

HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 28 July 2022 at 5.00 p.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Yasseen (Chair), Baum-Dixon (Vice-Chair), Andrews, Barley, Bird, A Carter, Cooksey, Elliott, Griffin, Havard, Hoddinott, Keenan, Miro, Sansome, Thompson and Wooding.
- 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 30 June 2022 (Pages 3 - 8)

To consider and approve the minutes of the previous meeting held on 30 June 2022, 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 from Healthwatch Rotherham

To receive a verbal update in respect of recent activities and inquiries received by Healthwatch Rotherham.

7. Access to Dental Care (Pages 9 - 14)

To receive a report and presentation from NHS England in respect of access to routine and emergency dental care.

8. Carers Strategy and Young Carers (Pages 15 - 39)

To consider a report in respect of the delivery of the Carers and Young Carers programmes.

9. Representative to the Health, Welfare and Safety Panel

To receive nominations for a representative to the Health, Welfare and Safety Panel for the 2022/23 municipal year.

10. Revised Work Programme (Pages 41 - 49)

To consider and approve a revised outline programme of scrutiny work for municipal year 2022/23.

11. Urgent Business

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

12. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 29 September 2022, commencing at 5pm in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 30 June 2022

Present were Councillors Baum-Dixon (in the Chair), Councillor Jenny Andrews, Bird, Cooksey, Elliott, Griffin, Hoddinott, Havard, Keenan, Miro and Sansome.

Apologies were received from Cllrs Barley, A Carter, Thompson, Wooding and Yasseen.

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

1. MINUTES OF THE PREVIOUS MEETING HELD ON 7 APRIL 2022

Resolved:-

1. That the minutes of the meeting held on 7 April 2022, be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no members of the Public or Press had submitted a question to the meeting.

4. 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 proceedings.

5. DIAGNOSTIC SCREENINGS

Consideration was given to a presentation by the Principal Screening and Immunisation Manager and the Screening and Immunisation Coordinator, on behalf of the Public Health Programme Team for NHS England, North East and Yorkshire. The presentation included an overview of screening initiatives; Key objectives achieved in 2021/22; an overview of the NHSE Governance of the screening and immunisation programme; service restoration following the pandemic and workstreams associated with cervical, breast and bowel cancer screenings; challenges and risks in delivering the programme; and objectives for Rotherham 2022/23.

In discussion, Members requested more information around reasons for unequal access of screening services and what is being done to address this health inequality. The response from partners noted the importance of finding out what are the priorities of a community and to understand the

motivations of individuals. Meeting people where they are is more effective than giving out a ubiquitous generalised message that can miss a lot of people. The Programme fine tunes the delivery of messaging, for example, by thoughtfully deploying behavioural nudges within the delivery.

Members noted the communication channels and resources of the Council and expressed interest in knowing more about the ways the Council might be able to help deliver key messaging across the Borough in respect of prevention and screenings. The response from NHSE noted the value of local expertise to extend the reach of collaborative working around community. NHSE is aware that social media can be used for more awareness of screening and prevention initiatives.

Members cited a noteworthy example of Deborah James's work to reduce fear and increase ease of access. The response from officers noted the impact of depictions on BBC news and the importance of sustained, coordinated efforts to make sure that awareness does not drop off. It was clarified that the Trust provides access to two-week pathways and secondary care via GPs. There is access directly to equivalent tests via GPs.

Members expressed concern that the younger cohort is not as eagerly taking up the screening offer and expressed interest in more details around the effect of vaccines on screening. The response from NHSE noted that vaccination had massive impacts on reducing cervical cancer. The instances of cancers have greatly reduced. There is a misperception that, because one has had a vaccination, one need not attend for screening. The vaccination is a priority, and the two go hand in hand. Once someone has received a vaccine, that gets recorded on a national system which links into the cervical screenings, allowing a much more individualised understanding of the benefits of vaccination. Next month, the service plans to re-evaluate the current offer, but it was noted that partners had not received any reports of people not being able to get appointments. The services were looking at options for access, dovetailing with work going on nationally to make appointments easier for women to book. If a patient rings up about something else, the script can be read around the invitation to screening.

Members requested clarification around how the service caters for people with disabilities, for example for people who need to make appointments in unique ways. The response from NHSE partners noted that the way the screening services work with patients with learning difficulties or additional needs is flagging patients with a known learning difficulty. Then, for example, the bowel screening hub will let the health facilitator know to find out what support is needed to do the kit. NHSE is giving GPs the resources to do the same for cervical screening also.

Members requested more information around how Rotherham benchmarks in comparison with other areas in terms of uptake and participation. The response from the NHSE representative noted that Rotherham figures are better than the England average and that unvalidated data to date indicated an improving direction of travel. Reminder text messages issues have shown an increase in uptake. That data directly from providers is just starting to come through.

Members requested further detail about behavioural nudges. The response from NHSE noted that these tactics include personalising letters, with chevrons graduating from green to amber to red, and with increasingly more direct messaging.

Resolved:-

1. That the report be noted.
2. That the next update be submitted in 12 months' time.
3. That the outcomes of deep dives be circulated to Members as soon as these become available.
4. To extend the reach of awareness campaigns and communications in respect of diagnostic screenings, that the Communications Team collaborate with NHSE partners where possible.

6. ROTHERHAM PLACE MENTAL HEALTH UPDATE

Consideration was given to a report and presentation from Rotherham place partners in respect of mental health services. A supplemental report provided information in response to previous recommendations, specifically in respect of the RDaSH workforce, referral and treatment waiting times, and crisis service provision. The presentation included information in respect of:

- Enhancing Access to Support
- Out of Area Placements
- Early Intervention
- Older People's Mental Health / Memory Clinic
- Perinatal Services
- Other Community Services
- Addressing Health Inequalities

In discussion, Members requested that the future updates provide information around performance measures that show levels of effectiveness of the service areas. The response from RDaSH representatives noted that the KPIs were in place for services and quality indicator dashboards are available and will be provided as part of the next update.

Members also raised concerns that transport reduction across the area will make access to services even more difficult. Considering this, information was requested around plans to expand locations in deprived communities. The response from officers noted the need to strengthen service access within communities and invited Members to feed into potential areas where the service might need to focus attention.

Assurances were requested by the Co-optee from Speak Up Rotherham regarding collaboration with Speak Up feeding into the improvement of the RotherHive resource and the expressed desire of the service to expand easy-read resources. The response from Place Partners welcomed the opportunity to liaise with Speak Up Rotherham to feed into the improvement of these resources to make them easier to access.

Does individual placement support also include people with disabilities and autistic people who may have severe mental health issues. The answer from partners said that this support does include people with disabilities and autistic people.

Members expressed interest in knowing more about funding for mental health to recover from the pandemic. The response from partners described the emphasis on funding physical health care during the pandemic, and the national funding decision was not extended to cover long waits within mental health.

Members expressed interest in more details around timelines for next steps. These were noted to Members in the meeting and were agreed to be provided following the meeting as well. Among the action plans described, a key action plan was highlighted around suicide prevention and self-harm will be a national report available in September which will feed local implementation. Further, there were also plans being developed to reduce waits. A referral platform will be launched in August.

How is the service working collaboratively with perinatal, postnatal support and the hospital's maternity services. Descriptions were given of setup of triage clinics and work with midwives to identify patients who may be in need of perinatal service. The training package will be developed further.

Members requested additional information in respect of social prescribing. The response from Place Partners noted the success of the blue and green campaign to popularise the use of green spaces and water spaces to enhance overall wellbeing and mental health benefits. A slow start has been made in identifying groups that would apply for the programme. Additionally, some GPs do social prescribing. The service has successful case studies from working with people who are being discharged from hospital which could be better publicised as part of the social prescribing initiative.

Resolved:-

1. That the update be noted, and that the next update be submitted in 6 months' time, with emphasis on outcomes and quality KPIs and progress with backlog clearance in the memory and assessment and formulation clinics.
2. That ICB partners including RDaSH seek to collaborate with Speak Up around accessibility and inclusion work in respect of RotherHive
3. That Speak Up circulate the outcomes of current research work with universities to Members, ICB and RDaSH.

7. HEALTHWATCH ROTHERHAM

Consideration was given to a verbal update from the Manager of Healthwatch Rotherham. The update provided a breakdown of the 24 inquiries received by Healthwatch Rotherham since the most recent update on 30 June. Of these, nine were in respect of hospital patient experience. The departments associated with the inquiries received included A&E, maternity, urology, as well as more general inquiries.

Healthwatch will be working on a report on the topic of Long COVID. Healthwatch will also investigate defibrillators and training around defibrillator access and use. Many organisations do not know how or why to invest in defibrillator resources and training, which has recently been brought to the attention of Healthwatch Rotherham. In times of need, many people could not access a defibrillator when asked to by emergency services.

Further, an update on the consultation partnership with perinatal services was also provided. The Healthwatch Rotherham Engagement Officer had been recruited and was building links with key providers, signposting, and delivering face to face surgeries in the community. Future work on suicide awareness and breastfeeding work through the Health and Wellbeing Board was also highlighted.

Resolved:-

1. That the update be noted.

8. INITIAL WORK PROGRAMME

Consideration was given to a draft outline work programme, and Members were invited to feed into the revised work programme for submission to the next meeting of HSC.

Resolved:-

1. That the initial work programme be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.

9. REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL**Resolved:**

1. That this item be deferred to the 28 July 2022 meeting of Health Select Commission.

10. URGENT BUSINESS

There was no urgent business requiring consideration at this meeting.

11. DATE AND TIME OF NEXT MEETING**Resolved:-**

1. That the next scheduled meeting of Health Select Commission will be held on 28 July 2022, commencing at 5pm in Rotherham Town Hall.



