

HEALTH SELECT COMMISSION

Date and Time :- Thursday 25 March 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), 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 04 February 2021 (Pages 3 - 8)

To consider and approve the minutes of the previous meeting held on 04 February 2021 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. Intermediate Care and Reablement Update (Pages 9 - 23)

To receive an update in respect of intermediate care and reablement.

7. Autism Strategy and Pathway Update (Pages 24 - 38)

To receive an update on the autism strategy and pathway.

8. Outcomes from Working Group - Adult Social Care Outcomes Framework (Pages 39 - 44)

To receive the findings and recommendations from the recent working group that examined the Adult Social Care Outcomes Framework performance measures for 2019-2020.

9. Healthwatch Update

To receive a verbal update from Healthwatch Rotherham in respect of recent activities and research.

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 meeting of the Health Select Commission will be held on 10 June 2021, commencing at 2.00 pm.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 4 February 2021

Present:- Councillors John Turner, Albiston, Bird, Cooksey, R. Elliott (in the Chair), Ellis, Jarvis, Williams, Brookes, Vjestica, Walsh, Short, Clark and Fenwick-Green.

Apologies were received from Councillors Keenan and Andrews.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

129. MINUTES OF THE PREVIOUS MEETING HELD ON 10 DECEMBER 2020

Resolved:-

That the minutes of the meeting held on 10 December 2020 be approved as a true and correct record of the proceedings.

130. DECLARATIONS OF INTEREST

There were no declarations of interest.

131. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

132. EXCLUSION OF THE PRESS AND PUBLIC

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

133. UPDATE ON VACCINATIONS

Consideration was given to a presentation delivered by the Assistant Director of Adult Social Care on behalf of the CCG partners who were leading the delivery of the COVID-19 Vaccination Programme. The presentation outlined progress, challenges and next steps in the delivery of Rotherham's vaccination programme.

In discussion, Members requested additional information regarding the timeline in which the outstanding vaccinations would be delivered to people in Social Care and in Care Homes. The response from officers provided assurances that the timeline is to conclude all Social Care by 15 February. The care homes would be revisited after a 28-day period, and staff who have been missed are then vaccinated at that time. This was likely to be delivered primarily through the PCNs rather than through the hospital hubs, as the hospitals would be winding up their social care vaccinations within the week.

Further clarification was requested regarding the vaccination of people moving into Care Homes following a hospital discharge. An answer was offered outside the meeting following consultation with hospital partners.

Members also expressed interest in hearing more details about the difference in the percentage of takeup of the COVID-19 vaccine versus the flu vaccine offered to staff in care homes. The majority of staff were taking up the offer; although some staff had refused the vaccine. The reasons for this vary according to personal circumstances.

Members also were interested in receiving a projection around the secure supply of the vaccine. Officers were able to provide assurances that there were no supply shortages into South Yorkshire in the near field.

Members commended the delivery of the vaccination programme and expressed interest in receiving updates regarding the progress of the booster jab and the associated data.

Clarification was requested regarding anyone who falls into the top four priority groups who may not have yet been able to access the programme. The response averred that the CCG are ready to jab anyone in these groups who have been missed thus far.

Clarification was requested which of the vaccine manufacturers were in use in the local programme, and whether the uptake of these have elicited different reactions. Officers confirmed that vaccines by two manufacturers are in use in the local programme. Further assurances were provided by the Director of Public Health regarding what can be expected as far as reactions or side-effects of the vaccine. It was noted that because of the massive scale of the programme, and even though more people would be receiving the vaccine, it is still a very small percentage of people who experience side-effects. The reaction is the immune system building up its response. We advocate strongly that people return for their second jab for more enduring and better immunity.

The Cabinet Member for Adult Social Care and Health noted that the average waiting time upon arriving for the vaccine appointment and receiving the jab is between 5 and 10 minutes. Confidence was high that the four priority groups would be completed before 14 March deadline. If there are concerns about someone who is in these priority groups who has not yet received their vaccine, please wait until 14 March before making contact.

Members requested assurances around a timeline for housebound people who fall into the priority groups. Assurances were provided that the efficiency of the hubs has allowed the programme to be able to start getting to the roughly 1000 residents who are homebound and cannot attend a hub for their jab.

Members requested reassurance around the 12-week gap between initial and booster jabs. The Director of Public Health provided assurance that 12-week scheduling allows a large number of people to have the benefits of the first dose as opposed to a smaller number having the benefits of both doses. This is for the overall population effect which will help lower the transmission rate. It takes two to three weeks to develop immunity from the first dose, but no loss of efficacy at 12 weeks when the second jab is administered.

Members raised concerns around the administration of the vaccine to people with disabilities. In response the Director of Public Health noted the distinction was made that some disabilities do not increase risk from COVID-19, and the priority is to vaccinate those who are clinically extremely vulnerable. People who fall into that category and those who have conditions that add risk contributing to their being extremely clinically vulnerable will be vaccinated, and the CCG will have more operational details around that delivery.

Clarification was requested around whether it is possible to reschedule a jab if someone were unable to attend. The response noted that if someone for a very good reason cannot come to their appointment, it would be appropriate to contact the CCG through their call centre to reschedule.

Members inquired as to projections for future vaccination programmes. The response from the Director of Public Health described the demonstrated efficacy of the vaccines against the emerging variants, but we have yet to find out how long the vaccine immunity lasts. We hope it is a lot longer. It may not become an annual programme, but it may be that we revisit this vaccination programme. It may be in the future that vaccines target a number of viruses with more effectiveness.

Resolved:-

1. That the update be noted.

134. LEARNING DISABILITY TRANSFORMATION

Consideration was given to a report setting 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.

