HEALTH SELECT COMMISSION

Date and Time :- **Thursday, 20 February 2020 at 2.00 p.m.**

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

Membership:- **Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), Short, John Turner, Vjestica, Walsh, Williams, Wilson**

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 23rd January, 2020 (Pages 1 - 12)

To consider and approve the minutes of the previous meeting held on 23rd January, 2020 as a true and correct record of the proceedings.

For Discussion/Decision

7. Rotherham Respiratory Pathway (Pages 13 - 35)
Jacqui Tuffnell, Head of Commissioning at Rotherham Clinical Commissioning Group to present.

8. Rotherham Loneliness Action Plan 2020-2022 (Pages 36 - 61)
Ruth Fletcher-Brown and Terri Roche from Public Health to present.

9. Outcomes of Workshop on Refresh of Rotherham Integrated Health and Social Care Place Plan (Pages 62 - 66)

For Information/Monitoring

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

11. Urgent Business

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

12. Date and time of next meeting

The next meeting of the Health Select Commission will be held on Thursday 26th March, 2020 commencing at 2p.m. in Rotherham Town Hall.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday, 23rd January, 2020

Present:- Councillor Keenan (in the Chair); Councillors Albiston, Bird, Brookes, Cooksey, R. Elliott, Ellis, Jarvis, Williams, Vjestica and Walsh and co-optee Robert Parkin from Speak Up.

Apologies for absence:- Apologies were received from Cllrs John Turner and Short.

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

49. DECLARATIONS OF INTEREST

There were no declarations of interest in respect of any of the items of business on the agenda.

50. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business that would require the exclusion of the press or public from the meeting.

51. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press in respect of matters on the agenda for the meeting.

52. COMMUNICATIONS

The Chair confirmed that a workshop session had been held on 20 January 2020 to scrutinise and comment on the refreshed Rotherham Integrated Health and Social Care Plan. It was a good session and comments and recommendations from the Health Select Commission would be fed back to officers and partners before the final draft went for approval. A paper reporting the outcomes of the meeting would be included in the agenda for the meeting in February.

The Chair welcomed David and Michael from Speak Up who were in attendance with co-optee Robert Parkin.

53. MINUTES OF THE PREVIOUS MEETING HELD ON 10TH OCTOBER 2019

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 10th October, 2019.

In respect of Minute No. 42 Mental Health Trailblazer, it was confirmed that Early Help and Family Engagement supported a dedicated group that met each week for LGBT+ young people. Early Help Assessments would

also look at each family member and assess their individual needs, so support could also be provided through that means.

Details of the training for Education Mental Health Professionals and the types of interventions to be offered in schools had previously been circulated.

Feedback would be given in due course regarding the recommendation to include support for LGBT+ young people as a cohort within the Social, Emotional and Mental Health Strategy and within the Trailblazer project.

Resolved:- That the minutes of the previous meeting held on 10th October, 2019 be agreed as a correct record.

54. PROGRESS ON AUTISM STRATEGY AND IMPLEMENTATION PLAN

The Cabinet Member for Adult Care and Health introduced the agenda item by started with an apology for the delay in producing a final version of the all-age autism strategy. An earlier draft was deemed to need more focus on adults and concerns had also been raised that it was more of a vision rather than a strategy and plan, so this had led to further work. The benefits of taking a co-production approach to development were highlighted even though it did take longer and although there had been the delay the additional work would mean a better result.

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 had been an increase in requests for Autism Spectrum Condition (ASC) assessments for both children and adults.
- The increase was 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 were diagnosed with autism. This was 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 2020-21
  - 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 – 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-chair the Autism Partnership Board

Priorities

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

Priorities 1 and 2 were included in a development programme led by Children and Young People's Service (CYPS) but in very much a partnership approach. Messages from the very successful "voices day"

would feed into strategic planning and the importance of workforce training and development emerged as being critical to understanding the needs of children and young people with neurodevelopmental diversity and to be able to meet them. Curriculum activity and workforce development in over 200 providers was already underway.

Priority 3 was where work was taking place on the new transitions pathway, formerly known as Preparing for Adulthood.

Priority 4 - Most people with autism were not eligible for health and social care support. The ambition was to capture neurodiversity and enable people to live their lives how they wanted to do. This would be through a strength and asset-based approach post diagnosis support service developed with partners which was intended to be in place by May 2020.

Priority 5 - The Joint Strategic Needs Assessment (JSNA) identified the number of older people with autism – approximately 479 based on population prevalence. Account needed to be taken of any adjustments to support needed as people with autism got older and this had been built into delivery plan.

Transforming Care

- Since 2015, Rotherham had been working on a national programme with Sheffield, Doncaster and North Lincolnshire to reduce the numbers of people with a learning disability who were detained in specialist hospitals – Transforming Care.
- Rotherham currently had 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 had 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 had changed in that 3 people have autism and not a learning disability. A specialised housing and care support offer was required and had taken time to develop.

Success Stories

- Two people's positive experiences were provided as examples.
- New micro enterprises were becoming routine rather than the exception.
- Contribution and sense of satisfaction of doing something

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 wider services, such as leisure, 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 – all age and alignment
- 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.

It was emphasised that it was very much a partnership approach. The aim was to produce an accessible and user-friendly final version in an innovative way.

Further detail was provided to supplement the information in the presentation on key issues and Members probed into various matters.

Rotherham Clinical Commissioning Group (CCG) commissioned the children and young people's diagnostic pathway from Rotherham Doncaster and South Humber NHS Trust (RDaSH) as one of the pathways in the Child and Adolescent Mental Health Service (CAMHS). Officers acknowledged the current unacceptable waiting times for this diagnostic pathway and confirmed that the CCG had been working closely with RDaSH, education providers, Rotherham Parent Carers Forum (RPCF) and Healthwatch to understand the local dynamics and "over-subscription". Capacity for diagnosis was currently for 15-20 cases per month but referrals were in the order of 45-50 each month on average.

As the waiting list would continue to grow if not addressed, work was underway both to increase capacity and to understand the high level of demand. Rotherham was an outlier for autism spectrum prevalence at 3% compared with the national figure of 1.5% and in the recent annual schools Lifestyle Survey, 12% of respondents had self-identified, which was greatly above what was expected in terms of the number of children with autism and needed to be unpicked and understood. Subsequently during the meeting, it was felt that this 12% was from within the group of young people who had self-identified as having a mental health issue rather than 12% of the whole school population.

It was also important for children and young people to celebrate neurodevelopmental difference, which was not necessarily the same as a having or receiving a diagnosis of autism.

The CCG had increased capacity through an additional provider, Healios, working in partnership with RDaSH, who offered an on-line option for diagnosis It was confirmed that the digital diagnostic pathway approach had been used elsewhere and in Rotherham would join up with the current pathway, with parents offered a choice of which pathway they would prefer. Healthwatch and RPCF were happy with the offer. Parents could use Skype technology to upload observations, for example by video clip, and some parents could see the benefit of this approach as it would show more typical behaviour in the child's own home than it would be in a professional setting. The contract with Healios was short term as a pilot for six months but was flexible and had been commissioned by the CCG under one of its core standard contracts. It was still early days and evaluation would follow. Dialogue was also still taking place with RDaSH around capacity but there were workforce challenges regarding NHS capacity for initial diagnosis, hence the need for external support and to reduce the waiting lists.

Members inquired about the length of time for diagnosis as anecdotally they understood it could take three to four years after the involvement of school and the GP, followed by learning support for a period of one-two years before referral to CAMHS for diagnosis. Recognition was given that this was the pathway for some families and that responses were inconsistent prior to referral on to the diagnosis pathway. Strategies could be put in place before this by parents/carers and by education providers, but variations existed between schools, so the aim was to increase consistency, so schools were well informed on how to respond to neurodevelopmental difference. The aim was also to reduce the waiting times significantly once a referral had been made to CAMHS for diagnosis.

A graduated response was in place by schools and Early Help and it was difficult to quantify overall waiting times as these were not tracked at individual school level. The timescale could also vary because of differences in a child's presentation and how the graduated response was delivered. It was over one year once referred to CAMHS for formal diagnosis, which was too long, but people were still supported. Support was provided during pre-diagnosis through regular drop-ins run by RPCF who provided peer support but also attended by CAMHS staff to provide advice and strategies for home and school.

A point was raised regarding support packages and post diagnostic support and how change could be very unsettling. This was being looked at and pre-diagnosis support would be from RPCF plus the Autism Communication Team. Post diagnosis support could be through the youth group and the Autism Information and Advice Team, although potentially some of the post diagnosis work could be done earlier.

Members asked how schools would be made aware of what was available and were informed that a task and finish group had been established with a primary a secondary and a special school headteacher with communication outwards as they expanded awareness. Coupled with this was the wider work needed with the workforce in terms of awareness raising, which schools would also be very much involved in.

Two pathways for adults aged 18+ currently existed, one for people who also had learning disability (diagnosis would be through the Learning Disability service) and one for people without learning disability (through Sheffield). The aim was to repatriate that activity to Rotherham to make a Rotherham Place offer for adult diagnosis. The importance of post-diagnostic support was again emphasised. People waited for 28 weeks on average, if they did not have learning disability, which exceeded the standard NHS 18-week target, but for those with both learning disability and autism it was quicker. Although no exact figures were to hand the feeling was that Rotherham was not an outlier at 28 weeks. The first task would be to address the waiting list before commencing with the new offer so that a waiting list did not transfer to Rotherham from Sheffield. A twin track approach also using Healios was under consideration for adults as well to try and relieve some of the existing list pressures.

Early in the presentation a point had been made regarding diagnostic tools being developed primarily for men. OSMB inquired whether any specific work had been undertaken on the issue of gender disparity or if it would be captured in the new service. It was agreed that the diagnosis process itself might have gender bias but the current diagnostic manual was being looked at in relation to this issue by leading academics and any resulting changes would be implemented for future diagnosis in Rotherham

SEND sufficiency work had provided capital funding to develop the offer, including additional places at Waverley Primary and Wales High School for children and young people with a diagnosis of autism. The implementation phase would see the offer increase further at Wales High and possibly to the development of a centre of excellence there. The specialist resource was also being enhanced at Swinton High and Milton Special Schools. Money had also been also invested in the post-16 offer which had been acknowledged as a potential gap, with places at Thomas Rotherham College for students to study for “A” levels. 25 places had been created at Rotherham Opportunities College (ROC) which were more for life skills and less academically focused. ROC was located in the Sitwell area and linked to Newman School, providing an 18-25 offer. ROC and the Council had worked together to develop Project Search, a supported internship, with support tailored to individual needs such as travel training. At present it was a small cohort with the aim to increase the numbers so more young people had the opportunity to continue their education and hopefully progress into employment.

From their work on the Adult Social Care Outcomes Framework HSC were aware that only 3.4% of people with learning disability were in employment in Rotherham. They were informed that the data system did not separate people with autism in employment from those with both autism and learning disability. Work delivered through the Employment and Skills Strategy would seek to increase the numbers in employment. Members welcomed autism being treated as something discrete from mental health and learning disability and suggested work was needed with employers around jobs where having autism would be an advantage. Speak Up emphasised the importance of the right support and reasonable adjustments in employment for employees both before getting a job and once employed. Assistive technology such as the "Brain in Hand" app was also being looked at across the Integrated Care System.