**Yorkshire and the Humber
Rotherham Scrutiny Committee 28th July 2022 – Dentistry**

1. Background

NHS England (Yorkshire and the Humber (Y&tH)) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs.

It is helpful to remember that, unlike general medical services, patients do not 'register' with a dentist and it is not a requirement for a patient to be on a specific practice's list to access NHS dental care. Practices are only contractually responsible for seeing a patient whilst they are under a course of treatment or have recently completed a course of treatment.

While NHS England has the remit for providing dental services, Local Authorities have the statutory responsibilities around oral health improvement, including responsibilities in relation to water fluoridation and for commissioning evidence based oral health improvement programmes to meet the needs of the local population. Partnership working and complementary commissioning is important between local authorities and NHS England, through a community approach maximising the skills of the wider health and social care workforce by making every contact count. An example of this is the flexible commissioning programme (refer to section 5.3).

1.1 Key Challenges

- Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care.
- Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.
- Procurement: procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

2. Dental Provision in Rotherham

NHS England commissions primary care services from 26 dental practices in Rotherham (general high street dentistry). A number of additional services are commissioned by NHS England for Rotherham residents including Orthodontics, Intermediate Minor Oral Surgery (IMOS), Secondary Care services, Community Dental Services (CDS) and Urgent Care* accessed via NHS111.

The NHS CDS is provided by Rotherham Foundation NHS Trust which is a specialist service providing treatment for children and adults with special needs which also includes some domiciliary dental care.



Domiciliary dental care is also provided through a contract with one of the general dental practices in Dinnington to a number of care homes in the borough.

*Nb. *Urgent Care includes conditions which should receive self-help advice and treatment within 24 hours*

3. Impact of Covid-19 Pandemic

The COVID-19 pandemic and the requirement to follow strict infection prevention control guidance to ensure that patients could be treated safely, significantly impacted on dental services. Demand for NHS care is therefore significantly higher than pre-pandemic levels at all practices.

While the number of available appointments for regular and routine treatment is increasing, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand, all at the same time facing significant workforce challenges.

4. Access to NHS dental services

Many NHS dental practices also offer private appointments which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.

Prior to the COVID-19 pandemic, around 60% of Rotherham's adults and 62% of children had seen an NHS dentist in the previous 24 and 12 months respectively up to 31st December 2019. However, access to NHS general dental services has been affected by the COVID-19 pandemic. Up to 31st December 2021, 45% of Rotherham's adults and 43% of children saw an NHS dentist in the previous 24 and 12 months respectively. These figures were significantly lower than pre-pandemic levels, although still higher than those generally seen nationally.

4.1 Translation Services

To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. Dental practices and urgent care providers have arrangements in place. A recent Oral Health Needs Assessment (OHNA) has identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language barriers in accessing dental care (refer to section 6). Migrants do not require proof of address or proof of immigration status in order to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

NHS England (Y&tH) continues to work with partners to make healthcare services more inclusive and have identified the need to gather a baseline assessment of access to interpreter services across all NHS healthcare settings. The survey has been developed with input from a range of stakeholders across our region and is supported by the Health Inequality SROs for each of our Integrated Care Systems. Feedback from this survey will support improvement work to address healthcare inequalities among people with limited English proficiency and deaf people who use British Sign Language. NHS Dental services and commissioners have been contacted to complete the survey.

4.2 Looked After Children

A referral pathway has been established, by the Local Authority in Rotherham such that looked after children who do not have a regular dentist and children identified at health visitor assessments as being at high risk of poor oral health can be referred to one of the flexible commissioning practices for treatment (refer to section 5.3).

Foster carers should ideally take 'looked after children' to their own local general dental practitioner for regular dental care. If a foster carer is unable to secure a dental appointment, a referral pathway has been established in Rotherham so that looked after children who do not have a regular dentist, and children identified at health visitor assessments as being at high risk of poor oral health, can be referred to one of the flexible commissioning practices for treatment (refer to section 5.3).

In addition, if the foster carer has no dentist to take the child to, or the child has special needs, they can be referred to the Community Dental Services.

5. Improving Access to primary dental care

5.1 National £50m investment in NHS Dental Services (ended 31/03/2022)

As part of a national initiative, funding was allocated to the North East and Yorkshire region, to improve access and increase dental appointment availability for both examinations and treatment.

The care was delivered outside of core hours, such as early morning/evenings and weekends and had to be used before 31 March 2022. This investment was part of a focus on dental services, as services aim to return to pre-pandemic levels.

In Rotherham this provided 104 sessions, each session provided between 4 and 6 appointments, therefore an average of 416 and 624 additional urgent care and subsequent stabilisation appointments for patients (dependent on the complexity of treatment) across 3 dental practices between 7 February and 31 March 2022.

5.2 Dental Access Project

Funding has continued to provide additional investment to support access for patients. NHS England will continue to work with those practices who have received funding in Rotherham to support increased access to dental services. There are currently 6 practices in this scheme in Rotherham, i.e 5 in Rother Valley and 1 in Wentworth & Dearne. NHSE is considering opportunities to allocate any additional funding whilst utilising the findings of the OHNA to target Local Authority areas and practices meeting the criteria.

5.3 Flexible Commissioning Programme

A recent evaluation of the Flexible Commissioning Programme, demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the dental workforce. The scheme has been extended for a further 12 months from 1 April 2022, which will enable further refinement and evaluation to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently 6 flexible commissioning practices in Rotherham taking part in the flexible commissioning programme, which aims to support delivery of preventative care to reduce inequalities, offer access to new patients and develop the dental workforce and

make good use of skill mix. NHS England is currently seeking expressions of interest from dental practices with the aim of extending the scheme to other practices across the Y&tH area.

6. Oral Health Needs Assessment

Following on from the 2015 South Yorkshire and Bassetlaw Oral Health Needs Assessment, a Rapid Oral Health Needs Assessment (Y&tH) has been completed in 2022. The purpose of this work is to help understand the oral health inequalities across Y&tH and the evidence base. This will inform the principles that will underpin strategy and work programme development, address inequalities and meet population need and demand.

In summary, headline information includes:

- In 2019, 31.6% of 5-year-olds in Rotherham had experience of tooth decay (one or more decayed, missing or filled teeth), which was significantly higher than the national average (23.4%), and Y&tH average (28.7%). (Ref: [2019 National Dental Epidemiology Survey of 5-year-old school children](#)).
- Rotherham experiences high levels of deprivation, and inequalities in oral health exist with those in the most deprived areas experiencing poorer oral health across all age groups (5 year olds survey, 2019). The highest levels of experience of tooth decay were clustered around the Central locality (44.8%). Levels were also higher amongst non-white ethnic groups. Rotherham has a significant Roma community, with high levels of poor oral health.
- The population is ageing, have more complex oral health and health needs and managing the dental needs of older people is challenging and may require specialist skills (also see section 6.2). Regular dental check-ups are important even for those who have no natural teeth, as dentists routinely check for oral cancer. The incidence of oral cancer (ICD C00-C14) for Rotherham from 2012-2016 (15.47 per 100,000) appears to be slightly higher than both regional and national levels, although mortality rates are similar. (Ref: [Oral cancer in England - GOV.UK \(www.gov.uk\)](#))
- Particular consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including individuals and communities that are deprived and vulnerable children known to the social care system, individuals with severe physical and/or learning disabilities, poor mental health, those who are overweight or obese, older adults, prison leavers, homeless, Gypsy, Roma and Traveller Communities, asylum seekers, refugees and migrants.
- Dental services are not equitably distributed, and a health equity audit approach is currently being developed to determine equity of access to dental services in Y&tH, including urgent care services. This will identify areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need. This will be used to guide future commissioning of services in Rotherham.

The recommendations from the 2022 rapid OHNA will inform the development of the NHS England Dental Strategy for Y&tH.

6.1 Hospital dental Extractions

Most children accessing secondary care in Rotherham will do so for dental extractions under general anaesthetic. Nationally, there has been a 58.4% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19-year-olds compared to the previous year, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID-19 outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand.

Table 2 shows the pre and post pandemic data for South Yorkshire. It is clear that in Rotherham, there has been a significant reduction in dental extractions rates between 2019-20 and 2020-21, reflecting the limited access to hospital lists for dental extractions due to the pandemic, which is now improving. Despite the pandemic, South Yorkshire continues to experience above average levels of hospital extractions with some of the highest levels of paediatric dental extractions seen nationally.

Table 2: Finished Consultant Episodes tooth extraction rate with caries as the primary diagnosis per 100,000 target population

| LA name | 0-5 year olds | | 6-10 year olds | | 0-19 year olds | |
|------------------|---------------|--------------|----------------|--------------|----------------|--------------|
| | 19-20 | 20-21 | 19-20 | 20-21 | 19-20 | 20-21 |
| Barnsley | 825.2 | 413.1 | 1936.0 | 896.1 | 889.2 | 427.4 |
| Doncaster | 1028.6 | 230.2 | 2800.8 | 535.2 | 1172.8 | 245.9 |
| Rotherham | 1243.7 | 381.6 | 2488.3 | 803.0 | 1167.4 | 367.0 |
| Sheffield | 916.4 | 677.4 | 2095.5 | 1390.2 | 943.0 | 620.2 |
| England | 265.1 | 113.0 | 526.6 | 214.7 | 264.9 | 109.9 |

Source: <https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021>

Rotherham has one of the highest levels of hospital tooth extractions among 0-19 year olds nationally, with almost 3% of 6-10 year olds undergoing this procedure in 2019-20 (2.5% in Rotherham compared with 0.5% nationally). It is the most common reason for hospital admissions in the 6-10 year old age group.

Tooth decay in childhood is a predictor of decay in later life and supports the need for early intervention including Dental Check by 1 (DCby1) and local oral health promotion interventions at individual and community level.