The report described the planned ongoing transformation of the Learning Disability 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.

The report further described the next phase of delivery which included plans to make sure all people with a learning disability have access to services that promote independence, wellbeing, and social inclusion.

In discussion, Members requested more information around the plans for people who will no longer be attending the Addison Day Centre. The response from the Assistant Director of Adult Care provided assurances that all of the people who previously met at the Day Centre, are now dispersed across a number of areas and pursuits based on their individual interests. The Cabinet Member for Adult Social Care and Health provided several case studies of positive feedback from the attendees that the new programme was embraced and that the participants were enjoying their new opportunities. This was not without its challenges in taking on a new process, but the result of the efforts gives more independence to the individuals.

Members requested clarification around timelines for the actions and assessments detailed in the report. The response noted that the previous timelines that had been set had had to be deferred due to COVID, but the assessment is two-thirds of the way through. The timeline had originally been for March of this year, and it had had to be reprogrammed multiple times. It was hoped that another three months would see this phase completed. The assurance given to clients was that the service would not conclude their work until all of the participants are happy with the offer. During the pandemic the service are unable to do the face to face work that makes the difference.

Members expressed curiosity around the move from Parkhill during COVID. The Cabinet Member for Adult Social Care and Health noted the Parkhill building did not allow the effective management of a COVID outbreak and was in need of remodelling and redesign, which is precarious due to asbestos. The response further noted the logistical advantages of Lord Hardy Court and its popularity with the residents.

Members inquired whether former participants were in fact receiving new opportunities. The response provided assurances that there were various offers, including something similar to a day centre, which provide choices to the former clients of Oaks, and the officers and Cabinet Member have been speaking with these clients to find out how they are getting on. The central object was noted to be that the choice is up to them. Individuals have received support and training to become self-employed; others have asked to work at a particular activity centre, so it is very much about the choices of the individuals. One person, for example, expressed a desire to learn how to ride a bicycle and subsequently learned. For some, their choice is something similar to what they have done in the past; for others it is altogether different, and for still others, it is a blend of options.

Resolved:-

1. That the report be noted.

135. HOME CARE AND SUPPORT SERVICES

Consideration was given to a presentation describing the new delivery model and transformation plan associated with Home Care and Support. Key principles of the new model were outlined, as well as several goals and ambitions for the new delivery model. A further timeline for the launch was provided beginning in March 2020 through the present day, and various workforce development needs were delineated along with a diverse communications plan to ensure stakeholders understand the changes. The development of Key Performance Indicators as well as Contract monitoring and links to Neighbourhoods Strategy were also summarised as part of the presentation. A description of the developing Medication Policy, and use of the Trusted Assessor Scheme, Digital Care Records, and further work on the Transition from Reablement were also noted.

In discussion, Members requested further information about the development of the Key Performance Indicators. The response provided the background to the initial Key Performance Indicators present at the initiation of the Contract, beginning with embedding and refining as appropriate. Challenges included the pandemic and new government requirements. The initial KPIs were described and the rationale for setting them. Further KPIs would be set for providers and around workforce development, for example.

Members requested further clarification of how Neighbourhoods will link up with the new delivery model. The response noted the background and rationale behind linking with Neighbourhoods, and why the voluntary sector and local community need to be connecting. It was noted that the strategy was designed pre-COVID. The important thing is to get providers to understand and buy into the new way of linking with Neighbourhoods.

Members also inquired how scrutiny can assist in the work ahead on the Medication Policy and other processes being developed as part of the transformation. The response noted the challenging nature of the Medication Policy formulation, as it intersects various partners and stakeholders. A wider system approach is the best way to approach this, and any input from the Committee is welcomed.

Resolved:-

1. That the report be noted.
2. That the development of the new Medication Policy be reviewed by a sub-group of the Health Select Commission.

136. HEALTHWATCH UPDATE

Consideration was given to a verbal update from Healthwatch delivered by Lesley Cooper, which included a summary of activities including recent and upcoming research, studies, consultations and other review work on a variety of health topics. It was noted that the newsletter had received very positive feedback, and an upcoming topic for examination is about public perceptions around the COVID-19 vaccine. Myth-busting work with focus groups also continues.

Resolved:-

1. That the update be noted.

137. URGENT BUSINESS

The Chair confirmed there were no urgent items of business requiring a decision at this meeting.

138. DATE AND TIME OF NEXT MEETING

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

Intermediate Care and Reablement Update Health Select Committee March 2021

Jayne Metcalfe
Head of Service - Access
Adult Care, Housing and Public Health



What is Intermediate Care and Reablement?

Health and social care nursing, therapy and reablement services providing:

i. **Fast response**

- Where there is an urgent increase in health or social care needs
- Response within 2 hours of referral
- Can be safely supported at home
- Typically 48 hours but may be up to 7 days

ii. **Short term home based support**

- To help with learning/ re-learning skills for every day living

iii. **Community bed based care**

- With or without nursing
- Where needs are greater than can be delivered at home but consultant led acute care is not needed

Why Change?

People told us

- They would like to be at home and as independent as possible
- Services were disjointed and hard to navigate

National evidence shows

- People do better at home
- A large number of people received care in a community bed who could have gone home with the right support
- Rotherham had significantly more community beds than other similar areas

Where are we now?

Our Aim

To create an integrated health and social care model for urgent and short term care based on home first principles. To support more people at home to re/gain independence and reduce reliance on long term care.

