HEALTH SELECT COMMISSION

Date and Time :- **Thursday 28 September 2023 at 5.00 p.m.**

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

Membership:- **Councillors Yasseen (Chair), Miro (Vice-Chair), Andrews, Baum-Dixon, Bird, A Carter, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan, Thompson, Wilson.**

Co-opted Members – Robert Parkin and David Gill representing 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 27 July 2023 (Pages 3 - 11)

To consider and approve the minutes of the previous meeting held on 27 July, 2023, 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. Suicide Prevention Update (Pages 13 - 33)

To consider an update presentation on suicide prevention work in Rotherham.

7. Adult Social Care Preparedness for CQC Regulation (Pages 35 - 46)

To consider a presentation on the actions being taken in preparation for regulatory inspection of adult social care services.

8. Work Programme (Pages 47 - 56)

To consider and approve an updated outline schedule of scrutiny work and to note the refreshed Terms of Reference for the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (SYDN JHOSC).

9. Urgent Business

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

10. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 16 November, 2023, commencing at 5.00 pm in Rotherham Town Hall.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 27 July 2023

Present:- Councillors Yasseen (Chair), Miro (Vice-chair), Andrews, Bird, Cooksey, Griffin, Havard, Hunter, Sansome and Thompson and co-opted member Mr. David Gill, representing Rotherham SpeakUp Self Advocacy.

Apologies for absence:- Cllrs A Carter, Foster, Hoddinott, Keenan, and Wilson, and from Mr. Robert Parkin.

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

19. MINUTES OF THE PREVIOUS MEETING HELD ON 29 JUNE 2023

Resolved:-

That the minutes of the meeting held on 29 June 2023 be approved as a true and correct record of the proceedings.

20. DECLARATIONS OF INTEREST

There were no declarations of interest.

21. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

22. EXCLUSION OF THE PRESS AND PUBLIC

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

23. ROTHERHAM ALCOHOL AND DRUG SERVICE (ROADS)

Consideration was given to a presentation by the Cabinet Member for Adult Care, Housing and Public Health; the Director of Public Health, and Operational Commissioner Public Health, joined by the Director of Implementation, We Are With You (WAWY). The presentation identified the background motivation for the recommissioning and remobilisation of the service, along with challenges associated with increasing numbers in treatment, which included:

- Recruiting suitable staff into a depleted sector
- Making services accessible to all
- Alcohol and drug service users don't always mix well
- Reaching those who are not in crisis yet so they are not so well entrenched in habits or badly impacted
- Some people enjoy using but not the consequences – need to capitalise on opportunities before it becomes a hardened addiction.

The need to improve the criminal justice pathway was described. This would prevent re-offending and support recovery and maintain any treatment gains from the relative stability of prison, etc., minimising risk of relapse and overdose when people are particularly vulnerable upon leaving prison. Currently only 1/3 of prisoners were in treatment.

Aims of the service were noted:

- A longer potential contract to offer further stability to the sector and the partnership arrangements
- Provider leads on a whole service with different pathways for different ages and needs - No wrong door approach and a single point of access
- Increased focus on alcohol following the local needs assessment
- Provider leads on the access to residential rehabilitation as the lead specialist in the field rather than the Council.

There was no wrong pathway into the Service, using a one front door approach, for services responding to all substances. Alcohol had been the most prevalent substance and with the most harmful effects overall. This area of the service was aimed at people who recognise that their drinking had become an issue, although many people were not yet ready to take this step to approach specialised services.

The mobilisation of ROADS was then described. We are With You implemented a dedicated mobilisation team, with operational and clinical expertise to successfully mobilise the service to

- Transfer patient data – 1522 patients
- TUPE staff across from the incumbent provider – 50 staff members
- Recruit to new positions
- Train and integrate the IPS (employment support) Team
- Novate Pharmacy and Primary Care contracts
- Confirm pathways and ways of working with stakeholders
- Produce and agree proposals for the utilisation of additional Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)
- Implement a dedicated Pathfinder Team to cover the service during the first 3 weeks to allow training and induction to occur.

Milestones achieved included service base retention refreshed for the delivery of the new services and new provider. Clients had been transferred with minimal disruption; most staff and their expertise were retained under TUPE; and data had been transferred from CGL, enabling continuous provision of care.

Challenges encountered included some personnel changes during mobilisations that had set the process back; some staff left at the last minute and stayed with CGL, creating more vacancies than planned. Following the data transfer, additional resource needed to be allocated to complete new recovery plans and risk assessments for service users.

The presentation also addressed how the Service measures success, including use of the drug treatment monitoring system by community services, prison providers, inpatient detox units, residential rehabilitation facilities. The system uses data to monitor services nationally.

In terms of Service effectiveness, success was defined from six months having elapsed since leaving treatment. National data would later become available, and Key Service Outcomes were also noted to show what was considered successful treatment outcomes. Baseline improvement had been shown from the previous year. Some data points had been affected by the pandemic which prevented people from being passed through to recovery. These clients were retained in the Service to keep them safe. Service capacity had also been increased following the SSMTR Grant. There was an ambition to increase the capacity and improve on outcomes in 2024/25.

The WAWY Director of Implementation described the service model. Expanding community delivery locations would enable people to access one all age service from where they are, including dedicated specialist teams and partnership working. Community prescribing was described, to illustrate the awareness and sensitivity of the Service to how distances and travel to treatment affects clients.

The Director of Implementation explained the aim of the Service to interrupt generational cycles of substance misuse. This involves understanding the specific vulnerabilities and has led to development of a specific pathway for young people. Dedicated roles for YOS Young person work, Transitional Worker, and Family Worker within the team were noted, and there was work to upskill the local community and wider workforce. The next training was being delivered in August. The Service worked with Criminal Justice to do prison in-reach and include criminal justice administrators within the team. Working with women in a women-only space was also expected to help address the underrepresentation of women in recovery services.