6.2 Future Needs

The population of Rotherham is increasing, which will increase demand on dental services. In particular, the predicted 28% increase in the population of older adults (65+ years) and 70% increase in the population of the 85+ age group between 2020 and 2040 will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates, and provision of domiciliary care for those who are housebound. The World Health Organisation recognises that good oral health is an essential part of active ageing.

7. Current initiatives

7.1 Review of Community Dental Services

The NHS Community Dental Services in Y&tH provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services. Rotherham Foundation Trust is commissioned to provide the Community Dental Service in Rotherham. They provide a range of services, which include special care and paediatric dentistry, including treatment under general anaesthetic.

A service review commenced in February 2022. This will set out key recommendations to inform discussions in relation to future service design, commissioning intentions and approaches which includes potential geographical footprint to ensure equitable provision and access to sustainable services and proportionate allocation of funding based on need. The review will make its recommendations in Autumn 2022

7.2 Care Homes

Many residents in care homes in Y&tH do not have access to regular dental care. There are some dental practices who do provide a domiciliary service to patients, but this is patchy and inconsistent. In those cases where residents are seen it is often only when they have an urgent dental need or have lost dentures; it tends to be a reactive service.

In Rotherham, domiciliary dental care is provided by one general dental practice which sees a small number of care homes to provide an annual examination and treatment for residents. Staff from the practice also visit a small number of other care homes to provide services on an ad hoc basis when required. In addition, the Community Dental Services will see patients meeting their strict criteria. As such, domiciliary care is patchy across Rotherham and not all care homes are able to access a domiciliary service for their residents.

NHS England is reviewing the provision of dental care for residents in care homes who are house bound. This will also make the necessary recommendations for consideration.

7.3 Dental System Reforms

On the 19th July 2022 the outcome of the national 2022/23 Dental Contract Negotiations were confirmed. This represents the first significant change to the contract since its introduction in 2006.

These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. The NHS England (Y&tH) commissioning team is working through these changes in line with national guidance and to consider opportunities for additional local schemes.

Report prepared by:

Debbie Stovin

Dental Commissioning Manager, NHS England

Date: 19th July 2022

Committee Name and Date of Committee Meeting

Health Select Commission – 28 July 2022

Report Title

Carers Strategy – Status Update July 2022

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

Yes

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

In January 2022 the Health and Wellbeing Board endorsed the work of The Borough That Carers Strategic Group and signed of the first draft of the Carers Strategic Framework. This report provides an update on the progress made against the Carers Strategic Framework.

Recommendations

1. Members of the Health Select Committee note the progress that is being made in line with The Borough That Cares – Strategic Framework
2. Members of the Health Select Committee acknowledge the work done by 3rd sector organisations in support of The Borough That Cares – Strategic Framework

List of Appendices Included

Appendix 1 The Borough That Carers – Strategic Framework 2022-2025 *Creating a carer friendly Rotherham*

Background Papers

N/A

Council Approval Required

No

Exempt from the Press and Public

No

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| 1. | Background |
| 1.1 | <p>Unpaid carers are the backbone of the care system, which would not be able to function without their support. Caring for a loved one can be a positive and rewarding experience, but carers need support to continue their vital role. Devoting significant time to unpaid care can not only lead to a downturn in carers' health, but it can also make it difficult for them to maintain social relationships and to keep working or learning, which can affect their financial security. More people are caring for a loved one than ever before, and organisations within the Borough remain committed to helping carers.</p> <p>The Rotherham Health and Wellbeing Board set off a vision for Rotherham to be a carer friendly Borough. More than 30,000 of us are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise couldn't manage without our help due to illness, disability, addiction or mental ill health. This care is often invisible.</p> <p>The Carers Strategy has been developed in partnership with colleagues across the Council, Health and the voluntary sector. The Strategic Framework sets out a vision for working with and supporting Carers, it also provides an action focused road map for how we will achieve this change directly with carers. Over the next three years, we will work to deliver the actions, and will continue to put Carers at the heart of this process through their direct involvement in the Borough That Cares Strategic Group.</p> |
| 1.2 | <p>Corporate Plans & Legislation:</p> <p><u><i>Council Plan:</i></u> Carers are covered by the Council plan on page 10 – ‘we work with health and community partners, to provide accessible, high-quality services for adults with care and support needs, including those with disabilities, older people and their carers. The Council Delivery Plan has an action to deliver and launch a new Carers Strategy.</p> <p><u><i>Health and Wellbeing Board:</i></u> The Carers Strategy is governed by the Health and Wellbeing Board and is cited in the action plan. Regular updates are provided to the Board.</p> <p><u><i>Prevention and Health Inequalities Action Plan:</i></u> Carers feature in the Prevention and Health Inequalities strategy and is cited in the action plan that is governed by the Place Board. Regular updates are provided to the Board.</p> <p><u><i>The Care Act 2014 and the Children and Families Act 2014:</i></u> Carers have a number of legal rights and public sector bodies have a number of legal duties. The main acts which set these out are the Care Act 2014 and the Children and Families Act 2014; many carers rights and principles are mirrored in both.</p> |

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| 1.3 | The Strategic Framework is a coproduced approach that aims to build on the profile of services offered by the council – please see Appendix 1 for a breakdown of services available to support unpaid carers. |
| 2. | Key Issues |
| 2.1 | <p><u><i>The Borough That Cares Strategic Group</i></u> consists of people from health, social care, the voluntary sector and crucially people with lived experience. The group meets on a monthly basis with the overarching aim: to create a carer friendly borough. To do this the group ensures carers are involved in making key decisions about action plans and the delivery of services.</p> <p>Carers are involved all the way through the work – from planning to delivering to evaluating. This is about real-life impact and change for carers; we have created a strategic framework from the individual stories of the people who know best about caring - our carers.</p> |
| 2.2 | <p><u><i>Carers Strategy</i></u>: The current version of the strategic framework has been drafted and was signed off by the Health and Wellbeing Board in January 2022. The strategy is a live document and will be updated on an ongoing basis. The carers voice is embedded into the framework, as is role of young carers.</p> <p>Our carers have told us that we need to keep the plan simple and focus on things that make a real difference to carers. By taking a community development approach balanced with preventative practices we aim to support carers to flourish and therefore protect precious formal support resources for when a carer hits a crisis point.</p> <p>The framework defines how we will create a carer friendly borough; setting out three areas of focus that will be delivered over the next three years:</p> <p>1: Carer Cornerstones - <i>Key Objective: Consolidating a community offer for carers ensuring 3rd sector organisations are stabilised.</i></p> <p>2: Creating Communities of support - <i>Key Objective: Ensure organisations work together to provide services that are flexible and accessible throughout the borough.</i></p> <p>3: Carer Friendly Borough - <i>Key Objective: Carers feel their role is understood and valued by their community.</i></p> <p>The Borough That Cares Strategic Group are considering when and where the framework will be launched.</p> |
| 2.3 | <p><u><i>Carers Week: 6th to 12th June 2022</i></u>: Carers Week is an annual campaign to raise awareness of caring, highlight the challenges unpaid carers face, and recognise the contribution that they make to families and communities throughout the UK. This year, the theme of Carers Week was <i>Make Caring Visible, Valued and Supported.</i></p> |

During the 2022 Carers Week, Rotherham Metropolitan Borough Council organised an event, in partnership with Crossroads Care, to offer information, support and advice to Rotherham's unpaid carers. The event was advertised through the Borough That Cares Strategic Group and via social media, its town centre location meant that it was highly visible on the day.

The following organisations took part in this event:

- Rotherham Metropolitan Borough Council Assistive Technology
- Rotherham Metropolitan Borough Council Reablement and Sensory Service
- Crossroads Care Rotherham
- Rotherham Carers Forum
- Rotherham Barnardo's Young Carers
- Rotherham Sight & Sound

The event took place on 7 June 2022, from 10am to 3pm, in an outside stall next to the Crossroads Care Rotherham office in All Saints Square, Rotherham; information leaflets from the above agencies were on display, and staff were available to answer any questions or queries. For those who wished to make a one-to-one appointment with a member of staff, the Crossroads Care training room was made available throughout the day, and there was also the opportunity for carers to arrange telephone appointments for a later date.

Between all of the partners, over one hundred contacts with unpaid carers were recorded, which shows that a large number of carers were able to obtain accurate advice and information and / or were signposted to other organisations on the day.

The carers event coincided with the Queen's platinum jubilee celebration, and both the Mayor of Rotherham and the Cabinet Member for Adult Care and Integration were in attendance to speak with carers.

This work maps to the strategic framework as it supports:

Area of Focus 1: Carer Cornerstones Key Objective: Consolidating a community offer for carers ensuring 3rd sector organisations are stabilised.

Measure of success covered by the event:

- ✓ *Safe and friendly spaces are accessible so carers can enjoy themselves and meet others*
- ✓ *Carers know where to go and who to ask for support and advice*

To show we are making progress we will:

- ✓ *Record the number of activity and events that take place and gather case studies of positive outcomes for carers*

2.4 *Rotherham Primary Care Carers Resource Pack:* The Service Improvement Team has been providing support to NHS England and NHS Improvement who are developing a carer resource pack for Primary Care. The purpose of

this pack is to provide information to Primary Care Teams so they can effectively support unpaid carers they come into contact with.

The pack has been developed by a range of stakeholders at Place from Health, The Local Authority and the VCSE sector. The pack aligns with Local and National guidance and has been developed from

- [NHS England's Quality Markers for Unpaid Carers](#) – this set of Markers provides practical ideas on actions that can be taken to support unpaid carers – a note on the relevant Quality Markers are noted on each slide
- [NICE quality standard on supporting adult carers \(QS200\)](#) helps improve the quality of care provided to adult carers and supports better outcomes. Links to the relevant quality statements are noted on each slide. The NICE quality standard should be read together with the [NICE guideline on supporting adult carers \(NG150\)](#)

An event was held on 08/06/2022, during Carer's Week, at New York Stadium. This event included one hundred delegates, with funded places for carers and GPs. It included keynote speakers, followed by local authority workshops at which everyone who was involved in producing the resource pack can discuss next steps, how to embed the packs, and how to generate a network of carers champions. The Service Improvement and Governance Manager – Adult Care, Housing and Public Health facilitated a workshop at the 08/06/2022 event, and members of The Borough That Cares Strategic Group have been involved with the development of the carers pack across their networks.