Our Objectives

- Streamline 7 disparate pathways to 3 integrated ones
- Increase capacity to support more people at home
- Reduction and consolidation of community bed base
- Integrate triage to ensure people receive the right support

Major Milestones Achieved

- 3 new pathways, aligned to national discharge standards
- Investment in additional home based nursing, therapy and reablement staff
- Reduction and consolidation of community bed base from 5 sites to 3
 - 24 bedded therapy led community unit with nursing at Athorpe Lodge
 - Consolidation of intermediate care beds onto a single site
- Working towards integrating triage & assessment

Impact of Covid

National Requirements

- New national discharge standards based on home first principles
 - Same day / 3 hour discharge
 - Assessment in the community
- Discharge to designated care settings for Covid positive patients
- Temporary national monies to support increased demand and discharge home

Rotherham Response

- Community Intermediate Care and Reablement pathways and Integrated Discharge Team provided a robust framework
- Focussed on planned changes which would provide maximum benefit to Covid response e.g. in-reach into the acute and discharging more patients home
- Hastened innovation and integrated working e.g. blend of virtual assessment and face to face
- But caused some delay e.g. development of the community hub
- Athorpe Lodge's flexibility enabled more complex needs to be supported
- But changed the expected interventions and outcomes of the unit

Contribution to National Discharge Standards

- c.95% of patients discharged home
- Commissioning of Covid +ve Care Home beds throughout the Pandemic included use of Designated Care Homes
- Weekly operational partnership meetings (daily at peak times) to discuss issues/ expedite discharges
- Acute and community bed occupancy dropped in wave 1 but not 2 and 3
- Some community bed occupancy was due to carers either shielding or Covid +ve preventing discharge home
- Rotherham 1 of 30/450 returns selected by NHS England as an example of good practice

Care delivered in a person's home

Cross pathway integration

- Proof of concept for an integrated community hub underway
- In reach to Emergency Department and Acute discharge with trusted assessments in place
 - Development of Rotherham Health Record to share records across organisations

Integrated Rapid Response

- New step up pathway
- Integrated support roles

Therapy

- 7 day working
- Urgent KPI met over 90% of time
- Re-allocation of staff from bed base to home
- Regional/ national example of good practice
- Reablement training
- Closer working with mental health services
- Increasing support roles for greater efficiency

Reablement

- New adult social care support model
- Greater flexibility to change support according to individual level of need
- 1.8% more clients per month
- Increased productivity

Home Care

- Closer working across pathways
- New provider contracts to facilitate reablement ethos
- New trusted assessment model to facilitate short term care

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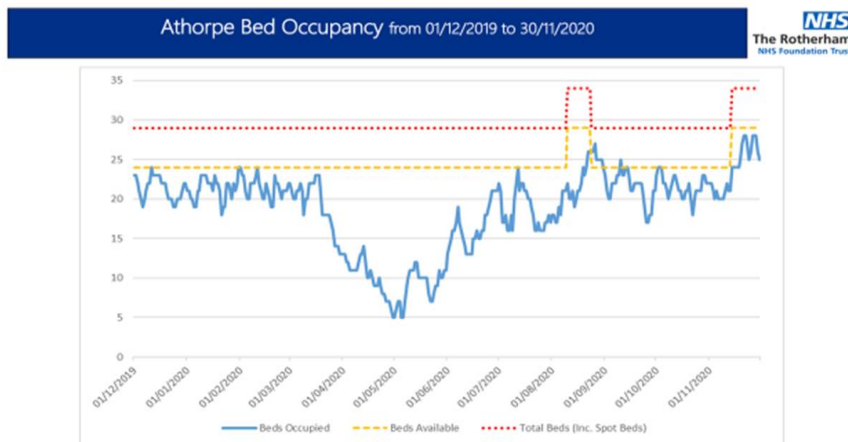
- Increased demand due to Covid against backdrop of staff absence/ isolating
- Increased complexity of patients reflected in length of stay across pathways/ need for long(er) term care

Community Bed Base

Evidence of System Change from Home First Approach

- 95%+ patients discharged home from the acute
- Resulting in greater complexity in community beds, particularly nursing
- 64% (160) people at Athorpe requiring multiple handling
- 34% able to be discharged home

Impact of Covid: Occupancy levels at Athorpe Lodge



Intermediate Care Beds

- Beds consolidated at Davies Court
- Lord Hardy Court repurposed to support Learning Disability Clients
- Enabled temporary additional capacity to support Covid
- 67% people discharged home
- Predicted year end admissions 2020-21 336 compared to 673 in 2019/20

Working together to improve lives

Integrated Rapid Response Co-ordinated Care

Mr X is 93 and lives at home with the support of his wife. He was referred to the Integrated Rapid Response (IRR) team following a fall with reduced mobility and some confusion. He was diagnosed with a urinary tract infection and prescribed antibiotics by the GP.

Intervention

A nurse assessed what he can normally do compared to now and the cause of the fall. Mr X was only able to take a few steps with the support of 2 people and was unable to climb the stairs to get to the toilet or go to bed. He wasn't drinking much as he had no commode and some incontinence problems. He had low blood pressure when he stands and irregular pulse increasing the risk of falls.

Mr X wanted to stay at home. To achieve this IRR arranged for 2 people to call initially 4 times a day to monitor his obs and support mobility. They provided a commode, urinal and repose cushion to prevent pressure damage and arranged for the family to bring Mr X's bed downstairs. They then worked to get the right support for Mr X's needs including:

- Therapists who provided a walking aid, grab and stair rails and helped with stair mobility.
- Rothercare provided a falls alarm.
- Reablement helped get him back to independence again
- The community physician altered his meds which improved his blood pressure and reduced the risk of further falls.
- District Nurses followed up on skin integrity

Outcome

Mr X has continued to improve and has remained at home with his wife. An admission was successfully avoided.