Importance of individual placement and support were also emphasised, along with targets to support clients back into work. There were underserved communities with whom the service was working differently, such as through targeted outreach and harm reduction with the Roma community, meeting with community elders e.g., local Imams, and being visible to local residents at events such as Rotherham Show. This work sought to reduce stigma and publicise the impact of drug and alcohol use. This also showed that not just specialist treatment was provided; WAWY support people at every part of their journey.

In discussion, clarification was sought regarding the duration of funding. The response from the Director of Public Health noted that three years of funding had been confirmed. As this was the second year of a ten-year drug strategy, continuation of funding was expected.

Members sought additional context surrounding the roughly three percent completing treatment for opiates, and the roughly one third of clients who are in the sixth year or more of treatment. The response from the Director of Implementation noted that different strategies had a different focus; a former focus on maintenance compared to the current focus toward recovery. The former focus had operated from the view that being in treatment is safer than not being in treatment. The benefits of being in treatment were noted, such as annual checks for bloodborne virus risk which led to earlier detection. The Service did encourage people to be able to move on with their lives rather than to be perpetually in treatment or going to the pharmacy on a frequent, sometimes daily, basis. There were other options, and the Service worked with people who have been through the treatments. The Director of Public Health noted that some people will function well for many years with a methadone prescription, which will help them to reintegrate into their family and other aspects of life. Therefore, starting the pathway earlier could make a big difference. It was acknowledged that some of the reasons some people come to the service, including trauma, mean that they will always self-medicate in some way.

When people are entering the service, further information was requested about whether people entering the Service from previous treatment had received the right support and whether this was being carried on by the Service. The response from the Director of Implementation confirmed that each prison team had an arm that specialised in drug and alcohol, many people were open to the Service before leaving, and had received support in prison. Assessments were done before they leave, and there was data continuity to continue the same treatment episode. This meant that the team had access to forwarding address, prescriptions, and risk factors to ensure they could be captured by the Service when they were released.

Members requested assurance that the Service is prepared to pick up where the prison Services leave off. The response from the Director of Implementation confirmed that clients experience a hard stop in support from the prisons when they leave unless they are under license or probation. Therefore, there were multiple professionals looking after a person when they leave.

Members sought additional information regarding support available on weekends and holidays. The response from the Director of Implementation noted that release from prisons took place always on a Friday afternoon. There was a piece of work to stop prisons from releasing on Friday afternoons. The clients coming from prison were known to the Service, which worked with them to get them into the Service in time. Schemes such as GROW allowed all the necessary consultations to happen in one place, including prescriptions, housing, etc. Having all the professionals the clients need to speak to in one room was important. Saturday hours were available. This ensured the client could take the prescription to a nominated pharmacy, as they were released with their Friday dose only.

Clarification was sought around support for people with a learning disability. The response from the Director of Implementation indicated that the teams work to provide interventions that were accessible to everybody, and at the point of assessment the teams talk about how best the client can receive support and what would be best for them. This could mean sitting across from them at a table, or going for a walk, or going to an allotment to do a project together. Team members were trained to identify and support people with different needs and to pose these questions in a way that was non-threatening.

Members sought additional clarification around how the Service linked with the hospital. The response from the Operational Commissioner noted that, in terms of the service model, an alcohol liaison officer is located within the hospital. Sexual health and maternity had forged links as well. The hospitals were connected with these systems, and the GP shared care practices were all linked together to this information as well.

Further detail was sought regarding how the Service works to increase the awareness and sensitivity of employers of people who may be in recovery. The Director of Public Health noted in response that employers have the responsibility to ensure they have the right occupational health policies and practices in place to respond to employees who may be seeking treatment or in recovery. Through health checks and programmes like Drinkcoach, the Service presented opportunities for people to identify their issues. It helped that the Services had a single point of access. To achieve the desired treatment numbers, it was important for all areas of the community to be on board with making referrals. The Director of Implementation noted that workers engage with employers to encourage employment and advocate for recovering people as assets to the workforce.

Further clarification was also requested regarding the availability of local service data to enable successful completion exits and drop out exits to be understood locally. The response from the Director of Public Health noted there was a conversation going on nationally about successful treatment data. The Services had been releasing some people that began treatment during the pandemic. Some discussions considered how data reflected different approaches had been taken at different times. The Director of Implementation also noted that Rotherham-specific measures relating to the local need were part of the contract. Re-admissions were also tracked. Hospitals track and measure differently, but the Service did know of some people who were regular attendees to A&E. The map was used to decide where Services needed to be and how to use existing sites. For example, near probation or the hospital, there were easy places to be able to access due to mutual benefit to providers, and it was also necessary to drill down using local data to consider public transport to inform the community delivery plan.

Clarification was requested around how the service addressed root causes. The response from the Director of Implementation noted that front line staff were trained in Cognitive Behavioural Therapy solution focussed therapies and work with clients to develop SMART Goals. This was not provision of trauma therapy, but a trauma-informed Service, down to the physical atmosphere of spaces and curation of client experience of the Service attempted to ensure a nice and safe experience. The Service were building more pathways to channel people into specialist services.

Members requested additional clarification around whether there were any prison referrals outstanding, who did not take up the offer. The response from the Director of Implementation noted that everyone who was released was given the option and is referred to the service. They are all referred to the community provider. Some people have been in prison for some time and may feel ok or be at a more stable position. Strengths based assessments, relapse prevention, or specialist treatment were all part of the offer to everyone who was being released.

Members sought further reassurances regarding oversight of the long-term use of methadone by some clients. The response from the Director of Implementation noted that clinical guidelines specified an optimal dose range. For those with complex needs, the focus was stabilising the person, which might require a high dose. The dose must be high enough that the person did not crave the use of heroine anymore. Once they were at a point of stabilisation, going to the pharmacy more than once a day could put a strain on people. There were emerging options, for example, injections that are required only once a month. These were among the other options to methadone.

