

HEALTH SELECT COMMISSION
Thursday 20 April 2023

Present were: Councillor Yasseen (in the Chair); Councillors Andrews, Barley, A Carter, Foster, Griffin, Havard, Hoddinott, Keenan, Miro and Sansome. Also present were Mr. D. Gill and Mr. R. Parkin representing Speak Up for Autism.

Apologies were received from Councillors Baum-Dixon, Bird, Cooksey and Hunter.

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

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

1. MINUTES OF THE PREVIOUS MEETING HELD ON 30 MARCH 2023

Resolved:-

- 1) That the minutes of the meeting held on 30 March 2023 be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

Cllrs Griffin and Havard declared a personal interest in respect of Agenda Item 6 as members of a steering group.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

4. EXCLUSION OF THE PRESS AND PUBLIC

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

5. UPDATE ON LEARNING DISABILITY TRANSFORMATION

Consideration was given to an update presentation by the Cabinet Member for Adult Social Care and Health and the Assistant Director for Adult Care and Integration. The presentation provided an update in respect of progress on the implementation of the Learning Disability Transformation programme. The presentation described progress which included creating jobs for local people. It was noted that thinking innovatively and creatively supported the implementation of the programme. There would continue to be a need for some purpose-built sites where there is complexity of needs. The Service were currently looking at how to expand this further with consideration for the voice of the local communities. Cabinet had granted approval to co-produce the vision for the strategy. Themes within the vision were described. There was to be a core area around safe travel for people with a learning disability. This improved life chances and ultimately resulted in greater

equality of health outcomes. Toward ensuring better co-production, the Council would become a member of Learning Disability England. A broad offer to develop accommodation with support would be developed. This meant designing a future model of support for people that is located within the Borough, close to what matters to them. The Service were currently engaged in the design and co-production process and awaited the finalised details. Associated timelines were described for the further implementation of the co-production. The Expected delivery was for April 2024, with soft launch activities ahead of then. The Cabinet Member noted that Castle View was felt to be an exemplary development, with six other Councils having visited to learn from the good practice going on at Castle View.

In discussion, Members requested further description of the relationship with carers and parents, and whether there was felt to be a degree of trust whereby the Service could have conversations about change. The response from the Cabinet Member noted that a small group would say that the trust has been rebuilt. Examples of people who had been empowered to follow their individual interests and dreams were noted. It was felt that the Service currently gives the confidence and encouragement for the individuals to learn the skills they want to learn to do what matters to them. This has included starting a business, riding a bicycle, or joining a sports team. For many people, this means they never want to go back to the previous model because under the current model they have individual choice and support. Some parents may not have been won over yet, but many have been. A recent fashion design event at Wentworth Woodhouse was described. Opportunities like these would not have been possible under the former system. The Service were asking people to imagine along with the Service the possibilities beyond those that were previously in place. The Assistant Director acknowledged that change was hard, and the traditional adult social care models had not been changed in decades. This meant that this is the first change for many. Therefore, it became important how the Service ensured the engagement support around Castle View was in place. This could involve a reflection of the positive outcomes. It was understood that there was still a need for traditional forms, where there were complex needs. Sensory support, therapy, and reablement, through a range of 21-century solutions would be part of this ongoing journey to keep the conversations going. The Cabinet Member noted that, as part of the Borough that Cares, the Service had been including actual carers actual cares and it had become a wide group of people. Developing the Carers strategy by working in co-production on the Carers Action Plan had helped build that trust.

Speak-Up Representatives had requested further clarification of the flexible purchasing system. The response from the Assistant Director noted the planning strategies underway. Rather than commission a care provision we can commission care that reflects that local need. As we work up how that works in practice, we will ask about community. Something similar was in use for mental health services. This would open up the market through greater choice of providers.

Members noted the diversification of the offer was welcomed and wondered if the Service had observed any corresponding diversification in the take-up, particularly by anyone who had not previously taken up the offers before. The response from the Cabinet Member noted that this was early stages, although the engagement with Rotherham Parent Carers forum was ongoing and the Service had reached into communities by going to people's houses when they requested care. More than before, the Service co-produced with and for as wide a range as possible. The work of last year had shown commitment to reaching out, but the Service accepted that more could be done. Profile statistics were not on hand, but it had been observed that the flexibility allowed for more types of support that people can access, not a one size fits all. Participation with the Autism Partnership Board had produced a video of autistic people giving feedback about health, in which it was noted that 'one size fits all fits nobody'. The new way of working therefore had to offer different strands and opportunities, co-producing a model that was applicable in all areas.