It was confirmed that the Loneliness Strategy and Five Ways to Wellbeing initiative would connect in with the Autism Strategy.

In relation to Transforming Care, various reasons were given as to why people were in specialist hospitals including mental health, behaviour or contact with the criminal justice system. The composition of the Transforming Care Partnership may change because of the ICS but work would continue to develop specialist support including housing in the community to avoid the need for specialist in-patient beds.

Members asked if the Transforming Care programme had delivered any savings and if so where in the system. Officers responded that this programme led to significant cost pressures in providing appropriate support but in terms of the ethos and the outcomes was the right thing to do. This additional cost fell to local health services and the Local Authority but some NHS programmes existed and it was a case of wait and see in relation to developments in the NHS ten-year plan.

Clarification was sought on the reasons for the time needed to get the specialist housing support in place and it there were financial issues. Officers confirmed it was not for financial reasons but rather having the right skills and specialist housing design and providers with the right ethos and skills to ensure places would be sustainable.

The Autism Alert Card would enable people to get support and help to identify needs. A rolling training programme developed by South Yorkshire Police underpinned the card and by 1st March, 2020 the first priority cohort would be trained comprising first contacts, PCSOs and staff at the detention suite. The card would be launched in Rotherham on 2nd March in conjunction with the launch of the Safe Places Scheme.

Speak Up asked how the card would be publicised as a couple of people had reported difficulties in finding out more. Publicity would on-line and through the Autistic Society. Officers would also liaise with Speak Up to ensure people knew how to obtain a card and would feedback the issue raised.

Members were given assurances that the timescale outlined for the strategy would be met. Content had been signed off and it was not about going through due process.

A query was raised as to whether Kilnhurst still has a specialist unit and given the importance of priorities 1 and 2 if specialist nursery provision was in place.

Officers agreed to check what the specialty had been at Kilnhurst and to feed back to HSC but there was definitely still a specialist unit at Swinton. Early Years received a good deal of support and instead of creating a specialist nursery the Early Education Grant was used to provide bespoke support for a child. This had led to positive outcomes and within the last 12 months a playgroup dedicated to very young children with signs of neurodevelopmental difference had been started.

The Chair thanked the officers for their very informative presentation and thanked colleagues from Speak Up for sharing their experiences.

Discussion ensued on future scrutiny of Autism and CAMHS and whether these would be looked at separately or together but as the Autism Strategy was all-age, and to reflect neurodiversity as being distinct from mental health, it was agreed that these should be looked at separately.

Resolved:-

1) To note the information provided on progress with the strategy.

2) That the final draft of the strategy to be shared with the Select Commission.

3) That a further update on implementation of the strategy be provided in 2020-21.

4) That the results of the on-line diagnosis pilot with Healios be reported back to the Select Commission.

5) That discussion takes place to scope and schedule future scrutiny of the Autism Strategy and CAMHS as separate pieces of work.

55. OUTCOMES FROM WORKSHOP ON SUICIDE PREVENTION

A short briefing paper summarised key questions raised at the workshop held in October to scrutinise Suicide Prevention. The purpose of the session had been to seek assurances regarding current activity, plans and resources for work on suicide prevention and self-harm. It also provided a good opportunity to scrutinise and have input into the draft action plan.

HSC Members were reassured about the multi-agency work taking place in Rotherham on suicide prevention and self-harm. Training and

awareness raising for staff, colleagues, parents and carers continues to be a key factor in supporting achievement of the key aims within the plan. A response to the two recommendations on the plan and wider points raised about suicide prevention work overall, as outlined in the briefing paper, would be reported back to the Select Commission in due course.

A question was asked regarding any potential correlation between unemployment or casual work and suicide and whether any thought had been given to training job centre staff to look out for signs. It was agreed to feed this back.

Resolved:- To note the information in the briefing paper.

56. OUTCOMES FROM WORKSHOP ON ADULT SOCIAL CARE OUTCOMES FRAMEWORK

A short briefing paper summarised the key questions raised at the Performance Sub-Group workshop held in November 2019 to scrutinise the Adult Social Care Outcomes Framework (ASCOF). The focus of the session, which was chaired by the Vice Chair Cllr R Elliott, was to consider:

- final year end performance ASCOF measures for 2018-19
- regional, national and CIPFA benchmarking data with statistical neighbours to show how Rotherham compared with other local authorities
- key findings from the annual Service User Survey and biennial Carer Survey

Members had probed into those measures which had declined and sought assurances that the new model and ways of working in Adult Care would be reflected in improvements to the measures as they became embedded. Support for carers was acknowledged as an area for improvement and would be included in the work programme in 2020.

The Chair opined how it was positive to see that issues discussed at the workshop, in relation to adults in contact with secondary mental health services living independently and regarding adults with learning disability on long term service in employment, were reflected in the refreshed Rotherham Place Plan discussed earlier that week.

Resolved:- That the information be noted.

57. ROTHERHAM HEALTHWATCH

Tony Clabby, Chief Executive reported that recent reports produced by Rotherham Healthwatch on registering at GPs and the outcome of surveys at the Urgent and Emergency Care Centre (UECC) had been shared with the Chair. In terms of patient registration with GPs, a lack of awareness existed amongst the practices that there was no need for forms of identification to be provided in the case of vulnerable people. The

survey undertaken at the UECC asked why people had chosen to go there for medical care rather than using one of the alternatives such as pharmacist or GP. One of the main reasons cited was a lack of GP appointments, which had been fed back to the Clinical Commissioning Group.

He informed Members that this would be his last attendance at a Health Select Commission meeting as a new provider would be in place for the Healthwatch contract from 1st April, 2020, which would be the Citizen's Advice Bureau (CAB). The independent NHS advocacy work previously undertaken by Rotherham Healthwatch would now be part of a separate broader advocacy contract that was out to tender.

Assurance was sought that information on matters of interest would be fed back to the Health Select Commission by the CAB. It was confirmed that having a local Healthwatch was a statutory function and that the CAB would establish a separate entity with a separate group of trustees to fulfil this function. Clear contractual objectives included a requirement to work across the entire health and care system and to bring forward the voice of local people. HSC would have opportunities to identify issues to be looked at and it was hoped the CAB would regularly attend HSC meetings. Tony Cabby confirmed that he would be meeting with the CAB to plan the transition and handover.

The Chair thanked Mr Clabby for attending and wished him well for the future.

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

The Governance Advisor reported back on the meeting held on 7th November, 2019. The scheduled agenda item on Gluten Free Proposals had been postponed due to the pre-election period and might be something the joint committee would consider later in 2020.

Updates were provided on three workstreams:

- Hospital Services Review – The focus remained on transformation and working together through the hosted networks at this stage rather than service reconfiguration proposals. The Joint Health Overview and Scrutiny Committee (JHOSC) had requested a further report including feedback from staff, patients and clinicians about how that was working.

- Hyper Acute Stroke Services - Since July 2019 most stroke patients In Rotherham had been taken to the Sheffield Hyper Acute Stroke Unit for their hyper urgent stroke care, followed by either discharge directly home, discharge home with support or transfer back to Rotherham hospital for ongoing acute stroke care and inpatient rehabilitation. Officers reported that early feedback from

patients and their families and staff had been very positive. The JHOSC had requested evidence to demonstrate that the new model was working as planned; information on patient flows; feedback from patients and families and feedback from the hospitals providing the additional services.

- Integrated Care System Work Programme – What was coming up in the short term that the JHOSC might need to consider rather than being scrutinised locally.

The next meeting would be scheduled for February or early March and once the agenda had been published the link would be circulated to HSC members to feed in any questions or issues for the Chair to raise.

59. URGENT BUSINESS

The Chair advised that there were no matters of urgent business to discuss at the meeting.

60. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday, 20th February, 2020, commencing at 2.00 p.m. in Rotherham Town Hall.

Agenda Item 7

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	20 February 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Rotherham Respiratory Pathway

1. Background

1.1 At the meeting held on 5 September 2019 the Health Select Commission discussed a short presentation from Rotherham Clinical Commissioning Group (RCCG) outlining plans to enhance the respiratory pathway in Rotherham.

1.2 The presentation covered the following points:

- Rationale for change
- Enhanced model – what would be different
- Plans for patient and public and stakeholder engagement

1.3 Following the meeting further information was circulated to Members including comprehensive data on performance locally and how Rotherham compared with other areas. The areas of focus were Chronic Obstructive Pulmonary Disease (COPD), Asthma, Chronic & Acute lower Respiratory disease and Flu & Pneumonia.

2. Key Issues

2.1 The rationale for change is:

- Poorer outcomes for patients than our counterparts across the integrated care system
- Fragmentation across the respiratory pathway
- Fragmentation of the home oxygen service
- Improve diagnosis across Rotherham
- Improvement the management of respiratory patients
- High numbers of patients going into hospital
- Longer stays for patients when they are in hospital
- Long term plan states care should be provided closer to home

2.2 The enhanced model for respiratory discussed in September referred to:

- Standardising care across primary care for diagnosis and management
- Improving patient education and access to support patients to self-manage
- Delivering care closer to home, with a specialist community respiratory team, reducing the requirement for inpatient care
- Delivering care during the day, at evenings and weekends to fit in with patients' lives

	• For those who do require inpatient support a dedicated respiratory unit at Rotherham Hospital (TRFT) • Increased support for high intensity users to help stabilise their conditions
3. Key Points for Discussion	
3.1	Accompanying this briefing is a presentation summarising the key issues and underpinning data. It sets out the main themes that emerged from the patient engagement and provides more detail on the tiered approach within the new model.
3.2	Additional information appended to this briefing provides more detail on the outcomes of the patient engagement undertaken between August and October 2019. Surveys and drop-in sessions captured views from people with a lived experience of managing a respiratory condition.
4. Recommendations	
4.1	Health Select Commission are asked to consider and comment on the information provided.

Appendix

ROTHERHAM RESPIRATORY PATHWAY ENGAGEMENT

Why are we looking at the respiratory pathway?

Following a review in 2017, we know that:

- Patients that could be treated at Breathing Space are not being referred
- Patients are being admitted to Rotherham Hospital when they could be seen and treated in other locations, closer to where they live
- Services are patchy and don't work well together for all patients

So……. We are working together on a new model of care for people with respiratory conditions

The proposed model of care has 5 aims

To provide a single, integrated pathway for respiratory patients

Improve diagnosis across Rotherham

Improve the management of respiratory patients including self-management

Reduce the risk of admission to hospital

Support people who are admitted to hospital to return home faster, where this is safe and appropriate admission

Improved experience for patients and their families

Patient Survey undertaken August to October 2019

The survey targeted patients with specific respiratory conditions.

Both the survey and drop-in sessions' aim was to hear from those with a lived experience of managing a respiratory condition.

773 accessed the survey

443 fully completed responses

Clinically-led Drop-in Sessions September 2019

Three drop-in sessions held at Breathing Space

69 patients attended

WHO REPLIED?

Over 50% of responses were from people with Asthma

56% of respondents had another illness or long term condition

Good response from those under 46, though there were naturally more responses from older people

Almost 1/3 of respondents were in full time work

WHAT YOU TOLD US?