Mr Farr's partner thanks the team at Athorpe Lodge for helping him get back to independence.



Mr Farr was admitted after 5 falls. He was confused and dis-oriented. He is now home, independent and sociable. He no longer requires a care package.

Pictured: Caitlin Ionita, Clinical Lead, Jane Moore, Senior Unit Manager and Michelle Murdock Therapist

Restoring Independence at Home

Mrs T is a 76 year old who was admitted to hospital with an exacerbation of sciatica. She lives at home with her husband who is her informal carer and has some health needs of his own.

Mrs T was discharged from hospital with 4 calls daily. It was initially thought that one enabler per call would be enough but this was increased to two as Mrs T was in a lot of pain and mobility and transfer of weight was poor. An occupational therapist carried out an assessment at home and ordered additional equipment. The lunch and tea calls were cancelled quickly as Mrs T was coping well and after 3 days it was possible to reduce 2 carers to 1.

All care ended within 2 weeks as Mrs T was restored to complete independence with personal care again.



'Thank you very much for all the help and encouragement you have given me since I came out of hospital. It has been a pleasure meeting all of you and I can't thank you enough'

‘You’ve given me back my dignity’

Mrs W is an 86 year old lady who was admitted to hospital with a fractured tibia. A brace was fitted and she was transferred to Athorpe Lodge for rehabilitation to increase her mobility and confidence. On admission, Mrs W had very limited mobility and required the assistance of 2 staff members and rotunda for transfers.

Mrs W explained how her mobility and confidence has improved at Athorpe and most importantly given her back her independence and dignity. She can now carry out personal tasks alone without having to rely on others.

‘I’ve enjoyed my time at Athorpe. I wouldn’t have progressed this far without these services. Everyone from the nurses, care and therapy staff have encouraged me along the way.’



Amanda Briggs, April
Blackwell and Jess Dunlop
help Mrs W return to
independence

Mrs S walks again

Mrs S was discharged from the acute hospital to Athorpe Lodge in December 2020 following a fall at home resulting in a fractured neck of femur. She normally lives at home with her son with additional daily support from her daughter and carer visits 4 times a day.

Mrs S couldn't walk when she arrived at Athorpe, needing the assistance of 2 people and equipment to move from her bed to a chair. She tired easily and initially was mostly cared for in bed. She had difficulty communicating and engaging in therapy due to anxiety and Alzheimer's.

The team worked with Mrs S to build up her lower limb strength to enable her to sit out longer and improve her stamina. Regular therapy sessions helped reduce her anxiety levels, which improved her engagement in therapy as well as managing her Alzheimer's. Gradually with the support of therapists and use of equipment Mrs S began to stand and then progressed to walking

Health and social care worked together from admission to plan Mrs S' discharge to ensure that everything was in place when she returned home. She left Athorpe in February, initially with 2 care staff visiting 4 times a day.

Mrs S continues to make good progress and is already finding that some days she only needs 1 carer. She and the family are delighted to have her back home.



'Covid is particularly difficult for people with Alzheimers. They are away from their family and PPE is a barrier to communication and rapport'
Linda Van Roo, Intermediate Care Team Leader explains

Workforce

- Increase in activity due to Covid
- Backdrop of staff shielding, isolation & sickness
- Re-allocated staff in wave 1 only
- Reduced flexibility for cross pathway/ base working due to infection control
- Temporary national Covid monies available
- But:
 - people won't move for short term contracts/ takes too long to train up
 - national skills shortage
- Working with independent and voluntary and community sector