This work maps to the strategic framework as it supports:

Area of Focus 1: Carer Cornerstones Key Objective: Consolidating a community offer for carers ensuring 3rd sector organisations are stabilised.

Measure of success covered by this area of work:

- ✓ *Carers know where to go and who to ask for support and advice*

To show we are making progress we will:

- ✓ *Monitor information (pack) requests*

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| 2.5 | <p><u>Crossroads Care:</u> A significant range of support that aligns with the outcomes of the Carers Strategic Framework is provided by Crossroads Care; carers groups, carer activities and events, complementary therapies and volunteering opportunities.</p> <p>Conversations are underway with Commissioning colleagues in relation to the financial sustainability of the services provided by Crossroads. Officers are actively exploring further options for funding, looking at possibilities through the Better Care Fund, a joint budget with the Council and Rotherham CCG. The draft funding proposals for 2022/3 are currently being developed.</p> |
| 2.6 | <p><u>Carers Forum:</u> Council officers hold fortnightly MS Teams catch-up sessions with the Rotherham Carers Forum (RCF), during the sessions</p> |

RCF relay any concerns about carer wellbeing and strategic issues. The most recent meetings have focused on the following topics:

- Recruitment for Rotherham Carers Forum: RCF has received funding for an admin worker through one of the C19 grants. The worker will be in place for two days per month, and their responsibilities will include writing the newsletter and starting work on a database of carers.
- Carers Assessment Poll: RCF held a carers assessment poll on the RCF Facebook site, and the results have been discussed at The Borough That Cares Strategic Group. Outcomes are being picked up by Adult Service and informing improvement work within assessment teams.
- Joint working is underway to support the resumption of face-to-face Rotherham Carers Forum meetings.

2.7 Young Carers: The Young Carers Service is commissioned by RMBC Children and Young People's Services (CYPS) to Barnardo's.

As part of the discussions of the Adult Carer's Strategy at the 8 July 2021 meeting of Health Select Commission, a spotlight review was undertaken in tandem with Improving Lives Select Commission to examine the support available for young carers both during the pandemic and entering the recovery phase. Members met with service leads from the Council's Early Help Service and Barnardo's on 22 October 2021.

The three recommendations were generated by Members which derived from discussion during a Q&A session with service leads. This report provides an update on progress against the recommendations, together with details of timescales and accountabilities. The recommendations from the review were agreed by Health Select Commission on 25 November 2021, and by Overview and Scrutiny Management Board on 19 January 2022 and Cabinet on 28 March 2022.

Cabinet's response to those recommendations was considered and approved at its meeting on 20 June 2022. The recommendations to Cabinet from the Scrutiny Review – Support for Young Carers were:

- a) That action plans and performance matrix be supplied as part of the next update in 6 months' time.
- b) That a plan be developed to address the current data gap in respect of young carers who mature into adult carers, with a view to providing the best preparation possible and making this transition as seamless as possible for young carers who may continue to have caring responsibilities into adulthood.
- c) That consideration be given to how best to provide additional support to young carers seeking to access employment skills, education and training.

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| | <p><i>Please see Appendix 2 for an overview of the Young Carers Service including the updates in line with action planning, the performance matrix and access to employment skills, education and training.</i></p> <p>Representatives from CYPS and Barnardo's attend The Borough That Cares Strategic Group. Officers from Barnardo's provide a bi-monthly update to the strategic group and this ensures the young carer agenda is high profile within the strategic framework conversations.</p> <p>Council officers also support the Young Carer Council and plans are in place to ensure regular conversations occur to bolster the voice and engagement input of young carers.</p> |
| 2.8 | <p><i>The work progressed by (2.5) Crossroads Care, (2.6) Rotherham Parent Carers Forum and the work with young carers (2.7) maps to the <u>strategic framework as it supports:</u></i></p> <p><i>Area of Focus 1: Carer Cornerstones Key Objective: Consolidating a community offer for carers ensuring 3rd sector organisations are stabilised.</i></p> <p><i>Measure of success covered by this area of work:</i></p> <ul style="list-style-type: none"> ✓ <i>Safe and friendly spaces are accessible so carers can enjoy themselves and meet others</i> ✓ <i>Carers are experts and their voice is heard via a Voice & Engagement Group</i> ✓ <i>Carers know where to go and who to ask for support and advice</i> <p><i>To show we are making progress we will:</i></p> <ul style="list-style-type: none"> ✓ <i>Count the number of meeting places we have and make available for carers</i> ✓ <i>Record the number of activity and events that take place and gather case studies of positive outcomes for carers</i> |
| 3. | Options considered and recommended proposal |
| 3.1 | <ol style="list-style-type: none"> 1. Members of the Health Select Committee note the progress that is being made in line with The Borough That Cares – Strategic Framework 2. Members of the Health Select Committee acknowledge the work done by 3rd sector organisations in support of The Borough That Cares – Strategic Framework |
| 4. | Consultation on proposal |
| 4.1 | <p>Carer organisations came together in May 2020 to ensure a joined-up response to the Covid-19 Pandemic. The Unpaid Carers Group formed to support the emergency response work and this ensured the carer partnership was as strong as it could be in the most extreme</p> |

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| | of circumstances. The aim of all the organisations involved in the partnership conversations were to support carers through the pandemic. These organisations remained connected and through a programme of focus group sessions in 2021 shaped and created our Strategic Framework for 2022-2025. |
| | |
| 5. | Timetable and Accountability for Implementing this Decision |
| 5.1 | The framework defines how we will create a carer friendly borough; setting out three areas of focus that will be delivered over the next three years 2022 - 2025 |
| | |
| 6. | Financial and Procurement Advice and Implications |
| 6.1 | <p>Finance:</p> <p>Officers are actively exploring further options for funding, looking at possibilities through the Better Care Fund, a joint budget with the Council and Rotherham CCG. The draft funding proposals for 2022/3 are currently being developed in line with BCF planning guidance 2022/23 which provides renewed emphasis on providing carers breaks and carers support for unpaid carers</p> <p>The Better Care Fund currently has a budget allocation of around £600,000 to provide support to a range of Carers Support Services. for 2022/23.</p> <p>The funding to support carers could be reinvested to provide an increase in the number of Carers Assessment / Carers Direct Payment as per the requirements of the Care Act 2014. The impact on current contracts, staffing and budgets will need to be considered and aligned to avoid creating additional service pressures. This would need to align to the priorities of the Carers Strategy. However, approval would also need the agreement of the BCF Executive Group.</p> |
| 6.2 | <p>Procurement:</p> <p>As an update report, there are no arising procurement implications.</p> |
| 7. | Legal Advice and Implications |
| 7.1 | The Care Act 2014 places a duty on the local authority to assess a carer's support needs (a carer caring for an adult) where there is the appearance of needs and to meet those needs where certain criteria are met. The Children and Families Act 2014 gives young carers and parent carers similar rights to assessment. The Care Act also places duties on the local authority to prevent and reduce potential needs by the provision of services, information and advice. The Carers' Strategy seeks to achieve those outcomes. There are anticipated future changes outlined in the Adult Social Care Reform White Paper (published on 1 December 2021) in which the Government has detailed a number of proposals and commitments to carers. It is note that the Carers' Strategy is a live and flexible document and so this will permit the Strategy to adapt to respond to any legislative change over time. |
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| 8. | Human Resources Advice and Implications |
| | N/A |
| 9. | Implications for Children and Young People and Vulnerable Adults |
| 9.1 | <p>The implications for Children, Young People and Vulnerable Adults are set out in section 2.7 of this report (young carers) and section 2.8 (work to achieve the strategic framework) which demonstrates the impact of activity including:</p> <ul style="list-style-type: none"> ✓ <i>Safe and friendly spaces are accessible so carers can enjoy themselves and meet others</i> ✓ <i>Carers are experts and their voice is heard via a Voice & Engagement Group</i> ✓ <i>Carers know where to go and who to ask for support and advice</i> <p>Further implications for young carers are detailed within the Briefing; Young Carers attached to this report (Appendix 2).</p> <p>Representatives from CYPS and Barnardo's attend The Borough That Cares Strategic Group.</p> |
| 10. | Equalities and Human Rights Advice and Implications |
| 10.1 | For Cabinet reports, append the equality impact assessment (EIA) set out any key equalities issues and mitigations identified through the EIA. |
| 11. | Implications for CO₂ Emissions and Climate Change |
| | N/A |
| 12. | Implications for Partners |
| 12.1 | <i>The Borough That Cares Strategic Group</i> consists of people from health, social care, the voluntary sector and crucially people with lived experience. The group meetings on a monthly basis with the overarching aim: to create a carer friendly borough. |
| 13. | Risks and Mitigation |
| 13.1 | <p>Co-production takes time and organisations are balancing operational duties with strategic conversations – this can mean that timelines are often subject to change.</p> <p>According to the recent social media mini-poll and feedback from other organisations, carers assessments are not as effective and beneficial as they could be, possible due to time and resource constraints.</p> |
| | Accountable Officer(s) Nathan Atkinson – Assistant Director Strategic Commissioning |
| | Approvals obtained on behalf of: |

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| | Name | Date |
|---|---|-----------------------------|
| Chief Executive | | Click here to enter a date. |
| Strategic Director of Finance & Customer Services (S.151 Officer) | Named officer | Click here to enter a date. |
| Assistant Director of Legal Services (Monitoring Officer) | Named officer | Click here to enter a date. |
| Assistant Director of Human Resources (if appropriate) | | Click here to enter a date. |
| Head of Human Resources (if appropriate) | | Click here to enter a date. |
| The Strategic Director with responsibility for this report | Please select the relevant Strategic Director | Click here to enter a date. |
| Consultation undertaken with the relevant Cabinet Member | Please select the relevant Cabinet Member | Click here to enter a date. |

Report Author: Jo Hinchliffe – Service Improvement & Governance Manager
01709 255506 or jo.hinchliffe@rotherham.gov.uk

This report is published on the Council's [website](#).