'I have been quite unwell this year and had a lot of admissions.

Going through A&E is very stressful. I wish I could get seen and admitted direct'

'I have trouble getting through to see the doctor all the time so this is a good idea'

'Would be easier to txt my surgery instead of appointments as bad with COPD'

Medications –

'Pulmonary exercise and regular visits to my clinician at the breathing space to keep things under control'

Easier access to the doctor for help as to when I get a flare up for steroids'

'Would be much easier if the equipment was available at home to obtain necessary information to pass on to the GP & have phone consultation if needed.

I believe this would save time & money'

'Breathing Space staff explain things very well and have group sessions on all areas to do with your chest. I learnt a lot from these sessions'

THEMES

YOU SAID

Breathing Space

- Lots of people still think that the building will close – the whole building will not close
- You wanted to know what will happen to the empty space

WHAT WE WILL AND WHAT WE CAN'T DO

- We will we continue to reassure people that the building will not close, and will remain a centre of excellence, and a hub for outpatients
- Regarding the empty space – nothing has been decided as yet

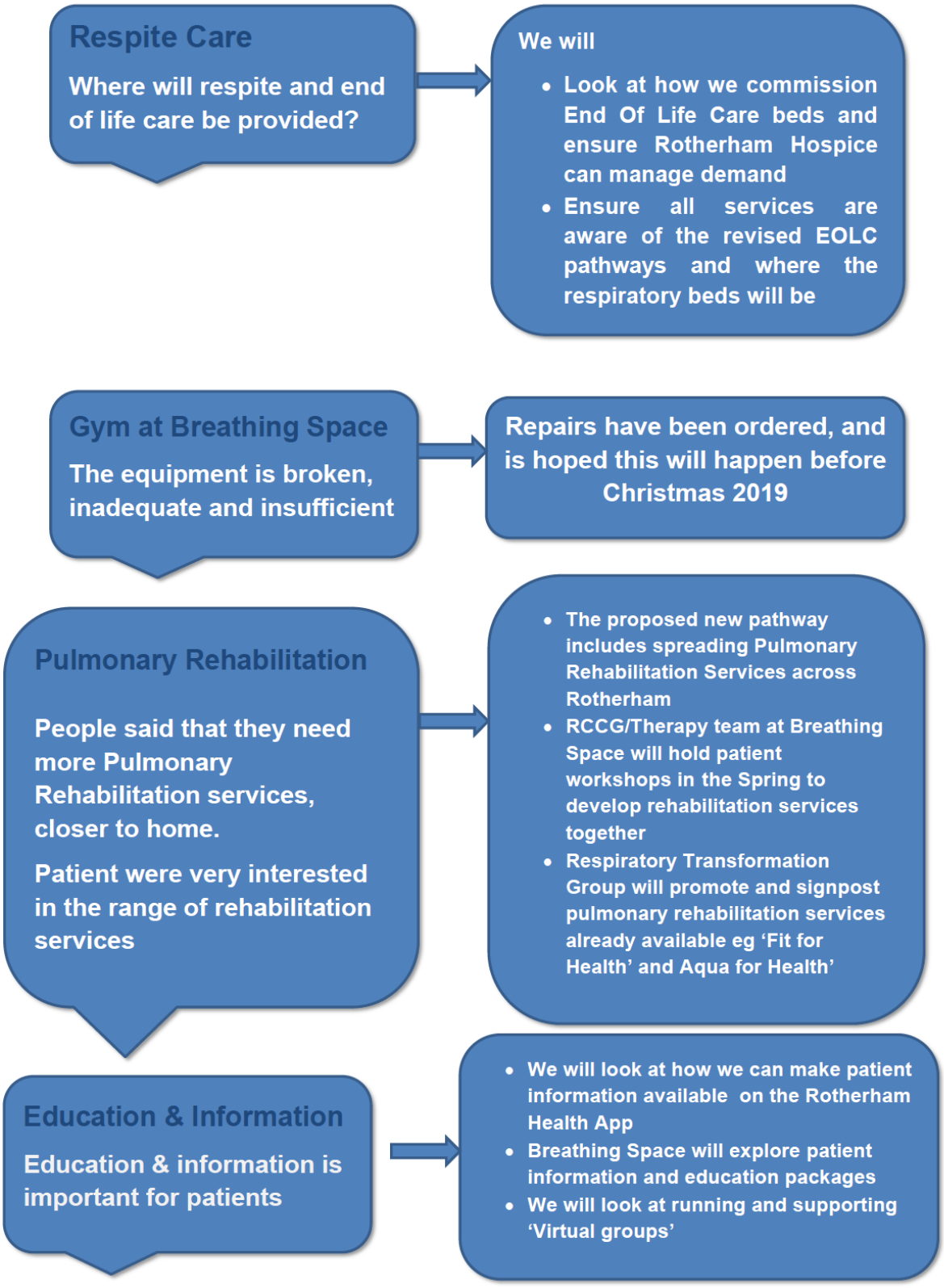
YOU ASKED ABOUT

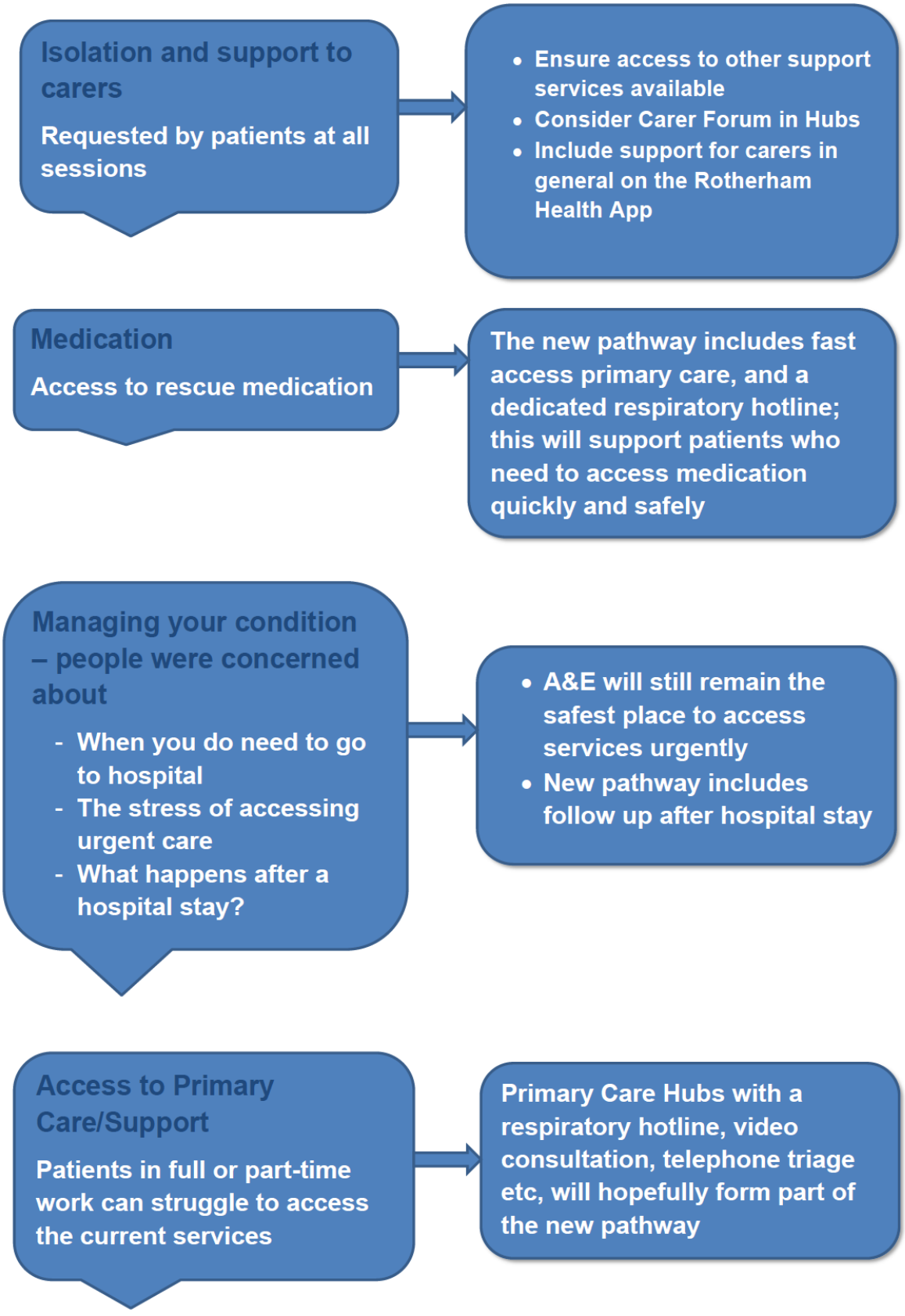
The Respiratory Pathway

- Why are we making these changes?
- Will there be enough community staff?
- Will there be enough beds in the hospital?
- Will the quality of care be there?

We will:

- Share information of the plans on the website
- Ensure all pathway development information is available on the website and on display boards at Breathing Space
- Develop a patient friendly infographic and animation to walk patients through the new pathway
- A3 is now a dedicated Respiratory Ward at the hospital
- We will share patient feedback on the new Respiratory ward, to check the quality of services and reassure patients


Respite Care
Where will respite and end of life care be provided?
We will
Look at how we commission End Of Life Care beds and ensure Rotherham Hospice can manage demand
Ensure all services are aware of the revised EOLC pathways and where the respiratory beds will be
Gym at Breathing Space
The equipment is broken, inadequate and insufficient
Repairs have been ordered, and is hoped this will happen before Christmas 2019
Pulmonary Rehabilitation
People said that they need more Pulmonary Rehabilitation services, closer to home.
Patient were very interested in the range of rehabilitation services
The proposed new pathway includes spreading Pulmonary Rehabilitation Services across Rotherham
RCCG/Therapy team at Breathing Space will hold patient workshops in the Spring to develop rehabilitation services together
Respiratory Transformation Group will promote and signpost pulmonary rehabilitation services already available eg 'Fit for Health' and Aqua for Health'
Education & Information
Education & information is important for patients
We will look at how we can make patient information available on the Rotherham Health App
Breathing Space will explore patient information and education packages
We will look at running and supporting 'Virtual groups'


Isolation and support to carers
Requested by patients at all sessions
• Ensure access to other support services available
• Consider Carer Forum in Hubs
• Include support for carers in general on the Rotherham Health App
Medication
Access to rescue medication
The new pathway includes fast access primary care, and a dedicated respiratory hotline; this will support patients who need to access medication quickly and safely
Managing your condition – people were concerned about
- When you do need to go to hospital
- The stress of accessing urgent care
- What happens after a hospital stay?
• A&E will still remain the safest place to access services urgently
• New pathway includes follow up after hospital stay
Access to Primary Care/Support
Patients in full or part-time work can struggle to access the current services
Primary Care Hubs with a respiratory hotline, video consultation, telephone triage etc, will hopefully form part of the new pathway

Rotherham Respiratory Pathway

Jacqui Tuffnell
Head of Commissioning

The NHS 10 year plan stresses the need to develop better integrated care pathways with emphasis upon **Primary Care Networks**, with ***practices working together at scale***, with a ***combined workforce*** to better care for patients.