Members requested further reassurances that prison services were working on their side to reduce overreliance on methadone. The response from the Director of Implementation indicated that the prison teams could do this on a risk basis. A reduction in dosage whilst in prison and in the community sometimes happened. Sometimes being in prison was still very risky, however. Therefore, a very much person-centred approach had to be taken in each case.

The Healthwatch Manager noted that feedback among people who use English as an Additional Language and required translation services had found it difficult to access the Service in Rotherham. Therefore, further information was sought as to how the Service addressed this. The response from the Director of Implementation described that translation service via phone or a physical interpreter was available within the sessions. All literature was available in a variety of languages, and people could change the language on the website to their language of choice.

Members also sought additional information regarding the attrition rates among young people. The response from the Director of Implementation acknowledged that the low rates reflected the young people in structured treatment which involved regular weekly contact. Unstructured

interventions in schools, including one-off sessions and information in assemblies were not captured. The NDTMS only captured structured treatments which were part of caseloads but did not capture the unstructured work that was reported to the Council.

Resolved:-

1. That the report be noted.

2. That the service consider how best to mitigate the barriers that prevent people from accessing the service.

3. That the Service where possible monitor local data on a regular basis to augment the national data snapshot which is only available annually.

4. That a fully joined up approach be sought with other Council and community services which can help address core needs of service users, especially those living with trauma.

5. That the next update be received in 12 months' time, including local data and pathway information.

24. PLACE PLAN PRIORITIES CLOSE DOWN REPORT - MAY 2023

Consideration was given to a presentation from the Deputy Place Director on the Rotherham Place Plan Close Down Report from May 2023 which summarised the objectives achieved and carried over to 2023-25. Approximately 50% of the actions were complete and that the remaining 50% will be picked up in the refreshed Place Plan as they are ongoing priorities. The development of Rotherham Place Partnership 2023-25 was described.

Inputs into the development of Rotherham Place Partnership 2023-25 Place Plan included:

- Interactive development sessions with both the contract and service improvement leads and Place Board and senior managers focussing on priorities
- Alignment with the South Yorkshire Integrated Care Strategy and the Joint Forward Plan
- Annual Operational Planning Guidance
- Continued alignment with the Rotherham Health and Wellbeing Strategy
- Outputs from the Update of Priorities: Close Down Report
- Inputs and comments from all place partners

Key outputs from the development session discussions confirmed:

1. The following chapters were within the previous Plan and remain in the refreshed version:

- Best Start in Life (maternity / children & young people)
- Improving mental health and wellbeing
- Support people with learning disabilities & autism
- Urgent, emergency and community care

2. The following are new chapters:
- Live Well for Longer (prevention, self-care & long-term conditions)
- Palliative and End of Life Care

Ongoing Performance was also described. As with previous Place Plans, a performance report covering both KPIs, and milestones would be produced and regularly reported to Place Board. This would enable issues, risks and blockages to be identified and addressed.

In discussion, Members requested additional details around how monitoring of targets was done, for example pertaining to mental health. It was noted that SMI health checks were now above target where they were previously amber. The transformation group worked collectively to deliver any objectives that were off target. A tender process to commission the peer support service had been undertaken but had not found a provider.

Clarification was requested around the targets which were being carried over. The response from the Cabinet Member noted that some of the points had not been completed this year because they were intended to be ongoing. The page count of next years' document had been reduced by half, and an easy-read version had been requested. This document had been discussed at the Place Board in Rotherham and was reported to the Health and Wellbeing Board for added transparency. This then feeds into the South Yorkshire Integrated Care System and the Integrated Care Partnership.

The co-opted member from Speakup noted that easy read has its place, but a Plain English version, which adopts a straightforward and direct tone was welcome. The response from the Cabinet Member that this suggestion would be taken back to the Place Board for consideration.

Clarification was requested regarding training around working with people with autism and learning disabilities. The response from the Cabinet Member noted that the South Yorkshire Police are a key partner to the health and wellbeing board, and training is a good idea. An offer to extend this training to Members was in discussion as well, as SYP do this training.

Resolved:-

1. That the report be noted.

2. That consideration be given to creating a Plain English version of future Place Priorities Plans.

3. That narrative be provided around the amber targets.

4. That the support of Members for a continued focus on improving equality of access and experience of services be noted.

25. WORK PROGRAMME

Consideration was given to a revised outline schedule of scrutiny work for the 2023/24 municipal year. The Chair highlighted specific areas of upcoming scrutiny and emphasised the various formats of effective scrutiny work.

In discussion, members expressed interest in giving consideration to the limitations of benchmarking as an indicator of quality and the importance of organisational culture.

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, with any changed reported to the next meeting for endorsement.

26. URGENT BUSINESS

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

27. DATE AND TIME OF NEXT MEETING

Resolved:-

The next meeting of Health Select Commission will take place on 28 September commencing at 5pm in Rotherham Town Hall.

