For foster carers to be considered as a potential cohort for youth mental health first aid training and other relevant training due to the mental health needs of many young people who were fostered. 3. For letters from RMBC in relation to finances/debt to include the phone number of counselling services, near the top of the letter not at the bottom. 4. To check that autism was being addressed both strategically and within staff training. 5. Train the trainer training/awareness raising should include a focus on LGB&T people as a specific cohort.
4.3	Partners also agreed to follow up with regard to the two issues raised by Members under points 2.3 and 2.9.

Agenda Item 9

Rotherham Metropolitan Borough Council

BRIEFING		
	TO:	Health Select Commission
	DATE:	23 January 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Outcomes of Workshop on Adult Social Care Outcomes Framework

1. Background

1.1 **Present**: Cllrs R Elliott (Chair), Bird, Jarvis and Short

1.2 **Apologies**: Cllr Keenan

1.3 **Attendees**: Deborah Johnson, Anne Marie Lubanski and Charna Manterfield.

1.4 **Focus of the session**

- Final year end performance on the Adult Social Care Outcomes Framework (ASCOF).
- Regional, national and CIPFA benchmarking data with statistical neighbours to show how Rotherham compared with other local authorities in 2018-19.
- Key findings from the annual Service User Survey and biennial Carer Survey.

2. Key Issues

2.1 **Overview of ASCOF 2018-19 year end position**

National benchmarked profile including Carers Survey measures

	No of Top Quartile Indicators	No of Upper Middle Quartile Indicators	No of Lower Middle Quartile Indicators	No of Bottom Quartile Indicators
Rotherham	7	10	8	4
Change from 2017-18 (+/-)	5	1	-3	2

* There were an additonal 5 measures in 2018-19 as the Carer's Survey was completed

National benchmarked profile excluding Carer's Survey measures

	No of Top Quartile Indicators	No of Upper Middle Quartile Indicators	No of Lower Middle Quartile Indicators	No of Bottom Quartile Indicators
Rotherham	4	8	8	4
Change from 2017-18 (+/-)	2	-1	-3	2

	Final scores for each measure, together with regional and national benchmarking data and comparison with statistical neighbours, were presented. The data showed performance over the last two years and the direction of travel. Overall Rotherham remained in a similar "mid-pack" position to where it had been the previous year. Measures come under four domains, as follows: 1) Enhancing quality of life for people with care and support needs 2) Delaying and reducing the need for support 3) Ensuring that people have a positive experience of care (survey measures) 4) Safeguarding Adults whose circumstances make them vulnerable and protecting them from avoidable harm
2.2	**Top and Bottom Quartile Performance:** - Three top quartile measures compared with both statistical neighbours and within Yorkshire and Humber - 1C1B/2A1/2D - One other top quartile measure compared with statistical neighbours - 3A - Five bottom quartile measures compared with both statistical neighbours and within Yorkshire and Humber - 1E/1F/1H/2B2/2C2 - One other bottom quartile measure compared with statistical neighbours – 4B
2.3	**Positive progress:** - 100% of adults receiving self-directed support – i.e. personalisation - Improvement in composite measure for adult social care related quality of life - Number of admissions to residential care reduced – the number of older people had reduced from 400 to just over 300, lengths of stay were shorter and people who were admitted permanently were older so more people were living independently for longer. - All five carer survey measures were in the top 50% - Good on measure 2D - maximising independence - Making Safeguarding Personal – embedded and achieving good outcomes (Council Plan)
2.4	**Annual Service User Survey and biennial Carer Survey** Key findings from the two surveys plus further analysis were included in one of the supplementary papers. It was important to get underneath the data and understand it better. Three survey measures had been designated as ones to watch by Adult Social Care, as follows: - 4B – proportion of people who use services who say these have made them feel safe and secure - 1I1 and 1I2 – social contact (both service users and carers) Surveys provided a perception snapshot at the time of completion. Scores for measures 4A and 4B may appear contradictory and when the ASCOF is reviewed these measures may change. In previous years a supplementary question had been asked about why people were not feeling safe and this could be due to fear of falls or about their neighbourhood. Follow ups would take place with people who had reported not feeling unsafe if necessary. For more regarding social contact see below.
3. Key Points Discussed	
3.1	• Second successive large decline in measure 1H – adults in contact with secondary mental health services living independently (80% - 70% - 51%) *Was this due to a lack of help or support?* A number of factors influenced this measure, including deprivation, substance misuse