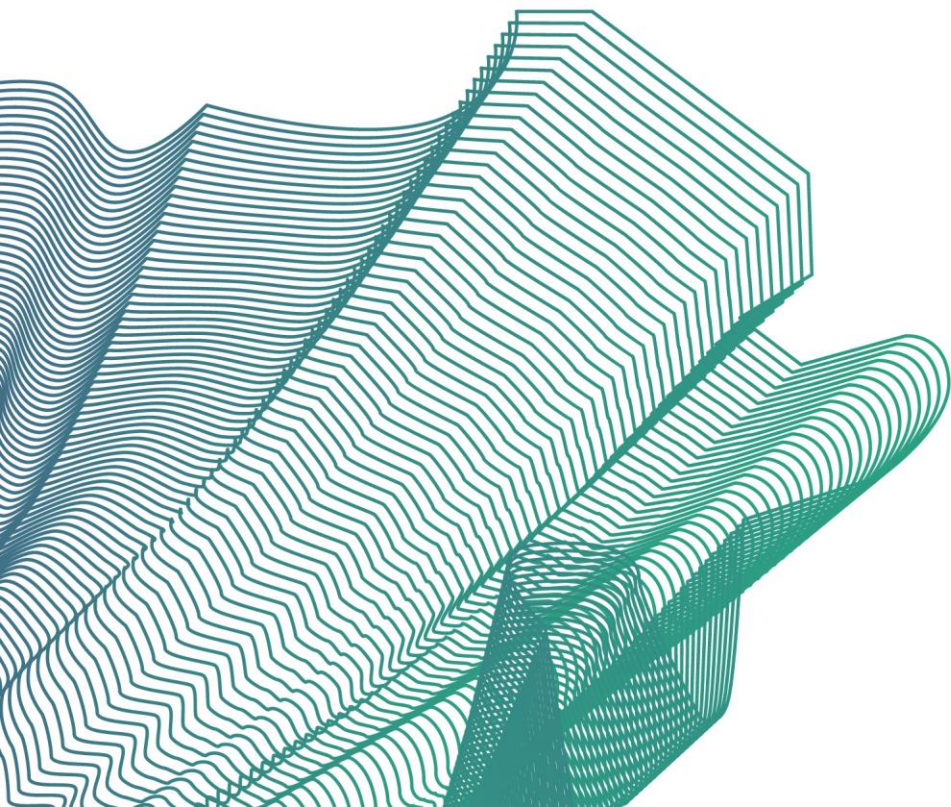
Next Phase

- National drivers
 - Further development of the home first discharge to assess model to support sustainable discharge standards
 - Community standards
 - 2 hour urgent response
 - 2 day reablement
- Community Review: Learning from Covid
 - Understanding and incorporating best practice
 - Integration of home first admission avoidance and discharge pathways
 - Staffing resource
 - capacity and demand
 - skills mix
 - extension of trusted assessment model
 - Managing greater complexity at home
 - Community bed base model



Autism Strategy and Pathway: Update to Health Select Commission

March 2021



This update will:

- Cover progress on implementation of strategy
- The results of the on-line diagnosis pilot with Healios to be reported back.
- Highlight action being taken to address long waiting times for assessment/diagnosis and provision of post-diagnostic support
- Assurance that focus is on all ages



Vision

- Rotherham's All Age Autism Strategy and Implementation Plan set out a vision for all autistic people living and working in Rotherham, to have the same opportunities as anyone else to live rewarding and fulfilling lives, whatever their age.
- This vision is shared by all public, voluntary and independent organisations that have worked together to develop the strategy.

Objective 1: All Rotherham's autistic children and young people are healthy and safe from harm:

Autism pathway document was created (September 2020) and this will ensure that children, Young people and their families understand options.

New sensory support offer for children and young people Rotherham is in place

Ongoing:

- 95% of All schools, colleges and GP's / primary care staff to have autism awareness training (to be completed by December 2022)

Outcome 2: Rotherham's autistic children and young people start school ready to learn for life.

Assure ourselves that the most vulnerable children are being seen and supported elsewhere in the system.

Data Sharing Agreements are in place between the Council and Health partners to ensure that needs are being flagged.

Ongoing:

Ensure that healthy Lifestyles for children and young people with autism are promoted - this will be completed by June 2022

Outcome 3: Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood

Update:

- Rotherham's Preparing for Adulthood board is working to ensure that the needs of autistic young people are recognised and included.
- Work has started looking at the opportunities assistive technology can bring to autistic young people in being independent.
- TRFT and RDASH have reviewed their transition pathways
- advanced planning and coordination of care occurs for autistic young people moving into adult social care is in place

Ongoing:

A clear pathway is developed and is advertised through Rotherham's Local Offer (to be completed by December 2021)

Outcome 4: Autistic Adults living in Rotherham will get the right support when needed

- Review Of current adult diagnostic service, to include local and national indicators of volume and waiting lists – completed
- New adult diagnostic pathway developed that demonstrates improvement to accessing specialist assessments with an investment of £300k . This will ensure specialist assessments are available closer to home - this service has started (see [Rotherham Adult Autism Diagnostic Service \(RAADS\) – RDaSH NHS Foundation Trust](#))
- Autism Alert Card is available across the South Yorkshire Police Force (see [Autism Alert or Learning Disability Alert card - SYP \(southyorks.police.uk\)](#))

Outcome 5: Autistic Adults living in Rotherham will be better supported as they grow old.

- The needs of autistic adults are being considered in mental health forums for older people
- Contact has been made with Rotherham Age UK

Ongoing:

Work on JSNA has been halted due to COVID-19. This will help services to understand needs of autistic older people living in Rotherham.

Pathway Re-design - CYP Element

The new pathway has been designed to achieve the vision that the needs of children who present with neuro-developmental difference are met, regardless of whether they have a diagnosis of autism

Elements of the new pathway are:

- Whole system training based on the licensed Autism Education Trust model (further exploration underway with ADHD Foundation)
- A structured and consistent resource pack to support SENCOs in schools
- A rolling programme of evidence-based training modules that parents can access to support for challenging issues (regardless of whether their child has a diagnosis)
- Peer support
- A multi-disciplinary team to consider all referrals

Supporting Neurodiversity

SEND
ROTHERHAM

In Rotherham we want to make sure that children with neurodevelopmental differences learn and thrive. We want to promote acceptance and understanding and ensure they get the right support at the right time, regardless of whether they have a diagnosis such as autism or attention deficit hyperactivity disorder.



FREE TRAINING FOR STAFF

We are offering training to all staff within our settings through the Licensed Autism Education Trust (AET) model. The AET aim to promote the understanding of social communication and interaction differences. This tiered training allows you to not only ensure that understanding is embedded within the staff team but also within your systems and development plans. In addition, this is supported by a Train the Trainers package so that staff training can be extended.



INTERACTIVE AND PRACTICAL RESOURCE KIT

We know that it is important to get the right support in place for children and young people. This high quality, interactive guide offers information and practical ideas to help teachers and SENDCos, as well as signposting further support. It complements the Graduated Response Document on the Local Offer and aims to help staff implement strategies based on the individual child or young person, rather than a diagnosis.

This online resource kit will be piloted from 14 December 2020 and will be a live document that evolves over time.



SUPPORT, ADVICE AND INFORMATION FOR FAMILIES

A range of information and advice sessions are available for parents and carers through a variety of avenues. Workshops and modules are all evidence-based and aim to develop understanding, increase confidence and empower parents and carers. Partners include Early Help, the Rotherham Parent Carers Forum, the Children's Disability Team and Health Practitioners.