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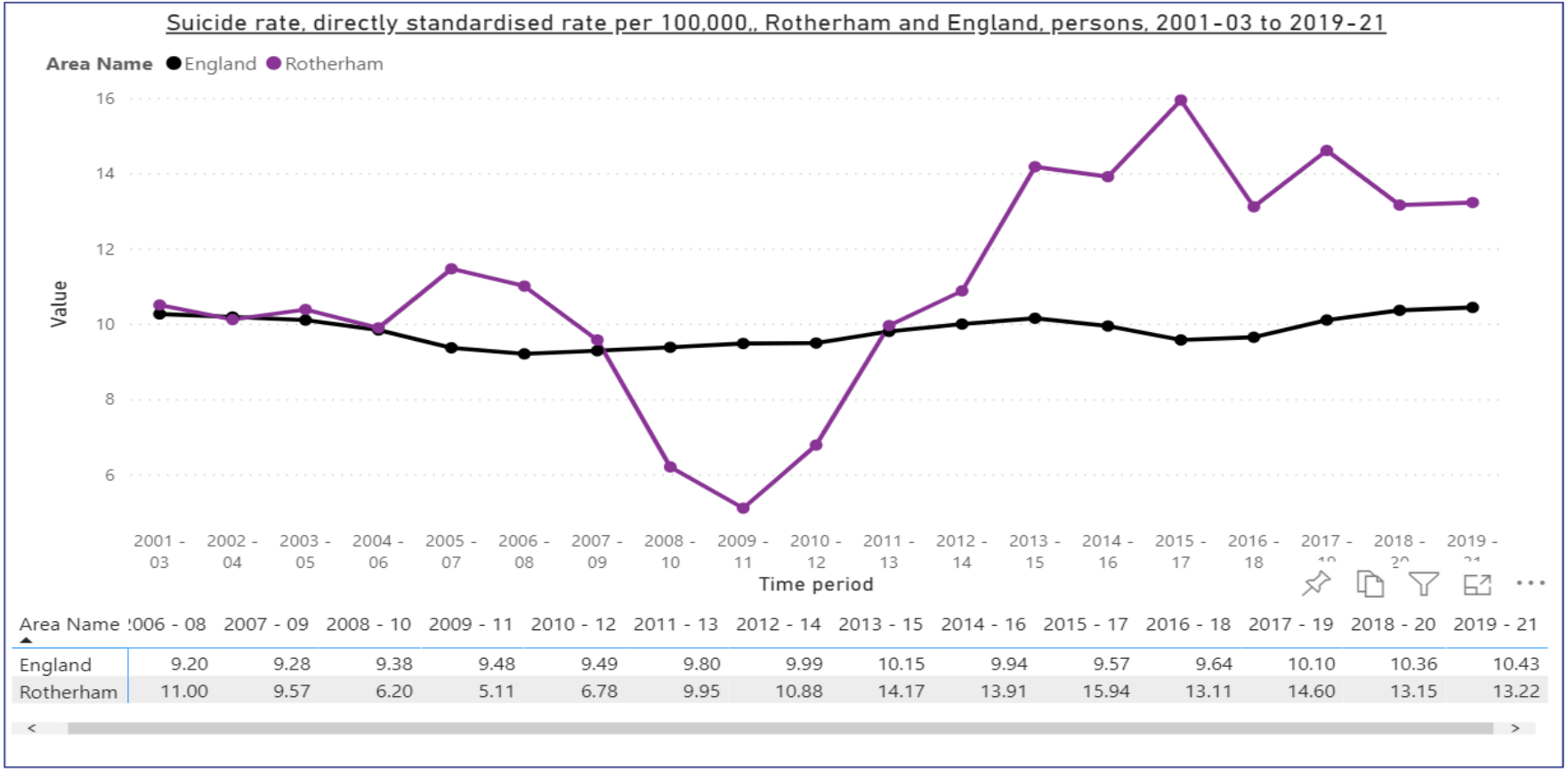
Suicide Prevention Update for Health Select Commission 28th September 2023