Appendix 1: Unpaid Carers Services Commissioned by the Council:

1. Carers Emergency Scheme:

Domiciliary care service for a period of up to 48 hours (72 at BH) when substitute care is necessary as a result of any sudden or unplanned event that incapacitates the unpaid carer and it would be unsafe to leave the cared for person without support. The service is not charged for and provides peace of mind for unpaid carers registered to the scheme who are undertaking regular and substantial care of vulnerable adults should informal replacement care and support be unavailable. A referral to ACI for assessment is triggered and care and support needs beyond the 48/72-hour period result in continuation of care as required.

Contract Value: £23,000 per annum – currently at risk as we cannot secure a provider to deliver the contract. Plan is to host the service in the IRR Team on a temporary basis.

2. Carers Support Worker Service/Dementia Café:

Outcome focused service to improve the quality of life and promote independence for unpaid carers and people living with dementia. The primary objective of the service is to reduce the requirement for more intense intervention by offering; individual support to unpaid carers supporting people living with dementia (all levels) and group support to carers and individuals living with low to moderate levels of dementia. The group support is delivered at a number of Dementia Cafés (memory cafes) taking place at a number of locations across the Rotherham Borough. Individual support is offered to unpaid carers in their homes, via face to face or telephone contact and/or at various locations according to the service user choice within Rotherham.

Contract Value: £78,600 per annum – this has just transferred to a grant agreement – for a period of 2 years - RCCG have injected £3,000/per annum.

3. Home Care and Support Services to unpaid carers:

Crossroads Care Rotherham provide home care and support to 78 people who live with or receive support from an unpaid carer. The specialist nature of this service provider means that they are able to provide support to connect Unpaid Carers to relevant statutory or voluntary services. Expected outcomes for eligible Unpaid Carers and the person that they care include:

- Improving quality of life for unpaid carer and the person they care for
- Enabling unpaid carers to enjoy a life outside their caring role
- Achieving greater independence for the unpaid carer
- Having an improved sense of carer wellbeing, mental and physical health
- Reduce carer isolation
- Increase local community, voluntary sector, and social enterprise involvement
- Maintaining/increasing the independence for person being cared for and by
- Sustaining the unpaid carer increasing the chances of the cared for person to remain at home for longer

The Council expends £9,250/wk gross (approximately £481,000/per annum) on the home care and support service.

Expenditure: IRO - £481,000/per annum

4. Unpaid Carers Service accessed by Direct Payments:

Crossroads Carers Rotherham as above

Expenditure: IRO £78,000 per annum

It may be useful to examine each arrangement to estimate whether the unpaid carer is a primary or secondary beneficiary of the service. This could be achieved during the review of all DP care packages.

5. Unpaid Carers – Crossroads Care Rotherham - Home Care and Support and Break Service:

This service although commissioned is not yet actively commissioned on an individual basis as Carers Personal Budgets are not activated currently. The service commissioned includes a Flexible Carers Break Service, provided to Unpaid Carers utilising the allocated weekly hours, determined by a Carers Assessment, to allow the Unpaid Carer to have a break from their caring duties. This service has not yet developed but could be through either Unpaid Carer Personal Budgets/DP or Contracted arrangement – brokered via the brokerage support service. A Carers Centre (VCS) could also administer this along with a Carers Assessment (delegated)

Expenditure: Nil currently. – Risk – Unpaid Carer Personal Budgets are a requirement in the Care Act 2014/carers assessment to determine this but there is currently no arrangements – financial or otherwise. There is however some contract arrangements in place as above.

Unpaid Carers Services Commissioned by Health:

6. The Carers Resilience Service – Crossroads Care Rotherham: Annual Expenditure: £650,000

Briefing: Young Carers www.barnardos.org.uk

Barnardo's Registered Charity Nos. 216250 and SC037605

Context

The Young Carers Service is commissioned by RMBC Children and Young People's Services (CYPS) to Barnardo's. A review, carried out during 2021, into the Strategic Partnership with Barnardo's recommended that the Young Carers Service agreement was continued via new grant arrangements for 3 years, with annual break clauses. The review concluded that the Young Carers Service is well-established, with clear aims and objectives that lead to good outcomes for young people.

The total service cost is £76,231. With CYPS investing £42,850 and Barnardo's contributing £33,381 from their own funds. Barnardo's also attract additional external funding to support activities for Young Carers.

The service provides support to children and young people from the age of 8 to 18 (up to 19th birthday) who give care to someone in their family, usually a parent, grandparent, sibling, or someone very close to them. The person they care for may have a physical disability, ill mental health, sensory and/or learning difficulties or problematic use of alcohol or drugs.

Referrals are made through School, Health, Social Care, Voluntary Organisations, and self-referrals from families are also accepted.

The service is time limited, typically 6 to 12 months where following assessment including (MACA and PANOC tools) It provides solution focussed support which includes an individual support plan, specifically tailored to each child/young person's needs as a young carer. This can include:

- One to one support where assessed need identified.
- Support to give a better understanding of the person they care for in terms of illness/difficulty - in child/young person friendly terms.
- Issue Based Group work around confidence, self-esteem, anger management, stress management and relaxation, keeping safe, bullying, health/hygiene and first aid training.
- Access to group social activities whilst with the service. Support to aid social inclusion.
- Support in school to help with attendance and any other difficulty which may be identified in the assessment process to ensure young carers receive the appropriate support to enable them to achieve and have the same opportunities as their peers.
- Training and advice to schools and other services in contact with Young Carers.

Performance

Performance review meetings take place each quarter with the most recent being held on 21/04/22. Data collected includes referral source, age, gender, ethnicity, disability status. Q4

performance report is contained in Section A and the Key Performance Indicators are attached as Section B.

Data Gap

CYPS performance team are exploring including any children and young people being supported by Early Help or Social Care who are identified as young carers on the transitions dashboard which is currently being further developed. This would help make the transition as seamless as possible for young carers who may continue to have caring responsibilities into adulthood. Any changes would be dependent on ensuring that the data could be collected and identified in the right way and the quality of the data being accurate.

Locally and nationally, there is a potential data-gap as young carers become young adult carers as there is no available mechanism for professionals to use, such as a national register of young carers. Awareness raising and information sharing across the childcare and education provision are key factors in ensuring children are identified and potential support needs for themselves and their families are assessed and addressed.

There are no current long term follow-up studies in place to gather information from young adult carers. There are significant challenges to consider in terms of data protection and consent, as in essence this study would be asking children to consent to being contacted when they are adults, and their view may have changed or their life circumstances, meaning that they see the 'later' contact as unwelcome. It is likely that such a study could only be an offer that the young person could voluntarily contact the service to update on their progress if they wished to do so. Whilst this may mean that some data is collected, it may not be seen as empirically valid with the likelihood that only positive updates would be received.

In Rotherham Young Carers are identified when referred to the Young Carers Service which is commissioned to Barnardo's via RMBC CYPS. In addition, secondary school pupils in years 7 and 11 are asked via the Lifestyle Survey to provide information around any caring responsibilities they may have.

To mitigate the data-gap in Rotherham regular formal meetings take place for all local services to connect and update on issues and developments. The Barnardo's Team manager attends 'The Borough That Cares' Strategic Group, a monthly strategic forum chaired by RMBC. Individual meetings have also been held with the Co-ordinator, to ensure our service and the voice of the young carers' representatives (Young Carers Council) are contributing to the Rotherham Carers Strategy that is under development.

Education, Employment skills and Training

Effective liaison is in place between statutory and voluntary services. There is an acknowledged shared goal of seeking to ensure that young carers do not miss potentially life-changing opportunities for education, employment, and training due to the demands of their caring role. Individual assessments and tailored support are offered to young people to encourage and support them to identify and achieve their personal goals.

Joint working with Social Workers and Early Help Workers continues to ensure the children and young people receive the best possible co-ordinated support to enable them to achieve their full potential.

The RMBC Early Help NEET Lead attended Barnardo's team meeting on 22nd March and plans are in place to progress additional support for young carers.

Barnardo's staff continue to work collaboratively with Higher Education Progression Partnership (Hepp) which works across the Sheffield City Region to encourage more children, young people, and adults to consider higher education opportunities. Where identified, staff have supported and encouraged parents/carers of young carers, to attend virtual sessions delivered by HEPP to support them with their child moving on to university. Staff at Barnardo's have completed a 'Nomination Form' for Sheffield Hallam University. The form is specific to young carers (also young people with disabilities/Care leavers/LAC and other young people with additional needs/barriers) to access support as a young carer through the application process and when they commence university.

Barnardo's Team members supported 2 young carers to a 2-day event in March held jointly by Sheffield and Hallam Universities aimed at encouraging young carers to apply for university and addressing their potential needs and issues.

Section C includes a case study related to young man's transition to college.