The Right Care Data - highlights

NHS Rotherham Clinical Commissioning Group

- Rotherham has high cost respiratory services, high admission levels and poorer outcomes for our patients than our counterparts across the integrated care system.

- Non elective admission levels are high particularly for chronic lower respiratory, especially COPD.

- Asthma, influenza and pneumonia were also highlighted as areas where Rotherham admitted more non-electively than the right care peer group.

Respiratory health outcomes – U75 mortality rate 'preventable'

4.07ii - Under 75 mortality rate from respiratory disease considered preventable New data 2015 - 17

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	26,075	18.9	18.6	19.1
Yorkshire and the Humber region	–	3,060	22.0	21.2	22.8
Barnsley	–	136	20.4	17.1	24.1
Bradford	–	329	29.7	26.6	33.2
Calderdale	–	129	23.4	19.5	27.8
Doncaster	–	198	24.4	21.1	28.0
East Riding of Yorkshire	–	170	15.0	12.8	17.4
Kingston upon Hull	–	217	39.6	34.4	45.2
Kirklees	–	223	20.6	18.0	23.5
Leeds	–	393	23.4	21.2	25.9
North East Lincolnshire	–	104	23.9	19.5	29.0
North Lincolnshire	–	134	27.2	22.8	32.2
North Yorkshire	–	282	14.3	12.7	16.1
Rotherham	–	185	25.4	21.9	29.4
Sheffield	–	249	19.6	17.2	22.2
Wakefield	–	231	25.1	21.9	28.5
York	–	80	15.9	12.6	19.9

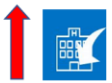
Source: Public Health England (based on ONS source data)

Respiratory disease in the North East & Yorkshire

Impact on UEC(2017/18 data)

- NE&Y has the highest rate of emergency admissions for COPD
- Over last 2 winters, NE&Y has seen NEL for adults up to 4,400 admissions in a single week
- Compared to peers there are opportunities in NE&Y to reduce respiratory bed days, prescribing and NEL spend:

136k bed days



£38m non-elective admissions

£25m primary care prescribing

Respiratory disease has the largest RightCare opportunity for NEL activity and ££s in NE&Y above CVD

Flu & Pneumonia

33,500 more patients aged **65+** could receive the **PPV vaccine**

25,500 more patients aged **65+** could take up the **seasonal flu vaccine**

4,200 more patients with **COPD** could receive an **influenza immunisation**

24,400 more people with COPD **could be registered**

2,500 more people with COPD could have **diagnosis confirmed by spirometry**

6,000 more people **could have a review** by a HCP

Local Challenges

NHS Rotherham Clinical Commissioning Group

- Fragmentation across the respiratory pathway
- Fragmentation of the home oxygen service
- Inconsistent diagnosis across Rotherham
- Inconsistent management of respiratory patients across the system
- High admissions to hospital, which could have been prevented
- Low uptake of smoking cessation
- No respiratory Community team – now best practice

56% of the admissions to breathing space could have been avoided with support in the patient's own home from a Community Respiratory Team saving 156 bed days.

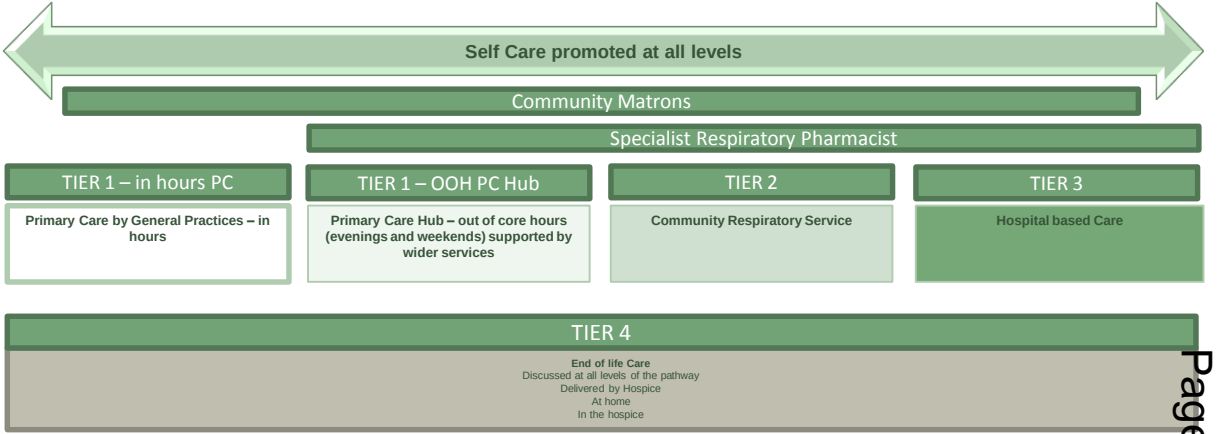
Patient Engagement Feedback

NHS
Rotherham
Clinical Commissioning Group

- Timely access to primary care - Day time, evenings and weekends for reviews and feel unwell
- Pulmonary rehabilitation closer to home and at evenings and weekends
- Alternative access to care and information via APPs and websites, phone and video
- Faster discharge from hospital with specialist support at home
- Consistent information on how to manage their conditions

Rotherham Opportunities

- We could detect and diagnose 2,366 more patients with COPD
- Spirometry – diagnosis and measuring disease progression
- Annual reviews of people with COPD and asthma
- We are doing well on pneumonia and influenza vaccination over 65s
- Opportunities around ‘flu vaccination’ for people with COPD
- 2000 smokers could be offered support and treatment to quit
- RCCG is spending just over £1 million more on prescribing than lowest 5 peers


Self Care promoted at all levels
Community Matrons
Specialist Respiratory Pharmacist
TIER 1 – in hours PC
Primary Care by General Practices – in hours
TIER 1 – OOH PC Hub
Primary Care Hub – out of core hours (evenings and weekends) supported by wider services
TIER 2
Community Respiratory Service
TIER 3
Hospital based Care
TIER 4
End of life Care
Discussed at all levels of the pathway
Delivered by Hospice
At home
In the hospice

Proposed Model

Tier 1 - Primary Care

NHS
Rotherham
Clinical Commissioning Group

- ***Supports patients requirements for day, evening and weekend reviews***
- ***Supports PCN requirements of working at scale***
- ***Provides consistency and equity of care***
- ***Good feedback from present hub services across primary care***
- ***Hub can be supported by a specialist respiratory clinical pharmacist , who also supports in the community***
- ***Hubs could support new roles such as physiology apprentices and physician associates***

Community Team – based at breathing space

NHS Rotherham Clinical Commissioning Group

TIER 2

Community Respiratory Service

- Outpatient clinics
- Rapid access clinic/hotline
- Housebound patient management
- Assessment and management
- End of life care management
- Pulmonary rehabilitation /physiotherapy
- Enhanced CTB: psychology input & support
- Discharge management
- Early supported discharge follow up within 2 days
- Clinic reviews (caseload)
- Management plans for primary care follow up
- Discharge to tier 1 &Community Matron
- Telephone Advice for Tiers 1 & Community Matrons
- Training for primary care (PCN footprint)
- High intensity User – Targeted support
- Admission avoidance
- Virtual clinic /MDT

Acute Care

TIER 3

Hospital based Care

- Acute admissions
- Inpatient pulmonary rehabilitation
- NIV assessment & management
- Inpatient discharge to tier 3
- Outpatient discharge back to tiers 1 and 3
- Complex co-morbidities
- Deterioration beyond expected rate

Proposed Service Model

Questions?

Rotherham Metropolitan Borough Council

BRIEFING		
	TO:	Health Select Commission
	DATE:	20th February 2020
	LEAD OFFICER:	Ruth Fletcher-Brown Public Health Specialist, Adult Care, Housing & Public Health 01709 255867
	TITLE:	Rotherham Loneliness Action Plan 2020 – 2022

1. Background

1.1 Loneliness is not a new issue, but it is being recognised as a major public health issue.

1.2 Research has shown that loneliness is as harmful to our health as smoking 15 cigarettes a day. Loneliness has been linked to numerous health issues like coronary heart disease, stroke, depression, cognitive decline and an increased risk of Alzheimer's.

1.3 If people feel connected to others it can reduce the risk of mortality or developing certain diseases. There is some evidence to suggest that people who are lonely are more likely to place a higher demand on public services, for example visiting their GP and A&E more often.

2. Key Issues

2.1 Loneliness is a priority within the Health and Wellbeing Board Strategy (Aim 4) and a priority within the refreshed Place Plan.

2.2 Loneliness can fluctuate over the life course and most people at some point in their life will experience loneliness. It is difficult to say what exactly causes loneliness but there are some known trigger factors which can be seen at an individual, community and societal level.

2.3 In order to tackle loneliness and promote good social connections a response is required from individuals, communities, statutory partners, voluntary and community sector and local businesses.

2.4 Actions to tackle loneliness can be very simple and in many cases low cost, building on local assets.

3. Key Actions and Timelines

3.1 Draft action plan to go out to partners of the Health and Wellbeing Board (H&WbB) for consultation during January and February 2020.

3.2 Draft action plan to be discussed at Health Select Commission (HSC) on 20th February 2020.

3.3	Final action plan to be signed off by the H&WbB March 2020.
3.4	Better Mental Health for All Group to oversee the implementation of the Loneliness Action Plan.
3.5	Bimonthly updates to be provided to the MH & LD Transformation Group. Quarterly updates to the Place Board.
3.6	Annual updates to the H&WbB.
4. Recommendations	
4.1	HSC to note the draft plan and timescales for consultation.
4.2	HSC to comment on the draft action plan.
4.3	HSC to receive the final version after sign off with the H&WbB in March 2020.

Rotherham Loneliness Action Plan 2020 – 2022

Introduction

Vision Statement:

People of all ages in Rotherham feel more connected to others and loneliness is reduced.