Ruth Fletcher-Brown
Public Health Specialist

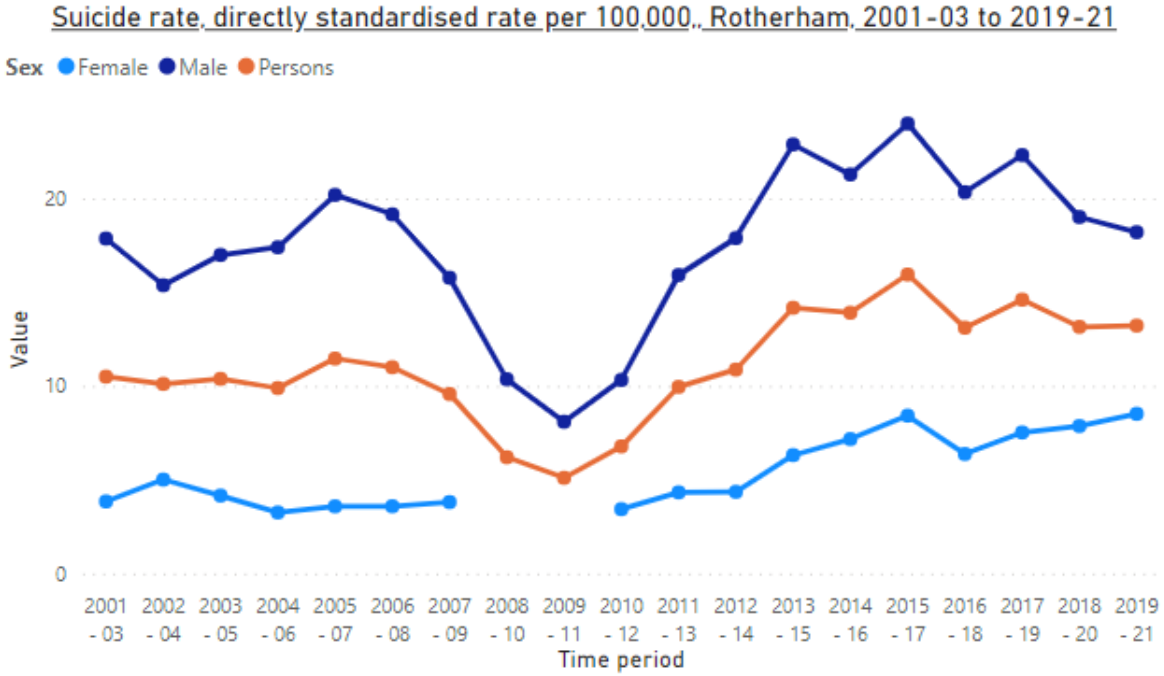
Rotherham Metropolitan Borough Council

Suicide rate, Rotherham, 2001-03 to 2019-21

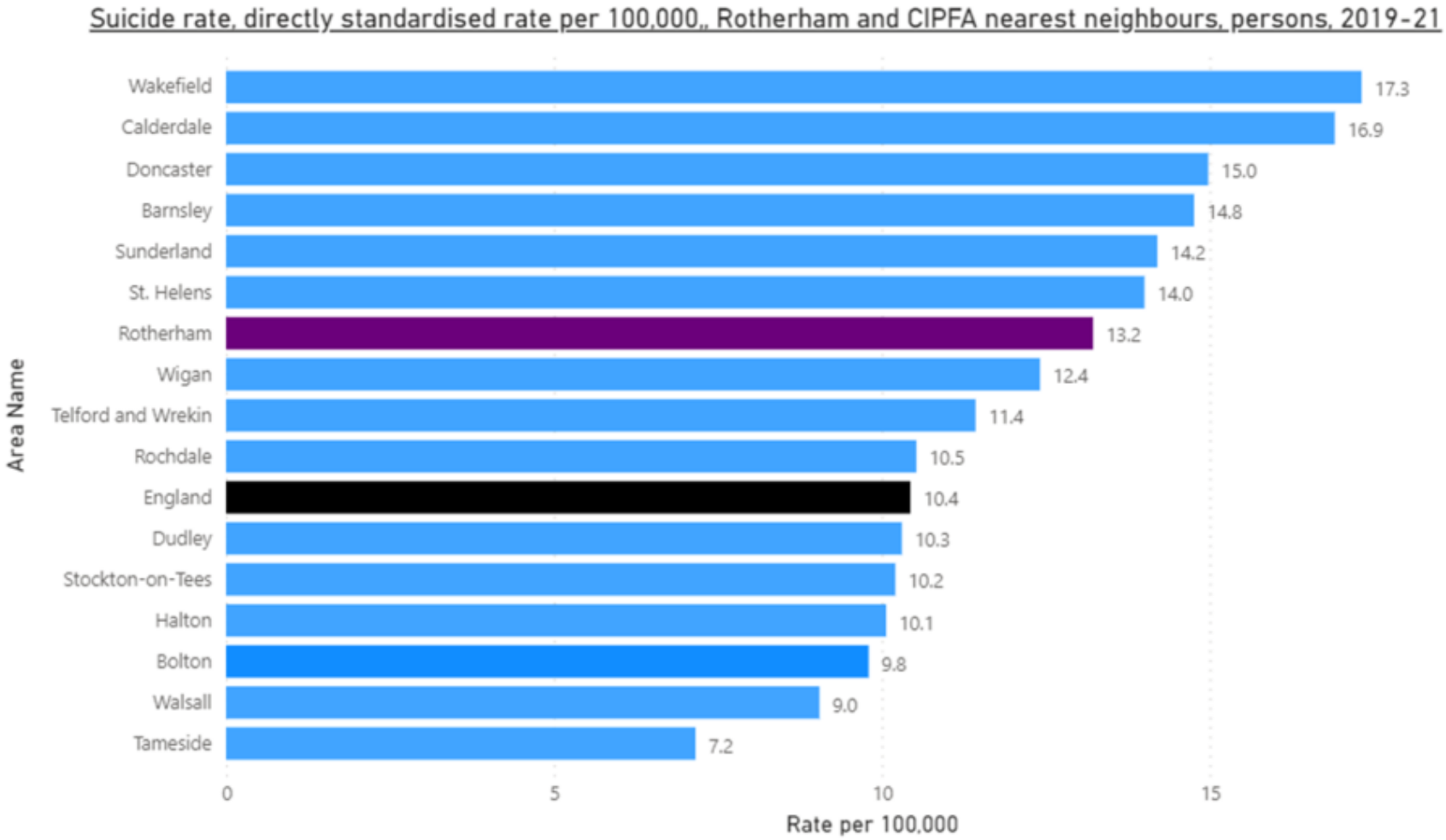


Area Name	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20	2019 - 21
England	9.20	9.28	9.38	9.48	9.49	9.80	9.99	10.15	9.94	9.57	9.64	10.10	10.36	10.43
Rotherham	11.00	9.57	6.20	5.11	6.78	9.95	10.88	14.17	13.91	15.94	13.11	14.60	13.15	13.22

Suicide rate, Rotherham, 2001-03 to 2019-21



Time period	Female	Male	Persons
2001 - 03	3.85	17.86	10.50
2002 - 04	5.01	15.37	10.11
2003 - 05	4.16	16.99	10.38
2004 - 06	3.26	17.40	9.89
2005 - 07	3.59	20.19	11.46
2006 - 08	3.59	19.15	11.00
2007 - 09	3.81	15.77	9.57
2008 - 10		10.36	6.20
2009 - 11		8.10	5.11
2010 - 12	3.44	10.32	6.78
2011 - 13	4.33	15.92	9.95
2012 - 14	4.36	17.88	10.88
2013 - 15	6.32	22.88	14.17
2014 - 16	7.17	21.28	13.91
2015 - 17	8.42	23.99	15.94
2016 - 18	6.38	20.33	13.11
2017 - 19	7.52	22.31	14.60
2018 - 20	7.87	19.01	13.15
2019 - 21	8.52	18.20	13.22


