HEALTH SELECT COMMISSION

Date and Time :- **Thursday 4 February 2021 at 2.00 p.m.**

Venue:- **Virtual Meeting**

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

Co-opted Member – 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. Minutes of the previous meeting held on 10 December 2020 (Pages 3 - 12)

To consider and approve the minutes of the previous meeting held on 10 December 2020 as a true and correct record of the proceedings.

3. Declarations of interest

To receive declarations of interest from Members in respect of items listed on 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. 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.

6. Update on Vaccinations (Pages 13 - 18)

To receive an informal update in respect of delivery of the COVID-19 vaccination programme.

7. Learning Disability Transformation (Pages 19 - 24)

To receive an update report regarding the impact of the Learning Disability Transformation Programme known as “My Front Door.”

8. Home Care and Support Services (Pages 25 - 36)

To receive an update on the transformation plan in respect of provision of home care and support services.

9. Healthwatch Update

To receive an update in respect of the recent activities of Healthwatch.

10. Urgent business

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

11. Date and time of next meeting

The next virtual meeting of the Health Select Commission will be held on 25 March 2021, commencing at 2.00 pm.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 10 December 2020

Present:- Councillor Keenan (in the Chair); Councillors Albiston, The Mayor (Councillor Jenny Andrews), Bird, Clark, Cooksey, R. Elliott, Ellis, Fenwick-Green, Jarvis, John Turner, Williams, Evans, Vjestica, Walsh and Short.

Apologies were received from Cllr Roche, the Cabinet Member for Adult Social Care and Health.

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

119. MINUTES OF THE PREVIOUS MEETING HELD ON 22 OCTOBER 2020

Resolved:-

That the minutes of the meeting held on 22 October 2020 be approved as a true and correct record of the proceedings.

120. DECLARATIONS OF INTEREST

There were no declarations of interest.

121. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted by members of the public or press.

122. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the public or press from observing any of the items on the agenda.

123. MENTAL HEALTH TRAILBLAZER IN SCHOOLS

Consideration was given to a report and presentation by the Joint Assistant Director of Commissioning, Performance and Inclusion; the Service Manager for CAMHS; and the Clinical Lead for the Mental Health Support Teams. The report and presentation included information in respect of Rotherham's Child and Adolescent Mental Health Services (CAMHS) pathways. The presentation indicated how the THRIVE model was being implemented by RDASH and provided an update on progress in respect of the Mental Health Trailblazer in Schools. It was noted that the Trailblazer, known as 'With Me in Mind,' employed a tailored approach for each school and remained available to everyone through the online resource at www.withmeinmind.co.uk. The Trailblazer was described in the context of the wider CAMHS service and the COVID-19 pandemic. The report depicted the results of two phases of data collection via a

survey of young people as part of an annual lifestyle survey initiative. The first data collection efforts took place during the first period of national lockdown and again during October, with the survey having closed just before the second national lockdown began.

In discussion, Members noted the resilience of young people during the pandemic and the possibility of an element of attrition in the data. It was noted that HELIOS likely came into service at the optimal time, just as the pandemic was starting. Members expressed hope that young people would be encouraged to see any positive efforts and progress that have come with the pandemic. The response noted the importance of the Wellbeing for Education returning, and the importance of mental wellbeing of staff remaining at the forefront of priorities so that staff can be more resilient as well. Some children have a lot of protective factors as far as family environment and economic factors, but some children will not have as much protection from these areas, so flexibility has to be built into the programmes to reflect and respond to children's needs. The engagement of young people via digital technology has been really positive, and some young people are more likely to engage with digital support as a gateway, which is something that will continue to be utilised after the pandemic.

Members observed the distribution of values for male and female patients, and the apparent movement of cases from severe to less severe over the course of treatment. The response noted that the numbers are still low for statistical significance, but if, after a year of data collection, gender-based trends persist, this would certainly receive attention.

Members also requested clarification around the percentage of children who reported feeling that their mental health had worsened. The response clarified that in October 2020, 48% of respondents said their mental health had not changed and 13% said it had improved.

Further clarification was also requested around the role of schools in collecting the survey information. It was clarified that all responses are anonymous, so there is no way to know which person had responded. Assurance was given that all schools took the survey seriously and identified which age groups responded at which times, so that whole group interventions and appropriate support could be made available. Assurances were provided that the service had followed up with the schools to ensure that the appropriate support had been provided.

Members also requested additional information about the provision of mental health services to special schools and young people with autism and disabilities. The response noted that the pilot included only 22 schools currently, which have adopted the 'With Me in Mind' programme. These do include Rowan and Aspire which had high numbers of students with education health care plans (EHCPs). The programme did not include the special schools at the moment, because the links into special schools already had well-established pathways, and it was understood that the learning disability pathway within the CAMHS service was already

very strong. Many students with disabilities receive support through that pathway instead of 'With Me in Mind.' Aspirations are to bid for a school to host the programme in future. This bid would be submitted as soon as it is announced, and that opportunity would include the special schools. Further assurances were requested and offered in a future update regarding the learning and intellectual disability pathway.