Members requested more details around what the Service had learned and what had been surprising so far. The response from the Cabinet Member indicated that the engagement plan could have been thought out in a longer time frame, taking more time in the early stages. Details of engagement with recruits and consultation with leaders of good practice that were previously completed were described. It was noted that it would have been excellent to have brought some of the carers leaders along on these visits to see what is being done elsewhere. This would have all assisted in explaining and illustrating the plans. Some people will not have been persuaded this was the right step to make, but also, it was partly co-produced, and it could have be more so. Castle view, with Carers Strategy and Action Plan showed the Service were keen to co-produce. The Assistant Director affirmed that the Service does not assume it knows the answers. Much of what comes through in engagement is around what people want to see. The Cabinet member had spent time around the ambassadors, the people who are using the services, and those who champion the people who receive the services. A mix of people who were supporting and not supporting were being engaged so that a holistic view could be collected.

Members requested further information around how the quality of delivery and the participation would be evaluated. The response from the Assistant Director noted that some of the opportunities under the community catalyst programme were managed by direct payment. The family member was closely involved in the package of care. Quality assurance visits were done to check compliance. These visits were done in addition to the checks done by the CQC. This gave the Service a mix of informal and formal feedback to inform commissioning decisions. Currently the Service was exploring what opportunities there were. The Cabinet Member affirmed that added value of qualitative feedback in addition to figures to give understanding of what is working well. Qualitative feedback contributed to building what was called the voice of

the residents. The Assistant Director noted key points where the friends and family test was being piloted in My Front Door across services. A future step would be to roll this out more widely. This would allow the Service to follow up with individuals where something has been raised to make sure everything was alright.

Members requested more information around how the Service responded to any barriers to engagement and how the Service responded where there was resistance to change. The response from the Cabinet Member affirmed the observation that the people with learning disabilities were willing to take steps to try things out, but sometimes their parents and carers do not want to. The response from the Assistant Director noted that it seemed some people did not want to engage in the new offer in the catalyst. Where there was a care need, those needs were being met, but it may not be under the transformed model. For example, it could be a purchase of day opportunities elsewhere. For those Park Hill residents who came through on this pathway, this option was put in place.

The co-opted member from Rotherham Speak Up for Autism requested further assurances that in the co-production process, the Service would be asking the people who use the services for feedback directly. The Cabinet Member agreed this was a very important principle. Carers and clients and users would be spoken to, especially the people who are using the Service. The Service sought to collaborate with Speak Up during the first part of the journey. Speak Up had provided a good challenge, because the Service often talk about the relationship with the paid or unpaid carer. Yet, the important thing was to champion the voice by working with advocacy providers to ensure the voice comes through. The desire to shape services from the perspective of the individual was affirmed. This was the view the Service was taking through the next round of priorities formation. The Assistant Director also noted that in creating a forum, this helped make everything user friendly. Feedback through the forum would be taken back for the Service to look at the mechanisms and opportunities going forward. The Service also undertook targeted co-production through friends and family testing, so if there were ideas that Speak Up or others wanted the Service to take forward, there would be opportunities to take forward discussion and information sharing. When it was time later for the Service to come out as part of delivery, there was a good basis in place for the relationship. This collaboration was therefore welcomed by the Service.

Members requested further clarification of what was meant by 'co-production' and what that would look like. The Cabinet Member indicated this meant that the Service consult with as wide a range of people as possible. You ensure their voice is heard by incorporating their points as far as possible into the further project. The Carers Strategy took a year and a half longer than we wanted it to. This involved engaging with the carers to collaborate with a group of people sitting down in a room, making sure that they are heard. If something is not incorporated, this means providing an explanation of why it was not incorporated. The

Assistant Director affirmed that the basis of co-production was a power shift, from officers leading, to going out with a blank piece of paper rather than seeking ratification of a pre-developed plan. This shaped the design and there should be evidence of how the design was shaped. The findings should be published of what people told us. Co-production meant not giving people just a choice between boxes; co-production was allowing the people who will use the service to form that service.