Suicide rate, directly standardised rate per 100,000,, Rotherham and CIPFA nearest neighbours, persons, 2019-21
Area Name
Wakefield
Calderdale
Doncaster
Barnsley
Sunderland
St. Helens
Rotherham
Wigan
Telford and Wrekin
Rochdale
England
Dudley
Stockton-on-Tees
Halton
Bolton
Walsall
Tameside
17.3
16.9
15.0
14.8
14.2
14.0
13.2
12.4
11.4
10.5
10.4
10.3
10.2
10.1
9.8
9.0
7.2
0
5
10
15
Rate per 100,000

National Suicide Prevention

- National Suicide Prevention Strategy published September 2023
- DHSC Suicide Prevention Grants to Voluntary and Community Sector, closing date 1st October 2023

Partnership Working

South Yorkshire ICB

- People with living experience
- Public Health Leads for all 4 Local Authorities
- NHS SY ICB
- Acute Trusts
- Mental Health Trusts
- SYP & British Transport Police
- Yorkshire Ambulance Service
- Office of Health Improvement and Disparities (OHID)
- Primary Care

Suicide Prevention & the Integrated Care System

- Themed Task and Finish Groups (Protected Characteristics, Prisons, Primary Care, Cost of Living, Debt and Gambling)
- Real time data for suspected suicides and working in partnership with SYP
- Real time data looking at suicide attempts working with YAS, Acute Trusts, SYP & PH Intelligence Colleagues in Rotherham and Sheffield
- Support for those bereaved and affected by suicides- Memorial Event, first one hosted in Rotherham in December 2021
- Coroners Audit
- Working with the media
- Working with prisons

LGC Award Winner 2023

‘Walk with Us’

A Toolkit coproduced with Children, Young people and Families bereaved by suicide.

Commissioned by all 4 SY LAs, Bassetlaw and SY ICB. Chilypep was the lead VCS organisation.

Partnership Working

In England, responsibility for suicide prevention action plans sits with local government but this cannot be achieved without working with partners. At Place RMBC work with:

Place

- People with living experience
- South Yorkshire Police
- NHS SY ICB (Rotherham)
- Rotherham NHS Foundation Trust
- RDASH
- Rotherham Samaritans & other Voluntary and Community Sector organisations
- Rotherham United Community Trust

Reviews of suspected suicides

- Suicide Prevention Operational Group (Learning Panel)
- Community Response Plan process
- Serious Incidents Committee
- Coroners Inquest
- Child Death Overview Panel
- Domestic Homicide Reviews

SY & Bassetlaw Coroners report (2019)

Suicide Prevention Pilot

- Public Health Commissioned Pilot service to be launched October 2023 and will run for 2 years.

- It will support people who have attempted suicide who have had their mental and physical health needs met, where the reason for the attempt is likely to be a life event.

- The aim of the service will be to:
  - reduce social isolation
  - reduce suicidal thinking
  - increase emotional resilience
  - reduce suicidal activity
  - improve quality of life
  - improve coping mechanisms

Financial support

- RMBC Corporate Debt Policy- regular suicide prevention training for staff
- Information on RotherHive: https://rotherhive.co.uk/debt/
- RMBC Money Matters- financial support and advice
- Making Every Contact Count- Cost of Living sessions for staff
  April 2022 - April 2023 **436**
  April 2023- **149**
- Open Arms community based support project –RotherFed, Citizens Advice, Laser Credit Union, and Voluntary Action Rotherham, have partnered to develop and deliver a coordinated response to support communities most affected by the cost of living crisis

Long Term Conditions

- Pain management information on RotherHive
- South Yorkshire workshop held with Partners in July 2023
- Exploring local workshop to look at actions and embedding learning into current practice
- ICB NHS Rotherham- Pain Management Pilot in development

Relationships and Domestic Abuse

- DA Joint Learning Reviews
- Joint training opportunities
- Working with Provider of Perpetrator Programme
- Suicide prevention training for domestic abuse services
- Promotion of Amparo
- Rotherham Family Hubs Evidence Based Programmes
- Relationship Charter
- Early Help Pilot with SYP

Loneliness

Actions to addressing loneliness across the life course

- Befriending network
- Raising awareness with partners and the public around the signs of vulnerability in crime and exploitation.
- Cafes and groups in Libraries
- Supporting Tenants
- Making Every Contact Count Training
- Childrens Capital of Culture
- Ward based working
- Comms and Engagement messages

Alcohol and Drugs

- Drug and Alcohol Related Death process.
- Work to address dual diagnosis.
- ROADs, provided by We are With You, launched 1st April 2023, breaking down barriers to increase engaging with the service.
- Increased treatment capacity through the drug and alcohol grant.
- Improved integration of services through the grant. (Drug and Alcohol workers embedded into other services).
- DrinkCoach online alcohol intervention tool.
- And more workstreams through the grant.

Employment

- Programmes within workplaces to support and promote good mental health
- **Be Well @ Work-** delivery of mental health and suicide prevention training. Mental health component with the Award scheme which all employers take action on
- Employment is for Everyone- getting people with a Learning Disability and Autism into employment
- DrinkCoach app promoted to employers

Reducing access to means for suicide

- Joint work with RMBC Highways colleagues, SYP Designing Out Crime Officers and National Highways
- Designing out suicide
- Work with Elected Members in areas of concern
- Alerts and support from British Transport Police
- Work with Medicines Management colleagues
- Top Tips for suicide prevention- guidance for primary care
- Samaritans signage
- Memorials- RMBC Guidance
- Public vigilance- equipping people to know how to respond and what to do.

Workforce Development

- Zero Suicide Alliance Training
- Suicide Awareness
- Adult Mental Health First Aid
- Youth Mental Health First Aid
- Bespoke training for Adult Care staff, SYP Sergeants, RDASH (Hospital Liaison Team and Crisis
- Awareness session for Sheffield Court Users Housing Group

Workforce Development

Bespoke training for frontline staff on themes, their roles and the wider support available:

- Adult Care Staff- February 2023
- RDASH (Crisis and Home Treatment Teams) Dec 2022 and July 2023
- SYP Sergeants- August and September 2023

Volunteer Support

- Voluntary and Community Groups (VCS) can access mental health and suicide prevention training
- Amparo has been promoted to VCS for staff and volunteers to access support
- Preliminary discussions with a local university re psychological support for volunteers
- VAR support for volunteers.

