HEALTH SELECT COMMISSION

Date and Time:- **Thursday 25 July 2024 at 5.00 p.m.**

Venue:- **Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH**

Membership:- **Councillors Keenan (Chair), Yasseen (Vice-Chair), Baum-Dixon, Bennett-Sylvester, Clarke, Duncan, Garnett, Haleem, Hall, Havard, Lelliott, Rashid, Reynolds, Tarmey and Thorp.**

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 20 June 2024 (Pages 5 - 13)

To consider and approve the minutes of the previous meeting held on 20 June 2024 as a true and correct record of the proceedings and to be signed by the Chair.

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.

For Discussion/Decision:-

6. LGA Adult Social Care Peer Review (Pages 15 - 86)

Members to receive an update in relation to an LGA peer review undertaken in respect of Adult Social Care from the Assistant Director of Adult Care and Integration, Kirsty Littlewood and the Cabinet Member for Adult Care and Health, Councillor Baker-Rogers.

7. Introduction and overview from Claire Smith, Director of Partnerships/Deputy Director of Place (Rotherham), South Yorkshire ICB (Pages 87 - 99)

To receive information from Claire Smith, Deputy Director of Place (Rotherham), South Yorkshire Integrated Care Board (ICB) about her role and that of the ICB in the context of the Health Select Commission.

8. Introduction and overview from Michael Wright, Managing Director/Deputy Chief Executive, TRFT (Pages 101 - 114)

To receive information from Michael Wright, Managing Director/Deputy Chief Executive, The Rotherham NHS Foundation Trust about his role and that of TRFT in the context of the Health Select Commission.

9. Oral Health Review Report and Supplementary Briefing Note (Pages 115 - 132)

To receive the Oral Health Review Report and recommendations, along with a supplementary briefing and consider the appropriate way forward.

For Information/Monitoring:-

To receive and note the contents of any reports routinely submitted to the Health Select for information and awareness.

10. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

To receive and consider the minutes and recommendations of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC).

The JHOSC meeting scheduled to take place on 5 July 2024 was cancelled.

As such, there are no minutes or recommendations to receive on this occasion.

The next meeting is scheduled to take place 5 September 2024.

11. Urgent Business

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

SHARON KEMP OBE,
Chief Executive.

The next meeting of the Health Select Commission will be held on Thursday 3 October 2024 commencing at 5.00 p.m. in Rotherham Town Hall.

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HEALTH SELECT COMMISSION
Thursday 20 June 2024

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Baum-Dixon, Bennett-Sylvester, Clarke, Duncan, Haleem, Havard, Rashid and Thorp.

Apologies for absence:- Apologies were received from Garnett and Lelliott.

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

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 MARCH 2024

The Chair invited comments or questions relating to the minutes of the previous meeting.

Councillor Thorp noted his shock that 24% of women accessing services in Rotherham have complex social problems, as identified at minute 58, Maternity Services Update, paragraph 12, bullet point 3. He sought clarity on whether this is in line with national position or if this is a local issue.

Councillor Yasseen advised that Councillor Thorp's query was discussed during the meeting so it may be helpful to review the webcast. Councillor Yasseen added that there are additionalities present within Rotherham which contributing to that group, such as specific vulnerabilities, resulting in impact on the service. It was also noted during that meeting that despite the higher level of need, this does not result in the provision of additional funding or resource unfortunately.

Resolved:-

That the minutes of the meeting held on 7 March 2024 be approved as a true and correct record of the proceedings.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

4. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda which required the exclusion of the press and public from the meeting.

5. NOMINATE REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL

The Chair sought a representative from the Health Select Commission to sit as a member of the Health, Welfare and Safety Panel. Councillor Thorp volunteered to be the Health Select Committees representative for 2024/25.

Resolved:-

That the Health Selection Commission appointed Councillor Thorp as its representative on the Health, Welfare and Safety Panel for 2024/25.

6. INTRODUCTION AND OVERVIEW FROM BEN ANDERSON, DIRECTOR OF PUBLIC HEALTH, RMBC

The Chair welcomed Ben Anderson, Director of Public Health.

The Director of Public Health provided a high-level overview of his portfolio, his role and that of the Council in the context of the work of the Health Select Commission; outlining key issues, strategies and resources of relevance to its members, advising that the purpose of his presentation was to provide an overview and background.

This included the determinants of Health and what this means to a public health leader in order to promote a broad view of what health was for the commission, the burden of disease within Rotherham and the impact thereof, prevention and health inequalities, an overview of the health system in Rotherham and the key strategies impacting on health.

The Director of Public Health underlined the importance of holding Officers to account for performance against the stated aims of agreed strategy within this scrutiny setting.

Three studies were referenced in connection with determinants of health, and Members were asked to note the extent to which health care contributed to overall health within each of those studies: ranging from 15% to 43%. The Director of Public Health highlighted this specifically as often scrutiny focused heavily on the NHS and the ways in which they impact health locally, whilst the data reflected that there was a much broader range of impact factors to which the commission ought to have due regard. These included housing, socio-economic factors, genetics and behaviours amongst others and in reality, improving public health often relied on preventative measures and initiatives in place prior to health services being accessed.

Members were advised that the Joint Strategic Needs Assessment (JSNA) would be helpful to members as it contained a wealth of data around health impacts and health status in Rotherham.

The Director of Public Health outlined the wider determinants of health and the notable impact of these factors during the pandemic, such as access to green spaces, transport, education, social and community networks. Members' attention was drawn to evidence indicating that these socio-economic and environmental factors had a greater influence on health than the healthcare services themselves.

The Director of Public Health advised that since joining the Council in 2021, the Council had adopted a prevention led system focussing on positive impacts in relation to systemic factors, maximising early detection and diagnosis, latterly delivering person centred care and condition management which prioritised individual health ambitions and quality of life.

The Director of Public Health advised Members that health inequalities was a significant topic in Rotherham, with members of the public falling ill at a younger average age than elsewhere in the country and living with the impact of long term conditions or ill health for longer than people generally do in this country, with a difference of 10 years in the most deprived areas. These health inequalities were largely driven by multiple sources of disadvantage. Notably, for women in Rotherham the gap in life expectancy was increasing.

Global Burden of Disease data, as it specifically relates to Rotherham was outlined by the Director of Public Health, noting that tobacco remained the greatest impact factor in the borough.

Councillor Baum-Dixon sought clarity in relation to the comments made about the increasing life expectancy gap for women in Rotherham, querying if this was due to Rotherham being more effective at closing the gap for men or whether this was due to external factors.

The Director of Public Health advised that the causational factors were extremely complex and rooted in the diverse determinants of health previously outlined. However, the traditional role of females being caregivers within a family setting and neglecting their own health and wellbeing as a consequence of that burden may amplify this.

Councillor Yasseen requested a drilled down dataset specifically targeting the Rotherham community to provide context for the commission, with particular regard to the higher mortality rate within the borough.

The Director of Public Health clarified that the data provided to the commission was specific to Rotherham and intentionally focused on the problems rather than the solutions, with a view to this informing the work of the commission going forward.

Members were advised that the current mode of operation in the borough was that of an integrated health care system, which was complex and formed part of an overarching county wide body known as the South Yorkshire Integrated Care Board (SY ICB), borne out of four Clinical Commissioning Groups (CCGs) formerly in operation, as a result of 2022 legislation.

The Director of Public Health gave an overview of the structure of the SY ICB, and its fundamental shift from a competitive to a collaborative model, which was still embedding. Members were advised of the key organisations and bodies with whom the ICB work, both in the public, private and voluntary/charity sectors including how they contribute to the governance framework and public accountability through committees like the Health and Wellbeing Board, alongside this commission.

NHS England had responsibility for specialised services and sits outside of this structure, however many such services were devolving to local level over time, e.g., dentistry, optometry etc.

The Director of Public Health outlined the headlines of the Health and Wellbeing Strategy: children getting the best start in life and going on to achieve their potential, Rotherham people enjoying the best possible mental health and quality of life, ensuring Rotherham people live well for longer and that all Rotherham people live in healthy, safe and resilient communities; setting out how each of these intersected with Council services and activities, referencing the overlap with the work of the Improving Places Select Commission. The Director of Public health referenced discussions with the Chair in relation to the opportunity for joint scrutiny activity across the two commissions in certain areas.

The Director of Public Health outlined the Integrated Care Partnership Strategy, drawing links to the impact of the work of the South Yorkshire Mayoral Combined Authority (SYMCA), and the Rotherham Place Plan drawing links to the work of the commission and its connection to the Council plan.

The Director of Public Health outlined the Rotherham Plan prepared by the Rotherham Together Partnership (RTP), which brought together partners from beyond the health and social care arena, including economic and education partners highlighting its role in place shaping and in turn, its contribution to impacting upon health determinants and contributing to reducing health inequalities. The Director of Public Health highlighted Sport England investment coming into the borough which Members could be keen to bring to scrutiny in the future.

The Chair thanked the Director of Public Health for a quality report.

Councillor Bennett-Sylvester welcomed the reference to equity rather than equal within the presentation and Director of Public Health's comments,

relating this to how geography was often an equity factor in the context of public transport networks and access to services.

Councillor Bennett-Sylvester highlighted a difference in life expectancy of 6 years between the Mushroom Roundabout and Stag Roundabout areas of Rotherham and the importance of addressing the root causes of this.

The Director of Public Health spoke about the work of the Health Inequalities Group and a piece of work being undertaken considering what the Council and relevant others could do as anchor institutions to address exactly this agenda i.e., taking services to people rather than people to services, where this acted as a barrier and perpetuated health inequalities.

Councillor Havard requested more information about what family hubs were and how they work as referenced in the Rotherham Together Plan.

The Director of Public Health advised that this was a programme aimed at Children and Young People with a significant amount of transformation funding delivering services for families through centres in East Dene, Swinton and Maltby. The hubs brought together maternity, early years, health visiting, social care and school nursing services through co-location as one team and the delivery of truly integrated services. The hubs delivered a whole host of services and activities in the same location from pregnancy to adulthood.

Councillor Clarke posed a question connected to a recent E-coli outbreak and inequalities relating to testing, particularly for those working in a high-risk occupation or with children accessing a childcare setting. In respect of the need for clearance samples, people were increasingly struggling to access GP appointments, exacerbated by logistical complexities in the testing process at laboratory level. She queried whether there had ever been any quantitative analysis on the timeliness of the current testing services and structures, given the extensive impact this had on the delivery of local services and the productivity of the local economy.

The Director of Public Health advised that the existing service and structure was managed by the UK Health Security Agency (UKHSA) and although not personally aware of why the structure operates in the way that it does, was mindful that it is incredibly important that we excluded people from certain settings whilst they are ill but equally important that we got them back to work as soon as they are able. The Director of Public Health advised that he was happy to ask colleagues from the UKHSA to provide an overview on the matter for the benefit of Members.

The Chair suggested that this may be worth considering as part of the Health Select Commission's work programme as it sounded like this could be an impactful and wide-reaching area.

Councillor Clarke queried whether there was anything being done in regards to the current position of domiciliary care in the borough due to concerns raised by constituents around gaps in the market.

The Director of Public Health advised that Scott Matthewman, Assistant Director of Strategic Commissioning in Adult Care, Housing and Public Health had previously attended the Health Select Commission to address such issues and was best placed to advise on this matter as he and his team were heavily involved in the shaping of the provider market.