Introduction

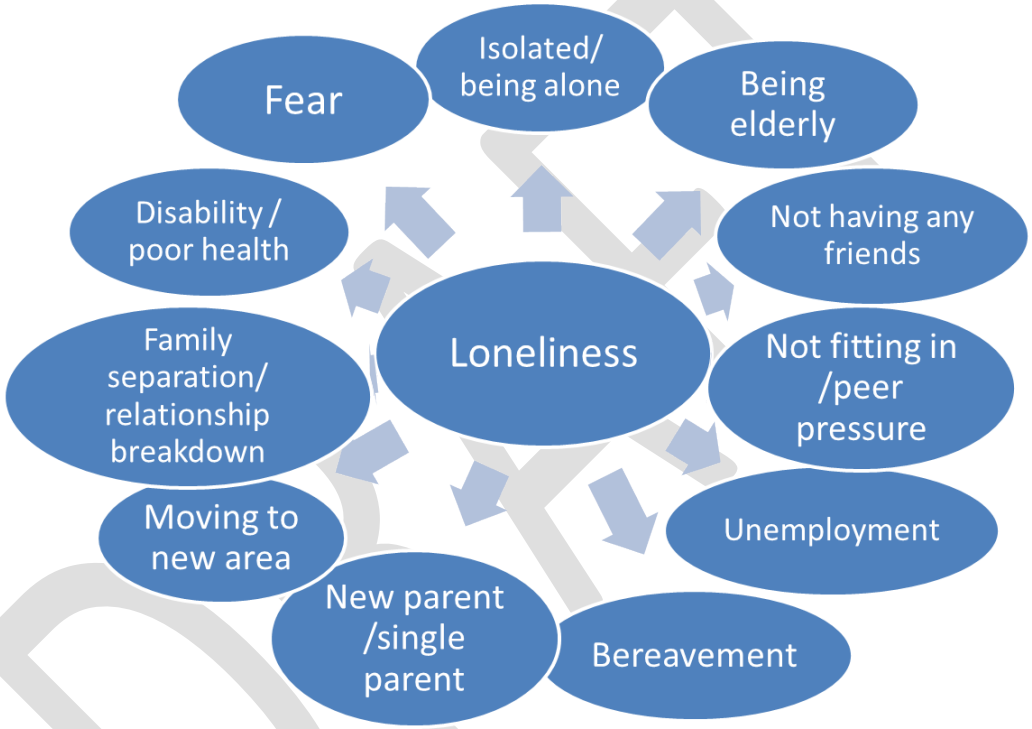
Loneliness is a very personal issue and people will describe it very differently. For the purposes of this action plan the following definition will be used for loneliness:

"Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want." Perlman, D. and Peplau, 1981, cited in HM (2018), 'A connected society: a strategy for tackling loneliness'.

The way people lead their lives in society is changing, for example the nature of jobs has changed with developments in technology which means more solitary working. Many of the public services are moving towards a digital offer which means less human interaction. Whilst this can bring many positives it has led to changes in the way we now live, work and interact with each other. Loneliness is not a new issue, but it is being recognised as a major public health issue. Research has shown that loneliness is as harmful to our health as smoking 15 cigarettes a day. Loneliness has been linked to numerous health issues like coronary heart disease, stroke, depression, cognitive decline and an increased risk of Alzheimer's. If people feel connected to others it can reduce the risk of mortality or developing certain diseases. There is some evidence to suggest that people who are lonely are more likely to place a higher demand on public services, for example visiting their GP and A&E more often. Anecdotal evidence from frontline staff suggests that some demands placed on public services in Rotherham may be due in part to individuals feeling lonely.

"Young or old, loneliness doesn't discriminate." Jo Cox

Loneliness can fluctuate over the life course and most people at some point in their life will experience loneliness. It is difficult to say what exactly causes loneliness but there are some known trigger factors which can be seen at an individual, community and societal level. Some of the factors are illustrated in the picture below:



Other factors which operate at community and societal levels include, transport, neighbourhood safety, access to services, financial hardship, insular communities, stigma and discrimination, digital technology and work life balance.

Loneliness affects all ages within society and national and local data reflects this. National estimates are that between 55 and 18% of the adults in the UK feel lonely often or always. Despite this there is a great deal of stigma attached to loneliness with a third of the adult population stating that they would be too embarrassed to say that they were lonely, making it more difficult for people to ask for help. (Mental Health Foundation (2010) The lonely society; https://www.mentalhealth.org.uk/sites/default/files/the_lonely_society_report.pdf)

It is because loneliness presents as a public health issue that a whole system response is required in Rotherham. In Rotherham actions to address loneliness are referenced in the Health and Wellbeing Board Strategy (Aim 4) and the refreshed Place Plan. This important public health issue has been championed by the Chair of the Health and Wellbeing Board (H&WbB).

Rotherham Loneliness event, 24th September 2019- Working Together to Tackle Loneliness

On the 24th September 2019 partners of the H&WbB were invited by Councillor Roche to a workshop to share their experiences of loneliness, showcase some of the many examples of good practice and to start to contribute to Rotherham's action plan to address this public health issue.

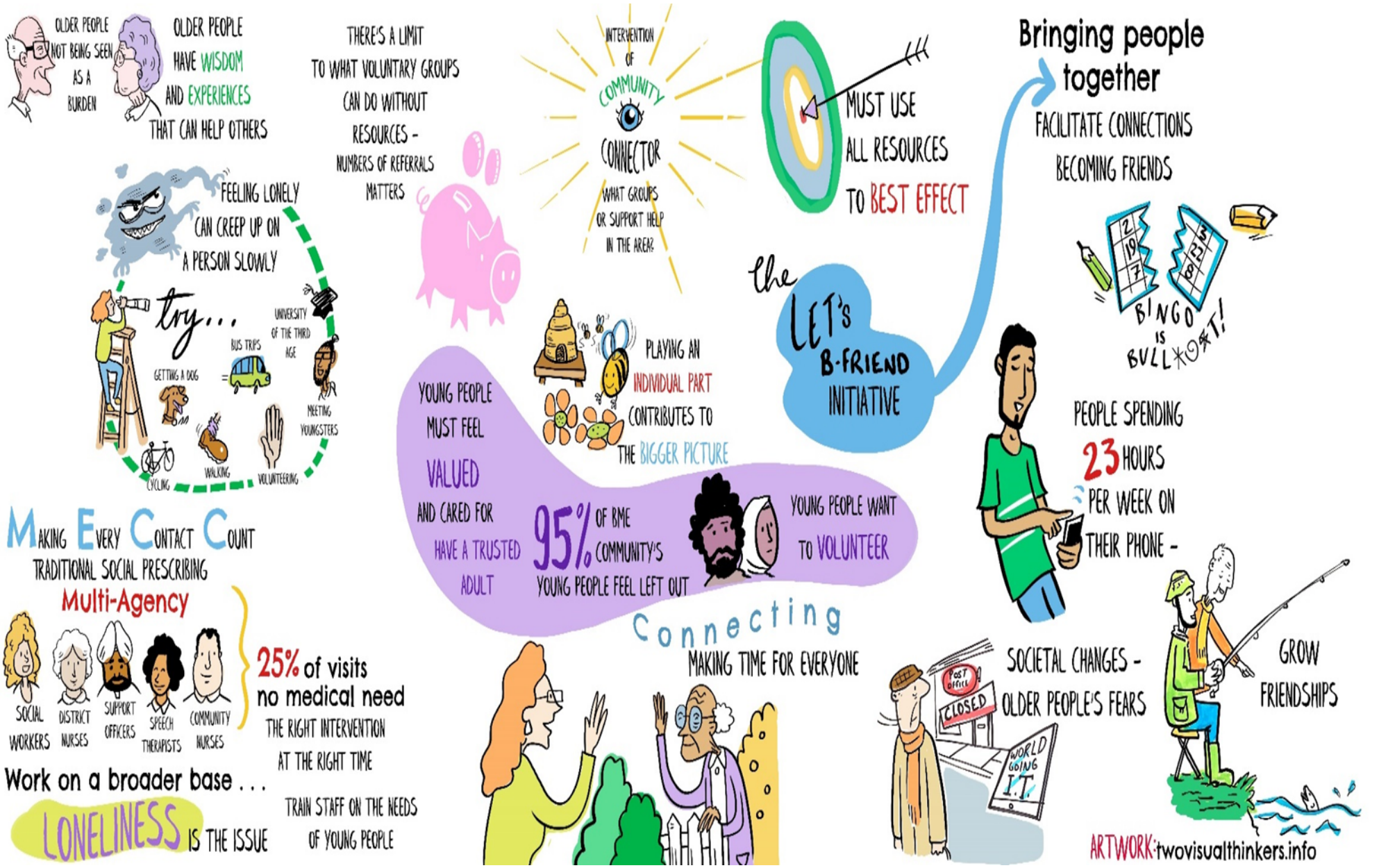
The day focused on:

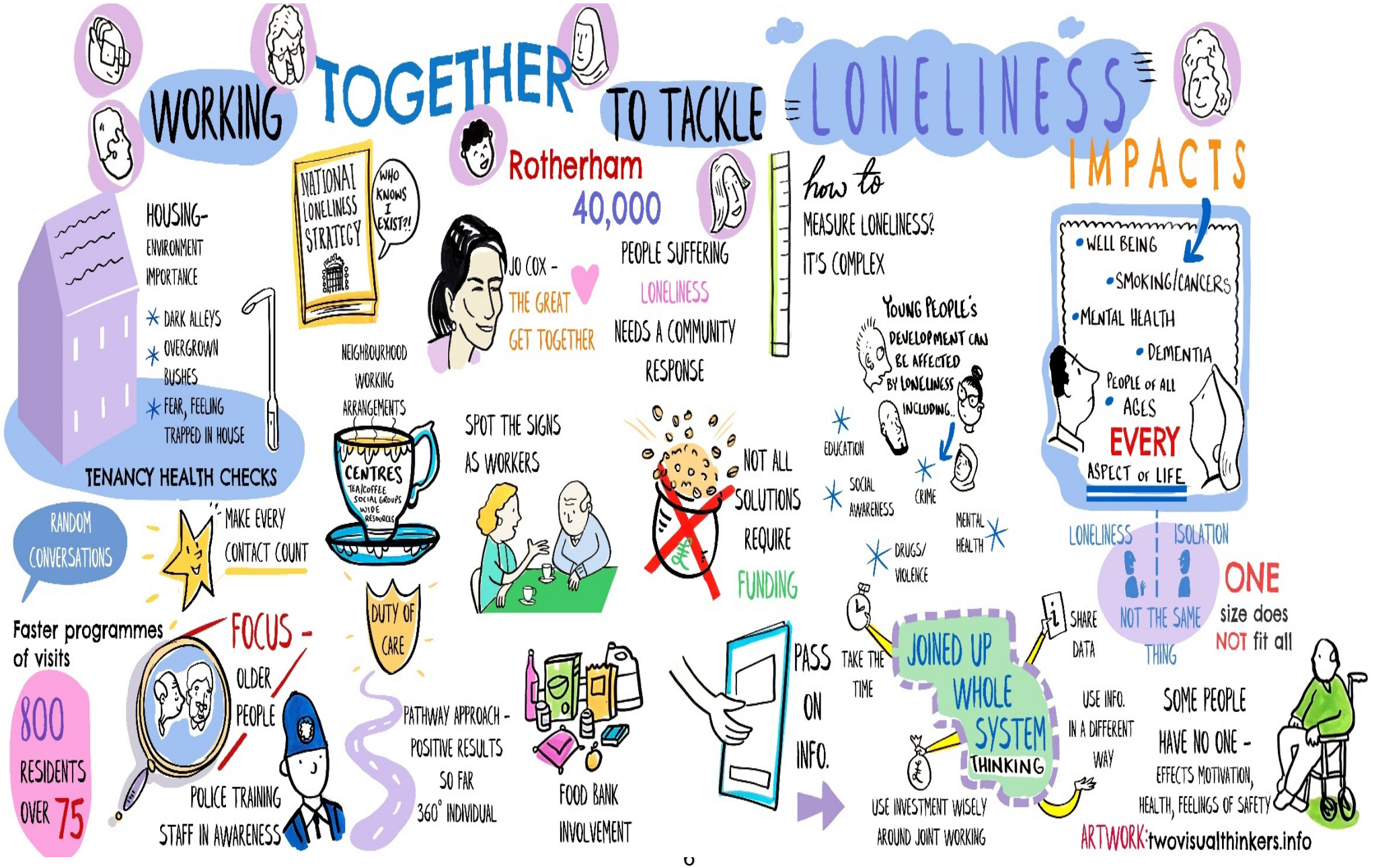
- The vision for Rotherham and what good looks like.
- What is working well?
- The gaps and opportunities.