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Adult Social Care
Preparedness for CQC Regulation

Kirsty-Louise Littlewood, Assistant Director, Adult Care & Integration

28 September 2023

Context

The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act 2014.

From 1 April 2023, CQC commenced reviewing existing data and published evidence for local authorities, focusing on themes relating to two quality statements:

- Care provision, integration and continuity
- Assessing needs

Initially, the data and evidence will not be published at individual local authority level. CQC will publish it at an overall national level as a collection of evidence. As this is a new duty, CQC need to complete an initial formal assessment of all local authorities to establish a 'baseline'. Initial formal assessments of all local authorities will commence in 2024. Pilot sites are currently being assessed.

Assessment Framework

Local authorities will be assessed to determine the extent to which they are delivering their Adult Care functions. CQC will assess against four domain themes:

i.) Working with people
ii.) Proving support
iii.) How the local authority ensures safety
iv.) Leadership

Each theme includes sub-categories and quality statements or ‘we’ statements against which we will be assessed.

Integrated care systems will be subject to their own assessment framework.

CQC Themes and Quality Statements

Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice			**Providing Support**: shaping, commissioning, workforce capacity and capability, integration and partnership working	
Assessing Needs	**Supporting people to live healthier lives**	**Equity in experience and outcomes**	**Care provision, integration and continuity**	**Partnerships and communities**
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.	We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

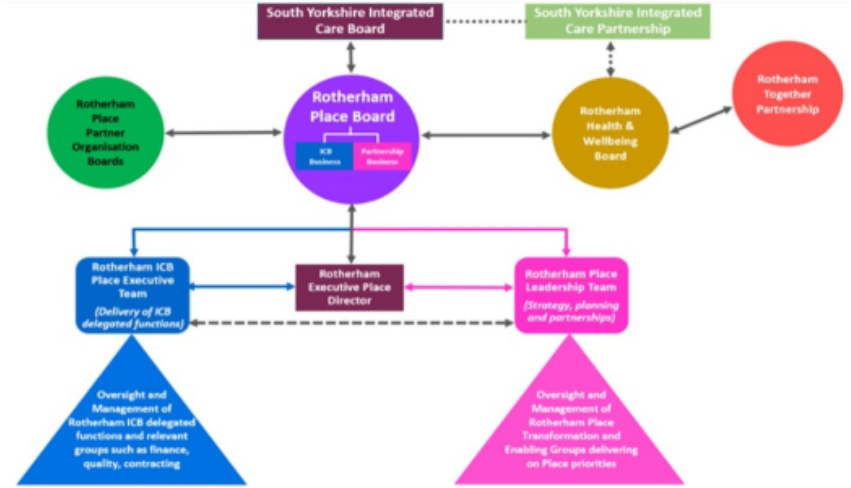
Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care		**Leadership**: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability	
Safe systems, pathways and transitions	**Safeguarding**	**Governance**	**Learning, improvement and innovation**
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.	We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.	We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

A Place Based Approach

CQC regulation is not solely about adult social care.

Regulation focuses on the Council and adult social care as a whole, alongside partnership delivery at a place-based level.

CQC now have powers to assess whether integrated care systems are meeting the needs of their local populations and understand how integrated care systems are working to tackle health inequalities and improve outcomes for people.



Preparing for Regulation 1

- CQC Assurance Board established with ASC, partner and corporate colleagues engaged

- Self-assessment completed which identifies strength, areas of improvement and performance.

- Improvement programme established based on the self-assessment, CQC assessment framework and areas of challenge

- Improvement programme being delivered at speed which includes improved wait times for assessments, robust policy and procedure landscape, strengthened performance insights and workforce development

Preparing for Regulation 2

- Peer Review to be commissioned for late 2023.
- Future areas are focussing on continuing to drive forward improvements to performance, digitalisation, strengthening the voice of the resident, a focus on prevention, self-assessment and a clear public information offer
- Communication strategy to prepare the workforce and partners for regulation
- Regular briefings to place-based leads, elected members and senior leadership

How Did We Do? 2022 - 2023

- Sets out our ambition for residents
- Focus on safeguarding vulnerable adults
- Provides data on who and how we have supported residents
- Outlines how we use resources to meet peoples care and support needs
- Achievements over the preceding 12 months
- Reports on the independent care sector and commissioning
- Impact of the best work of our lives
- Subject to Cabinet approval in October 2023

Transforming Adult Social Care

- A new service model regarding day opportunities for people with high support needs. This includes the building of a new day centre facility in Canklow to replace the existing Learning Disability Day Service.
- Redesign of our Mental Health Service to strengthen social care practice and delivery robust collaborative models of delivery with RDaSH
- Implementation of PAMMS to ensure quality assurance of contracted independent sector providers through our inhouse commissioning service
- Consultation on future strategies and service models for the service including adult social care, learning disabilities, autism and Rothercare
- Further building on our collaborative models of delivery with TRFT through a robust Transfer of Care Hub to support timely hospital discharge

Voice of the Resident – Part 1

CQC will focus significantly on how the voice of people who use our services and their families, actively influences how we deliver services including equity in experience.