Members also requested further interpretation of the responses from young people who described feeling angry, which was a new emotion surfacing in the October survey. Members expressed interest in knowing might be the contributing factors behind this change. In response, officers noted that the addition of anger to the responses reflects the overall population. The response of "With me in Mind" and the response of supporting the workforce was to better provide the needed support to young people who are presenting with the whole range of emotions, including anger. It is true that young people's experiences were unique to them and different from the usual, but the data shows some respondants being able to place the emotion and a mixture of emotions. Especially among older children whose future plans and exams have been disrupted, this mixture can include anger. It was noted that no major trends were displaying in terms of young people's anger. So much has happened in a short period of time, and as time goes by, a more complete picture will be available.

Members lauded the positive outcomes the programme is expected to continue to achieve and requested clarification around when schools were closed in relation to the survey period. The response clarified that the data taken from April to June 2020 was during a period that the schools were closed. Members observed that based on the time frame of the survey, perhaps not much can be taken from the data collected while schools were closed. Members further observed that the data seemed overly positive because it often happens that unless there is a relationship with the person who is collecting the information, children often report more positive feelings than they really feel. Members requested that future data be benchmarked to national research reports. The response from officers clarified that these are not the figures for the wider CAMHS service, but for "With Me in Mind." The sample size was noted to be still rather small currently, but evidence-based approaches had delivered reliable outcomes as represented in the report.

Members noted the complexity of children's lives, and that for many children being home was not safe but rather stressful during the pandemic. Members requested clarification around digital interventions and how these were being delivered safely. Members also expressed interest in knowing how service providers respond to dropping connectivity during a session, or how to handle risks around triggering and emotional needs during the remote sessions given the possibility of the session being suddenly disconnected. Partners and officers noted their awareness that some children had difficulty with digital interventions and access, so remote interventions were offered alongside face-to-face

so that children can share openly with the provider. There was an app that has been implemented that allows young people to chat confidentially and openly with the provider, but it was understood that some children would not naturally choose a remote intervention. The digital offer did have its limitations, for example, in the cases of specialised therapies such as those for trauma. Sometimes the support that was needed was best delivered in person, but the service was using a range of approaches to ensure that the service was delivered effectively.

Members requested information about how children with complex needs were being identified and reached; furthermore, how early was “early intervention” and were preventative interventions being used. The response described how children were identified through consultation and that the whole school approach was being developed and strengthened to respond faster. Preventative interventions were facilitated by the whole-school approach and the whole workforce approach, because part of the intention was to get entire groups of children receiving preventative interventions rather than relying on specialised services.

Members requested further long-term updates that consider how the programme was serving and meeting the needs of a variety of different young people. The response from officers averred that as the one-year anniversary of the programme was just passing, more long-term equalities implications will become clear and will be included in future assessments of the programme.

Members requested information around any negative response from schools. The response from officers was that engagement from schools had been very strong overall, but a few schools had been unable to prioritise the survey with their students. This decision by a few of the schools reflected the strategic mobilising of their response in terms of supporting young people at this time. The education wellbeing return had been rolled out across the term, with 140 people represented at these events, which were focused on strategies. Attendees then cascaded these approaches more widely within their organisations. This suggested that schools were taking the emotional wellbeing and mental health of their students very seriously and were making proactive decisions about how to mobilise support to their students based on the resources available to them during this time.

Members requested information about technological poverty in terms of young people being unable to access online resources. The response from officers reported that some young people had been loaned equipment from schools to be able to access the services remotely, and that process has been straightforward and had been easily arranged with the schools. During lockdown, government funding supported laptops being sent out and distributed to children during the summer term.

Members expressed curiosity if the service was prepared for a delayed spike in demand related to the pandemic. The response from officers noted that they were monitoring it closely and expecting an increase in demand, and ensuring they were agile enough to respond to a spike if one presents. The response is being prepared through the front end of the service as well, through consultations, advice, and coordinated support work with the partner network to respond early in the event of a spike.

Further detail was requested as to the efforts in place to keep from having long wait times for young people in need of services. From a CAMHS point of view, the service maintained a response time within a 24-hour period. A designated team responded to urgent and crisis referrals. Processes were in place to guide young people to the right point in the service for them. Data was analysed to detect and understand bottlenecks and remove any delays.

Members requested further clarification around wait times. The response from officers reaffirmed that there was no wait time in terms of initial access, as the response is within 24 hours. There were waits for psychological therapy and into the neurodevelopmental pathway, but not for referrals. The service reviews all referrals into the service within 24 hours, and comprehensive assessments for starting a more structured intervention for a young person were done in a timely manner, so that the young person is seen within 8 weeks for the initial appointment.

Resolved:-

1. That the report be noted.

2. That the next update be brought in 12 months' time.

3. That the Chair of Improving Lives Select Commission give consideration to investigating young patients' access to technology with a view to preventing digital exclusion from mental health services.

124. NEURO-DEVELOPMENTAL PATHWAY

Consideration was next given to a related report on the redesign of the neurodevelopmental pathway. The presentation described the significant challenges that had led to the redesign of the pathway and the progress that had been achieved. It was noted that formerly, the rate of referral that could be accommodated for assessment by the pathway was 15 children per month. The average referral rate was 50 per month, creating a considerable waiting list. In the six months that led up to school closures in early 2020, the rate had increased to an average of 69 referrals per month. Wait times varied based on the child's journey, and the interventions they had received previously, and what had been available to them in their particular circumstances. These interventions included those for autism, ADHD or both of these together. These variables made it

difficult to calculate an average wait time, but it was known that the wait times were too long. Therefore, a bid had been completed for the digital pilot of HELIOS and the redesign was undertaken. The bid requested funding to add 180 assessment. Starting with the families who had been waiting longest, the waiting list had been progressed. 220 families had requested digital pathways. Anyone waiting had begun to be picked up by HELIOS, working with the CCG and RDASH, who were putting in place a trust-wide compact with several different approaches available.