The discussions from the event were captured visually and appear in this action plan. A full summary appears in Appendix 1. The presentations and discussions highlighted the abundance of initiatives across Rotherham which are helping address loneliness and build social connections, particularly in the voluntary and community sector. Delegates gave example of positive joint working between the different sectors and commented on the fact that loneliness is seen as a cross sector issue. There are many opportunities to take this work forwards including the need to work with people, empowering them to find solutions.

The other themes which were raised on the day by partners these were:

- the value of partnership and neighbourhood working
- the great contribution the voluntary and community has and can make to this issue
- the need for intergenerational and inclusive working
- the need to identify and reach out to people
- the need for better communication, marketing and information technology.


OLDER PEOPLE NOT BEING SEEN AS A BURDEN
OLDER PEOPLE HAVE WISDOM AND EXPERIENCES THAT CAN HELP OTHERS
THERE'S A LIMIT TO WHAT VOLUNTARY GROUPS CAN DO WITHOUT RESOURCES - NUMBERS OF REFERRALS MATTERS
INTERVENTION OF COMMUNITY CONNECTOR
WHAT GROUPS OR SUPPORT HELP IN THE AREA?
MUST USE ALL RESOURCES TO BEST EFFECT
Bringing people together
FACILITATE CONNECTIONS
BECOMING FRIENDS
FEELING LONELY CAN CREEP UP ON A PERSON SLOWLY
try...
BUS TRIPS
UNIVERSITY OF THE THIRD AGE
GETTING A DOG
MEETING YOUNGSTERS
WALKING
VOLUNTEERING
CYCLING
the LET'S B-FRIEND INITIATIVE
BINGO IS BULLSHIT!
PLAYING AN INDIVIDUAL PART CONTRIBUTES TO THE BIGGER PICTURE
YOUNG PEOPLE MUST FEEL VALUED AND CARED FOR
HAVE A TRUSTED ADULT
95% OF BME COMMUNITY'S YOUNG PEOPLE FEEL LEFT OUT
YOUNG PEOPLE WANT TO VOLUNTEER
PEOPLE SPENDING 23 HOURS PER WEEK ON THEIR PHONE -
MAKING EVERY CONTACT COUNT
TRADITIONAL SOCIAL PRESCRIBING
Multi-Agency
SOCIAL WORKERS
DISTRICT NURSES
SUPPORT OFFICERS
SPEECH THERAPISTS
COMMUNITY NURSES
25% of visits no medical need
THE RIGHT INTERVENTION AT THE RIGHT TIME
Work on a broader base . . .
LONELINESS IS THE ISSUE
TRAIN STAFF ON THE NEEDS OF YOUNG PEOPLE
Connecting
MAKING TIME FOR EVERYONE
SOCIETAL CHANGES - OLDER PEOPLE'S FEARS
POST OFFICE CLOSED
WORLD GOING I.T.
GROW FRIENDSHIPS
ARTWORK:twovisualthinkers.info


WORKING TOGETHER TO TACKLE LONELINESS
Rotherham
40,000
PEOPLE SUFFERING LONELINESS NEEDS A COMMUNITY RESPONSE
NATIONAL LONELINESS STRATEGY
WHO KNOWS I EXIST?!
JO COX - THE GREAT GET TOGETHER
how to MEASURE LONELINESS? IT'S COMPLEX
IMPACTS
WELL BEING
SMOKING/CANCERS
MENTAL HEALTH
DEMENTIA
PEOPLE OF ALL AGES
EVERY ASPECT OF LIFE
YOUNG PEOPLE'S DEVELOPMENT CAN BE AFFECTED BY LONELINESS INCLUDING..
EDUCATION
SOCIAL AWARENESS
CRIME
MENTAL HEALTH
DRUGS/ VIOLENCE
HOUSING- ENVIRONMENT IMPORTANCE
DARK ALLEYS
OVERGROWN BUSHES
FEAR, FEELING TRAPPED IN HOUSE
TENANCY HEALTH CHECKS
NEIGHBOURHOOD WORKING ARRANGEMENTS
CENTRES
TEA/COFFEE SOCIAL GROUPS WIDE RESOURCES
RANDOM CONVERSATIONS
MAKE EVERY CONTACT COUNT
DUTY OF CARE
SPOT THE SIGNS AS WORKERS
NOT ALL SOLUTIONS REQUIRE FUNDING
LONELINESS
ISOLATION
NOT THE SAME THING
ONE size does NOT fit all
Faster programmes of visits
800 RESIDENTS OVER 75
FOCUS - OLDER PEOPLE
POLICE TRAINING STAFF IN AWARENESS
PATHWAY APPROACH - POSITIVE RESULTS SO FAR 360° INDIVIDUAL
FOOD BANK INVOLVEMENT
PASS ON INFO.
TAKE THE TIME
JOINED UP WHOLE SYSTEM THINKING
SHARE DATA
USE INFO. IN A DIFFERENT WAY
USE INVESTMENT WISELY AROUND JOINT WORKING
SOME PEOPLE HAVE NO ONE - EFFECTS MOTIVATION, HEALTH, FEELINGS OF SAFETY
ARTWORK:twovisualthinkers.info

Governance

The implementation of this loneliness action plan will be overseen by the Better Mental Health for All Group. These meetings are chaired by a Consultant in Public Health and have representation from H&WbB partners. The multi-agency group meets bimonthly and is tasked to implement this plan and the Better Mental Health for All Action Plan. The Partners represented on this group include:

- Crossroads, representing the Adult VCS
- Rotherham Clinical Commissioning Group (RCCG)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health (including Neighbourhoods)
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham United Community Sports Trust (RUCST)
- South Yorkshire Police

Progress against this action plan will be reported to the Mental Health (MH) and Learning Disability (LD) Transformation Group, a subgroup of the Rotherham Place Plan Board. Annual updates will be given to the Rotherham Health and Wellbeing Board.

National Picture

- Over 9 million adults are often or always lonely. (British Red Cross and Co-op)
- 43% of 17 – 25-year olds using Action for Children services experienced problems with loneliness. (Action for Children)
- Over half of parents (52%) have had a problem with loneliness with 21% feeling lonely in the last week. (Action for Children)
- 50% of disabled people will be lonely on any given day. (Sense)
- For 3.6 million people aged 65 television is the main form of company. (Age UK)
- 38% of people with dementia said that they had lost friends after their diagnosis. (Alzheimer's Society)
- 8 out of 10 carers have felt lonely or isolated as a result of looking after a loved one. (Carers UK)
- More than 1 in 10 men say they are lonely but would not admit it to anyone. (Royal Voluntary Service)

- 58% of migrants and refugees in London described loneliness and isolation as their biggest challenge. (The Forum)
- More than 1 in 3 people aged 75 and over say that feelings of loneliness are out of their control. (Independent Age)

- Loneliness costs UK employers £2.5 billion per year. (Co-op)
- Three out of four GPs say they see between 1 and 5 people a day who have come in mainly because they are lonely, and one in ten sees between six and ten such patients daily. (Campaign to End Loneliness)
- Disconnected communities could be costing the UK economy £32 billion every year. (Big Lunch)
- £1 invested in tackling loneliness saves society £1.26. (Public Health England)
- 81% of people agreed that there are lots of actions everyone can take in their daily lives to help those feeling lonely. (British Red Cross and Co-op)

The Jo Cox Commission on Loneliness was inspired by the MP's vision that by working together a real difference could be made to the lives of those affected by loneliness. Thirteen charities and businesses worked together to look at what could be done to tackle the issue and the resulting report sets out their findings: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf.

The strong message from the report is that tackling loneliness will require a response from public sector staff, employers and businesses, communities and individuals.

In response to the work of the Jo Cox Commission on Loneliness, the Government committed to implementing many of the recommendations including the publication of a national strategy to tackle loneliness which was published in October 2018. The national strategy acknowledges the role that every part of society needs to take in order to tackle loneliness. Action needs to be taken by local authorities, public and health services, businesses, voluntary sector, communities, families and friends to support a more connected society.

The Strategy set out the challenge of how national Government, Local Authorities, businesses and society can work together to promote social connections. These three guiding principles, together with the feedback from the stakeholder event, will form the basis of this action plan:

- Improve how organisations and services connect people at risk of experiencing loneliness.
- Make it easier to access information about local community groups, activities and support services.
- Catalyse the sharing of knowledge and good practice on tackling loneliness.

In January 2018, the Prime Minister tasked the Office for National Statistics (ONS) with developing national indicators of loneliness suitable for use on major studies to inform future policy in England, including people across society and of all ages. ONS worked with experts in the field to agree a working definition of loneliness, and ideal criteria for the indicators and for the collection of data.

In December 2018 the Office of National Statistics published guidance and analysis on the National Measurement of Loneliness. One of the recommendations made by researchers was that; *the introduction or preamble should not mention loneliness and should introduce the topic as focusing on the participant's relationships with others.* (ONS, (2018), *Testing of loneliness questions in surveys*. Accessed online: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/compendium/nationalmeasurementofloneliness/2018/testingoflonelinessquestionsinsurveys)

The Local Government Association (LGA) have produced a guide for councils to enable them to see how effectively they are tackling loneliness. The guide makes the case for this important public health issue to have a whole system preventative approach and encourages local areas to define the nature of loneliness in their local area, knowing who is at risk. https://www.local.gov.uk/sites/default/files/documents/22.28%20-%20Loneliness%20Must%20Know_02.pdf. The LGA guide comments that whilst many people may know about the need to make healthy lifestyle choices there is less awareness about the importance of having social connections.

One of the announcements in the 2019 NHS Long Term was for people to have more control over their health and more personalised case when they needed it. The introduction of link Workers for Primary Care Networks (PCNs), under the GP contract reforms, was one of the actions to address this. Social prescribing link workers are one of five additional roles being funded within primary care, to bring additional capacity into the multi-disciplinary team, under the Network Contract Directly Enhanced Services (DES).

With one in five GP appointments focusing on wider social needs, rather than acute medical issues, many GPs report that they spend significant amounts of time dealing with the consequences of poor housing, debt, stress and loneliness. Social prescribing and community-based approaches aim to assist with this by reducing pressure on clinicians like GPs, improving people's lives, helping with community resilience and ensuring that the needs of diverse and multi-cultural communities can be met.

https://www.england.nhs.uk/wp-content/uploads/2019/07/pcn-reference-guide-social-prescribing.pdf

Regional ICS

Tackling loneliness is a common challenge across the ICS that requires a response that is broader than can be delivered by health and care partners alone. Work to tackle loneliness was identified in March 2019 as one of the three priority areas in which to explore potential collaborative

work between Local Authorities in South Yorkshire and Bassetlaw and the South Yorkshire and Bassetlaw Integrated Care System. It is acknowledged that given the breadth and complexity of this area it will not be practically possible to scope out all existing activities that are taking place that contribute to promoting social connections and tackling loneliness. However, it makes sense to work with stakeholders in each place to understand the main areas of activity, the local plans to respond to the National Strategy and together identify any gaps, common challenges, barriers and potential opportunities that may benefit from collaborative action.