Current mechanisms to capturing the voice of the resident include:

- Complaints and compliments
- Learning Disability and Autism Partnership Boards
- Consultation, engagement and co-production activities
- Borough that Cares Forum
- Making Safeguarding Personal
- Working with VCS providers to commission bespoke activities

Voice of the Resident – Part 2

Service improvements to capturing the voice of the resident include:

- Adopting a similar version to the NHS Friends and Family Test to gather feedback at key points in a person's adult social care journey and once in receipt of care services
- Capturing whether a person's outcomes have been achieved in the assessment and support planning process
- Establishing an Adult Social Care Co-Production Board
- Establishing a Learning Disabilities Co-Production Board
- Creating a 'library' of positive experience videos to celebrate and showcase the positive impact Adult Care has across the borough and the value it adds to people's lives

Questions?

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 28 September 2023

Report Title
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 summary work programme for Health Select Commission 2023/2024.

Recommendations

1. That the updated work programme be endorsed.

2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with a revised work programme to be submitted at the next meeting for endorsement.

3. That the updated Terms of Reference of the South Yorkshire, Derbyshire, and Nottinghamshire Joint Health Overview and Scrutiny Committee be noted.

List of Appendices Included
Appendix 1 Summary Work Programme – Health Select Commission

Appendix 2 Updated Terms of Reference – SYDN JHOSC

Background Papers
Agendas of Health Select Commission during the 2021/22 and 2022/23 Municipal Years
Minutes of Health Select Commission during 2021/22 and 2022/23 Municipal Years

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required

No

Exempt from the Press and Public

No

Draft 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 ushered in changes in the commissioning, organisation and provision of health and social care that continue to be a focus with evolving implications for how health scrutiny is conducted in the future.

1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having due 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 reviews, 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 2023/24, 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 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 29 June 2023, a revised draft work programme for 2023/24 was developed and presented at the 27 July 2023 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, equal access to services and prevention.

2.3 Previous priorities for scrutiny 2021/22 were mental health, addressing health inequalities, and improving access to services. Prevention, a further priority which was carried into 2022/23, was agreed on 25 November 2021. HSC continues to have overview of the Council's strategic efforts to address health inequalities, and this remains an overarching principle or 'golden thread' throughout all scrutiny work.

2.4 **South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC)**

2.5 The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee, of which Rotherham has been a constituent Member since 2015, resumes following a brief hiatus during the pandemic, governance structure changes by the host authority, and the embedding of new governance structures under the Health and Care Act 2022. The updated JHOSC Terms of Reference (included at Appendix 2) reflect the changes ushered in with the Health and Care Act 2022. The Chair continues to represent the Commission on the JHOSC as agreed in 2015, with the Vice Chair as deputy. Further updates regarding the JHOSC work programme will be submitted to Health Select Commission in due course with an opportunity for members of the Commission to feed into the programmes of work and lines of inquiry.

3. Options considered and recommended proposal

3.1 Members are recommended to consider priorities for the 2023/2024 municipal year as they consider the work programme and 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 Integrated Care Board (ICB) and National Health Service (NHS); and with 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
01709 254532 or katherine.harclerode@rotherham.gov.uk

This report is published on the Council's website.

Appendix 1: Health Select Commission – Work Programme 2023-2024

Chair: Cllr Taiba Yasseen **Vice-Chair: Cllr Firas Miro**
Governance Advisor: Katherine Harclerode **Link Officer: Ben Anderson**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.

T: Time: is it the tight time, enough resources?
O: Others: is this duplicating the work of another body?
P: Performance: can scrutiny make a difference
I: Interest: what is the interest to the public?
C: Contribution to the corporate plan

Meeting Date	Agenda Item
29 June 2023	Place Partners Mental Health Services Draft Work Programme
27 July 2023	Drug and Alcohol Services Place Plan Priorities Close Down Report - May 2023
28 September 2023	Suicide Prevention Update Adult Social Care Preparedness for Regulation
Workshop - November 2023	TRFT Annual Report
16 November 2023	Child and Adolescent Mental Health Services Update Place Partners Winter Planning
Winter 2023 to Spring 2024	Review: Menopause, Sexual and Reproductive Health
25 January 2024	Healthwatch – Adult Social Care Adult Social Care – Commissioning Update

Meeting Date	Agenda Item
February 2024	Social Prescribing Workshop
7 March 2024	Maternity Services Update Yorkshire Ambulance Service
April-June 2024	Quality Accounts

Terms of Reference for the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

d) To scrutinise the commissioning and provision of health and social care services by the local Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) in accordance with the legislative framework established by the Health and Care Act 2022.

Principles

- The purpose of the committee is to ensure that the needs of local people are an integral part of the delivery and development of health services across this geographical footprint.
- The committee's aim is to ensure service configuration achieves better clinical outcomes and patient experience.
- As new NHS work streams and potential service reconfigurations emerge, the JHOSC will determine whether it is appropriate for the committee to jointly scrutinise the

proposals under development. Each local authority reserves the right to consider issues at a local level.
- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of six (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members from local authorities directly affected by the proposals under consideration.

The 6 Committee Member Authorities are:
Barnsley Metropolitan Borough Council
Derbyshire County Council
Doncaster Metropolitan Borough Council
Nottinghamshire County Council
Rotherham Metropolitan Borough Council
Sheffield City Council

Covering NHS England and the following 3 NHS Integrated Care Boards (ICBs):

South Yorkshire ICB
Derby and Derbyshire ICB
Nottingham and Nottinghamshire ICB

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- The Committee will agree the hosting and chairing arrangements.
- Meetings will take place in the Town Hall of the local authority hosting the meeting.
- Agenda, minutes and committee papers will be published on the websites of all the member local authorities 5 working days before the meeting.
- When possible, meetings will be recorded and/or webcast; however, this cannot be guaranteed on all occasions.
- There is a standing agenda item for public questions at every meeting. Time allocated for this will be at the discretion of the Chair.
- Members of the public are encouraged to submit their questions 3 working days in advance of the meeting to enable Committee Members time to consider issues raised and provide an appropriate response at the meeting.
- The Committee will identify and invite the appropriate NHS witnesses to attend meetings.