Details regarding the impact on families and the funding breakdown were also provided as part of the presentation. Initially, the clinical team had been quite disconnected from the rest of the process and the providers. The emphasis had been formerly on clinical diagnosis. Therefore, the new vision was to meet the needs of children who present with neurodiversity. There is a network in place to put support strategies in place. Families can then decide whether to progress to a formal diagnosis or not.

Whole school approaches were being implemented in tandem with specialist approaches, provided free to schools at the point of access. Previously, this support was offered at a cost to schools, but because of the funding in place, it can now be offered for free to schools.

A structured and consistent resource pack had also been developed. Some schools were prepared to provide a robust and secure response, while other schools may not be able to provide such a strong response. A website was provided that would provide the resources to any staff who are supporting children and who may themselves need support or to access education.

The stated aspiration was that, rather than training programmes sitting behind a diagnostic threshold, these trainings would now be available without a diagnosis, and families can even self-refer. This removed previous challenges that prevented families from accessing support.

The clinical team had formerly been quite isolated from the rest of the team, which meant they had not had access to all the contextual information that was needed to feed into the diagnostic process. Part of the investment had enabled a multidisciplinary team to be established, including a licensed clinical psychologist. This team had helped with triaging and providing vital contextual information where more information was required for diagnostic work. This team also provided support and advice to families awaiting an assessment. In the new year, it was expected that more work would be done to find out how to provide additional support to people on the waiting list.

Between March and August, schools were closed; therefore, the rates of referral has dropped to 46 new referrals. At this rate, it was possible to keep pace with the number of referrals. It was likely to be a three-year trajectory to progressing through the waiting list and ensuring that the waiting list does not build back up.

In discussion, Members wished to receive clarification around the waiting times and the size of the waiting list. Members reaffirmed concerns that referral rates may likely go up. Officers responded that the size of the waiting list was indeed concerning, and that all the leadership of the Rotherham Place Board were owning the situation and investing in working to resolve it. The reduction in the waiting list relies on the team's being able to manage the number of cases coming in. If previous levels of 69 referrals per month return, this would create a problem for bringing down the waiting times. The money had been invested as effectively as possible, but the size of the challenge could not be underestimated and had to be watched closely. Locally and nationally within this area, it was very specialised work, and there had been real challenges with recruiting. It was observed to be also a national problem.

Further interpretation was requested around the resources required to respond to Rotherham's statistical rate of autism diagnosis which is nearly twice the national average. The response from officers noted that it would be unlikely that the rates of autism in Rotherham would be significantly higher than other areas, but it could be that because of good practice and a strong parent/carer forum, awareness in Rotherham could be higher. There may be higher rates of diagnosis in Rotherham than in other areas, and for this reason, it is important to move support outside of the diagnosis threshold. This way strategies and resources that respond to the range of need are available regardless of whether the child has received a formal diagnosis.

Members noted that scaling the response and support would be possible based on the current pathway and the changes that had been implemented under the redesign. The response from officers likewise noted that expanding would be possible despite limitations on the capacity of the physical team and the ability to recruit.

Members requested more information around digital poverty as a factor within the model for parents and carers. The response from officers noted that any pathway or intervention that relies on people having the equipment and the data bandwidth would have limitations as a result. The HELIOS platform relied on a certain level of technical equipment and broadband. One of the difficulties was that HELIOS could not work with families who did not have that level of technology available to them. This was not unique to the neurodevelopmental pathway, and it was noted that, whilst migrating to digital potentially creates capacity, the service was mindful of families who were not able to access it this way. The other priority was patient choice. Whilst the team were always offering the choice of digital, some families chose to wait for access to interventions by face-to-face means.

Members noted the progress that had been made and noted the positive trajectory over the years and anticipated to continue in the years ahead. It was asked whether the children receiving interventions were able to

speak out clearly, or whether the parents speak over the children. The answer was offered in writing following the meeting.

Members also noted that the patient satisfaction rate dipped only slightly when the cohort was the largest, which suggested that the high approval numbers for small cohorts were genuinely positive and much the same as those for the largest ones.

More information was requested as to the support that was available to children and families whilst awaiting assessment. The response from officers noted that an information sharing agreement had been made between CAMHS and the Local Authority, to enable the team to see which schools the children attend, and whether early help or social care were involved. Those schools who had the largest number of children waiting for assessment were prioritised for group strategies for support, but as work in schools has had to be put on hold this year, it was work that would be revisited and continued.

Resolved:-

1. That the report be noted

2. That the next update be brought in 12 months' time, and that information about support for children with learning disabilities be included in the report.

125. HEALTHWATCH UPDATE

An informal briefing was provided by Lesley Cooper of Healthwatch Rotherham. The briefing provided an update on activities since October. This included two new staff on board and settled into post, two newsletters had been published on the last Friday of each month.

The report on Discharge from Hospital had been circulated and well received locally. There had been only 12 responses from Rotherham on the national survey, but the case studies included had been quite powerful and received recognition from Healthwatch England and the CQC. One of these had even garnered further media attention and subsequent publishing nationally. A response had been promised from the Hospital and policies were being reviewed following the report.