The Chair advised that this would form part of the work programme.

Councillor Baum-Dixon noted that there were large areas of the borough which were rural locations and sought reassurances that the Council was doing enough in respect of accessibility of services to those living in these rural communities.

The Director of Public Health advised Members that prior to joining the Council, his previous role was part of the East Midlands Rural Health Commission which had similarities to Rotherham geographically, and in turn faced similar challenges. Community mapping was wider than looking at just those areas which are considered deprived, but included considering the particular type of deprivation, be that poverty, lack of access to services and so on. A significant focus at present was neighbourhood care models versus the cost efficiency of centralised services, with a view to getting the balance right.

Councillor Baum-Dixon queried whether the Council took account of those services accessed by its residents which cross county boundaries, into the Nottinghamshire and Derbyshire areas and any attempts to promote further integration.

The Director of Public Health suggested that this was one of the main advantages of the ICP and the ICB, acknowledging that this had a South Yorkshire footprint and the links to Derbyshire and Nottinghamshire were less strong, but noting that we were pushing those boundaries and those conversations were very much on the agenda.

Councillor Baum-Dixon echoed the comments of Councillor Bennett-Sylvester and queried whether the Council was cognisant of pockets of deprivation within otherwise affluent wards to ensure that the needs of these residents were not masked and missed by the wider perception of a particular ward.

The Director of Public Health explained that lots of analysis took place in the Lower Super Output areas which consisted of approximately 500-600 people to allow the required granularity of detail to ensure issues were fully understood.

The Chair noted that the issue of social isolation in rural communities was something that the Health Select Commission could potentially look at through social prescribing or the loneliness agenda under the work programme.

Councillor Yasseen queried whether data was gathered on the impact of sickness and disease in Rotherham other than in respect or mortality rates, given that rates of absence from work due to ill health was higher than the national average in the borough. She sought assurances that the Council was gathering and analysing data in this area with a view to scrutiny being enabled to consider what interventions were in place and whether these were delivering tangible improvements.

The Director of Public Health agreed that this was an important area of focus and welcomed scrutiny in this area.

Councillor Yasseen queried the ambition within the Council in terms of the cultural shift around physical activity in the borough and the investment in an infrastructure that supported that, including checks and balances of the initiatives which had already seen investment.

The Director of Public Health agreed the impact of infrastructure to support a change in habits was really important e.g., street lighting and lighting in parks, cycle lanes so that parents feel more comfortable with children using them etc and these initiatives had the intention of changing behaviours over time.

Councillor Thorp raised the issue of 'bed blocking' as a result of clashing funding streams delaying patient movement when moving from in-patient to home care.

The Director of Public Health agreed that there were issues in this area, and understood the frustrations felt by members of the public. There was a big piece of work in end-of-life care and reablement services going on in South Yorkshire currently, so this was definitely front and centre of the system's mind but there was still work to be done.

The Chair queried if there would be a report on the end-of-life care work which could come to the Health Select Commission.

The Director of Public Health advised that the report would need to work its way through the ICB's internal governance processes, but thereafter would be a public document and could be called in by scrutiny.

Councillor Havard queried whether there was any intention of the staff conducting tenancy health checks primarily focussed on properties also considering the needs and vulnerabilities of tenants as a holistic approach to place and service shaping.

The Director of Public Health confirmed that this was something that the services had been discussing very recently, for all of the reasons described and we were considering what more could be done. SYMCA had run a series of workshops on health and housing from which we could look at opportunities.

Resolved:-

1. That the role of the Director of Public Health and the Council in the context of the Health Select Commission was noted.

7. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair invited Members comments in relation to the minutes and recommendations from the meeting of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) held on 25 March 2024.

Councillor Yasseen noted that this was the only JHOSC meeting that neither herself as Chair or Councillor Miro as Vice-Chair were not able to attend so could not provide any clarity on the minutes.

Councillor Havard queried the position on the availability of dentistry appointments as there had been questions from constituents.

Councillor Yasseen noted that the report on Oral Health would be coming to the next meeting of the Health Select Commission.

Resolved:-

That the Health Select Commission:

1. Noted the minutes and recommendations of the previous Joint Health Overview and Scrutiny Committee.

8. URGENT BUSINESS

There was no urgent business to be considered at this meeting. However, the Chair wished to note that a consultation would be taken via email to consider moving the start time of this meeting to 5.30 p.m.

The Chair also advised that in the interests of maximising participation, the online pre-meeting of the Health Select Commission would be moving to 5.30 p.m.

The Chair advised Members that to assist new Members in particular in respect of knowledge and understanding, a glossary would be developed to provide a point of reference in relation to frequently used terminology.

9. DATE AND TIME OF NEXT MEETING

Resolved:-

That the Health Select Commission noted that the next meeting would take place Thursday 25 July 2024 at 5.00 pm.

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Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 25 July 2024

Report Title
Adult Social Care Preparation for Assurance Peer Challenge Report

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Dania Pritchard, Regulatory Assurance Lead, Adult Social Care
Dania.Pritchard@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
Rotherham Council's Adult Social Care (ASC) Service commissioned the Local Government Association (LGA) to carry out a Peer Review in December 2023. This report details the findings from the LGA Peer Review Team and provides assurance on the recommendations being implemented to improve the delivery of adult social care for people in Rotherham.

Recommendations
That the Health Select Commission:

1. Note the findings of the Peer Review of Adult Social Care and the subsequent improvement programme.

List of Appendices Included

Appendix 1 Peer Challenge Report
Appendix 2 Peer Review CQC Work Programme

Appendix 3 Internal Audit LGA report
Appendix 4 Rotherham feedback presentation

Background Papers
Care Quality Commission (CQC) assessment framework for Local Authorities Local authority assessments - Care Quality Commission (cqc.org.uk)

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

Council Approval Required
No

Exempt from the Press and Public
No

1. Background

1.1 From April 2023, 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 as set out in Part 1 of the Care Act 2014. Local authorities will be assessed against four domains:

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

1.2 The CQC Assessment Framework focuses on:

- Delivering and commissioning high-quality services which enables individuals to achieve their outcomes and live their best life
- Working effectively with partners in an integrated way
- Making a positive impact on the lives of people with care and support needs and their carers
- Delivering services which are compliant with legislation.

1.3 Each local authority receives a rating of their assurance ranging from inadequate, through to requires improvement, good or outstanding. The CQC has committed to inspecting all 152 Local Authorities by December 2025. The inspection outcome reports are published online via the CQC website.

1.4 It is critical that the Council are adequately prepared for CQC assurance. Adult Social Care commissioned the Local Government Association (LGA) to carry out a Peer Review to gain insights into its areas of strengths and identify areas for improvement with a focus on preparing for assurance.

2. Key Issues

2.1 The LGA Adult Social Care Peer Review took place from 5 – 7 December 2023. The Peer Review identified (Appendix 4):

- The service's feedback communication loop could be strengthened. This was a repeated theme with staff, residents and providers.
- There should be active steps taken to ensure that community team Deprivation of Liberty Safeguards assessments (DoLS) are visible and subject to the Association of Directors of Adult Social Services (ADASS) risk triage tool.
- Carers should be consistently offered the opportunity for a carers assessment.

- There are clear market position statements presenting clarity in relation to capacity and demand. This is extremely helpful for the short to medium term. However, future position statements should be embedded within Joint Commissioning Strategies. These should also be supported by clear financial planning frameworks, covering 5–10 years and incorporate plans for the use of available housing stock in the Council to overcome homeless pressures and resolve temporary accommodation issues.
- Joint working across the system to maximise Better Care Fund (BCF) resource should continue with ongoing review of schemes to maximise value to the system and embed a business-as-usual approach to demonstrate beneficial resident outcomes.

2.2 The Peer Review positively identified that (Appendix 4):

- Our preventative offer includes a range of services such as Rothercare, micro enterprises and the complex lives team, with information, advice and guidance being clear and intuitive.
- A robust process for equality impact assessment exists.
- There is a focus on robustly managing any waiting lists for assessments.
- A case file audit process is in place to assure practice standards.
- Rotherham has a strong advocacy service to offer.
- Decisions are public health led and supported by data.
- The brokerage services which commissions packages of care is strong.
- Quality assurance and contract management processes are in place and robust.
- There are Market Position Statements in place that are being used to inform decision making.
- There are good support networks for providers in Rotherham such as the provider forum.
- The CQC rating of local providers shows that 85% are rated good.
- Partnerships working and relationships with housing are strong.
- In-house provision such as crisis is innovative.
- Partnerships and collaborative working with strategic partners in the Integrated Care Board (ICB) and Place Board are strong and clear partnership governance exists.
- Rotherham Safeguarding Adults Board (RSAB) are actively working on improvements (resulting from a peer review in 2023) and engaging with partners.
- There is robust multi-agency risk management system around Community Multi Agency Risk Assessment Conference (CMARAC)

and Vulnerable Adults Risk Management (VARM) since the Safeguarding Adults Board peer review.

- There is a focus on section 42 safeguarding enquiries and the associated action plan.
- Making safeguarding personal is embedded in practice.
- There is strong political leadership which is supportive of adult social care.
- The scrutiny board has an inclusive and collegiate approach which adds value to the system.
- There is a performance focus and good performance insights.
- Learning from complaints is in place and used to inform service improvements.
- A strong continued professional development (CPD) offer is in place, supported by a workforce training and development programme for the workforce.
- A strong partnership exists with the South Yorkshire Teaching Partnership.
- Career progression is possible for all parts of the workforce i.e. for social workers to become advanced practitioners.
- The Principal Social Worker (PSW) is knowledgeable and has strong leaderships skills.
- There is a reverse mentoring programme.

2.3 The LGA also identified several 'top tips' for the service to consider as part of its preparations for assurance. These were:

- Appoint an adult social care regulatory lead.
- Regular political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform self-assessment.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

2.4 Adult Social Care subsequently developed a work programme to celebrate its areas of strength and to ensure the insights from the Peer Review could be harnessed to improve service delivery (Appendix 2).

2.5 The work programme is themed in line with the CQC Framework:

- **Working with People**

This theme includes nine recommendations covering areas such as feedback mechanisms with residents, timeliness and take up of assessments across areas such as Preparing for Adulthood and Carers, clear and effective pathways, the use of Direct Payments and wait times for packages of care.

- **Providing Support**

This theme includes five recommendations covering areas such as strategic commissioning, informing future planning, financial planning including the use of Care Cubed as a tool to ensure fair and competitive prices of care (this tool takes metrics that allow us to compare prices for care packages to gauge what is fair then make informed choices around finances) and building on relationships with the voluntary and community sector.

- **Ensuring Safety**

This theme includes two recommendations around stronger links with Children and Young People's Services (CYPS) to strengthen joint working between service areas, adopting a 'Whole Family' Approach and work on community Deprivation of Liberty Safeguards (DoLS) in terms of prioritisation and risk-triaging.

- **Leadership**

This theme includes seven recommendations relating to caseload management tools, capturing the voice of the resident to help shape services, an audit cycle to embed quality assurance and an approach to supervision audits to ensure these are timely and purposeful.