From an Early Help Service perspective, all young carers who are NEET will make up part of the Outreach & Engagement Caseload and are offered practical help and support in order to access training, education or employment. Outreach & Engagement workers have a good awareness of young carer needs and work with families to ensure that young people can achieve their aspirations. When a young person is open also to Barnardo's the Outreach Worker will liaise to ensure a collaborative approach

Section A

Rotherham Young Carers

| | |
|-----------------|---|
| Title: | Barnardo's Rotherham Young Carers (Quarter 4 2021-2022) |
| Date: | March 2022 |
| Author: | Kevin Hynes |
| Version: | 1 |

1. SERVICE DELIVERY

- 1.1** We are pleased that we have exceeded the agreed target of 50 new cases opened within the year. The overall situation was helped by relaxation in Covid restrictions meaning schools and other agencies were more willing and able to allow visits and sessions to take place on their premises. Although the situation has improved, due to the high current level of infections we continue to have sessions cancelled or deferred due to ill health or failed Covid tests. As our young carers may live with others who are vulnerable, we are continuing to follow robust risk assessments and adhering to safety procedures.

Virtual groups have been offered to children each week to offer some focused support and the opportunity for some social interaction with peers. We are pleased that in-person groups will now resume this month.

We have been able to make use of additional Barnardo's funding to provide school clothing grants and have distributed a number of donated devices such as tablets and mobile phones along with advice on safety and setting up parental controls on these devices.

1.2 Covid Outbreak Management Fund (COMF)

COMF funding has been agreed and representatives from the service and RMBC met with Councillors in a Health Select Committee to discuss how the funding will be utilised. Next meeting with the Council is on 19/05/22.

1 - We appointed a new team member in November and her induction is complete and she has begun casework with children and families. This additional casework capacity has been reflected in the caseload figures below.

2 – Wellbeing packs have been delivered to 38 children as the referral is accepted and they are placed on the Waiting list. These packs contain a range of helpful resources for children and are designed to support the emotional wellbeing of the child whilst they await individual support and intervention from the team.

3 – Weekly on-line support groups are being offered to the children awaiting their support to commence. There are two groups, one for older and one for younger children. These sessions are held early evening and serve as an opportunity for the child to begin initial engagement with the practitioners and the chance to cover relevant topics such as how they are coping overall, any common school issues and to share some social time on-line with other young carers. Younger children are also engaging in some joint on-line games within the sessions, but the older children are understandably not wanting this within their sessions. Attendance at these groups fluctuates.

4 – First Aid Training – 8 children attended this bespoke training in the February Half term.

5 – We have had service information leaflets translated into Urdu and these are now ready for wider distribution. (see copy)

1.3 Collaborative working

Regular TAF/CIN/Core Group/Case conference meetings continue to be held virtually with staff attending and contributing to plans supporting young carers and their families (some are now held face-to-face)

Staff continue to be in contact regularly with the wider Barnardo's teams based at Nightingale court via telephone or e-mail, sharing ideas and information for remote working with children and young people, to enable the continued delivery of best practice.

There have been occasions where staff from one Barnardo's service at Nightingale Court (Young Carers), have been able to identify support needs of a young person they are working with within another Barnardo's service (ReachOut/Trusted relationships) and visa-versa. Internal referrals have been made and the joined-up interventions have proved to have very positive outcomes.

Joint working with Social Workers and Early Help workers has continued during this period, to ensure the children and young people we support receive the best possible co-ordinated support to enable them to achieve their full potential.

Rachel Jackson the RMBC Early Help Lead on NEET young people attended our team meeting on 22nd March, and we have already been able to liaise with her to obtain support for young carers.

1.4 Transition to Adulthood

Staff continue to work collaboratively with Higher Education Progression Partnership (Hepp) which works across the Sheffield City Region to encourage more children, young people and adults to consider higher education opportunities.

Where identified, staff have supported and encouraged parents/carers of young carers, to attend virtual sessions delivered by HEPP to support them with their child moving on to university. Staff at RYC have completed a 'Nomination Form' for Sheffield Hallam University. The form is specific to young carers (also young people with disabilities/Care leavers/LAC and other young people with additional needs/barriers) to access support as a young carer through the application process and when they commence university.

Team members supported 2 young carers to a 2-day event in March held jointly by Sheffield and Hallam Universities aimed at encouraging young carers to apply for university and addressing their potential needs and issues.

1.5 Activities

No social activities took place in the February half term, but Easter social events are scheduled.

1.6 Staffing and Training

Regular, collaborative work with schools has continued. Practitioners have given guidance specific to working with young carers in school to ensure young carers are fully supported in school and at home. Practitioners have also been proactive in ensuring young carers have received extra support with education and pastoral support where needed.

Practitioners have also accessed and completed Restorative Practice Training. Practitioners have already been able to put this training into their practice where relationships have broken down, creating stronger families.

Staff have accessed training on trauma and working with children with additional needs.

1.7 Young Carers Council

The Young Carers Council have held 2 in person meetings during this quarter. They jointly visited the Truth to Power Café event at the Civic Theatre in February.

In March, Sarah Christie co-ordinator of Children's Capital of Culture for 2025 attended the meeting to update on progress and seek views from the children.

We have also made links with Campbell McNeill who is leading on the Rotherham Carers Resource Pack as he is keen to ensure that young carers voices form part of what is designed and offered across Rotherham.

1.8 Participation

VIP meetings

Staff are attending on-line VIP meetings, working in partnership with other services for children, young people and families. The purpose is to strengthen the voice of the child in systems and processes that can impact on their lives and those of their families. Information from the meetings is then fed back to the Participation group at Barnardo's to ensure the group are included in any appropriate projects involving children and young people in Rotherham. This group consists of young people from all Barnardo's services in Rotherham, including Young Carers, supported by staff. The group is active in informing and developing the services and being involved in different aspects of Barnardo's work.

Rights Advocacy and Participation (RAP) Forum

Staff are also involved with Rights Advocacy and Participation (RAP) Forum, within Barnardo's. Staff from Rotherham Young Carers have been able to share their knowledge and practice around this subject with the forum. At present the group are looking at examples of good practice when consulting with young people and how this can be improved by encouraging more young people to participate and gain their voices to influence service delivery.

'The Borough That Cares' Strategic Group

The RYC Team manager also attends this monthly strategic forum chaired by RMBC. An individual meeting has also been held with Jo Hinchcliffe – Co-ordinator, here at our base and we are contributing to the Rotherham Carers Strategy.

National Young Carers Forum

A Team member attends the National Young Carers Forum each quarter to share information and keep updated on new research and developments.

1.9 Additional Support: Barnardo's grants etc

Young Peoples Grants

- Sofa bed & Bedding - £158
- Cooker - £180
- School Clothing - £200
- Laptop - £205

Vouchers

- Asian Supermarket vouchers - £40
- Love to Shop - (thank you re art exhibition)- £20
- Love to Shop- Family furniture -£50

2. OVERVIEW

23 Y P have been worked with during Q4

54 Y P have been allocated between 1st April 2021 – 31st March 2022

3. REFERRAL INFORMATION

3.1 21 new Referrals accepted in this quarter to Rotherham Young Carers.

3.2 REFERRAL INFORMATION for Q4 - 1st March 2022 to 31st March 2022

Please see data below recorded at point of referral:

3.3 Source of the Referral

| Source of the Referral | Q4 referrals |
|------------------------|--------------|
| Social Care | 7 |
| Education | 7 |
| Health | 2 |
| Family | 4 |
| Voluntary Agency | 1 |
| TOTAL | 21 |

3.3 Disability Given at Referral

3 Young People were identified as being on the autistic spectrum at the point of referral.

3.4 Gender

| Gender | Q4 referrals |
|--------|--------------|
| Male | 6 |
| Female | 15 |
| Other | 0 |
| TOTAL | 21 |

3.5 Ethnicity

| Ethnicity | Q4 referrals |
|------------------------|--------------|
| White British | 20 |
| Mixed Black Background | 1 |
| TOTAL | 21 |

3.6 Age of Referrals

| Age | Q4 referrals |
|---------------|--------------|
| 7 – 10 years | 6 |
| 11 – 14 years | 12 |
| 15 - 17 years | 3 |
| TOTAL | 21 |

4. POSTAL AREAS / DISTRICTS

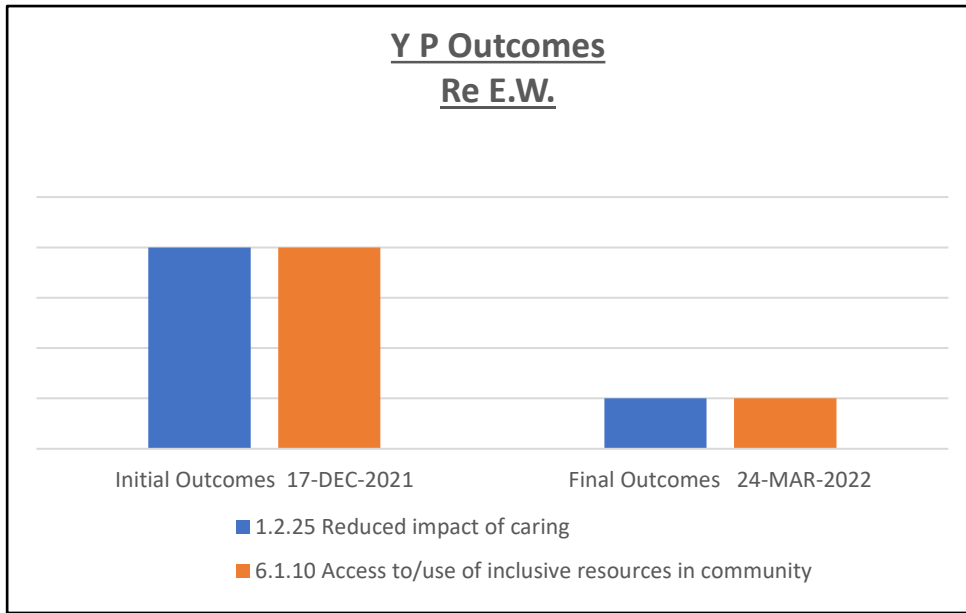
4.1 Children and Young People waiting allocation = 25

| Waiting List | |
|------------------|----|
| Bramley | 1 |
| Brampton | 1 |
| Canklow | 1 |
| Eastwood | 1 |
| Kimberworth | 1 |
| Kiveton Park | 3 |
| Maltby | 3 |
| Ravenfield | 1 |
| Rawmarsh | 4 |
| Swinton | 2 |
| Thrybergh | 1 |
| Thurcroft | 2 |
| Thurnscoe | 1 |
| Wath-upon-Deerne | 3 |
| TOTAL | 25 |