Other projects had moved forward as well. Collaborative work had been undertaken with HARP (Health Access to Refugees Project) to address a gap in attention on the experience and needs of refugees' access to health. Two third-year medical students had spent four weeks with Healthwatch to look at loneliness and obesity, with a report by each student forthcoming on the website. Work also continues on visiting in care homes, but with less response than anticipated, which suggested that either the problem in Rotherham was not as substantial as has been

raised nationally, or this issue is not something that people are eager to discuss. Therefore, a strategy would be developed to guide further work around this topic. It was also noted that a future report may focus also on the vaccination programme for COVID rather than a sole focus on the vaccination programme for flu. Now that the Healthwatch Newsletter is in circulation on a regular basis, intentions for the new year will also be examined after a breather, perhaps with a view to setting up coffee mornings and Healthwatch Hours to get public engagement as much as possible on a different topic each week.

The Chair announced that the Governance Advisor had offered to circulate the newsletter to Members.

In discussion, Members noted their appreciation for the newsletter and the Hospital Discharge Report. It was further observed that previous anecdotal experience of the discharge process seemed quite chaotic and lengthy, although, with COVID, delays are understandable. Members were very interested in the response elicited by the report.

The Chair also thanked Lesley for the update and lauded all the work that had been undertaken by Healthwatch Rotherham.

Resolved:-

1. That the update be noted.

126. OUTCOMES FROM MENTAL HEALTH WORKSHOP 13 NOVEMBER 2020

A briefing report was provided by the Governance Advisor regarding outcomes from the 13 November Scrutiny Workshop on Rotherham's response as a place in terms of mental health service provision. Four presentations from the CCG, RDASH, Public Health, and Adult Social Care comprised the workshop, including information on COVID 19, suicide prevention campaign, challenges that have been encountered, and responsive mitigation plans that are in place. These presentations gave a thorough picture of the response to mental health provision in Rotherham.

Resolved:-

1. That the briefing be noted.

2. That arts avenues for suicide prevention be explored.

3. That suicide prevention and self-harm prevention trainings for mental health professionals be prioritised for delivery in response to the mental health implications of COVID-19.

4. That all partner organisations proactively publicise available resources to support access to mental health services.

5. That basic mental health first aid training for suicide awareness and prevention be included as part of the Member Development Programme.

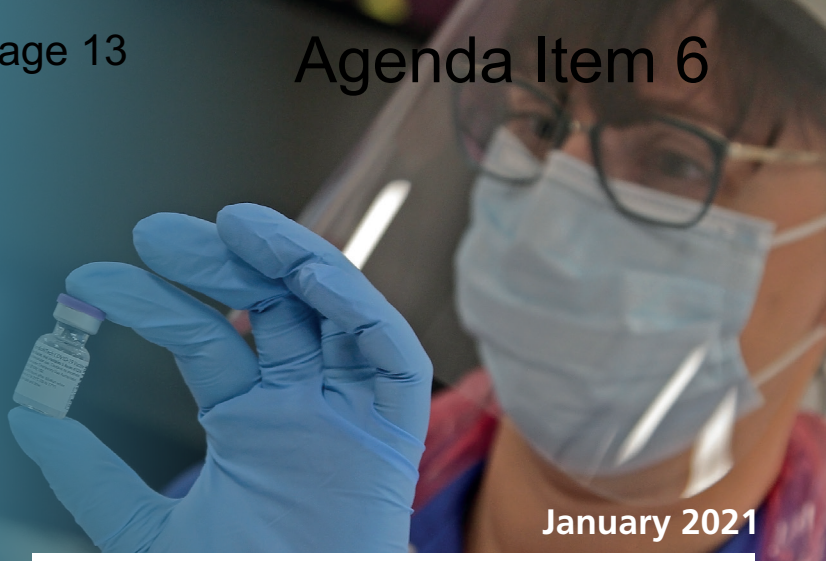
127. URGENT BUSINESS

The Chair confirmed there were no items of urgent business for consideration at the meeting.

128. DATE AND TIME OF NEXT MEETING

The Chair announced that the next virtual meeting of Health Select Commission is on 4 February 2021, commencing at 2:00 pm.

COVID-19 Vaccine update



South Yorkshire & Bassetlaw partner and staff update

January 2021

On target to vaccinate top four priority groups by mid February

Following the approval of the Oxford/AstraZeneca vaccine just 2 weeks ago, the COVID-19 vaccination programme across South Yorkshire and Bassetlaw has already vaccinated thousands of our most vulnerable residents and NHS staff against this awful virus.

We now have over 30 primary care network sites up and running, care home staff and residents have begun to be vaccinated and thousands of NHS and social care staff are being vaccinated as a priority.

We are due to open a large NHS vaccination centre at Sheffield Arena within the next few weeks and early indications are that, subject to vaccine supplies, we are on target to have vaccinated the top four priority groups (estimated to be over 280,000 people) by mid February. See the last page for the priority groups.

Thanks to the herculean efforts of so many people across our region, as at 14th January 2021, the North East and Yorkshire region is the second highest vaccinator in the country with 433,045 vaccines delivered so far. Amost 50% of those are over 80 year olds and the remainder are front line NHS and social care staff. As we get more local data we will share it for information.

This update gives more detail on the specific aspects of the programme and over the coming weeks we will continue to update on progress.

Thank you for your ongoing support.