Recommendations are also included for communicating with the workforce and consideration of the level of corporate support for Adult Social Care.

2.6 Adult Social Care worked with Partners in Care and Health (PCH) during January 2024, to deliver a workforce event. This enabled staff to have the time and space to explore possible questions that CQC may pose, reflect on best practice and discuss any areas that they felt necessary in preparation for assessment. It also allowed feedback from facilitators in terms of strength and considerations and allowed us to identify any themes emerging between these sessions and what the peer review identified. This has further strengthened Adult Social Care's preparations for assurance.

2.7 The work programme is regularly reviewed and assured through the Adult Social Care Regulatory Assurance Board which meets on a monthly basis.

2.8 A review of the work programme and its delivery was conducted by the Council's Internal Audit Service in June 2024. The audit concluded that 'substantial assurance' had been provided to evidence progress in delivering the recommendations from the Peer Review (Appendix 3).

3. Options considered and recommended proposal

3.1 Health Select Commission note the outcome of the ASC Peer Review.

3.2 Health Select Commission offer any further recommendations for addressing the areas for improvement within the work programme.

4. Consultation on proposal

4.1 The Peer Review consisted of more than 35 meetings with 143 different members of staff, Councillors, partners and people with lived experience.

5. Timetable and Accountability for Implementing this Decision

5.1

Action	Timeline
Work programme developed.	February 2024
Internal audit of progress to deliver the recommendations.	June 2024
Delivery of the work programme.	December 2024
ADASS Peer Review to review progress.	January 2025

6. Financial and Procurement Advice and Implications

6.1 There are no immediate financial implications from this report.

7. Legal Advice and Implications

7.1 The LGA Peer Review has been undertaken in preparation for a CQC assessment under The Health and Care Act 2022, to identify areas where the council demonstrates robust performance and areas where services can be strengthened. Aware of the forthcoming inspection, this approach to preparation for that assessment is appropriate.

As such, there are no direct legal implications to this report.

8. Human Resources Advice and Implications

8.1 There are no HR implications associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Peer Review was inclusive of young people preparing for adulthood, to ensure that all young people:

- Grow up prepared for the future.
- Have improved health and wellbeing.
- Are able to exercise control over the support they receive.
- Are able to receive support locally from a range of services that everyone values.
- Have an opportunity to have their own 'front door'.
- Can access the right support in the right place, based on where the young person lives.

10. Equalities and Human Rights Advice and Implications

10.1 The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and;
- Equality Act (2010) to legally protect people from discrimination in the wider society.

10.2 All developments identified within the work programme will be subject to a full and detailed Equality Impact Analysis where required.

11. Implications for CO_2 Emissions and Climate Change

11.1 There are no implications for CO2 emissions or climate change directly arising from this report.

12. Implications for Partners

12.1 All relevant partners and key stakeholders including health, voluntary sector and other internal council departments, are actively engaged in delivery of the work programme for Adult Social Care and ensuring the service is prepared for CQC assurance.

13. Risks and Mitigation

13.1 There are associated risks with non-delivery of the work programme following the peer review, primarily related to the future CQC assurance of adult social care and its outcome rating.

13.2 To mitigate these risks, the service has adopted robust governance arrangements to drive forward and implement the improvements from the Peer Review via the Adult Social Care Regulatory Assurance Board.

Accountable Officer(s)
Ian Spicer, Strategic Director, Adult Care, Housing and Public Health

Report Author: Dania Pritchard, Regulatory Assurance Lead, Adult Care
dania.pritchard@rotherham.gov.uk.

This report is published on the Council's website.

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Local Government Association

Preparation for Assurance

Peer Challenge Report

Rotherham Metropolitan Borough Council

December 2023

Report

18 Smith Square, London, SW1P 3HZ www.local.gov.uk **Telephone** 020 7664 3000 Email info@local.gov.uk **Interim Chief Executive** Sarah Pickup
Local Government Association company number 11177145 Improvement and Development Agency for Local Government company number 03675577

Background

Rotherham Metropolitan Borough Council (RMBC) asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners. The work was commissioned by Ian Spicer, Strategic Director Adult Care, Housing and Public Health who was seeking an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) assessment with a particular focus on learning about staff readiness and awareness in advance of CQC visit and to gain an external view of where Rotherham adult social care is and the understanding of this corporately within Rotherham. The purpose of a peer challenge is to help an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and adult social care (ASC) to reflect on the information presented to them by the people they met, and material that they read.

As preparation for an Assurance Peer Challenge teams typically spend three days onsite in addition to undertaking case file audits, lived experience interviews and a review of data. This process should be seen as a snapshot of the client department's work rather than being totally comprehensive.

All information collected is non-attributable to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of the peer challenge team were:

- **Jennifer McGovern,** previously Director Adult Social Services and Integrated Commissioning, Cheshire West and Chester Council (till 2022)
- **Councillor Keith Cunliffe,** Wigan Council
- **Jane Myers** Strategic Operations Lead (Adult Social Services), Rochdale Metropolitan Borough Council

- **Sheila Wood –** Head of Service and Principal Social Worker, Cheshire East Council
- **Pippa McHaffie,** Adviser - Adults Peer Challenge Programme, Local Government Association
- **Penny Hynds** Peer Challenge Manager, Local Government Association

The team were on-site at RMBC for three days from the 5th to the 7th of December 2023. In arriving at their findings, the peer team:

- Held interviews and discussions with Councillors, officers, partners, and carers.
- Held meetings with managers, practitioners, team leaders, frontline staff, and people with lived experience.
- Read a range of documents provided by RMBC including a self-assessment and completed six case file audits with 3 follow up conversations plus spoke to 12 other people with lived experience.

The peer team were given access to at least 300 documents including a self-assessment. Throughout the peer challenge the team had more than 35 meetings with 143 different people. The peer challenge team spent around 200 hours with RMBC the equivalent of 30 working days. Invariably this is still a snapshot of RMBC.

Care Quality Commission Assurance themes	
Theme 1: Working with people. This theme covers:	**Theme 2: Providing support.** This theme covers:
• Assessing needs	• Market shaping

Specifically, the peer team's work focused on the Care Quality Commission (CQC) framework four assurance themes for the up-coming adult social care assurance process. They are:

• Planning and reviewing care. • Arrangements for direct payments and charging. • Supporting people to live healthier lives. • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People's experiences and outcomes from care.	• Commissioning • Workforce capacity and capability • Integration • Partnership working.
Theme 3: How the local authority ensures safety within the system. This theme covers:	**Theme 4: Leadership.** This theme covers:
• Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care.	• Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability.

The peer challenge team would like to thank Councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process. All information collected on a non-attributable basis. The team was made very welcome and would like to thank Dania Pritchard, Caroline Hine,

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and their team, for their invaluable assistance and for the support to the peer team, both prior to and whilst onsite, in planning and undertaking this peer challenge.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

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Key Messages

There are observations and suggestions within the main section of the report linked to each of the CQC themes and quality statements. The following are the peer team's key messages to the Council:

Message One: Strong and Clear Strategic Direction

Rotherham Metropolitan Borough Council adult social care has strong leadership with very strong relationships with partners across the system as demonstrated by the unique focus on "place" and the Rotherham Way. The Council is committed to improving and this was the third peer review undertaken by the LGA within the year – with a Corporate Peer Challenge earlier in the year and a Safeguarding Adults Board Peer Challenge completed by the LGA in Summer 2023.

The refreshed Adult Social Care Strategy 2024-2027 is going to Cabinet in January 2024 and has a clear vision:

"Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time".

The peer team were impressed by the comprehensive consultation process in developing and "socialising" the emerging strategy. This aligns and reflects the Integrated Care System (ICS) and Integrated Care Board (ICB) strategic direction as well as RMBC strategy. The Council may want to consider how they will operationalise the strategy through to front line staff, people with lived experience, and partners. Similarly, there are opportunities to highlight where there have been positive outcomes arising from the work that is happening.

A place based approach is embedded throughout the organisation with Rotherham Place being part of South Yorkshire ICS which covers Barnsley, Doncaster, Rotherham and Sheffield. Rotherham Place is enhanced and enabled by coterminous arrangements with one acute trust (Rotherham Foundation Trust), one mental health

trust (Rotherham, Doncaster, and South Humber - RDaSH) and Voluntary Action Rotherham.

The peer team were very impressed with the overall corporate approach, ownership, and direction of adult social care.

Message Two: Positive Workforce

The peer team were impressed by the number of front-line, managers, Heads of Service and Senior leadership that they met in several meetings. The overwhelming message they heard from the staff they met was how proud and happy they were to work in Rotherham, that they felt very supported within their teams and by their immediate managers. Many of the staff had been working in Rotherham for many years (over 40 years some of them!) but there was also an increasing number of newer staff the peers met too. It was clear that the staff had found strength within teams to manage the difficulties that Rotherham had previously experienced when Commissioners had been brought in 2014. The peer team observed there was an opportunity for this strong identity within individual teams to be extended for staff to feel more part of ASC and RMBC as a whole and felt that the implementation of the new ASC strategy will encourage this.

The Heads of Service and Senior staff were committed and passionate with an aspiration to do the best for Rotherham and its residents. They seemed to have a good understanding of the Council's strategy and the vision and way forward for adult social care that was emerging. The peers heard excitement and enthusiasm about the ambitions going forward with the resident being the reason they were there to make a difference. This was articulated in the following quotes the peer team heard:

"I feel proud to be part of my team, we are stretched but are a very supportive team – from high up and throughout the team. I really enjoy my job."

"It is great to make a difference to people's lives".

Message Three: Senior Leadership Team

The adult social care senior leadership team is relatively new, with the Director of Adult Social Services (DASS) having been in place in his current role for just over 2 years (he came in 2018 as Assistant Director (AD)), AD ASC and Integration being in position since Dec 2022 and the AD Strategic Commissioning since early 2023. The team are energised, engaged, and ambitious. The DASS has significant personal credibility with members, staff, and partners and there is a confidence that he has established a strong senior leadership team that will deliver improvements.

External relationships are excellent, and the peer team heard positive stories from several partners and people with lived experience. There is evidence of extremely strong relationships with the ICS with a culture of genuinely working together with a "no surprises" approach – that fosters transparency and is built upon trust to ensure all partners are aware of any issues within a partner that may adversely impact them, and they work together to address minimalising risks across the system. The peer team heard of a good example of this regarding changes RMBC are implementing to realign the line management of Adult Mental Health Professionals (AMHPs) and Mental Health Social Workers who currently are managed within the Mental Health crisis team back into RMBC. The potentially negative impact on RDASH Mental Health Trust has been openly discussed and worked upon collaboratively to minimalise impact.

These relationships, along with positive internal Senior endorsement and partnerships, provide the team with significant opportunities in preparation not just for adult social care assurance but for ICS assurance.