MULTI-AGENCY PATHWAY

Our new pathway includes a multi-agency team of Clinical and Educational Psychologists as well as practitioners from our Children's Disability Team, Learning Support Service and Speech and Language Therapy Service to consider referrals and support that can be offered. This will help to ensure we offer a holistic approach which is more efficient and effective and feels joined up to families. As the team evolves there will be a drive to offer a source of support for schools and families whilst children and young people are waiting for an assessment.

In addition, we will continue to offer online assessments to provide choice and flexibility to assessments and reduce waiting times.



Neurodiversity Support and Information for Families

SEND
ROTHERHAM

To support the families of children who have neuro-developmental differences we offer a range of information, support and advice sessions through a variety of providers.



ROTHERHAM PARENT CARERS FORUM

As well as offering peer support, a welcoming community and an understanding ear the RPCF offer many activities which parents, carers, children, young people and siblings can all engage in. Many parents have shared that they have felt less isolated and more empowered to access support following these. RPCF offer a range of workshops including Advocating For Your Young Person, Managing Anxiety, Working in Partnership with Services and Emotional Regulation.

E-mail: admin@rpcf.co.uk
Telephone: 01709 296262
www.rpcf.co.uk

EARLY HELP

Our Early Help team offers evidence-based courses exploring approaches to parenting. In addition there are also sessions focussing on specific areas such as sleep.

E-mail: mash-referrals@rotherham.gov.uk
Telephone: 01709 334905

CHILDREN'S DISABILITY FAMILY SUPPORT TEAM

The Children's Disability Family Support Team deliver Stepping Stones for parents and carers of children and young people (aged 0-12 years). This is based on positive parenting strategies and aims to support you in encouraging more of the behaviours you want to see, managing stress and teaching your child new skills.

Telephone: 01709 555967



AUTISM INFORMATION AND ADVICE SERVICE

For families with children and young people on the neurodevelopmental waiting list, or those with a diagnosis of autism our Autism Information and Advice Service offers sessions including Understanding Autism, Considering Behaviour and Teen Life.

Email: autismadvice@rotherham.gov.uk
Telephone: 01709 336404

SCHOOLS AND SETTINGS

The school or setting your child or young person attends is an excellent resource. They know how your child or young person presents in their setting and they can signpost you to support that is available across the borough. Each setting has a designated teacher who oversees the needs and support for children and young people with additional needs, often known as a Special Educational Needs and Disability Coordinator (SENDCo). A conversation with the class teacher or SENDCo may help you to consider what would be of benefit.

The Rotherham Special Educational Needs and Disability Local Offer website contains a wide range of information and can be accessed at www.rotherhamsendlocaloffer.org.uk



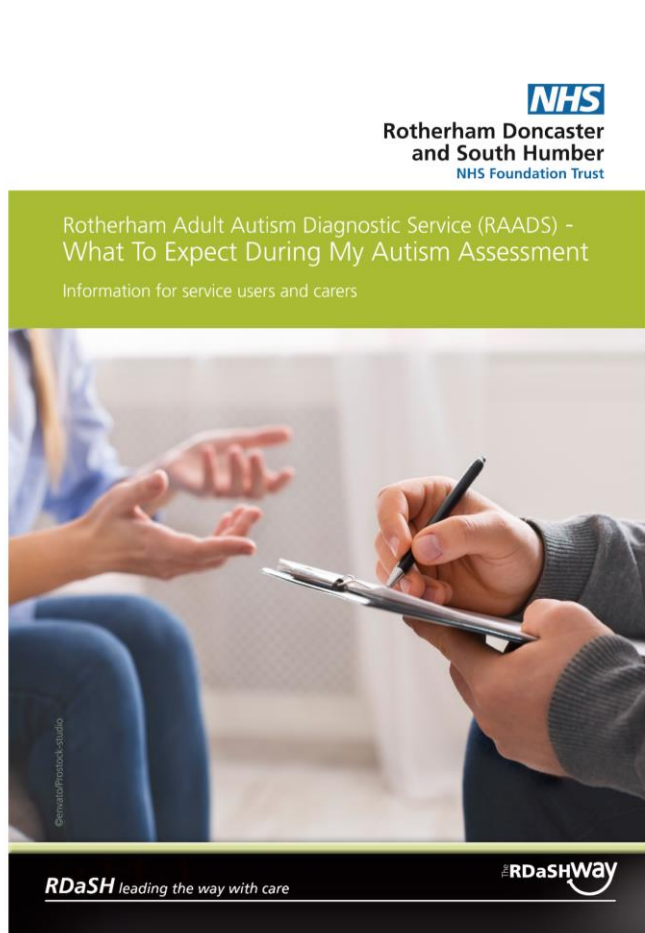
Digitally enabled pathway (CYP)

- The CCG initiated a pilot to add capacity for clinical diagnosis delivered by Healios
- Healios have worked with 120 families and this option has been well received by families
- The new pathway will continue to include the choice of accessing a digitally enabled pathway via Healios.


Adult pathway components

- A clear referral process created. This has been communicated with stakeholders.
- Screening assessment – 90 minutes
- ADOS (Adult Diagnostic Observation Schedule) 2
- Multi disciplinary process has been put in place.
- Service is currently receiving 7 referrals a week
- Rotherham Parents Carers Service will commence in November 2020.

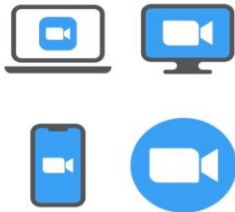
Adult Pathway Components:



Rotherham Adult Neurodiversity Support Service:



RANSS Virtual Drop-ins



Starting Friday 15th January 2021

Every Friday at 1:00pm – 2:30pm
&
Every Monday at 6:30pm – 8:00pm
(Excluding Bank Holidays)



Open to all neurodiverse adults – autistic and/or ADHD (diagnosed, awaiting assessment, or self-identifying) who have a Rotherham GP.