Joint Senior Responsible Officers
South Yorkshire and Bassetlaw Vaccination Programme

Kirsten Major

Chief Executive
Sheffield Teaching Hospitals NHS Foundation Trust

Jackie Pederson

Accountable Officer
Doncaster Clinical Commissioning Group

Primary care vaccination sites

Ann Duggan gets her vaccination in Doncaster.

GP practices in each area across South Yorkshire and Bassetlaw are working together to run and deliver the vaccine programme in the community. Barnsley, Doncaster, Bassetlaw, Rotherham and Sheffield all have GP led vaccination services up and running with over 30 sites currently vaccinating.

Here's the link to all the current vaccination sites, hospital and GP led services. **www.england.nhs.uk/coronavirus/hospital-hubs-and-local-vaccination-services/**

You'll see from the site list, that it names a particular GP practice or venue. This means that site is acting as a local vaccination service – people from across the local area will be booked into these sites, not just people registered at that practice.

All the sites are by appointment only, and members of the public aged 80 and over are the current group of people being invited to be vaccinated. You can read more about the eligible groups on the last page of this update. The NHS will contact patients directly with an invitation to book in for a vaccine.

Care homes

Vaccination of care home residents and staff is also now underway and progressing as a priority. The Primary Care Networks are delivering the vaccination programme within care homes. Further updates on progress will be provided in the next bulletin.

Jack Woodhouse, 83, at Woodland View nursing home one of the first care home residents to be vaccinated in Sheffield

NHS and social care patient facing staff vaccination programme

James Sherwin gets his vaccination.

The availability of the Oxford/AstraZeneca vaccine has also meant that hospitals are now able to switch their focus for the administration of the Pfizer vaccine to their frontline staff vaccination programmes. In South Yorkshire and Bassetlaw these have started in hospitals in Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield. Uptake has been fantastic, with the staff vaccination clinics filling up as quickly as they become available. For example over 11,000 front line staff have had their first vaccine and thousands more are booked in.

The hospitals will also vaccinate social care staff in patient facing roles. Each of the adult acute hospitals are working with their Local Authority to ensure this is carried out as quickly as possible. The final details on how social care staff book their appointment and what the vaccination venues will be used are just being finalised.

Large-scale vaccination site

As part of the national vaccination programme you will be aware that there will be large-scale vaccination centres across the country. In South Yorkshire and Bassetlaw we are planning to have one of these centres in Sheffield. The centre will be additional capacity to what is being delivered locally by GP practices and in other community venues and so people should not worry that there is an expectation on them to travel to the centre if they live far from it. The plans for the Sheffield site are in the final stages and we expect to be vaccinating from there by the end of January.

The invitations to the large-scale centres are being sent out nationally via a national booking system to people in the eligible priority group (currently the over 80s) and who live within a 45 mile drive of a large scale centre.

The letter includes a website address and a free telephone number to book an appointment at the large scale centres. The letter does however also make it clear that those who have already been contacted by the NHS locally to arrange to have their vaccine at a primary care centre don't need to take further action and can ignore the letter.

The Arena site will be by appointment only and not a walk in service. Anyone who turns up without a pre-booked appointment will not be given a vaccine. The Arena site will operate seven days a week for 12 hours a day. Sheffield Teaching Hospitals as lead provider for the SYB vaccination programme will oversee the staffing for the centre. There has been a fantastic response from NHS staff across the region and volunteers which means staffing is not at this stage envisaged to be an issue. Once a firm opening date is known we will send a further update including opening times.

We will be closely monitoring the vaccination programme progress in South Yorkshire and Bassetlaw and should it be determined that we require extra capacity above that of the GP and community centres and the one large-scale vaccination centre then we will consider additional centres.

Community pharmacists

This week the NHS announced that vaccinations will begin to be delivered at High Street pharmacies. Boots, Superdrug and several independent stores will be the first of hundreds of community pharmacies to offer vaccinations protecting against Covid-19. Nationally two hundred community pharmacies are due to come online over the next fortnight as more vaccine supplies come on stream by the end of the month. Stores capable of delivering large volumes while allowing for social distancing are initially being selected to give the best geographical spread. People who receive the national booking system letter (see above) will see the pharmacy sites in their area as a choice alongside the large vaccination sites. They can choose to go to either a vaccination centre or a pharmacy service if they are not going to a local primary care site.

Currently there are not any community pharmacy vaccination sites opening in the first wave in South Yorkshire and Bassetlaw but there will be further updates as the programme moves forward.

Second dose update

Since our last update, the Joint Committee on Vaccination and Immunisation (JCVI) have issued an adjustment in the national COVID-19 vaccination programme, with the advice now to administer second doses of the vaccine up to 12 weeks after the first jab.

Based on advice from the JCVI the four UK Chief Medical Officers have determined that:
"…Prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services. Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks."

Vaccine efficacy after 1st dose

Pfizer	Oxford AZ
81-91%	**73%**

Everyone who has had their first vaccination will be contacted by their practice to attend for their second dose around 12 weeks later. So rest assured everyone will still get their second dose within the required window.

How can you help?

The most important thing our partners can do to support us at this time is continue to communicate with the public and share the key messages about the vaccination programme. Communication leads in partner organisations are working together to ensure communities are encouraged to attend for vaccination when it is their turn, provide up to date information on the vaccine and ensure hard to reach communities have the information they need in appropriate languages, formats and using different means of communicaton. Partner organisations will be asked to cascade information as soon as the priority groups expand. Your communications lead will be provided with the information they need and some resources are available now (see overleaf). For more information please contact Julie Phelan, Communications Director, Sheffield Teaching Hospitals on Julie.phelan5@nhs.net who is working with your local communication leads on the programme.