The role of the Principal Social Worker (PSW) is a key position for CQC assessment and RMBC. The PSW in Rotherham was established in 2018 and the current postholder was made permanent in April 2023. The peer team were impressed by what she has already achieved in a relatively short period. It was evident that the PSW works closely with the AD for ASC and Integration and the peer team were impressed by their close and complementary partnership which has already made significant

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improvements and recognised that there is an ambitious programme for further changes and improvement. The peer team were concerned that there were many moving parts and this needs to be managed and communicated very clearly to the workforce for effective implementation. The PSW is central to the development and promotion of practice and the peer team saw several examples of good practice that had been implemented to support the further embedding of strengths-based approaches and person-centred care. These included the safeguarding pathway with Liquid Logic, the introduction of 7-minute briefings and the drop-in sessions to ascertain the views of staff about what is important and a new Practice and Supervision Framework. There are well developed plans in place to launch several initiatives by the end of March 2024 such as the new Practice Framework, Quality Assurance Framework, Supervision and Audit Framework. This includes an opportunity to further develop a better understanding of organisational safeguarding in conjunction with commissioning.

Message Four: Social Work and Reablement vacancy level

The peer team were concerned that the high vacancy rate for Social Workers (25%) was having a knock-on effect on many areas across ASC in Rotherham such as waiting lists for assessments and safeguarding issues but recognised that the ASC Senior team were aware of this issue and had put in place mitigations to help manage the pressures. The DASS explained that the vacancy level has been at a similar level since he came to Rotherham five years ago as Assistant Director for Adult Care and that much work had been and was continuing to be done to try and attract new Social Workers to Rotherham. They are looking to learn from neighbouring Councils who did not seem to experience the same issues to the same degree. The Council has successfully recruited Assessment and Review Coordinators (ARCs) but the team felt that the lack of Social Workers contributed to delays in decision making and this was evidenced by some of the lived experience interviews. The AD ASC and Integration supported by the PSW had recently established the role of Advanced Practitioners to

provide career progression pathway for Social Workers in response to learning from exit interviews and they are currently recruiting for these roles. The peer team heard that a Principal Occupational Therapy (OT) role is being introduced and that this role is being jointly progressed with Rotherham Foundation Trust to ensure links across the broader OT profession but will be funded by RMBC.

The peer team heard of how the AD and PSW have recently revised the workload management and risk prioritisation tool to incorporate complexity, travel time and a wellbeing element in the case load weighting. The revised tool is currently being piloted in the Central Team. The peer team were particularly interested in the inclusion of Wellbeing within the tool and felt that this was unique to Rotherham and could be shared among peers to disseminate good practice.

Another area of under establishment is Reablement where the demand is greater than capacity. The Reablement team realigned into the provider service within Adult Care from the Access Team in the last year and a "task and finish" group has been established to look at quickly addressing workforce challenges. Already they have offered current part-time staff to increase their hours and 14 had opted to do this. This is the first step in a programme of work to increase the capacity in the team.

The peer team heard from several managers and heads of service who felt that the recruitment process could be more timely and less bureaucratic. They felt that this meant that potential recruits opted for other positions in neighbouring authorities. The Council may wish to examine whether this could be more streamlined to enhance recruitment and how ASC can be further supported in this area.

Message Five: Streamline pathways and new models with the focus on the voice and experience of the resident

The peer team were informed of several initiatives, pathways, and models being introduced. For example, as part of the Urgent and Emergency Care programme the Transfer of Care Hub has recently been developed linking to the Integrated Discharge team and Home from Hospital. The peer team heard from a number of different teams

(contact centre, six locality teams and Community Occupational Therapists for example) that there were occasions that there was a duplication of care and a potentially a number of handoffs between teams. This was reinforced in some of the conversations with people with lived experience and carers who raised concerns with the peer team around not knowing who was leading on their care and lack of timely communication leading to confusion. These concerns were passed onto the PSW who dealt with the two individual scenarios immediately.

Individual discussions with people with lived experience suggested that the streamlining of pathways together with greater clarity of expectations and timelines for processes could be beneficial for residents and staff. Visibility and communication is required to ensure that customers, and staff have clarity regarding access points as well as points of contact once a service is established and may also support the management and transparency of waiting lists particularly for the allocation of social workers.

Message Six: Communication and feedback loop

The ASC Senior team were undertaking great efforts to communicate within ASC with a newly established vlogs since early 2023, a monthly newsletter since October 2023, 7-minute briefings, brunch and learn sessions. The peer team heard from some of the conversations with front-line and more junior staff that they could send feedback up to Senior Managers but did not feel there was communication back down around concerns that was timely or sufficient – two-way feedback may be an area where things could be improved. This seemed to be a particular issue lower down the organisation and there may be a training opportunity for team leaders to ensure they are cascading and sign-posting information to staff.

Theme 1: Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Strengths

- Like many ASC services, RMBC are challenged by increasing demand, however there is a continued focus on waiting lists which has resulted in a significant reduction in time delay for assessment.
- There is strong evidence of strengths- based/personalisation approach within the cases viewed as part of the case file audit.
- ASC information provided via the Council website proved to be accessible, intuitive and easy to navigate.
- The work of the Public Health team is impressive and it is well-integrated within ASC as demonstrated by a strong emphasis on a preventative offer.

Considerations

- The feedback communication loop could be strengthened – this was a repeated theme with staff, residents and providers and reported under key messages.
- Deprivation of Liberty Safeguards assessments (DoLS) within community teams need to be subject to the ADASS triage risk tool.
- Ensure that carers are consistently offered the opportunity for a carers assessment.

Case File Audit Findings

The peer team considered six cases in the audit. Each case was reviewed by the Peer Team's PSW alongside RMBC PSW.

- There were some good examples of strengths-based practice, within the case

audits and workers going the extra mile to support outcomes for individuals.

- Recording was comprehensive demonstrating a good use of analysis, evidence of Care Act, Mental Health, Continuing Health Care (CHC) and Mental Capacity considerations and clarity of professional judgement.
- There was only 1 that raised questions about practice. It was in relation to joint working with Children's Services and the need for the adult social worker to take a broader think family/Multi-Disciplinary Team approach to support the family. The situation concerned a referral from a college tutor in respect of the wellbeing of a 17 year old young carer who was struggling to support her Mum (who has some physical disabilities) with care tasks, while also trying to look after her 2 young siblings including taking and collecting them from school, while also trying to hold down a full time college course. There is a recommendation that more joint work could have been done with the family and with Children's Services.
- Triangulation of case audits was undertaken by three telephone calls which provided feedback with 2 reporting positive outcomes and being very complimentary of the social work staff. The other identified areas of concern which the PSW followed up immediately and resolved but highlighted the difficulties with the handoffs and lack of timely feedback as stated previously in report. The learning from this for the peer team's PSW and Rotherham PSW was the value of doing telephone follow up of cases audited and the value from this learning and it is recommended that this is included in the process going forward.
- Rotherham recently introduced a new safeguarding pathway in Liquid Logic. There is evidence to suggests that this is working well and it should lead to better quality Safeguarding data, but it is also recognised that there is an ongoing need to support staff in the use of the documents in order to increase their confidence.

Examples of learning from the case audits has been included within the relevant quality statements.

Quality Statement One: Assessing needs

Assessments

The self-assessment showed that RMBC are aware of the high waiting lists for assessments, and this was confirmed in conversations with staff. There has been a strong focus on reducing the waiting lists for assessments over the last year with a 50% reduction in Care Act Assessments. Community Occupational Therapists (OTs) Assessments had shown a marked improvement in waiting times resulting from commissioning independent OT's and skills matching to cases within the team. Concerns were raised about the number of retirements in near future in the Community OT team and how this will impact both assessments and packages of care and although early planning is taking place the team will need to be mindful of the challenges in recruiting new OT's. The peer team heard that there was now a new Transitions Manager in place and the team was at full capacity.

The case file audits highlighted some good examples of strengths-based assessments with interventions tailored to individual outcomes and a commitment by the workers to provide support in ways that work for the person. Invariably there were also some cases with room for improvement and the Council's internal audit process was identifying improvements on an individual basis and the learning from the peer challenge telephone feedback was that this would be very valuable to do more regularly to triangulate the case audit work.

Consideration of mental capacity within assessment and support planning was evidenced in interviews and there was clear evidence in the case files that were audited and that the consideration of mental capacity was embedded in practice along with evidence-based recording to support professional judgements.

A consistent theme that the peer team heard from the lived-experience residents was that communication could be improved – that there were often long gaps in being contacted which created anxiety for the person who then feared that nothing was being

done or they had been “lost in the system”. There were some examples of handoffs between teams and the person with lived experience being told they would be contacted but then heard nothing – this was particularly true for some of the carers. The peer team recognise that there are delays from assessment to putting in packages of care or getting financial support but concerns and anxieties of residents could be reduced by regular feedback (even if nothing is decided as yet but it is still being worked on).

The peer team heard in the initial presentation and within the self-assessment that planning for preparing for adulthood assessments commenced at 16 years old with allocation of a case worker with initial transition planning and all have had a care act assessment by 17.5 years. The peer team would suggest there was an opportunity to commence this preparation for adulthood even earlier from 14 years old. It was identified in the operational safeguarding group that an area of development was around the “Think Family Approach” with the intention to build stronger relationships with Children’s Services around transitional safeguarding, leaving care and work with chaotic parents.

Carers Assessment and Support

RMBC had 50 carer assessments on a waiting list in August 2023 which has reduced from 116 in January 2023. The peer team were unable to get a full picture around carer assessments but felt that the number of carer’s assessment carried out are low as a proportion of the total number of people who RMBC provides services to and this is an area that ASC may wish to explore further to ensure itself that adequate carer assessments are being completed. The peer team met with 6 carers in different lived experience interviews. The peer team heard that there was potentially confusion where there were multiple caring responsibilities across a family and both Childrens and Adults Services where involved and there could be the opportunity to work closer with Childrens Social Care to ensure a more joined up approach. The peers heard from the limited number of people they spoke to that the carer assessment and ongoing support was more traditional, not bespoke or ad hoc which carers would prefer. There

were instances described where long-term care was being provided when more short-term and responsive care was required. The carers that were spoken to would value the opportunity to meet others to build peer support and reduce the isolation carers can feel alongside more timely and appropriate respite.

RMBC's self-assessment outlined the strong system wide approach as outlined in the *Borough That Cares – Strategic Framework 2022-25* – which brings together under the Health and Wellbeing Board a focus on unpaid carers.

The peer team heard how valuable some of the micro-social enterprises set up under Community Catalysts were to support carers alongside voluntary care sector initiatives, but these services could be advertised more to carers, so they take advantage of them. Unfortunately, no voluntary care sector groups were interviewed during the visit and given the importance of this sector to help keep people independent and provide support to residents and particularly carers, some consideration should be given to ensure they are more visible for CQC although the peer team were informed that carers were involved in the planning and preparation phase of the peer review.

Quality Statement Two: Supporting people to live healthier lives

Preventative Offer

The Council is committed to enabling Rotherham residents to live healthier lives for longer and maximise their independence as outlined in their refreshed ASC Strategy. This is by ensuring all residents have access to the right information, access to support and services tailored to them, access to local communities and access to the right services at the right time.

The peer team were impressed by the Rothercare offer which can be accessed by self-referral, OT referral, and reablement referral. The scale of the service, with 25,000-30,000 calls and 700 visits per month and 6,900 packages of Rothercare, was much larger than other Councils of similar size. The peer team heard about the push model for people who have fallen and are assessed lower risk by the South Yorkshire

Ambulance Service which is passed on to Rothercare who will visit if they have the capacity to and felt this was an example of true collaborative working but wondered if there was potential for transfer of funding to support Rothercare. The service is clearly very highly valued but is not cost neutral (or making a profit as the peer team would expect) and we understand that it is being reviewed currently.