- Targeted support available from our Peer Support Workers
- An opportunity to meet other neurodiverse adults who may share similar experiences
- A place for your voice as a neurodiverse adult to be heard and shared with services
- An opportunity to meet with representatives from relevant services and organisations who can provide support and opportunities with learning, accommodation, well-being, employment etc.

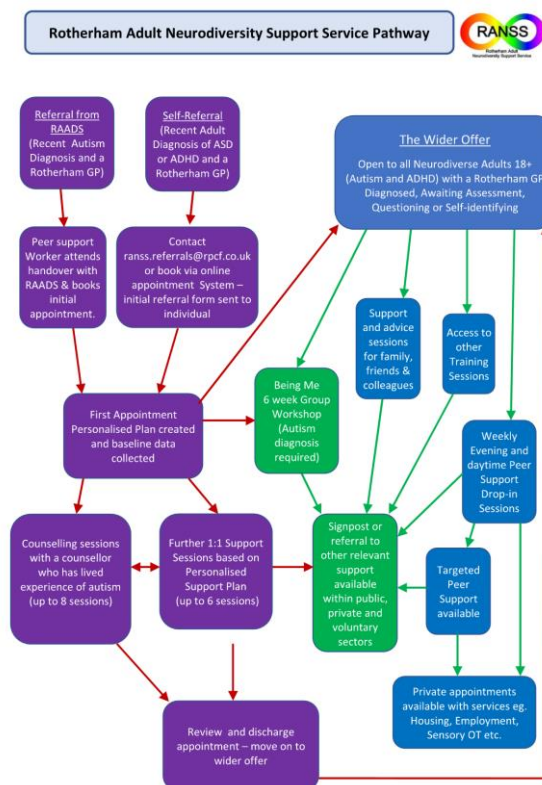
To join us, download Zoom to your phone, tablet or laptop and use the codes below;

Meeting ID: 942 5190 6748
Password: 375154

You don't have to turn your camera on if you prefer not to and can type in the chat box if you prefer that to speaking.


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Adult Waiting List

- There are 14 referrals being received a week. This is higher than expected.
- NICE complainant
- Additional capacity has been sought to increase choice – Helios and Sheffield

Committee Name and Date of Committee Meeting

Health Select Commission – 25 March 2021

Report Title

Outcomes from Sub-Group - Adult Social Care Outcomes Framework (ASCOF)

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

No

Strategic Director Approving Submission of the Report

Jo Brown, Assistant Chief Executive

Report Author(s)

Katherine Harclerode, Governance Advisor
01709 254352 or katherine.harclerode@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

To report the findings and recommendations of the Health Select Commission Sub-Group on Adult Social Care Outcomes Framework 2019-20.

Recommendations

1. That further information in respect of the following be ascertained and reported back to the Commission with the next annual benchmarking and performance report for 2020/21 in December 2021.

- a. Analysis of the cohort of people receiving reablement services.
- b. Analysis of the cohort of people entering residential care as a hospital discharge destination, with a view to demonstrating the effectiveness of the pathways in place which allow individuals to continue to live independently for as long as possible, and this analysis to include the proportion of new residents having previously availed social care and reablement support.
- c. Analysis of Community Hub data to explore any increase in demand for Adult Social Care referrals.
- d. A comparative account of other authorities whose ASCOF data may have been flagged with a data advisory due to challenges the pandemic has presented to data collection and authentication, and, insofar as this information may be available, a comparison of the results.

- e. A timeline for planned actions in response to the ASCOF results for 2019/20 and for 2020/21 when these become available.
2. That the following recommendations be made to the Strategic Director of Adult Care, Housing and Public Health:
- a. That the data format amended for future presentation materials with a view to clearly showing change over a period of time.
 - b. That a proactive communications plan be further developed whereby the wider public can be apprised of achievements in respect of Adult Social Care work programmes and available support schemes.
 - c. That policy options and frameworks be developed and system design be undertaken with a view to achieving greater parity of social care and health-based care in Rotherham, in anticipation of this provision being secured in forthcoming primary legislation.
 - d. That liaison with partner organisations and community connectors such as the Rotherham libraries service be undertaken to avail all resources and infuse valuable expertise into the further development of a digital access strategy.
 - e. That, toward bolstering the pathways whereby people with disabilities have gainful employment as part of full participation in the community, a strategic, place-based response be undertaken alongside partner organisations.
3. That a presentation illustrating the nuanced picture surrounding the gainful employment of people with disabilities be added to the 2020/21 work programme of the Health Select Commission.

List of Appendices Included

None

Background Papers

Members reviewed a briefing on ASCOF performance measures from 2019-20 as well as the performance measures from the previous year.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Outcomes from Sub-Group – Adult Social Care Outcomes Framework (ASCOF)

1. Background

- 1.1 Members met on 25 January to discuss the ASCOF results from the previous year. The receipt of data had been delayed at a national level by the urgent response to the ongoing pandemic; therefore the meeting was held as soon as the data had been received and analysed.
- 1.2 Because of the emergence of the pandemic during March 2020, the usual stringent data authentication and finalisation procedure could not be completed as would have been routinely done in a typical year. This has led to the flagging of Rotherham's ASCOF data and a data advisory being placed on the 2019-2020 results. Despite this challenge, officers analysed the available data that had been collected and presented the outcomes to the sub-group. Members of the group were advised to keep this data advisory in mind during the discussion and subsequent formulation of recommendations.