Key messages:

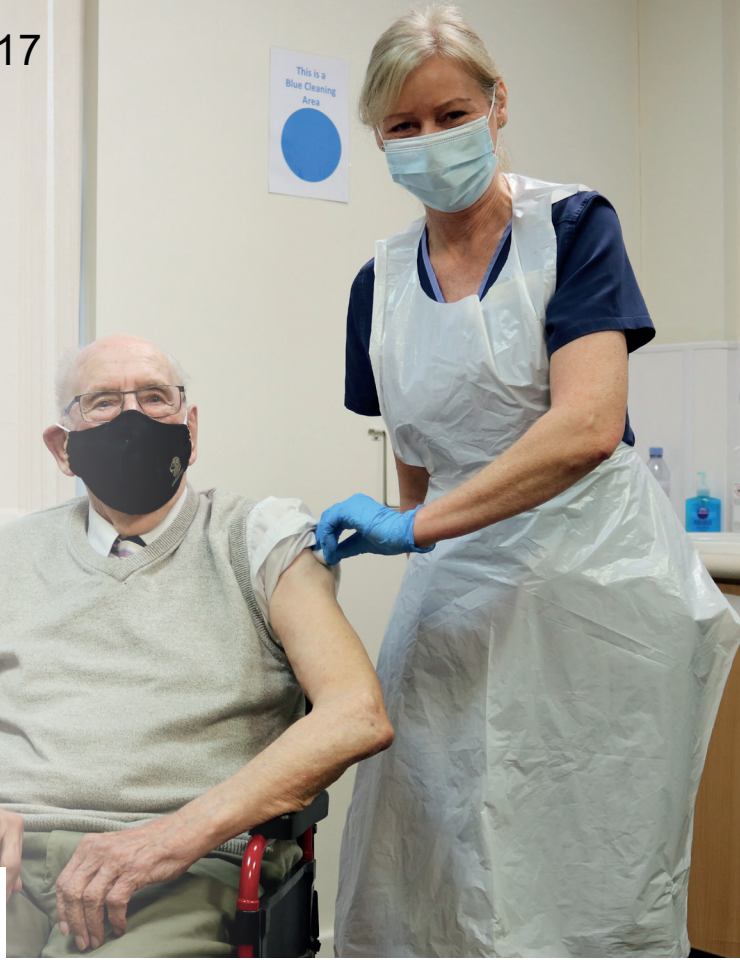
- If you are invited to receive your vaccination, please take up the offer. When you have arranged an appointment please turn up for it. Please also remember safe distancing, masks and hand hygiene when you come for your appointment.
- Whilst the vaccine will protect those who have it from being very sick, the virus is still being transmitted. We must all continue to adhere to the Hands, Face, Space guidance and limit contact with others as much as possible to prevent further infections.
- Please don't call your GP or hospital, when it is your time to be vaccinated we will call you. This is the largest vaccination programme of modern times and we are only a few weeks into it. We have comprehensive plans in place and you will be contacted when it is your time.
- Please do not turn up to a vaccination site or your GP surgery without an appointment. Only those with booked appointments will receive their vaccination, at all sites. Also please do not come early for your appointment as this will impact on social distancing in some centres.

Vaccination materials

A range of leaflets are now available to help promote the COVID-19 Vaccination programme, these include leaflets in large print, braille, BSL videos and social media clips for adults with learning disabilities.

These are available from here:
www.healthpublications.gov.uk/Home.html

Further materials to support public health messaging around COVID-19 and the vaccination programme can be found here:
www.coronavirusresources.phe.gov.uk



National Vaccination update

You will likely be aware that the government has committed to providing regular updates on the numbers of people vaccinated. Data for week ending 3rd January is as follows:

As of the 13th January a total of 2,661,850 people had received an NHS vaccination for COVID-19 in England.

Weekly data can be found here:
https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

Public Health England

NHS CARE

COVID-19 vaccination

First phase priority groups

Priority		Risk group
1	80 yrs	**Residents in a care home** for older adults and **Staff working in care homes** for older adults
2	75 yrs	All those **80 years** of age and over and **Frontline health and social care workers**
3		All those **75 years** of age and over
4	70 yrs	All those **70 years** of age and over and **Clinically extremely vulnerable individuals** (not including pregnant women and those under 16 years of age)
5	65 yrs	All those **65 years** of age and over
6	60 yrs	Adults aged **16 to 65 years** in an at-risk group*
7		All those **60 years** of age and over
8	55 yrs	All those **55 years** of age and over
9	50 yrs	All those **50 years** of age and over
10		**Rest of the population** (to be determined)

* Blood cancer (such as leukaemia, lymphoma or myeloma); diabetes; dementia; a heart problem; a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma; a kidney disease; a liver disease, lowered immunity due to disease or treatment (such as HIV infection, steroid medication, chemotherapy or radiotherapy); rheumatoid arthritis, lupus or psoriasis; have had an organ transplant; had a stroke or a transient ischaemic attack (TIA); a neurological or muscle wasting condition; a severe or profound learning disability; a problem with your spleen, eg sickle cell disease, or you have had your spleen removed; are seriously overweight (BMI of 40 and above); are severely mentally ill.