There is a clear appreciation of deprivation, minority ethnic populations and long term population health risk issues within the Borough, the multiplicity effect and potential impact on long term ASC demand. There is significant overlap of ASC priorities with Public Health long term conditions, exercise and clinical pathways. There was clear evidence of a vision across Rotherham Place to focus more on prevention with a view to reallocating resource further upstream to reduce this impact. The 'Moving Rotherham' Borough-wide Board has been relaunched post covid and is undertaking some impressive work linked to Sport England priorities. This includes linking physical wellbeing and activity with emotional wellbeing/mental health, improved links to social prescribing and a whole perspective/person approach to health coaching and healthier lifestyle coaching programmes.

The complex lives team has had success with their preventative approach to support people with complex lives, addiction and mental health issues, it was however recognised that as a small team their capacity is limited. A new prevention team at the front door seeks to ensure a robust prevention approach is being developed incorporating enhanced preventative safeguarding. Currently a small team, the peer team felt the expansion of the team would result in reaching more people. The peer team heard a clear understanding of the Complex Lives journey within the Housing interview and that, for individuals with multiple issues, it starts at the property and place offer.

RMBC have worked with Community Catalyst who helped the community by setting up a number of micro enterprises which the peer team heard were very valuable – such as Artworks and peripatetic services such as befriending.

Information, advice, and guidance

Feedback from people with lived experience is that information, advice, and guidance is not always easily available. One member of the peer team tested out the on-line offer who felt it was clear and intuitive with clear pathways but does rely on having access to internet. The peer team heard how work is ongoing to develop “chat box” and provide information on common questions to support a reduction in the number of calls. Online referral and e-forms are increasing indicating that access to the website offer is helping people access to the right advice and information at the right time.

RotherHive - the well-being and mental health resource for Rotherham is an excellent resource and very easy to navigate and the peer team heard from the people with lived-experience who they met how helpful it is. There is a clear plan to expand RotherHive beyond a mental health resource to being a broader public facing one stop shop for information of advice.

Clearer pathways and criteria for teams

The peer team were able to interview staff from Locality teams, Learning Disabilities and Transitions, Mental Health, and Community Occupational Therapists. They often heard of duplications between teams and the lived experience interviews highlighted the feeling of being “Ping ponged from pillar to post”. This was due to teams having different interpretations for the defined criteria for the people they would support, therefore, meaning that there were instances where people weren’t deemed by any team as fitting in their scope. Consideration should be taken as to how criteria for each team should be strengthened to improve efficiency and effectiveness in allocating cases.

In addition, the team heard about a number of new initiatives such as the Transfer of Care Hub, and Virtual Ward which have been set up in last few months. This is part of the Urgent and Emergency Care workstream to address Winter Pressures and is a joint Health and Social Care initiative. The teams are co-located at Woodlands Hospital

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which the peer team heard has reduced length of stays as communication is enhanced between the Integrated Discharge Team (IDT) and rapid response, in particular.

In interviews, some staff showed a lack of understanding of the new pathways, although the initial reports seem very positive of the work being done by the Transfer of Care Hub. The peer team were concerned by the potential for duplication and hand-offs between ASC teams.

The new pathway for the Transfer of Care Hub is for all referrals to go through reablement, where appropriate. Given the high vacancy rate within reablement team, mentioned previously in the report, the team heard how reablement is becoming a pinch point in the discharge pathway with waits for reablement being between 1-14 days for different individuals. This was thought to be further exacerbated by the wait for Care Act Assessments and subsequent packages of care being made available for people who were therefore unable to move out of reablement despite them completing all the reablement support they can provide. The peer team felt there was an opportunity to consider the criteria for reablement and patient flow from hospital into reablement potentially to a community discharge-to-assess model.

Use of Direct Payments

The number of people in receipt of direct payments in RMBC is around 21% against a regional average of circa 19.31% and a national average of nearly 27%. Although this is higher than the regional average the figure is somewhat distorted as it includes the use of Direct Payments for ad hoc purchasing of care packages rather than true Direct Payments. The peer team felt that this area should be an area of significant focus for the Council especially to introduce alternative commissioning arrangements for ad hoc purchases. In particular the team were concerned that this practice was indicative of more traditional approaches to support planning and likely to have to promote a more person centred approach to care. As previously mentioned, the peer team did hear of work being undertaken in RMBC to improve direct payments and the Rotherham offer.

The peer team did not speak to any people who access direct payments and ASC may wish to undertake further review of how this is working within Rotherham.

Quality Statement Three: Equity and Outcomes

Rotherham has a population that is ageing with over 52,400 people aged 65 years and over. It is a diverse community which includes 20,000 people from minority ethnic groups (8.1% of the population). The Pakistani community is the second largest ethnic group after White British and 22% of residents live within the 10% deprived areas of England. There is under-representation of people from ethnic minority communities for residents who access Rotherham's services. The peer team did not see any groups from ethnic minority communities and recognise that can be hard to engage with these groups but feel that ASC may like to consider how they will communicate with them and share about CQC assessment to provide a more comprehensive picture. There was an example shared by Public Health of specific engagement work done with Apna Haq (meaning 'our right' in Urdu) - an Asian Women's group to better understand their perspectives of services provided.

Unfortunately, the peer team were unable to visit a group of lived-experience residents with Mental Health issues, that had been planned, due to sickness within the venue to be visited.

The Peer Team became aware that Moving Rotherham had recently been approached by Sport England as a potential expansion area. Funding under this initiative is likely to be awarded to Place Development Partnerships who demonstrate a good understanding of local issues and a focus on tackling health inequalities, i.e. to get the inactive, active, with a view to avoiding the onset of long-term conditions.

Robust process for Equality Impact Assessment

There is a recognition that there is a very robust process for Equality Impact Assessments in Rotherham and staff are familiar and well-trained in its use. The peer team saw good documentation as evidence but this was not reinforced in interviews

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with staff being unable to speak of it as confidently and this may be an area RMBC would like to enhance for the CQC visit.

The team was concerned that although the process for prompting Equality Impact Assessments was comprehensive, staff appear to struggle to describe actions taken or practice implemented by themselves or the organisation to ensure that equity was delivered consistently across the diverse populations across Rotherham. Rotherham Council needs to consider further ongoing work to ensure that equality, diversity and inclusion is embedded across the organisation. The peer team were informed following the visit that EDI training is being rolled out during 2024 to support staff.

Advocacy

RMBC commissions with Absolute Advocacy who provide excellent service that is responsive, and staff refer people to them in a timely manner. They work closely with Speakup Self Advocacy – a self-advocacy group run by and for people with learning disabilities and autistic people. The peer team were fortunate to meet with a number of lived experience people from Speakup and were impressed by their work and the strong collaborative relationship with RMBC alongside Absolute Advocacy. The commissioner showed great understanding and strong relationships with them, and the peer team were impressed by how strong this area was within RMBC.

The Speakup website is a really helpful self-advocacy tool for Rotherham, the group provided examples of how they provide support to the community across a number of areas including day services, training offers, social events, access to health, wellbeing and employment information they also offer volunteering opportunities.

Public Health Led Decisions

The DASS has housing and public health within his Directorate, and this resulted in very close working between ASC and these departments. The peer team's PSW met with the Public Health Consultant who was passionate and inspiring and demonstrated clear evidence of work to address Health Inequalities across Rotherham. Decision making is underpinned by a clear understanding of the effects of deprivation and the

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multiplicity effect with minority ethnic populations and health risk issues, such as long term conditions, that lead to increased demand on ASC services.

There is work being done across Place Leadership to move prevention upstream in order to reduce longer term demand on services linked to prevent, reduce, delay aspects of the Care Act. RotherHive web-based information, a “one stop shop” of support and resources, is an invaluable resource to residents and staff alike.

RMBC Public Health team have supported engagement work with minority groups including Apna Haq Ltd – a group supporting minority women to escape violent situations in Rotherham. This work has resulted in a better understanding of barriers and to help adapt the current offer so that it is more acceptable to this group.

Public Health has a strong presence at the Health and Wellbeing Board and are linked to all four of the Board’s aims. Joint Public Health work across South Yorkshire has taken place to change the narrative of Health Inequalities with a greater understanding of demographic information.

Co-production

RMBC is looking at increasing co-production in all its work and has a few excellent examples within Housing where any new proposals must evidence the voice of the user and their involvement. The Adaptations strategy was co-produced and the peer team heard of how partners are being involved at green/brown site stage for developments with the example of Police information leading to a decision to reduce the size of balconies on new developments to reduce issues around having pets on larger balconies. The Homeless Strategy has also been developed with users and great efforts have been taken to hear the voice of these hard to reach groups.

Another example the team heard about was Rotherham’s Autism Strategy and Learning Disability Strategy where people were asked about their experience and how it could be improved. The co-production included minority groups, young people, adults and carers. This work demonstrates strongly the Autism voice and the action plan for the next 12 months will also be co-produced. The team heard from a person

with lived experience of Autism that they felt included, valued, and listened to as part of this process. The peer team recognised that RMBC, like most Councils, has further areas to improve co-production but there is a good foundation and positive relationships with partners and residents to build upon.

Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration and partnership working.

Strengths

- There is evidence of coordinated long term strategic planning across the Council, Place and within ASC. The Council are aware of and honest about the challenges and the areas in which development of strategies and plans are still needed.
- There is an excellent brokerage team established with clear policy and procedure supporting its operation. It is well embedded in the commissioning process and both staff and providers have found it beneficial to their work and a very supportive commissioning process.
- There is an extremely comprehensive quality assurance process in place supported by input from the NHS and other partners. Providers spoke highly of the support this process offers in terms of providing continual support to improve services.

Considerations

- ASC plans have a market position statement presenting clarity in relation to capacity and demand. This is extremely helpful for the short to medium term however future position statements should be embedded within Joint Commissioning Strategies. These should also be supported by clear financial planning frameworks, covering 5-10 year market shaping, and incorporate plans for use of available housing stock in RMBC to overcome homeless pressures and resolve temporary accommodation issues.
- Continued joint working across the system to maximise Better Care Fund (BCF) resource and ongoing review of schemes to maximise value to the system and embed as business as usual where they demonstrate beneficial resident outcomes.

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Quality Statement Four: Care Provision Integration and Continuity

Brokerage

RMBC has an excellent brokerage service established with clear policy and procedure supporting its operation. It is well embedded in the commissioning process and both staff and providers have found it beneficial to the commissioning process. Relationships with providers are very strong, staff within the resource have comprehensive knowledge of the market, including gaps and challenges. They are a valued service with social workers and other assessors contributing to the reduction in waiting lists for service.

Strong Quality Assurance and Contract Management processes

The Council appears to have robust quality assurance and contract management arrangements in place. The peer team could evidence in documentation strong quality assurance and contract management processes that were embedded and this was confirmed in the interviews with people with lived experience, providers of care, finance, commercial procurement and commissioning and operational colleagues. Most people are supported within Rotherham rather than in out of county placements.

The commissioners and market managers demonstrated a good focus on monitoring, quality assurance and improvement of services and this is backed up by the Executive and supported by the 'Provider Assessment and Market Management Tool'.