Members requested further clarification of the role of co-production in the ongoing operation of the service. The Assistant Director affirmed the need to continue listening, quality assurance, feedback, in order to co-produce solutions and continually improve as the Service moves along. An element of continual development was acknowledged, as this does not stop. An example was given around supported living activities and menus being co-produced. The same thing happened in the day opportunities models. This could be further improved. When Park Hill residents moved to Lord Hardy Court, they co-produced decorations to the tastes, loves and wants of the individuals who lived there. Each one was different. That was co-production, and it was a reflection of each person as an individual.

Members sought additional information regarding lessons learned for future. The Cabinet Member affirmed the right decision had been made, following meetings with the service, with users and with carers. Conversations had taken place with many people and organisations. The Cabinet Member had been invited to speak to multiple groups to explain the changes. The changes had not been about saving money but about having a better offer. It was felt that the Service possibly could have reached the people in a better way by taking a longer amount of time. Giving people a longer gradual adjustment period may not have been a solution, but certainly the Service does all it can to provide assurance that co-production will be done. This was a good challenge for the Service to help people in future to get the timeline they need to adapt to something new. The passion that had come through from the consultation continues to help the Service build the next phases. The Service had brought in Learning Disability England to help shape the model formation and ensure the model is inclusive.

Members requested clarification around how the Service consults with young people just before they leave the education system to see how they fit into the services that were provided. The response from the Cabinet Member indicated that, six to seven years ago, the transitions were not of the quality desired. Transitions had improved since then. Castleview held meetings. engagement through Children's Services was also done. Corporate Parenting also monitored how the Service prepare young people for adulthood. The Quality Assurance framework created a natural feedback loop. Ages 16-25 were a focus with wider ages being influenced by this work as well.

Members requested further details regarding how apprenticeships and employment initiatives were being developed. The Cabinet Member noted

that it had been felt previously that there was not enough being done in this area; therefore, this was changing. A new person had been recruited, and there would be two further roles. These numbers were lower than desired. Volunteering was not considered an employment opportunity. There was funding coming online through a programme, staffed with people with LD and Autism, with interim employment, each of which will have a pot of money to help remove barriers which vary individual to individual. It was felt that the Service had made a start on this objective, working with the University of Sheffield and with a team of staff to work with older adults and explore as early as possible the opportunities for young people before they move into these Services. Part of this was through a vocational programme within the Learning Disability Strategy, ensuring each person has equal life chances, which can only be done with an employment offer. This sometimes involved travel training to use public transport independently and safely. Transitions for people with a learning disability are much more time intensive. The Cabinet Member noted that there was not currently an internship scheme. Several people had visited Wentworth Woodhouse for a workshop with artwork. The Cabinet member noted that Directorates of the Council should lead by example in employing people with learning disabilities.

Members sought additional assurances that the Service would be able to demonstrate that the approach was inclusive. The response from the Assistant Director noted that realistically, the Service was wide reaching, although some were hard to reach. Co-production means that voices of all communities are engaged. This makes big strides in promoting inclusion in Service models. A high number of compliments had been received from a variety of service users across a number of different service areas. The Service did not yet have the full mechanisms in place but will discuss feedback from individuals. Through the conversations about My Front Door, it had been learned that the offer must be personalised. The Service would be working with neighbourhoods services and heads of localities to strengthen the dialogue and the local knowledge, with an update on the new model offered in 12 to 16 months.

The Chair noted that an update around the flexible purchasing system had been requested as part of the next update on residential home care.

Resolved:-

- 1) That the presentation be noted.
- 2) That co-production of the new model be sought with local partners including Speak Up.
- 3) That the Service seek to strengthen communication with Neighbourhoods Teams regarding co-production and the offer within wards.

6. WORK PROGRAMME

The Chair noted three updates to the work programme.

- The Oral Health Review outcomes will be submitted to the next meeting.
- Members were encouraged to attend the work programming exercise at the Scrutiny Strategy Day on 26 April from 10am to 3pm.
- Members were further encouraged to participate in the YAS, TRFT, RDaSH Quality Accounts.

Resolved:-

- 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 and reporting any such changes back at the next meeting for endorsement.

7. URGENT BUSINESS

The Chair advised that there were no urgent items requiring a decision at the meeting.

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

- 1) The next meeting of Health Select Commission would be held on 29 June 2023, commencing at 5pm in Rotherham Town Hall.