COVID-19 immunisation
Enjoy life. Protect yourself.

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 04 February 2021

Report Title
Learning Disability Transformation Programme (My Front Door)

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

Strategic Director Approving Submission of the Report
Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Ian Spicer Assistant Director Adult Care & Integration
Ian.Spicer@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

The needs of people with a learning disability are continuing to change and are becoming more diverse. People and families have changing expectations of an independent life in their community and want more control over their lives.

The purpose of this report is to set out the next steps in the transformation of services and support for people with a learning disability in line with the learning disability vision *My Front Door* and the learning from the consultation with people and families. Conducted in 2018.

Recommendations

1. To note the planned ongoing transformation of the LD Services over the next 12 months which will see the Services continue to move from existing building based locations which will be decommissioned and to alternative services that will be situated as close to the person as possible in their local community, using and developing existing resources and community buildings and community provision.

2. To note the next phase of delivery which sets out how we will make sure all people with a learning disability have access to services that promote independence, wellbeing, and social inclusion. This will ensure that all people will have the opportunity to make sure each day in their life is meaningful, of value and leads to them having a 'Good Day'.

List of Appendices Included
N/A.

Background Papers

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A.

Council Approval Required
You should refer to Appendix 9 of the Constitution – Responsibility for Functions – to check whether your recommendations require approval by Council, as well as Cabinet or a committee. You should take advice from Democratic Services if you are not sure.

Yes or No?

Exempt from the Press and Public
No

Learning Disability Transformation Programme (My Front Door)

1. Background

In May 2018, Cabinet approved the vision and strategy for people with a learning disability. Plans were laid out to show how we will improve people's lives, aspirations, and opportunities. A transformation delivery plan was presented to show how we will make sure all people with a learning disability have access to community-based services that promote independence, wellbeing, and social inclusion. It will be the difference between "having a life rather than just a service".

To have a Learning Disability Service that enables people to:

- Have the opportunity to get a job and contribute to their community
- Have the opportunity to choose where they live and
- Have access to a good quality health service
- Be kept safe and protected from all forms of exploitation
- Access services of the highest quality which make a difference in assisting people to be as independent as possible
- Offer services that are affordable, are personalised and are what people would want to choose

2017 the Council Embarked on a Consultation Programme on LD Services the objective was to modernise services, obtain cost savings and co-design new arrangements along with the users, staff, and families.

Cabinet agreed a range of recommendations:

- Approve 5 principles of the Adult Care Pathway
- Approve a Consultation Exercise for Oaks+ Addison Day Centres
- Approve a Consultation Exercise for Treefields & Quarryhill Respite
- Approve the retention of REACH Day Service

The next phase of delivery largely relates to Day Centres and Residential Care – which require Cabinet approval to progress – along with those programmes already approved (Supported Living & Micro-Enterprises).

2. Implementation and Progress

A number of transformation milestones have been concluded:

- Oaks Day Centre successfully closed July 2019
- Conway Respite Centre open December 2020 and the subsequent closure of Quarryhill and Treefields
- Council Approval to re-design and procure a best in class Supported Living Service
- Comprehensive assessment of progress to date along with recommended next steps to deliver on the LD vision December 2020.

Since August 2020, The Learning Disability Transformation Programme has gathered real momentum and project timelines have been reprofiled and work is still progressing on:

- Redesign and procurement of Supported Living Services (2)
- Redesign and procurement of a complex care and specialist autism service
- Extension of service and Improvements to Community Micro-Enterprises - provide alternative services situated as close to the person as possible in their communities
- Re-commitment to Rotherham SpeakUp which will ensure that support with co-production and self-advocacy is available whilst future services are in development
- Scoping of investment proposals and finances to support the Transformation Programme in 2021-22
- Closure of Addison Day Centre & completion of all assessments
- Refreshing transport arrangements
- Employment pathway
- Re-design and procurement of Supported Living Framework (multiple)

The next phase of delivery will also focus on offering a wider and more flexible range of personalised options and see two key services move from their current building base:

- Conduct a consultation exercise and options appraisal to inform the re-provision of the REACH Day Centres.
- Conduct a consultation exercise with Parkhill Lodge residents and carers about their wishes and aspirations for the future and in line with 'My Front Door'.
- This will enable the services to move from existing facilities to more modern bespoke buildings designed around the needs of the LD Community

3. Options considered and recommended proposal

It is an important part of the Learning Disability Transformation programme that the residents and carers of Parkhill are consulted about their wishes and aspirations for the future. To ensure that the opportunities aligned to the principles of 'My Front Door' are made available to them, as they have been across other services. The residents are currently relocated from Parkhill Lodge to Lord Hardy Court due to the COVID pandemic and the difficulty in managing infection control in the Parkhill building due to its design and age.

Changes to REACH are required because this would transform the service in line with vision and aspirations of the My Front Door principles. In addition, progress is paramount as one of two delivery centres is underpinned by a relatively short property lease that threatens service continuity. This is compounded by the land and property around the service which is partly empty and undergoing sale and development. We would offer greater choice and control to customers to move on to live independently or to promote independence and we would promote an intergenerational approach. It would

support customers to access other community options or employment options. Ultimately it would give flexibility to create a different offer that is sustainable.