The Council is aware of gaps within market provision; support for carers, and the need to link more closely with strategic housing to ensure that accommodation-based alternatives are developed in a timely fashion.

Regulated care in RMBC is good according to CQC inspection reports with 85% of homes rated good or outstanding by CQC, compared to an average of 81% nationally. Quality assurance is jointly managed with the NHS and there is a proactive approach to partnership working to address quality and safety concerns including proactively

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listening to service users of home care which allows them to understand concerns before they become a crisis.

The team heard how a provider specialising in mental health accommodation struggled to access commissioners except through chance contact but the implementation 3 months ago of a new way of working with more regular contact has worked well. The peer team felt that a more consistent market contact approach would be beneficial across ASC and perhaps commissioners could be more holistic in their approach-thinking about the whole person in the centre of their work. At present, RMBC provides ASC Providers with a comprehensive training package for their staff which was positively regarded by the Providers spoken to. Providers described how it allowed them to take on people with more complex needs as the training allowed them to specifically upskill their staff to meet the person's needs. The team heard from both Commissioners and Providers alike that they were worried about the impact of the reduction in training offer being proposed.

Housing

Housing is within the same directorate as ASC and public health as previously stated; this is positive and is evidence of the strong corporate approach the Council is taking to the challenges it faces. The peer team were impressed by how aware and supportive of ASC Housing were and their pride was clear in the progress in ASC. They spoke of how RMBC put "the customer first" throughout everything which comes from the Chief Executive down.

The relationship between ASC, Public Health and Housing presents a real opportunity to inform the strategic commissioning approach for both accommodation based support and 'floating support' alternatives for all vulnerable client groups. The peer team felt that it was vital that a longer-term planning focus is taken, not least to ensure that resources are available now and, in the future, but supported by a clear financial framework. This will reduce the frequency of 'opportunistic' approaches which can frequently prove costly for both ASC and the NHS.

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Regular conversations between Housing Strategy and ASC take place resulting in an increasing understanding of resident cohorts and their particular housing needs. The South Yorkshire specification, for example, for Learning Disabilities and Autism was greatly valued and there may be an opportunity to replicate this work for Mental Health, Age and other Disability Needs to help inform new developments.

The peer team heard how there could be some improvements with regard the Disabled Facilities Grants (DFGs) – there is a dedicated Adaptations team who respond to the OT assessments. Despite a focus in the last year on waiting times for OT's, the pathway from initial assessment through to the provision of major adaptations can be extremely long and an example was provided of an individual who has waited two years. There may be an advantage in having a system perspective of governance so the complete customer journey from initial assessment through to adaptation being installed is clearly seen and performance managed.

In-house Provider Services

The Council has a relatively large inhouse provider element with 450 staff and 120 beds with all the provider services CQC rated good or above by CQC. The team heard how flexible the service is, as was demonstrated during covid when they took people who had tested positive for Covid19 to free up the hospital and other care homes, as well as 2 years ago when they assisted with the relocation of residents of a residential home that had been flooded to a different location (Davis Court).

The provider services have implemented some imaginative solutions to streamline the recruitment process as they have vacancies across the whole service and attracting care staff nationally is a problem. They have produced a 3D video to show candidates the homes, simplified the recruitment form and held recruitment days where candidates are assessed without literacy and application forms being a barrier to recruitment. They outlined an issue around job families and profiles that could be looked at to be clearer about what exactly the job being applied for is rather than being so generic it included many elements that were not relevant. Provider services

reported that they were well supported by the HR Business Partner around employment legislation as well as the Recruitment team and payroll at a corporate level. Provider services did report that an additional challenge to recruitment was related to terms and conditions and the 3 days salary reduction resulting in a requirement to take 3 additional days leave and career increments only being available every 2 years.

Provider services are working on the remodelling of the reablement service. Having taken responsibility for the service in December 2022 it was recognised that remodelling needs to continue, with some improvement to processes, and that a reduction in the number of people waiting for care act assessments at the end of reablement would improve capacity.

The peer team were impressed by the feedback loop from complaints and compliments received to improve learning and inform individual workers of anything pertinent to their work.

Professional Practice

There is a small but dedicated team leading on professional practice within ASC which includes a Learning and Development Manager, Practice Lead for Continuing Health Care (CHC), a Vocational Qualified Practice Lead and Social Work Practice Lead. There is a flexible procurement offer for training and a comprehensive and robust systematic process for identifying training needs as per of the ASC Pathways. All identified needs result in a training development plan, commissioning of training providers, development of course materials and delivery of courses. The identification of learning needs and the transfer of learning to practice is discussed within staff 1:1's and Professional Development Reviews (PDRs). The Training Manager has close communication with Adult Care Senior Leadership Team and reports monthly to both the Adult Care Senior Management Team and the Directorate Leadership Team. The PSW works very closely with the team and the peer team were impressed with the Brunch and Learn sessions which is a good example of developing learning and

sharing good practice. In addition an audit system to measure the impact of training offers on practice should be considered. The peer team heard that 8 Advanced Practitioners are being recruited who will support Assessed and Supported Year in Employment (ASYE) and Social Work Apprentices and release teams to have more capacity and the students to have a better experience. It is expected that these roles will be recruited in January 2024. There was surprise that the Social Work Forum had not been well supported by Social Workers and therefore had been stopped and the peers wondered if this may be associated with the high demand on Social Workers due to the vacancy factor. This is an area that does require reconsideration. The future aspiration to develop "train the trainer" to roll out further training across ASC was considered to be a key area of future development.

Quality Statement Five: Partnerships and Community

RMBC and ASC have very strong relationships and partnerships as outlined within the key messages. In addition, the locality teams operate on a "know your area" approach using local data and knowledge to create bespoke and imaginative support packages to residents. The peer team were informed of strong links between ASC and the voluntary and community care sector in the self-assessment and through interviews with staff but as previously mentioned the team did not get to speak to many representatives from this sector. However, those who the team did meet during their visit such as Absolute Advocacy and Speakup spoke of mutual respect and collaboration. There was evidence of clear and robust partnership governance.

Hospital discharge

The peer team did not manage to get clarity on whether in comparison to other areas Rotherham have an issue with delayed hospital discharges. The team were provided with emails that showed numbers of delayed transfers of care while on site.

RMBC has recently developed Integrated Transfer of Care Hub (ITOC) in line with national best practice guidance and continues to operate a discharge to assess model following the end of nationally identified funding. The overall approach to hospital

discharge appears to have improved since the instigation of this service in October 2023 and colocation but it is in its infancy and evaluation of its impact will be required over the Winter pressures period.

Front line staff reported to the peer team that the implementation of the Transfers of Care Hub has improved discharge process and timeliness. The peer team did not hear that hospital discharge was a challenge for Rotherham but there is a concern that there may be an over-reliance on traditional support services rather than a hospital-to-home approach. Frontline staff did report that there can be hospital delays from between 1 day and 2 weeks waiting for reablement and handover to duty staff in the community, therefore creating additional pressure being placed on discharge staff to cover A&E attendance as a hospital avoidance initiative. Pressures seem to relate to recruitment and vacancy issues. Reviews of reablement and hospital flow as described in other areas of this report would help support this area.

The peer team heard about the new pathway that has been launched “Home from Hospital” as a bridging service to support hospital discharge and the reablement service, plans are also in place to commission creatively home care supported by an enhanced brokerage service.

Theme 3: Ensuring Safety

This area relates to safeguarding, safe systems, and continuity of care.

Strengths

- The Rotherham Safeguarding Adults Board (SAB) had requested a peer challenge from the LGA which was undertaken in July 2023. The feedback report from this peer challenge was shared with ASC preparedness peer team before their visit. The peers were assured that the SAB were actively working on an improvement plan and engaging with wider partners.

Considerations

- There should be active steps taken to ensure that community team DoLS are visible and subject to the ADASS triage tool as this issue presents significant risk.

Quality Statement Six: Safe systems, Pathways, and Transitions

The corporate approach to outcome delivery is impressive and will support and improve safe systems, pathways, and transitions.

The SAB chair is a non-Executive on the ICB and has a social work and safeguarding background which has been used to ensure the profile of safeguarding is a high priority within the ICB. The SAB Manager attends Yorkshire and Humber safeguarding managers network and has shared Safeguarding Adult Reviews (SARs) learning with this forum. There could be further work for the SAB to raise awareness in partner organisations on their responses to safeguarding and how safer systems can be achieved. The SAB chair showed awareness that there was a need to raise their visibility across ASC, the Council and partner organisations – one way of doing this would be to have Social Workers attending the Board to increase their knowledge base. This should include sharing the safeguarding messages, socialising and embedding them in partner organisations, a good example the peer heard was how

the safeguarding training which is rolled out for healthcare staff arriving coming to work in Rotherham from other countries. The peer team were gratified to hear that the AD had recognised an opportunity to publicise the newly revised safeguarding pathway more widely to raise awareness across RMBC and had commenced this in October 2023.

As previously mentioned in this report RMBC appreciate that there is more work to capture the voice of people using services and the SAB had a development day since the SAB peer review where sub-groups were reconfigured to best capture the customer's voice.

The peer team heard that RMBC has been unable to appoint to the dual diagnosis position and there were concerns that people are "falling between the gaps".

Waiting Lists and actions to monitor, analyse and address these is reported earlier in this report.

As previously mentioned in the report the ongoing Social Work vacancy level is impacting on these waiting lists especially in terms of Deprivation of Liberty Safeguards (DoLS) and Community DoLS which are particularly high.

Waiting lists were analysed in the team in relation to DOLS and whilst assessments are subject to the application of the ADASS triage tool for managing risk the team's attention was drawn to the fact that potential DOLS situations held by the Community Teams are not subject to this process. The peer team were concerned that there didn't seem to be any oversight of the number of Community DOLS going through the Court of Protection and felt that there is an opportunity for this data to be collated to provide a more complete picture of the overall DOLS waiting list position. It was recognised by the AD that this needs to be urgently addressed and the peer team were informed that it is currently being added to LAS (the case management system) to provide appropriate oversight and should be launched in April 2024.

The peer team heard how a focus on community DOLS has started with one worker working directly with their legal team, however due to vacancies it was reported that only high-risk cases are likely to be worked on with a watching brief in terms of risk.

A recent increase in the number of officers who are authorised signatories was supporting the management of DOLS applications.

The peer team could see that there is a comprehensive data pack and reporting with oversight by the SAB of Section 42 assessments and progress. The peer team suggest that a summary of key elements to accompany the pack may be helpful to highlight key areas for SAB consideration.

The case audit and discussion with staff showed the benefit associated with the implementation of a new pathway incorporating the voice of the person throughout the safeguarding process - and staff reported that they found it helpful with the regular prescriptive prompts, and it is bringing consistency with risk being assessed at every level. Making Safeguarding Personal (MSP) is clearly embedded in ASC and was demonstrated through case audits as well as interviews with lived experience people and staff with a clear understanding.

Joint working with Childrens Social Services has been highlighted previously in the report and there is an opportunity to improve outcomes for families and care leavers by having more close working processes and relationships.

The peer team were made aware of the detail of the of multi-agency risk management system around Community Multi-agency Risk Assessment Conference (CMARAC) and Vulnerable Adult Risk Management (VARM) and were assured it was becoming more robust since the SAB peer challenge review.