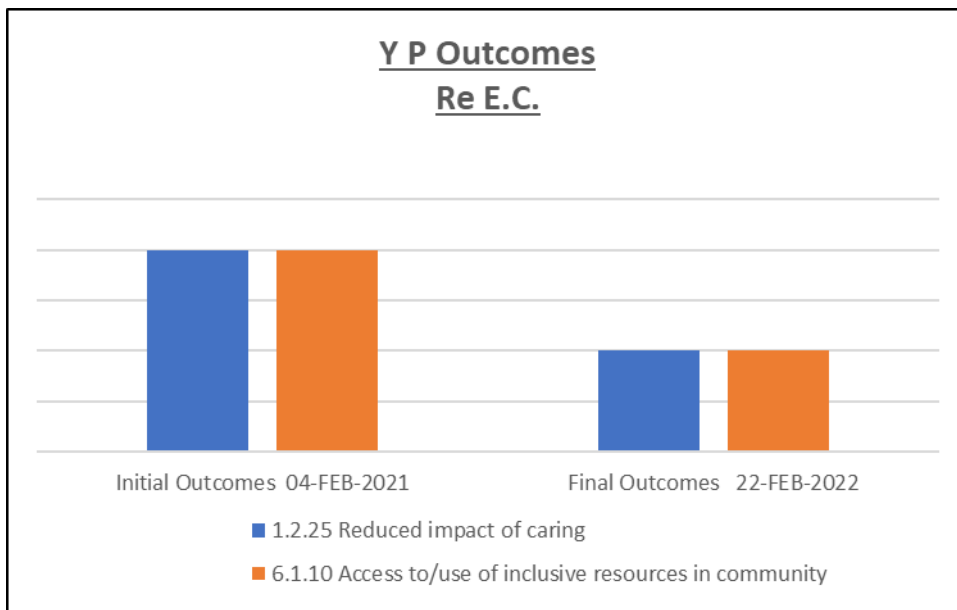
| Cases currently Open | |
|----------------------|----|
| Aston | 3 |
| Brampton | 1 |
| Brinsworth | 1 |
| Canklow | 3 |
| Dinnington | 2 |
| Eastdean | 3 |
| Eastwood | 2 |
| Greensborough | 1 |
| Herringthorpe | 3 |
| Kimberworth Park | 2 |
| Kiveton Park | 2 |
| Rawmarsh | 5 |
| Swallowest | 4 |
| Swinton | 4 |
| Thrybergh | 1 |
| Thurcroft | 3 |
| Wath | 4 |
| Wickersley | 1 |
| TOTAL | 45 |

EVIDENCE OF CASE OUTCOMES

4.1



4.2



Section B

Draft Barnardo's Young Carers Key Performance Indicators 2022/23

(to be reported against from Quarter 1 April – June 2022)

| Ref No | KPI |
|---|--|
| YC1 Contact and Referrals: | |
| YC1.1 | Number of contacts |
| YC1.2 | Number of contacts not accepted as referral |
| Number of contacts gone onto referral: | |
| YC1.3 | % of contacts accepted as referral |
| Referral Source: | |
| YC1.4 | Social Care |
| YC1.5 | Education |
| YC1.6 | Health |
| YC1.7 | Family |
| Waiting Times: | |
| YC1.8 | Average waiting time for initial visit |
| YC1.9 | Average waiting time for assessment |
| YC1.10 | Average waiting time for access to support groups |
| YC1.11 | Number awaiting decision to accept case |
| YC1.12 | Total number of cases on the waiting list end of quarter |
| YC2 Service Delivery: | |
| YC2.1 | Number of children using the service (annual target 50) |
| YC2.2 | Number of initial visits completed |
| YC2.3 | Number of assessments completed |
| YC2.4 | Number of sessions provided |
| YC2.5 | Number of support groups accessed |
| YC3 Closed Cases: | |
| YC3.1 | Number of closed cases |
| YC3.2 | % of closure reports completed (closed cases) |
| YC4 Outcomes | |
| YC4.1 | % of outcome measures completed with young people (case closure) |
| Outcome Measures: | |
| YC4.2 | % of young cares - reduced impact of caring (+ DOT) |
| YC4.3 | % of young carers - access to/use of inclusive resources in community (+DOT) |
| YC4.2 & 4.3 Assessment scores parameters – 1 (needs met), 2 (mild need), 3 (moderate need), 4 (serious need), 5 (critical need) Direction of Travel (DOT): ↑ (improved) ↓ (declined) → (maintained) | |
| YC4.4 | % Have Your Say feedback forms completed (case closure) |
| YC4.5 | Number of Safeguarding concerns reported: |
| YC4.6 | Social Care |
| YC4.7 | Early Help |
| YC4.8 | Number of cases escalated: |
| YC4.9 | Social Care |
| YC4.10 | Evolve |
| YC4.11 | Number of complaints |
| YC4.12 | Number of compliments |

NB: Equal Opportunities KPI's to be firmed up

Section C

Case study – Young carer EET Support

J was referred into Barnardo's Young Carers by their parent A, who has an immune mediated disease and J helps them physically and emotionally. The referral detailed that J resided with their Parent A, Parent T, and sibling. Their Parent T worked away. Their older sibling was expecting their first child and lives with their partner nearby.

When completing a home visit, the family informed me that they had moved to a new adapted property due to A's needs, they accepted it as adapted properties don't become available often. The property needed decorating and most rooms had bare concrete floors. The family had a broken cooker and washing machine and were struggling financially, due to being reliant on one wage. The property was also a further distance from J's school, resulting in J waiting for the bus early in the morning and often not being home until late at night. Once a week J was even later due to additional lessons.

J discussed worries about their Parent falling in the property due to the concrete floor and how cold the house feels. J spoke of a recurring fear that they would come home from school to find their parent A unconscious on the floor. On arrival from school, J makes the tea and helps complete jobs around the home, struggling to find time for course work.

I contacted J's Head of Year at school and discussed my concerns. Due to the bus timetable J was having to get an earlier bus to be on time, resulting in J having to wait outside. The additional classes being offered due to Covid lockdowns were resulting in J getting home even later. I composed a report that their Head of Year took to the school inclusion panel. This resulted in a plan being drawn up. J was able to attend school slightly later. J was offered support in the day and all their extra lessons were placed online. Time out passes were put in place and weekly catch ups with their Head of Year were scheduled into their timetable. All their teaching staff were informed of their caring role.

I applied through the Barnardo's Covid response fund – 'See, Hear, Respond' and secured the family a cooker and washing machine. To assist with the plan in place in school to support J, I also applied for a laptop. I applied to Barnardo's Grant Scheme for money to carpet the property. Some money was granted, but not enough to carpet all the rooms required. Our service manager liaised with our regional manager and discussed the concerns. The regional manager accessed additional funding through Barnardo's to carpet the remaining rooms.

I have maintained involvement with the family through the varying Covid restrictions and locks downs. Parent T's hours reduced during Covid, seeing the family struggle more financially. Food parcels were offered to support the family when required. Parent T spoke to me about applying for a local job. We explored the benefits of working more locally on the family. Parent T now has local employment, which means they are more available to the family, and they have informed their workplace of their care responsibilities and the workplace are supportive. J now has a free bus pass which has further supported J and the family.

J spoke to me about how their Parent was struggling with not being able to help their sibling with the new baby. I spoke with parent A and the sibling and with their consent contacted the local children's centre for information. The sibling and their baby started to attend online and then actual classes and groups through the children's centre.

J discussed he was worried about applying to college. I supported him with applications and contacted the college to ascertain what he would need for interviews. J got a place on their first choice of a plastering course. I contacted the college and spoke to the Young Carers lead to discuss J's caring role. Before college started, I arranged a meeting with the special support team in the college and J now has additional support in college. All J's lessons are sent on PowerPoint and uploaded online should J not be able to attend any of them. J has a Mentor, and all their teaching staff are aware of their caring role and extensions have been added to all their course work deadlines to reduce their worries of possibly submitting work late.

Parent A's condition has continued to progress, and they have been offered a new treatment, which is having more physical impact. J and I have discussed this in our sessions. In discussions with parent A, we agreed that I would make a care enquiry to adult services to consider further adaptations in the home. We have received contact from adult services to update that they will receive an Occupational Therapy re-assessment.

J is doing well at college and benefitting from the support in place. Since the carpets have been fitted J reports the home is warm, and their worries have substantially reduced about Parent A falling. J is feeling more able to focus when at college. Parent A no longer feels like a prisoner in their own home and less worried of falling. They are now able to have their grandbaby over more as they now feel better about baby crawling around the floors now they are carpeted. Parent T is now able to assist more in the home and has managed to decorate, having a regular wage and working locally. Having a working washing machine, has saved the family time and reduced J's worries of it flooding the kitchen and their Parent falling. The cooker has also helped with the food the family can now prepare and reduced the cost and reliance on takeaways. J continues to use their laptop, being able to use it at home and in college.

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Committee Name and Date of Committee Meeting

Health Select Commission – 30 June 2022

Report Title

Initial Work Programme

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 254532 or katherine.harclerode@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

To outline a revised work programme for Health Select Commission 2022/23.