	and chaotic lifestyles. People could have been in contact with secondary care for a day or for a very long time and there was a lag in the data. Those with 24 hour support were not classed as living independently. As stated before, in Rotherham too many people were in residential care, which may impact on both their physical and cognitive functions. A number of younger people with multiple issues were also coming through, such as personality disorder combined with chaotic lifestyles or people who were sexual offenders. As discussed recently at OSMB, current services were not set up for these service user cohorts, so it was a challenge in how to work with them and to quantify this. Staff recruitment in mental health services remained challenging with recurrent advertisements for vacancies. *Was data recorded on the issues for each individual?* In individual assessments in primary/secondary care but not from monitoring. Adult Social Care (ASC) collected data but had no control over national benchmarking data.
3.2	• Fifth successive reduction in the score for measure 1E – adults with learning disability on long term service in employment (6% in 2014-15 to 3.2%) *Had the end of Remploy been a factor in this reduction?* – Issues around employment in general were a factor, together with resources and capacity and the target had been set high nationally. – As Rotherham had a high percentage of people with learning disability this makes it harder to create opportunities. – Social enterprise work would help but only involved small numbers at a time. – AdPro provided support but was a small organisation, together with job finders/ community job coaches. – Some people would also be working who were not known to services. – To count towards the measure people had to work 16 or more hours per week and earn the minimum wage; working in a charity shop of volunteering did not count. – South Yorkshire had obtained some European funding recently and it was planned to visit Barnsley to see what they were doing as they scored higher on the measure, but it would probably be another year or two before the numbers increased. – The Employment and Skills Strategy considers particular cohorts, including people with learning disability, and will be monitored by Improving Places.
3.3	• Delayed transfers of care (DTOC) had declined in all three measures; including measure 2C2 (attributable to adult social care) It was important to work with partners to improve patient flow. The national target was 3.5% and the clock starts once the patient is ready for discharge. A large number of the delays were mental health patients waiting for appropriate housing. Other factors that impact on the measure were acuity, availability of step down beds, winter pressure and staff sickness.
3.4	• Performance Management Framework Monthly performance reports were produced during this year rather than quarterly, with more information for service managers regarding performance and increased formal reporting. 14 ASCOF measures were monitored in year and four were top quartile, two upper middle, three lower middle and five bottom quartile. The new Target Operating Model had only been in place for a month following consultation that had commenced in June. In the implementation phase a dip was expected and KPIs were in place for teams that would lead to increased confidence and productivity.

3.5	• Service user survey showed that people aged 65+ in the community reported the poorest quality of life and the least amount of control over their daily life. *Are we confident the new model will work in the community?* It is only one month in but we are monitoring and it is the right pathway. There are challenges with the workforce and recruitment. The service will work with the over 65's reporting the poorest quality of life but not everything can be changed by ASC. Technology is a potential means of giving people more control. Therapy cats or dogs have proved good, including for people with dementia – they provide a focus and a sense of caring for something. Parallels were drawn with the POP summer camps where a labrador had been specially trained to identify young people who were not joining in the activities and to go to them.
3.6	• Mears It was clarified that Mears provided care services and were a provider commissioned by both ASC and health.
3.7	• Maintaining contact with service users The service tried to do this, bearing in mind that people also have a right to family life. Contact tended to be more with friends and families and with associated professionals rather than with the individual and ASC did not provide a befriending service. For people without a family, not necessarily, as the assessment should help to address any issues around isolation. People would be enabled through the process and Community Connectors were in the new pathway.
3.8	• Amount of Social Contact As mentioned above, the Community Connectors are in post and will look to work with the Link Workers in the Primary Care Networks. Social prescribing was delivered through VAR and had been successful, although possibly more with people already identified as having needs, so it would be a case of trying to move to more preventative work before needs developed.
3.9	• Information, Advice and Guidance Information may be requested in large print and copies of the surveys made available in large print, easy read or translated copies. Rotherham had improved on this measure. *Concerns regarding information being available on-line and if people felt that was alienating?* It was surprising that it was18-64 year olds who were most likely to find it very difficult to access information or advice, but could in part be due to the number with very complex needs. The refresh of the website might also have an impact although key ASC pages had been done. *Applying for Blue Badges on line was not easy and there seemed to be less help from staff in libraries.* Although not ASC functions these concerns would be fed back.
3.10	• Carers Although the number of carers who stated they sometimes did not look after themselves or were neglecting themselves had decreased from the previous survey, this was a concern. Under the new model a lead for carers would have contact with carer groups. However carer satisfaction scores were positive although some issues with access to IAG were reported.

	Although there were no real surprises in some of the findings, would services be able to tackle the issues raised? Who cares for the carers? It was admitted that this was an area for improvement with a lot of fragmentation and would come back to HSC in the future. A "state of the nation" report was being produced and the current strategy and action plan would be revisited to determine the direction of travel. Hand offs would change as a result of the new pathways and services were improving transition from children's services. It was also important to broaden out engagement with carers and carers groups and to capture the carer voice in a different way. Ward profiles would also recognise carer groups. Support for carers was not just an ASC issue but a wider issue, including with partners, as carers was not a direct service and social isolation was a factor for many carers. The 2021 census would be of interest to see the data on carers – time spent on caring, number of people who self-identify as carers and who was in receipt of care and support. Currently a significant number of carers spent many hours each week looking after the person they care for, some reporting 100 hours, virtually full on 1:1 care.
3.11	• Reablement was achieving good outcomes but the proportion of people over 65 who received reablement/rehab services following discharge from hospital (2B2) had fallen from 2.2% to 1.6%. *With the new intermediate care and reablement service and pathways was the number receiving these services expected to increase?* Again this would work through and be seen in one or two years and there was potential for a slight dip with the changes.
3.12	• Shared Lives *Was it new or existing service users who were coming in?* Numbers were starting to increase and not just for people with learning disability. Some families did say no and confidence did remain an issue. *How widely was it publicised?* Officers were out and about and Shared Lives teams would go out to meet people.
4. Agreed actions	
4.1	The Strategic Director to feed back issues raised regarding Blue Badges and libraries.
4.2	The Health Select Commission to have a report on work to support carers in 2020.