Quality Statement Seven: Safeguarding

There is strong engagement with partners and representation on subgroups of the SAB. The strength of partnership working as described throughout this report has a positive impact on safeguarding within RMBC. There is a robust structure for

managing risks including positive learning processes around SARS and pre-SARS. There are possibly further opportunities to share this learning in different forums; particularly with providers and the peer team did hear that the timeframe for learning from SARs was currently too long.

The peer team were informed by the PSW that a SAR protocol was currently being developed in partnership with the SAB.

Theme 4: Leadership

This relates to capable and compassionate leaders, learning, improvement, and innovation.

Strengths

- The Council has a strong Leader, Chief Executive, Lead Member and DASS, evidenced by the commitment to ASC priorities and a good grasp of the detail.
- There is a strong sense of team and manager support from staff “what keeps me in Rotherham is the people and the team” which was reflected in safeguarding as well.

Quality Statement Eight: Governance, Management, and Sustainability

The leadership of ASC is well-led by a strong Leader, Chief Executive, and DASS. The DASS had good personal credibility across the board and the peer team heard comments from frontline staff, members and partners to support this view such as:
“I trust and have confidence in the DASS and his team”.

The Chief Executive Officer is very visible and well known by staff and her support to ASC is recognised and her drive to ensure the customer is central to all that RMBC does. She has confidence in the Senior Leadership team that has been established by the DASS.

The Member peer met individually with the Leader, Lead Member with responsibility for ASC and the Chair of the Overview and Scrutiny Committee (OSC) – this reinforced the strong political leadership from the Lead Member who is well known and visible across ASC and has been in position for many years with huge knowledge. The lead member has indicated that he will not stand in the upcoming elections in May 2024 and therefore the peer team would recommend a succession plan to ensure a smooth transition to new Lead Member.

Overview and scrutiny is well-established and is inclusive across parties and operates a collegiate approach and adds value to the system. The Chair of OSC felt that relationships are good but still enables challenge in the system and scrutiny is well attended by partners including NHS partners.

The peer team were struck on how performance was a key focus to the Council with good performance information driving decision making. There are some good examples of how the voice of resident has been captured in pockets of work but there may be an opportunity the improve the collection of qualitative information to further support the performance management.

As already mentioned, the ASC Senior Leadership Team (SLT) is relatively new, and they have “hit the ground” running as they could see a number of interdependencies that all needed improvement alongside each other. Despite there being a great number of “moving parts” at present, the peer team felt assured that the SLT had a handle on this and that much would be embedded within the next couple of months. The establishment of Advanced Practitioners to create a career pathway was a direct result of feedback heard at exit interviews which demonstrates good leadership. In addition, a Principal Occupational Therapist is being introduced as Practice Lead for OTs which will support and complement the work being undertaken by the PSW.

Another example of identifying a risk area and hearing staff concerns is the introduction of out-of-hours legal advice at the request of AMHPs by the AD. The peer team heard how previous to her starting in post this had been a gap, but she listened and responded.

The peer team heard concerns about caseloads from front-line staff and this has been recognised by the SLT as an issue and a caseload management system is currently in development.

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Quality Statement Nine: Learning, Improvement, and Innovation

The peer team were interested to hear about the “reverse mentoring” scheme that the AD ASC and Integration had put in place. She is a leading advocate for this programme and has had her mentee shadow her at the SAB as well as accompanying them on the front-line.

The organisation demonstrates a strong commitment to learning, improvement and innovation and the peer team were especially impressed by the way complaints and compliments were reported and learnt from. The Complaints Manager who has been in RMBC since 2007 showed a hunger and passion to ensure that the learning was continually reviewed and improved.

Top Tips for Assurance Preparation - for consideration

- Appoint an adult social care lead.
- Political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

Lessons learned from other peer challenges.

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.
- Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.
- This will probably take the form of:

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  - What are staff proud to deliver, and what outcomes can they point to?
  - What needs to improve?
  - What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas asking staff what they do well, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. How is their experience rooted in observable data and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- The conversation with the regulator is not therapy! For those interviewed it should be a description of what they do and the impact they have had in people's lives. Case examples written in the authentic voice of those with a lived experience bring this alive.

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. If the Council does decide to publish their report, the date at which the Council chooses to do so is entirely at their discretion and would usually be at the culmination of an internal governance process.

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As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on several the areas for development and improvement and we would be happy to discuss this.

Satvinder Rana is the main contact between your authority and the Local Government Association. Their contact details are:

Email: satvinder.rana@local.gov.uk

Telephone: 07887 997124

Moira Wilson is the main contact for the LGA Care and Health Improvement Adviser for the South Yorkshire and Humberside Region. Their contact details are:

Email: Moira.Wilson@local.gov.uk

Telephone:

In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact Details

For more information about the Adult Social Care Preparation for Assurance Peer Challenge at RMBC please contact:

Penny Hynds

Peer Challenge Review Manager

Local Government Association

Email: pennyhynds@gmail.com

Tel: 07974 029848

For general information about Adult Social Care Preparation for Assurance Peer Challenges please contact:

Marcus Coulson

Senior Advisor – Adults Peer Challenge Programme

Local Government Association

Email: marcus.coulson@local.gov.uk

Tel: 07766 252 853

For more information on the programme of adults peer challenges and the work of the Local Government Association please see our website: Adult social care peer challenges | Local Government Association

Master CQC work programme plan

Ref	Area for Improvement	CQC Assessment Criteria	Action	RAG	Lead	Original Deadline	If not on traget - New Deadline	Source	Progress
1	Feedback loop with residents around waiting times	Assessing Needs	1. Wait time to be communicated at initial point of contact (to be worked in to script for call handlers i.e. contact within X working days of enquiry) 2. letters to be reviewed in terms of detail inclued and language used so they are concise and digestible.	Amber	Jayne Metcalfe	01/04/24	30/06/24	Peer Review	Resource earmarked in SIG team from 10/06 to review letters and hold a tas and finish group to amend letters. DB can adapt script at the front door to reflect letters.
2	Preparing for Adulthood timeliness of assessments	Assessing Needs	Maintain high performance relating to transition assessments (circa 70%).	Blue	Helen Fisher	01/04/24	Ongoing	Peer Review	
3	Carers Assessments	Assessing Needs	1. Establish a working group to review how we offer carers assessments and carry out assessments. 2. Collate a resource pack for staff on completing assessments including what we have to offer. 3. Ensure web pages are reviewed and have up to date information that we know is accessible.	Green	Sally Morris-Shaw	01/06/24	31/07/24	Peer Review	Working groups scheduled for June. Resource pack to be collated from exisiting resources and a couple of additions. Katy Lewis is working with Lisa-Marie on the content for the new website so it is drafted and ready for the launch of that.
4	Carers – limited offer want more bespoke person-centred care responses	Supporting people to live healthier lives	Offer to be defined to include 1. content of app developed and app developer procured (info. to be mirrored on website) 2. Flexible support options to be explored and socialised (sitting service and carers personal budgets) 3. Carers action plan to be created with timelines	Green	Katy Lewis	01/06/24	30/09/24	Peer Review	1. advice and info content developed and currently working on app specification content around what it will do 2. report drafted for SM and JC - details two areas which are a sitting service and personal budgets - which will then go through governance 3. Katy has a carers action plan 'care improvment action tracker'
5	Clearer pathways and criteria to reduce handoffs and avoid duplications within teams	Supporting people to live healthier lives	Progress through the ASC redesign.	Green	Sally Morris-Shaw	01/06/24	01/10/24	Peer Review	ASC redesign is currently being worked on and resources are allocated to progress work priorities. Icluding making safe and OOH remodel.
6	Use of Direct Payments in the context of non-contracted providers	Supporting people to live healthier lives	Established a personalisation programme to deliver the broader changes for Direct Payments.	Green	Kirsty Littlewood	01/09/24		Peer Review	Had various task and finish groups and leads assigned. Working up a new DP toolkit and info and procedures being prepared for staff.
7	Reablement capacity and pinch point in pathways	Supporting people to live healthier lives	Review the reablement pathway to maximise capacity through transformational work.	Green	Debbie Ramskill	01/10/24		Peer Review	Enablement Programme Board established. Action Plan in place to address capacity and face to face contact. 06/07 reablement co-ordinators will take over rotas and will align this with RC redesign as complement eachother
8	Wait times for packages of care	Equity in experience and outcomes							
9	Make EDI more visible for CQC – good documentation evidenced but not reinforced to peer team in interviews with staff	Equity in experience and outcomes	Embed conversations around EDI in 1:1s, PDRs and supervisions. EDI training to be rolled out this year for staff. Include a spotlight on EDI in the newsletter.	Green	Kirsty Littlewood	01/09/24		Peer Review	EDI training has begun, EDI slide is in ASC newsletter and a focus on this for PSW sessions and ASC regulatory lead touring meetings with a focus. Case study included in SMT messages each week. November ASC conferences will have an EDI focus. SLT agreed additional capacity to collaborate from OD.
18	Strategic commissioning informing future planning	Care provision, integration and continuity	Work on future planning to be done 1) to showcase future planning better - including celebrating the work done with Public Health 2) to work with staff to articulate any future planning including any parthership working.		Jacqui Clark	TBC once discussed at SMT		Peer Review	newsletter to highlight good work and detail future planning, **enagagement framework** lays out how we will communicate, engage and celebrate work through workshops 2 x per year on reinforcing strategy and plans, showcasing workbeing done and improvements to be made, lunch and learns will be led by subject expert every other month (led by subject expert or team on particular topic), comissioning forum to be held quarterly with service providers, contracted organisations and stakehoders, Market Position Statement updated yearly and 7 minute briefings as and when needed