Recommendations

1. That the updated work programme be noted.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with any changes to be reported back at the next meeting for endorsement.

List of Appendices Included

Appendix 1 Work Programme – Health Select Commission

Background Papers

Agendas of Health Select Commission during the 2021/22 Municipal Year
Minutes of Health Select Commission during 2021/22 Municipal Year
Initial Work Programme - Health Select Commission, 30 June 2022

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Revised Work Programme

1. Background

- 1.1 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.
- 1.2 Addressing health inequalities that exist in the borough, through prevention-led health and social care strategies and plans, and through looking at the wider determinants of health is an overarching principle.
- 1.3 The Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long-term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving. The 2022 Health and Care Act ushers in changes in the commissioning, organisation and provision of health and social care that will remain a focus with evolving implications for how health scrutiny is conducted in the future.
- 1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the HSC in the Council Constitution.
- 1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. HSC has chosen to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.
- 1.6 Health Select Commission has seven scheduled meetings over the course of 2021/22, representing a maximum of 14 hours of formal public scrutiny per year – assuming approximately 2 hours per meeting. Members therefore are selective in their choice of items for the work programme. The following key principles of effective scrutiny have been considered in determining the work programme:
 - Selection – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
 - Value-added – Items had to have the potential to ‘add value’ to the work of the council and its partners.

- **Ambition** – the Programme does not shy away from scrutinising issues that are of greatest concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gives local authorities the power to take actions that promote economic, social and environmental wellbeing of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.
- **Flexibility** – The Work Programme maintains a degree of flexibility as required to respond to unforeseen issues/items for consideration during the year and to accommodate any further work that falls within the remit of this Commission.
- **Timing** – The Programme has been designed to ensure that the scrutiny activity is timely and that, where appropriate, its findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. The Work Programme also helps safeguard against duplication of work undertaken elsewhere.

2. Key Issues

- 2.1 Members are required to review their work programme at each meeting during the 2021/22 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of the borough.
- 2.2 Following the discussion at Health Select Commission on 30 June 2022, a revised draft work programme for 2022/23 will be developed and presented at the 28 July 2022 meeting for endorsement. In keeping with the priorities of the Council and those expressed by Commission Members, this work programme reflects continued prioritisation of mental health, care and health system changes, and accessibility of services.
- 2.3 Updates on evolving changes in Health and Social Care Provision in Rotherham associated with the Health and Care Act 2022 have also been included in the work programme for 2022/23.
- 2.4 TRFT has requested consideration of several matters where scrutiny could add value to the work currently being undertaken by the Trust, including strengthening community services and social value. These items have been added to the forward plan, and a site visit will also be considered for 2022/23.
- 2.5 Previous priorities for scrutiny 2021/22 have been mental health for adults and children, addressing health inequalities, and access to services. Prevention, a further priority which will be carried into 2022/23, was agreed on 25 November 2021.

3. Options considered and recommended proposal

- 3.1 Members are recommended to begin considering priorities for the 2022/23 municipal year and contribute suggestions for the work programme or forward plan.

4. Consultation on proposal

- 4.1 The work programme is subject to consultation with the Chair and Members of the Health Select Commission. Regular discussions take place with Cabinet Member; partner organisations, including the Clinical Commissioning Group (CCG) and National Health Service (NHS); and officers in respect of the scope and timeliness of items set out on the work programme.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The decision to develop and endorse a work programme is a matter reserved to the Commission and will be effective immediately after consideration of this report.
- 5.2 The Statutory Scrutiny Officer (Head of Democratic Services) is accountable for the implementation of any decision in respect of the Commission's work programme. The Governance Advisor supporting the Commission is responsible on a day-to-day basis for the Commission's work programme. Members are recommended to delegate authority to the Governance Advisor to make amendments to the programme between meetings.

6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial or procurement implications arising from this report.

7. Legal Advice and Implications

- 7.1 There are no direct legal implications arising from this report.
- 7.2 The authority of the Select Commission to determine its work programme is detailed within the Overview and Scrutiny Procedure Rules and Responsibility for Functions parts of the Constitution. The proposal to review the work programme is consistent with those provisions.

8. Human Resources Advice and Implications

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

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 There are no implications for children and young people or vulnerable adults directly arising from this report; however, Members have regard to potential implications for young people and vulnerable adults in compiling and carrying out the scrutiny work programme.

10. Equalities and Human Rights Advice and Implications

- 10.1 Whilst there are no specific equalities implications directly arising from this report, equalities and diversity are key considerations when developing and reviewing scrutiny work programmes. One of the key principles of scrutiny is to provide a voice for communities, and the work programme for this Commission has been prepared following feedback from Members representing those communities.

11. Implications for CO2 Emissions and Climate Change

11.1 Whilst there are no implications for CO2 emissions or climate change directly arising from this report, members have regard to implications in compiling and carrying out the scrutiny work programme.

12. Implications for Partners

12.1 The Commission has a co-opted Member from Rotherham Speak Up who contributes to the development and review of the work programme. Where other matters are being considered for inclusion on the work programme, relevant partners or external organisations are consulted on the proposed activity and its timeliness.

13. Risks and Mitigation

13.1 There are no risks arising from this report.

14. Accountable Officer(s)

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor
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This report is published on the Council's [website](#).

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Appendix 1 – Initial Work Programme 2022/23

| Meeting Date | Agenda Item | Summary of Scope |
|-------------------|-----------------------------------|--|
| 30 June 2022 | Healthwatch | |
| | RDaSH and Mental Health Update | Resolved 7 October 2021, this item presents RDaSH response to previous recommendations and update on current provision of MH services to Rotherham residents |
| | Diagnostic Screenings | resolved 03 Feb 2022, to receive assurances that the place are catching up on routine cancer screenings that may have been paused during the pandemic. A breakdown of information by cancer type and pathway with pre-pandemic comparison. |
| | Initial Work Programme | To discuss and suggest items for scrutiny 2022/23 |
| 28 July 2022 | Healthwatch | |
| | Carers Programme and Young Carers | Full report encompassing response to previous review recommendations in respect of young carers and response to recommendations in respect of the Carers Programme. |
| | Access to Dental Care | To receive a current picture for Rotherham residents seeking to obtain routine and emergency dental care. Regarding provision of care to adults, children and older people (including care home residents), as well as information around provision for Children in Care, vulnerable people, people with disabilities, and ethnic minorities including people for whom English may not be their first language. Supplemental analysis of the national picture and projections around future care provision are also requested. |
| | Scrutiny Review Recommendations | Covid-19 and Care Home Safety |
| | Scrutiny Review Recommendations | Access to Primary Care Networks |
| | Revised Work Programme | To discuss and approve an outline work programme for scrutiny 2022/23 |
| 29 September 2022 | Healthwatch | |
| | Medicine Management | To receive assurances in respect of <ul style="list-style-type: none"> the refresh of the Rotherham Pharmaceutical Needs Assessment (PNA) and how this document will help tackle health inequalities. person-centred approaches to medicine management for Care Home residents, for example, which allow the patient if possible to have a say in their medicine regimen. Current work to ensure all members of Rotherham communities, including vulnerable |

Appendix 1 – Initial Work Programme 2022/23

| | | |
|-------------------------|--|--|
| | | <p>people, have access to good, timely advice around medicine.</p> <ul style="list-style-type: none"> the kinds of consultations that are best had with a pharmacist rather than a GP – and vice versa. participation from the PCNs in social prescribing where pharmaceuticals are not the best and only route to better health. work to address hospital discharge delays due to medicines work to address overmedication concerns |
| | Suicide Prevention Update | Resolved 12 month return updating on progress with voluntary sector trainings and activities funded by small grants, outcome of coroner's audit and resulting insights, and response post-pandemic |
| | Health and Wellbeing Board Annual Report | This report is considered annually for information. Members are encouraged to consider areas of emphasis included in the report for possible addition to the scrutiny work programme if appropriate. |
| | Work Programme | |
| Autumn 2022 Review Item | Frailty Prevention | Request from ILSC and Members of HSC in 2021/22 to involve geriatric specialists and innovators promoting better approaches to mobility and independence for older people in Rotherham. |
| 24 November 2022 | Healthwatch | |
| | CAMHS | Resolved 12 month update on response to recommendations |
| | Physical Activity Strategy Update | Resolved 3 February 2022 update on strategy development and response to recommendations |
| | TRFT Annual Update | To receive an annual briefing on activities and improvement work |
| | Work Programme | |
| Winter 2023 Review Item | Health Care Worker Safety | Takes a local focus dovetailing with national scrutiny on safety of health care workers in response to outcry from health care workers and their families in 2020-21 |
| 26 January 2023 | Healthwatch | |
| | Sexual Health Strategy | To receive a progress report on the refreshed strategy |
| | Drug and Alcohol Recovery | To monitor progress of the recently recommissioned service |

Appendix 1 – Initial Work Programme 2022/23

| | | |
|--------------------------|--|---|
| | Work Programme | |
| | | |
| Spring 2023 | TRFT Site Visit | Invitation from TRFT in 2021 |
| Workshop: Spring 2023 | Community Services and Social Value Elements of the TRFT 5 Year Plan | Request from TRFT in 2021 for scrutiny in respect of strengthening community services and feeding into the social value elements of the TRFT 5-year plan |
| | | |
| 09 March 2023 | Healthwatch | |
| | Intermediate Care and Reablement | To receive an update on progress with embedding urgent 2-hour response from April 2022, and groundwork in preparation for 2-day response from 2024, from a prevention and admission-avoidance angle |
| | Maternity Services Update | 12 month update on outcomes of inclusive consultation work and implementation of continuity of care model |
| | Work Programme | |
| | | |
| 20 April 2023 | Healthwatch | |
| | Rothercare | |
| | Residential Care | |
| | Work Programme | |

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