Local picture

Public Health England (PHE) profile data shows that in Rotherham:

- Just below half (47.5%) of adult social care users aged 18+ had as much social contact as they would like in 2017/18. For those aged 65+ this was 42.6%.
- In 2016/17 37.3% of adult carers aged 18+ had as much social contact as they would like. For those aged 65+ this was 44.1%.
- 32% of people aged 65 and over lived alone as at the 2011 Census. By ward this ranged from 24% in Anston and Woodsetts to 40% in Rotherham East.
- 7.3% of households were occupied by lone parent families as at the 2011 Census.

PHE plan to include loneliness indicators in the Public Health Outcomes Framework this year, which will give a more detailed picture for Rotherham. However, there have been some focused work with specific communities of interest in Rotherham to establish how loneliness affects them.

Older people

In January 2017 the Rotherham Older Peoples Forum (ROPF) secured funding from South Yorkshire Community Foundation to survey older people in Rotherham to find out exactly what loneliness means to them and the effect it has. The survey found that 82% of the respondents felt lonely sometimes or most of the time. The respondents commented that loneliness affected their confidence, motivation and health and wellbeing. Most often loneliness was triggered by a life event such as change in health or bereavement. The full report can be found below however the main summary points were:

- Loneliness is a feeling – it is how we perceive ourselves to be rather than physically being alone.
- Loneliness means different things to different people.
- There is a clear need to generate social activities in the more rural areas of Rotherham and to make sure information about available activities reaches older people in those areas.

- There are strong links between loneliness and mental health. People become unable to help themselves as it firstly affects their confidence and motivation which in turn affects their health, and so it becomes a downward spiral.
- The long-term effects of loneliness can be so profound we need to find effective ways to tackle it or the demand on statutory health and social care services will only continue to increase.

The older people consulted suggested three solutions; befriending support, personal self-help strategies and joining local groups.

https://www.varotherham.org.uk/wp-content/uploads/2017/11/Ropf-Report-on-Loneliness-2017.pdf

Tenants

Two focus groups were held with RMBC tenants in summer and autumn of 2019. Tenants were asked:

How often do you feel left out?
How often do you feel you like companionship?
How often do you feel isolated?

The majority of TARA members stated that they lived alone (75%) Tenants were more likely to say they were lonely if they were in poor health (self-described) or had recently arrived in the area. While the data set is small it does support national findings of the ONS.
Expanding TARA groups was the most common suggestion for how loneliness might be tackled in the area.

Young people

Nationally it is known that loneliness can be experienced throughout childhood, even amongst very young children and this is particularly the case where parents themselves experience loneliness. Some research has in fact indicated that younger people (16-24 year olds) may experience loneliness more often than older people. In Rotherham there has been little consultation with young people into their experiences of loneliness. Rotherham Public Health wanted to explore with young people what the issues were for them. Rotherham Children, Young People and Families Consortium were approached and asked to work with young people to provide a snapshot of youth loneliness in Rotherham.
The five organisations of the Children, Young People and Families Consortium held focus groups with 130 young people aged 10-25 years of age, between April and June 2019. These organisations were:

- Endeavour
- Clifton Learning Partnership
- YWCA Yorkshire

- Rush House
- United Multicultural Centre

The focus groups asked the young people the following questions:
- What the issues are for young people in relation to loneliness?
- How common is loneliness amongst young people?
- Are any triggers or sub-groups that can predict loneliness?
- What is working well and what could be done to alleviate the problems?

The focus groups found that loneliness was an important issue for the young people consulted. The following themes were important to the young people consulted:

- Having a relationship with a trusted adult.
- Having opportunities to celebrate diversity and difference, allowing young people to learn about each other.
- Giving young people opportunities to take on responsibilities, fundraising was given as an example.
- Educating others about loneliness and the signs and symptoms young people may present with.
- Supporting young people's emotional wellbeing since mental health and loneliness are inextricably linked.

Helpful resources on loneliness

- Bellis, A (2019), Tackling Loneliness, Briefing Paper, Number 8514, 5 August 2019, House of Commons Library. https://researchbriefings.files.parliament.uk/documents/CBP-8514/CBP-8514.pdf
- Campaign to End Loneliness, guidance for councils and commissioners. https://www.campaigntoendloneliness.org/%20guidance
- Department for Digital Culture, Media and Sport (2019), Loneliness Fact Sheet from the Community Life Survey for England 2018-19 https://www.gov.uk/government/statistics/community-life-survey-2018-19
- Jo Cox Commission on Loneliness: A call to action https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf
- Local Government Association (2018), Loneliness How do you know your council is actively tackling loneliness? https://www.local.gov.uk/sites/default/files/documents/22.28%20-%20Loneliness%20Must%20Know_02.pdf
- NHS England and NHS Improvement (2019) Social prescribing link workers: Reference guide for primary care networks; https://www.england.nhs.uk/wp-content/uploads/2019/07/pcn-reference-guide-social-prescribing.pdf
- Royal College of General Practitioners, (2018), Tackling Loneliness A Community Action Plan https://www.rcgp.org.uk/-/media/Files/News/2018/RCGP-tackling-loneliness-may-2018.ashx?la=en
- What Works Wellbeing (2018), What do we know about tackling loneliness. https://whatworkswellbeing.org/wp/wp-content/uploads/woocommerce_uploads/2018/10/briefing-tackling-loneliness-Oct-2018.pdf

Aim 1. To make loneliness everyone's responsibility.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Raise awareness amongst all partners, businesses and the general public of the importance of social connections. Create a social movement to empower people to see that everyone has a role in tackling loneliness Use the Rotherham Five Ways to Wellbeing as the campaign to encourage a whole society	• To develop clear and consistent messages in relation to loneliness, the affects and impact on people across the whole life course. • Partners of the H&WbB to use agreed messages in communications to their workforce and general public. • To develop clear self-care/self-help messages which encourage and help people to develop and maintain good social connections using the themes of Five Ways to Wellbeing:	Communication Leads and identified champions from all H&WbB partners.	Starting March 2020	• Consistent messages about loneliness which are supported and communicated by all H&WbB partners. • People living and working in Rotherham having a good understanding of how they can help themselves and others. • Five Ways to Wellbeing messages prominently used as a way of promoting wellbeing. • People reporting that they feel that they feel	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
response to address loneliness.	To be Active To Connect To Give To keep Learning To Take Notice. • To develop clear messages about how people can look out for others. • To work with Comms colleagues to have a scheduled programme to promote these messages throughout the year, linking in with national campaigns where appropriate. • To promote and celebrate examples of good practice.			connected and supported by the people they live and work with.	
Utilise local assets to address loneliness and improve opportunities for	• H&WbB partners to understand how local assets can be used as community hubs. • Actions in place to use local assets as	H&WbB partners		• Creation of more community hubs/opportunities for people to connect.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
people to connect.	places for people to connect.				
Involve local people in coproducing solutions to tackle loneliness, utilising local assets.	• To work with local communities where loneliness is identified in Ward plans. • To work with community of interest groups to look at solutions to address loneliness. • To look to use local assets to address loneliness within geographical communities and communities of interest. • To share learning and best practice from ward activity with other areas.	Neighbourhoods, RMBC working with Elected Members Local community Communities of interest- CYPS, AC, H & PH, VCS and partners of the H&WbB.	Ward plans- work ongoing.	• More inclusive and connected communities. • More people engaged in community volunteering roles. • Empowered communities which use their local assets to address loneliness. • Shared good practice being adopted in other areas.	
For partners to mitigate against loneliness in the planning, commissioning and development	• To agree a set of measures to ensure social connectivity is considered in place-based initiatives such as planning,	Champions from H&WbB.		• Evidence of social connections being considered in place-based initiatives such as planning, commissioning of	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
of services/policies.	commissioning of services, housing and transport.			services, housing and transport.	

Aim 2. Improving how organisations and services in Rotherham connect people at risk of experiencing loneliness to support.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Identify the levels of loneliness in Rotherham overall, paying attention to specific communities, groups and in relation to rurality.	• To include the new Public health outcomes Framework data on loneliness in JSNA. • To build on the initial needs analysis with older people, young people and tenants, identifying other specific groups/communities to listen to. • To ensure that the JSNA makes specific reference to loneliness and its impact on specific groups/communities.	Neighbourhoods, PH with support from partners of the H&WbB.		• JSNA data on loneliness informing commissioning intentions and provision of services. • Service providers and commissioners having a good understanding of the needs of vulnerable and at-risk groups.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	• Partners of the H&WbB to make use of the JSNA data in their commissioning intentions and provision of services thereby ensuring that actions are not contributing to increased loneliness.				
Agree measures/questions for identifying people at risk of experiencing loneliness which can be used by all partners.	• To agree and test questions as part of the MECC pilot in the south of the borough. • To finalise questions and use in all MECC training. • To roll out MECC and loneliness across Rotherham.	PH working with H&WbB partner organisations including VAR.		• Staff from H&WbB partners using the same questions/measures to identify people at risk of loneliness. • Number of staff trained in MECC and loneliness. • Case studies showing how people have been identified and signposted.	
Raise awareness amongst public sector, local businesses and communities of the causes, triggers and impact of loneliness,	• To incorporate this into MECC training. • To update training with any new information from the JSNA. • To use the Five Ways to Wellbeing as Rotherham's local	PH working with H&WbB partner organisations		• Frontline staff aware of at-risk groups and trigger points for loneliness. • Increased knowledge used to identify people and signpost to appropriate support	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
using training and local campaigns.	campaign to promote the importance of good social connections. • To coproduce with groups simple actions everyone can take to look out for others.			and give tailored self-help self-care information.	
Work with Primary Care Network (PCN) to agree actions to address loneliness.	• Provide MECC training for Link Workers. • To assist Link Workers in understanding their local communities and the assets available which support good social connections. • Link Workers operating within the Making Every Contact Count model.	PCN, PH and Voluntary Action Rotherham and H&WbB partners.		• Link workers having attended MECC and loneliness training. • Link Workers working within the MECC model. • Reduction clinician time spent supporting people whose main issue is loneliness. • Improved wellbeing of people experiencing loneliness.	
Engage local businesses/employers in actions to combat loneliness.	• To co-produce with businesses suggested actions to combat loneliness. • To look to include loneliness as a theme within the Be Well@Work Scheme.	PH working with colleagues across South Yorkshire and local businesses.		• Loneliness is an element within the Be Well@Work scheme. • Evidence of good practice from employers/businesses in their actions to address loneliness from both within the	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	(For example; allowing community groups use of premises, staff trained to identify people at risk, staff time to have conversations with vulnerable people).			workforce and to the wider community. • Shared examples of good practice.	
Employers of the H&WbB to consider what actions they can take to encourage staff to have good social connections both in and out of work, paying attention to the remote and internet-reliant workforce.	• To work with HR in H&WbB partner organisations to develop policies and working practices which outline responsibilities for employers, managers and staff in maintaining good social connections.	HR Leads from H&WbB organisations working (linking into the Be Well @ Work)		• Specific policies and practices being implemented which support good social networks. • Evidence of initiatives where staff support each other. • Evidence of workforce supporting the wider community through volunteering opportunities.	