Delivering on our Aspirations for Reach would:

- Support the ‘my front door 'principles of people having purposeful, ordinary lives and meaningful days
- Provide both a quality service and stability for those with the most complex needs, and a forward-thinking flexible approach for others which supports achievements of outcomes and long-term life changing goals
- Time limited pathway approach working on small steps towards greater independence and ordinary lives, with person centred plans and milestones
- Supports people with life skills, personal development, training, volunteering, and work opportunities
- Provides a model of accessible enablement support around day-to-day life and in the workplace, irrespective of whether the person continues to access the service

4. Consultation on proposal

Advice has been sought from legal on process & best practice and builds on the legal challenge to the 2017 consultation. The transformation team are well positioned to deliver on a compliant process.

Council Legal team recommend that:

- We reflect the Gunning Principles in our process
- We ask “open” questions and write a balanced report
- We allow 12 weeks to complete the exercise
- We invest resource to ensure a proper and legal process
- We would run in parallel an Options Appraisal that the Consultation would inform.

5. Timetable and Accountability for Implementing this Decision

- January to April 2021 – prepare consultation plan, resources, approach, partners
    - In parallel assess potential options for locations, sites, new builds, land
- Post Purdah (6th May+) – launch and deliver the consultation
- Report to Cabinet in September 2021 – results and recommendations
    - Present and summarise options informed by Consultation
- Engage with architects, Council Property Services, surveyors etc to plan assess and detail any building improvements, new builds, land purchases/sales, that Cabinet authorise

These dates are subject to progress with the Covid vaccination programme, the lockdown being lifted and elections taking place as currently planned.

6. Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)

The Learning Disability services described within this report would be classified as Social and Other Specific Services ("SOSS") as defined in the Public Contracts Regulations 2015 ("the Regulations"). Hence, aside from some direct grant awards the new services will be competitively procured to ensure value for money and compliance with procurement law ("Light Touch Regime"). This provides a basis through new specifications to transform the various offers to match the Council's LD vision. Council supplied services eg REACH, will continue to be delivered by the Council and not procured externally.

Procurement activity that is progressed as referenced in this update will be carried out in compliance with the Council's Financial and Procurement Procedure Rules and Public Contract Regulations.

The Council does not anticipate any cost changes associated with service maintenance other than potential inflationary uplift requests. Any additional costs for annual inflationary uplifts will be considered as part of the Councils Budget Report. The exception to this are any future capital costs associated with new buildings, refurbishment, land purchases as well as the re-design and procurement of a Supported Living Framework. These costs will be assessed via market testing and benchmarking with other Local Authorities.

7. Risks and Mitigation

N/A.

8. Accountable Officer(s)

Julie Moor – Head of Service Provider Services
Jo Hinchliffe – Service Improvement & Governance Manager

Report Author: Ian Spicer – Assistant Director Adult Care & Integration
This report is published on the Council's website.

Home Care and Support

New Delivery Model - Transformation Plan

New Model – Key Principles

- Promotion of independence and recovery ethos
- Entrusted to manage the envelopes of time for people
- Multidisciplinary team
- High level of trust and Continuity of care
- Support unpaid carers
- Attractive career option
- Sustain - health and care system
- Realise - Social Value

Achieving the Ambition

- Flexibility (Envelopes of Time)
- Reablement and Strength-based practice
- Community assets
- Alignment with key public service providers
- Positive risk-taking and permission-based working
- Continuous Improvement
- Person centred and Continuity
- Trust

Launch

- Pandemic March 2020
- Contract mobilised April 2020
- Safe transfer C16,000 hours per week - 1,300 people.
- New model implementation – paused until October 2020
- Cabinet approved financial support i.e. payment on planned care and support
- Cost of Care Exercise – increase on tendered rates currently being considered

Workforce Development

- Workforce Development Forum
- Skills audit of Care Workers
- South Yorkshire Regional Excellence Centre/ Skills for Care
- Strength based practice module
- ‘Skills Academy’ - attracting the right people with the values, skills and attitudes
- Registered Managers Network – Skills for Care

Communication Plan

- Information video - introduce the new service model’s key messages
- Provide people with personalised and specific information about the new service
  - Letters – delivered at key timelines in the implementation and embedding phase
  - Information Packs to be retained as reference for the person accessing the service.
  - E-newsletters
  - Website content
  - Proactive press releases

Key Performance Indicators

Currently in phase 2 of development:

- Draft document which defines the KPI's Consult with providers
- Pilot KPIs
- Review the implementation and delivery of KPI's
- Revise the draft KPI's in line with review.
- Defined KPI's have been shared with providers

Contract Monitoring

- Reviewing the quality and compliance monitoring process in relation to independent sector care and support services and internally delivered services.
- Work is being undertaken with Innovation and Change leads/Customer Digital Services
- Commercially available monitoring systems being explored.
- A regional approach is being developed - ADASS

Thriving Neighbourhoods Strategy

- Maximise opportunities for services and organisations to work together and co-locate – across service delivery footprints - North, Central & South
- Martin Hughes – Neighbourhoods Manager – leading – will be attending the Registered Managers Forum

Medication Policy

- Medication policy development group established
- Research best practice, legislation, regulation and associated guidance to develop the policy
- Benchmark against policies developed and the experience of other LA's
- Draft Version 4
- Next Steps - Audit against the NG67 standards

Other objectives

- Trusted Assessor Scheme – (Pilot) developed - delegate the role of Care Act Assessor to a registered domiciliary care provider
- Transition from reablement

- Digital care record

Thank You