2. Key Issues

2.1 ASCOF-related Recommendations

- In discussion, Members raised several concerns and suggestions which have been reflected in the recommendations from this working group. The distinction was made that many of the indicators measure the perceptions of service users, which can be influenced from a number of angles that are sometimes not related to the delivery of the service itself. Even so, it was affirmed by officers and the Cabinet Member for Adult Social Care and Health that perceptions are important nevertheless, and Members were advised to take note of the indicators which attempt to quantify how people feel about their experience of the service. The work of the ASCOF therefore, is substantially to represent qualitative data in a quantitative measure.
- 2.2 Members expressed concerns around the delivery of reablement services. Assurances were provided that the figures regarding reablement services denote the number of patients who have actually taken up the offer of support, rather than a tally of how many times support was offered. Members expressed a desire to learn more in future ASCOF reports about the cohort of people who have taken up the reablement support offer.
 - 2.3 Members expressed an interest in any data that might explore a possible correlation between respondents' living independently, feelings of confidence, and perceptions of safety. It was concluded, however, that the ASCOF does not include any standard questions that would illustrate a potential correlation of this kind; and, as the survey had been declared voluntary for 2020/21, this data would also not be included in the next year's results. Whilst the Community Hub similarly does not collect data that would speak to potential correlations between perceptions of safety and personal independence, it was proposed that Community Hub data could be availed to indicate any increase in demand for Social Care referrals.

- 2.4 Further assurances were requested that the service has moved away from its historic over-reliance on residential care as a hospital discharge destination. Officers provided the clarification that historic over-reliance has since been reversed, as evidenced by a five-year downward trend in admissions to residential care following a hospital stay. The reasons for this downward trend bear explanation. Residents who have passed away have not been replaced at an equal rate, producing a drop in demand for residential care referrals. Over the past year in particular, this drop in demand could be attributable to COVID-19, as more individuals may be avoiding entering residential care at present, but the steady decline in referrals also signals that the social care pathways have been effective in helping people live independently at home for longer. At the time of this report, the residential care admission numbers were close to target level, at 260-300 per year. Therefore, it was suggested that analysis of the cohort entering residential care ascertain how many new residents had previously been receiving social care and reablement support which postponed their need for residential care.
- 2.5 Members expressed interest in receiving more contextual information around the ASCOF results of neighbouring authorities, who may have likewise incurred a data advisory flag due to the difficulties the pandemic has presented to data authentication. Members wished to know the proportion of authorities nationwide in a similar situation to Rotherham as regards ASCOF data collection and results, and insofar as such data may be available, Members requested that this be reported as part of the next ASCOF analysis.
- 2.6 Members requested that a timeline for planned actions in response to the ASCOF results also be provided as part of the next reporting, and that further reports show the previous years' measures in-line with the current year in future graphs and charts in order to provide context and a sense of trajectory over time. It was noted that this information was provided in the appendix, but it would be more easily read as part of the data visualisations in the report itself.

Service-related Recommendations

- 2.7 Arising from the ASCOF discussion, Members also proposed several suggestions related to social care. In respect of the ASCOF indicator around employment for people with disabilities, Rotherham's figures were noted to be below the national average; however, officers noted that this figure may not accurately reflect the progress that has been made. For example, individuals who are currently in training would not be counted as part of this figure. Officers and the Cabinet Member also emphasised the objective that people with disabilities be supported to participate fully in the community in the way that they so choose, which includes the choice to have gainful employment.
- 2.8 As exemplified in the discussion of reablement support and residential care referrals, Members noted the need for the provision of social care to have greater parity with the provision of health-based care, which has traditionally taken precedence in terms of both prioritisation and funding. This stance is echoed in the recent Government White Paper which heralds forthcoming primary legislation to this effect. It was therefore suggested that the service undertake preliminary policy and system design preparations that consider the implications of these changes in a Rotherham context.

2.9 Members further suggested that liaison with community partner organisations may help infuse valuable expertise into the place-based response around digital access and inclusion. In particular, the library service was proposed as a potential resource for furthering digital inclusion.

2.10 Finally, Members noted the need for a communications strategy to publicise the positive work accomplished by Social Care and the support schemes that are available to residents. Members emphasised the importance of getting the word out about the real progress that has been made and the many resources that are available now to provide support.

3. Options considered and recommended proposal

3.1 Rationale for recommendations is set out in the main body of the report.

4. Consultation on proposal

4.1 This report reflects the consultation with Members who are themselves the elected representatives of the citizens of the Borough, and who therefore represent the interests and wishes of the electorate.

5. Timetable and Accountability for Implementing this Decision

5.1 The timetable for implementing the recommendations will sit with the relevant officers. Following formalisation of the recommendations by Members, it will become clear which officers will be responsible for each recommendation.

6. Financial and Procurement Advice and Implications

6.1 There are no financial or procurement implications directly associated with this report.

7. Legal Advice and Implications

7.1 There are no legal implications directly associated with this report.

8. Human Resources Advice and Implications

8.1 There are no human resources implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 These are set out in the relevant sections of the report.

10. Equalities and Human Rights Advice and Implications

10.1 Members have had regard to equalities when considering recommendations and other matters arising from the Sub-Group.

11. Implications for Partners

11.1 These are set out in the relevant sections of the report.

12. Risks and Mitigation

12.1 Members have been advised previously of risk assessments and mitigation plans, and these have been taken into account in their consideration of potential recommendations.

13. Accountable Officer(s)

Craig Tyler, Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor
01709 254352 or katherine.harclerode@rotherham.gov.uk*

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