Aim 3 Make it easier for people living and working in Rotherham to access information about local community groups, activities and support services for loneliness.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
To promote one directory of information for the general public and practitioners to access. (GISMO)	• Partners of the H&WbB to agree to use and promote one directory of services in Rotherham- GISMO. • To ensure that this one directory is maintained.	VAR working with H&WbB partners.		• One directory of services which is used by all H&WbB partners. • Website advertised and promoted widely across the borough. • Directory updated regularly.	
Increase awareness amongst the general public of opportunities to access free and affordable activities.	• Promoting the one directory (GISMO) to people who live and work in Rotherham. • All H&WbB partners to promote the activities/initiatives they deliver using the Five Ways to Wellbeing branding.	VAR, Comms Leads from H&WbB partners.		• People living and working in Rotherham know where to access information on local activities.	

Aim 4. Spread good practice and encourage knowledge sharing on tackling loneliness across Rotherham.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Build up the evidence base of what works locally.	• To learn from and disseminate good practice at a ward & community level. • To consider holding network/ sharing events for practitioners and communities to come together and share good practice.	Neighbourhoods, PH working with H&WbB partners.		• Better communication about what works amongst partner organisations. • Better use of resources. • Strong local evidence base on which to build upon.	
Encourage communities/businesses to engage with national based initiatives.	• Support local communities/employers to take part in initiatives like Jo Cox Great Get Together weekend & #MincePieMoments Christmas campaign	Neighbourhoods, PH, H&WbB partner leads working with local communities schools, colleges, University and local businesses.		• Reduction in stigma surrounding loneliness. • Greater community cohesion. • Examples of national initiatives being implemented in Rotherham. • Positive media coverage.	

Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By

Grey	Not due to start
Red	Not on target
Amber	Almost achieving target
Green	Achieving Target On track
Blue	Complete

Agenda Item 9

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission and Integrated Care Partnership
	DATE:	23 January 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Outcomes of Workshop on refresh of Rotherham Integrated Health and Social Care Place Plan

1. Background

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

1.2 **Apologies**: Cllrs Andrews, Bird, John Turner and Williams

1.3 **Attendees**: Cllr Roche; Ian Atkinson, Lydia George and Gordon Laidlaw (Rotherham Clinical Commissioning Group [RCCG]); Nick Leigh-Hunt and Terri Roche (RMBC); and Chris Preston (The Rotherham Foundation Trust)

1.4 **Aim of the session**

This was an opportunity for Scrutiny to consider and comment on the draft of the refreshed Rotherham Integrated Health and Social Care Place Plan, in particular on:

- the general thrust of the plan
- priorities and focus – including any perceived gaps
- specific issues in relation to any of the three transformation workstreams
- delivery and governance arrangements
- measuring success

2. Key Issues

2.1 Following a brief introduction from the Cabinet Member for Adult Social Care and Health, a presentation set the context and covered key aspects of the refreshed plan:

- Integrated Care Partnership (ICP) – joint focus where able to maximise impact
- Achievements and successful initiatives from the 2018 plan
- NHS Long-Term Plan and other inputs to the refresh
- Examples of how public/patient views had informed the plan
- National and local challenges
- Main changes from the previous plan
- Priorities for Children and Young People; Mental Health and Learning Disability; and Urgent and Community Care – 2018 and updated for 2020
- Prevention

2.2 Copies of the draft plan had been circulated in advance of the meeting to the Health Select Commission (HSC) and Members acknowledged the comprehensive nature of

	the plan and the strong partnership working behind it that characterises both the ICP and the Health and Wellbeing Board (HWBB) in Rotherham.
2.3	The continuation and evolution of several priorities from the previous version, albeit with a shift in focus to reflect the next steps in transformation, were welcomed. Recognition was also given to the fact that some workstreams, particularly under Urgent and Community Care, were longer term ones to deliver over a number of years.
2.4	HSC has long advocated the importance of prevention and early intervention and viewed the establishment of the new prevention enabling group as a positive step. The strong focus on mental health across all ages was applauded as this has been a prominent aspect of the Select Commission's work programme over time and will continue.
2.5	Members noted the intention to use existing metrics, such as those in the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework. They could see where issues explored in their recent workshop on the ASCOF regarding mental health and learning disability, which will necessitate a partnership approach, were reflected in the plan.
3. Key Points Discussed	
3.1	**Primary Care** Many changes have been introduced in primary care, with progress made on improving access through the extended hours for appointments and weekend hubs. Questions were asked about whether usage and impact of the hubs had been revisited as the HSC were aware there had been some under-utilisation and a need for more awareness raising about them with patients and some practices. Three hubs had been in place for six-nine months and weekly data was produced on usage. Weekday take up was fine but there was work to do regarding Sunday appointment as these were less popular with public although they were a national requirement. 85% usage was seen over the three week Christmas period and good use of Physio First. Consideration was being given to the introduction of an additional hub and it was confirmed that HSC would have a report on developments in primary care and the Primary Care Networks in 2020-21.
3.2	**Social Prescribing** The benefits and positive impact of social prescribing were acknowledged but a couple of concerns were raised. One was an example of a person for whom swimming had been prescribed but the person was unable to go without a carer, for whom there was a charge. It was asked whether this could be looked at and possibly linked in with the review of Rothercard. The second was that some courses/activities were for 12 weeks and what happened after that period if there was a need for continuing support. It was confirmed that activity was usually commissioned in three month blocks with checks to see whether the social prescribing had been beneficial. It was a case of not creating a dependency culture but not leaving people without support when the commissioned activity ended.
3.3	**Alcohol Licensing** Members were keen to ensure that partners were measuring the impact of activity and initiatives so the ICP and HWBB know they are making a difference. In terms of alcohol licensing it was very early yet regarding the new toolkit and challenges to requests for a licence to be granted. One of the longer term measures would be in relation to alcohol-related admissions to hospital.

3.4	**Children and Young People (C&YP)** Members felt that the priorities for C&YP blended together including the critical first 1001 days and stressed the importance of getting in early to help young people. Looked After Children therapeutic care was highlighted as good, with the 12 month intensive intervention programme a lifeline for foster carers. Concerns were expressed about future funding for that programme and whether the funding programme would be looking at therapeutic care as a whole as part of preventative work. A further point was that as Troubled Families funding was also changing this all needed to be looked at in the round. Therapeutic care was delivered through both Child and Adolescent Mental Health Services (CAMHS) and by the Council in-house for Looked After Children. RCCG confirmed they were not looking to reduce CAMHS and would welcome joint dialogue in relation to all therapy to integrate and where possible get better value. It was confirmed that the gaps in the plan for outcomes, milestones and KPIs for priorities 4 and 5 would be completed before the plan went for final approval. Members requested the final draft document.
3.5	**My Front Door** There was a view that more clarity and detail was needed on page 55 in relation to activity to support carers and it was agreed that this would be looked at.
3.6	**Autism Spectrum** HSC felt strongly that autism should be seen as a discrete issue from learning disability and mental health and as such recommended that the title of the transformation group should be changed to be Mental Health, Learning Disability and Autism. A question was asked about help and support for all, including people with autism who were high achievers. There had been less focus on high attainers, but the new strategy would be all age and the key would be post diagnosis support and core services.
3.7	**Digital** Opportunities created by digital technology were outlined for Members - digital enablement of processes; digital channel – access to information and advice linked to the Rotherham App; and Population Health Management – mapping patient needs and patient journeys to avoid bounce backs and decide where to invest in the future. In terms of a question regarding how well RMBC was linking in with digital technology for health and social care, social workers are able to access relevant information on the Rotherham Health Record and further dialogue could take place on other developments. Staff education on digital was needed as well as public and digital inclusion/exclusion had to be considered. Conversations were taking place regarding including and building up information on prevention, starting by looking at different cohorts and population, which will facilitate achieving the desired outcomes.
3.8	**Healthchecks/Lifestyle Advice** Clarification was sought on whether GPs should be able to provide diet sheets and/or exercise plans for patients if they have advised patients to lose weight or exercise more. GPs are not commissioned for NHS healthchecks now so people would go to Get Healthy Rotherham who then direct people e.g. referral to slimming world for 12 weeks. GPs provide information and there could be links with the App to build in practical help. A network meeting would be discussing how people raise issues and have access to

	information as there was plenty of lifestyle information available. This could be considered under Making Every Contact Count training to support Primary Care about health chats and was something to consider under new patient assessments.
3.9	**Financial and Workforce Challenges** Members explored issues around national workforce shortages for certain health specialties and how quickly people would be trained and come through in to the workforce. Partners were developing different staffing models through a combination of strategies. For example, the creation of more joint posts helped as staff often tended to move from one provider to another within a local area. Tight standards were set around staffing numbers and health so there was use of agency staff to adhere to these. In light of the stated RCCG efficiency challenge of £10-12m p.a. HSC inquired what this would mean for patients and services. For 2020-21 efficiencies would be 2.5% which was mid pack and the efficiency challenge had been around £12m p.a. in the last two or three years. It was a question of retaining quality and improving productivity, taking account of demands from the centre and local health needs. New models of care were being looked at, such as more same day care. Assurances were given that all schemes were risk assessed. The efficiencies required were not unreasonable although challenging with some potential hard decisions.
3.10	**Perceived Gaps** Members raised the following issues for greater potential focus in the plan under the work on prevention - - gambling - marijuana use, especially in young people - e-cigs/vaping, again in young people - vaccination and inoculation The refresh of the plan had been closely mindful of the NHS Ten Year Plan and could not cover everything. However, work on gambling was undertaken already under the auspices of the HWBB. Similarly, substance misuse was an existing separate workstream but not included in this plan and Public Health monitored changes in patterns of substance misuse. Responsibility for vaccination and inoculation sits with Public Health England, NHS England and our Health Protection committee. Locally there were good rates and there was an existing corporate target.
3.11	**Wider determinants of health** HSC are fully aware of the importance of these, especially quality housing, as a major factor in terms of good health and asked if any work was being done to track the health impact of introducing Selective Licensing. Responsibility for Selective Licensing sits under the portfolio holder for Housing and as such does not constitute a direct element of the Place Plan. Nevertheless, the removal or improvement in category hazards such as tackling cold and damp would lead to health improvements. The updated Joint Strategic Needs Assessment would include more ward-level data once the new boundaries were in place and in the longer term population health management data may support this.
4. Recommendations from the Workshop	
4.1	That consideration be given to renaming the Transformation Group as the Mental Health, Learning Disability and Autism Transformation Group to give Autism greater recognition as a discrete issue.
4.2	That the issues raised in section 3 be considered by the Integrated Care Partnership for

	inclusion within the plan or in existing workstreams as appropriate.
4.3	That a further update on the development of Primary Care Networks and transformation of Primary Care be presented to the Health Select Commission in 2020-21.
4.4	That the final draft of the refreshed plan be circulated to the Health Select Commission.
4.5	That following consideration of this paper written feedback is provided to the Health Select Commission for its meeting in March