19	Financial planning	Care provision, integration and continuity	1. to introduce Care Cubed 2. Better Care Fund Place planning (i.e. is this truly integrated).	Amber	Garry Parvin / Steph Watt	30/06/24		Peer Review	1. Care Cubed has been approved at DLT and funding has been approved and procurement completed. This is a tool that takes metrics that allow us to compare prices for care packages to gauge what is fair and make informed choices around finances and get a fair price. Implementation will be next phase so will require ork with IT. The hope is that this will deliver efficiences in soends. Kay N leading and has evidence. 2. BCF operational group exists as well as an executive group which feeds in to Wellbeing Board. Op group make recomendations about spend that feeds into Executive Group (Cllr Baker-Rogers will chair) and board for things to be agreed. Steph can provide slides as evidence as and when.
20	Continuing to implement fair cost of care	Care provision, integration and continuity	to continue with Fair Cost of Care exercises		Scott Matthewman	TBC once discussed at SMT		Peer Review	Exercise carried out Autumn (for 2024/2025) to establish position in regards to Fair Cost of Care in **care homes** to inform financial sustainability in the market. Slides provided by Steph. Informed budget setting process in place. Check at commissioning SMT re: home care element.
21	Direct payments accessed for "off contract" commissioning	Care provision, integration and continuity	Review the use of Direct Payments for ad-hoc purchasing of care packages and what can be done instead.	Green	Kirsty Littlewood	01/09/24		Peer Review	Currently being picked up as part of task and finish group for DPs. See action 6.
22	Voluntary Care Sector not represented in meetings with peer team need to be move visible	Partnerships and communites	Make contact with new Healtwatch Manager (Kym) and Shafiq. Agree, and roll out, an approach around regular KIT meetings with key stakeholders in VCS to keep contacts 'warm'.	Green	Dania Pritchard	01/09/24		Peer Review	Meetings have been held with Kym from Healthwatch and Shafiq and Hannah from VAR to discuss CQC and VCS's role. Approach to stakeholders agreed at ASC regulatory board in March and work is ongoing around strengthening relationships.
27	Stronger links with Children's services with 'Whole Family' approach	Safe systems, pathways and transitions	Link with CYPS's PSW, RDASH and Alex from PH to strengthen approaches around Hubs work and joint working between service areas (i.e. through Brunch and Learns) to engage workforce and embed approaches.	Amber	Rebecca Wilson	30/07/24		Peer Review	RW has begun embedding Whole Family approach in Supervision Framework and Review Guidance document. Car Act guidance document will alos be updated to include this approach. RW is also creating a practice briefing for staff around this and a brunch and learn will follow in July. Not been able to with Carol Sibley for Whole Family approach as she is currently off work. RW also linking with Katy Lewis (carers managers) around 'no wrong doors' which will allow smoother transitions for young carers. Once these are done RW will wrap up with a brunch and learn abour our responsibilities. RW will feed this in to RDASH colleagues and PH so they are aware of this work as with safeguardin board.
28	Community DoLS capacity and waiting lists	Safe systems, pathways and transitions	To ensure we're risk-triaging and prioritising community DOLS and to implement the ADASS tool.	Green	Helen Fisher	01/07/24		Peer Review	Formatting of best prac guidance to be completed and triaging has been discussed with with SG and SMS. Process will be in place by 01/07 inc best prac guidance, tool etc. Will go to SMT in October for a review of the triage tool and guidance for any amends.
34	Lead Member standing down in May 2024 – loss of continuity and knowledge	Governance	Induction of new member and familiarising them with council plans etc.	Blue	Ian Spicer	01/06/24		Peer Review	Supportive new member induction planned by the Council. Briefings to be booked with new lead member and regular engagement sessions once individual has been confirmed.
35	Case load management tool	Governance	Development of a case management tool for a directorate wide trial.	Blue	Rebecca Wilson	01/04/24		Peer Review	Is being embedded in new supervision framework.
36	Qualitative information – capturing the voice of residents	Governance	Implement Co-production Board Implement SMS Friends and Family Test Utilise Making Safeguarding Personal outcomes.	Amber	Laura Thornley	01/06/24	05/08/24	Peer Review	Co-production board have met twice 'Always Listening' and agreed an initial focus on how we access adult social care. SMS Test will go to SMT 03/07. MSP outcomes are included in outputs - update to be received.
37	Audit learning review cycle	Learning, improvement and innovation	Link learning review cycle to Quality Assurance Framework.	Blue	Rebecca Wilson	01/04/24		Peer Review	Quality Assurance Framework now launched across ASC and the audit cycle has been launched and those who audit have until 31/05 to complete this cycle. BPI will then pull data and reporting will start from then. New audit cycle links to QAF through data from PBI and a briefing will link this to QAF on a new profora with 4 monthly report to SMT and DLT. Will also feed in to QuIP subgroup for thematic learning.

38	Supervision and PDR audit	Learning, improvement and innovation	Creation of a supervision framework to be embedded and utlised by staff (to be used alongside exisitng PDR process to ensure best practice and ongoing professional development).	Amber	Rebecca Wilson	30/06/24	See progress comment	Peer Review	The new supervision framework now shared across ASC. This includes a monthly tracker where managers input when supervision has happened and then a quarterly audit which operations managers will undertake. Trackers are currently being finalised and then this piece of work will be fully rolled out. PBI still awaiting secure file location and staffing lists before tracker development can start. Will not be available on 1st July. Original PBI capacity window has passed. New deadline will depend on speed of information from service, and current work pressures/priorities. - DJ
39	Cascade of information - Brunch and Learn and practice briefings and newsletter	Learning, improvement and innovation	Review how we communicate with staff and what we will be adding to enhance this (i.e. ask the DASS and the communication framework).	Green	Rebecca Wilson	30/06/24		Peer Review	Ask the DASS is currently with IT and then will need to go to DLT for final stage of sign off. Brunch and Learns are in place as is the newsletter. Practice briefings will be created as a result of audit cycle (mentioned previously). Key updates from SMT every are now shared Friday. Communication Framework signed off and was taken to DLT w/c 20/05 and this will now be rolled out.
40	Review and consider Corporate support to ASC	Learning, improvement and innovation	Review and consider appropriate support	Blue	Ian Spicer	01/04/24		Peer Review	Additional capacity secured (investment monies) but keeping under review

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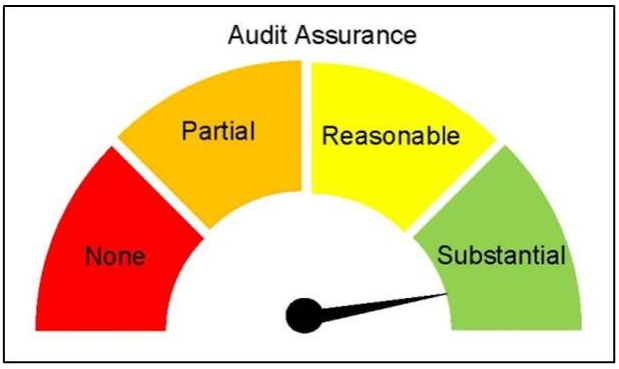
Internal Audit Report

Review of LGA Peer Review Actions

Adult Care & Housing

23/24-ACHPH06

2 July 2024



Senior Auditor
Cath Gaines

Principal Auditor
Andy Furniss

Head of Internal Audit
Louise Ivens

Distribution of report to:-

Ian Spicer	Strategic Director Adult Care; Housing & Public Health
Kirsty-Louise Littlewood	Assistant Director Adult Care and Integration
Rebecca Wilson	Principal Social Worker and Head of Professional Practice
Laura Thornley	Head of Service Improvement and Governance
Dania Pritchard	Change Lead, Service Improvement and Governance

1. Introduction

1.1 The review was a change to an audit of Local Government Ombudsman reports, from the original 2023-2024 Internal Plan, at the request of the Strategic Director.

1.2 The Care Quality Commission (CQC) has a new duty to assess how Local Authorities meet their duties under Part 1 of the Care Act (2014). The CQC has commenced initial formal assessments and plans to assess all 153 Local Authorities over a 2-year period. At the time of this audit, it is not yet known when the assessment of the Rotherham Adult Social Care Service will take place. The CQC will assess Local Authority performance against the following four themes:

- Working with People.
- Providing Support.
- How the Local Authority ensures safety within the system.
- Leadership.

1.3 The Service requested that the Local Government Association (LGA) carry out a Peer Review of Adult Social Care (ASC) so that they can assess their preparedness for the anticipated CQC 'assessment'. The LGA Peer Review reported their findings in December 2023 with findings and points for consideration specific to the four themes.

1.4 The consideration points from the LGA Peer Challenge have been integrated into a wider action plan 'Master CQC Work Programme Plan' which also includes actions identified from other sources such as staff sessions and management.

2. Objective

2.1 Review the robustness of the response to the findings of the LGA Peer Review and action plan.

3. Scope

3.1 This audit was conducted on a risk basis. The risks that may affect the achievement of the objectives of the LGA Peer Review actions have been identified and listed below:

- The actions agreed in response to the recommendations made in the LGA Peer Review Feedback Report are not implemented fully or in accordance with target completion dates.

The audit only reviewed the agreed actions by the ACHPH directorate to address the consideration points from the LGA Peer Challenge.

3.2 This audit was conducted in conformance with Public Sector Internal Audit Standards.

4. Assurance Opinion

4.1 Based upon the results of our audit we can provide **Substantial Assurance** that

the controls are operating effectively. Please refer to **Appendix A** for all assurance definitions.

4.2 This opinion contributes to Internal Audit's annual assessment of the Council's overall control environment, which in turn contributes to the production of the Council's Annual Governance Statement.

4.3 No recommendations have been made which contributed to the overall assurance opinion.

5. Audit Findings

5.1 Risk 1

The actions agreed in response to the recommendations made in the LGA Peer Review Feedback Report are not implemented fully or in accordance with target completion dates.

Findings

The following areas of risk mitigation and good practice were identified:

- All suggestions for improvement arising from the LGA Peer Review have been incorporated into a spreadsheet 'Master CQC Work Programme Plan' with individual actions RAG rated and allocated to named responsible officers.
- The 'Master CQC Work Programme Plan' spreadsheet is being actively monitored and updated by the Change Lead as co-ordinator working with the relevant named responsible officers. (The audit review focussed on the version provided on 26 April 2024 but also took into account updates provided on later versions of the spreadsheet provided on 25 May, 4 June and 10 June).
- Clear arrangements are in place for monitoring the implementation of the action plan: The ASC Regulatory Board (previously known as the CQC Preparedness Board) meets monthly to review progress on the implementation of actions.
- Monthly meetings of the ASC Regulatory Board are supported by: a documented agenda, a one page 'flash report' prepared by the Change Lead to highlight key points / areas for focussed attention and a detailed tracker showing the latest position on all actions.
- Actions are RAG rated to demonstrate which actions are most likely / least likely to be implemented by the planned timescales.
- Any changes in action deadlines are required to be signed off by the ASC Regulatory Board.
- Work on implementing the action plan is time limited and planned to conclude by early October 2024.

The following aspects of progress were noted :

Working with People	• ASC Re-design: Detailed proposals have been put forward for modifications to pathways and structures to further improve the service.

	• Carers Offer: An action plan is being created to develop a more bespoke person centred approach by March 2025. • Transition assessments are being maintained at high level. • Planned Equality Diversity and Inclusion training programme for staff between May and October 2024.
Providing Support	• DLT approval for procurement of the Care Cubed tool. • Direct Payments Task and Finish Group started end of May 24. • Clear plans to engage with a range of stakeholder groups including the voluntary care sector.
Ensuring Safety	• New Process expected to be in place by early July to risk-triage and prioritise community DoLS.
Leadership	• Induction plan being prepared for the new lead member for ASC. • First meeting of co-production board in April. • Audit learning review cycle - linked to (new) QA framework supported by Practice Guidance Adult Case File Audit Tool, (further learning planned to be shared after end of the 8 week audit cycle). • New Supervision Framework developed. • ACHPH Communication and Engagement Framework signed off. • New ASC Regulatory Assurance Lead role in post from June 2024.

The review identified the following opportunity for strengthening existing controls:

- It was noted that some 'actions' on the original action plan provided for audit, were not clearly specified, for example one action was recorded as '*PDR audit already possible via My HR but RW currently working on supervision*'. Also, it was noted that in the 'Providing Support' section of the plan, one action did not yet have a named lead officer and in a couple of instances deadlines had not been set. Where actions and timescales are not clearly defined this makes reaching a conclusion on their implementation more difficult. The Change Lead explained that the action lead officers would understand the work required but acknowledged that the planned actions were in some cases not clearly worded/ defined in the action plan. When these points were raised during the audit it was noted that the Change Lead responded promptly and arranged meetings with action leads to clarify the wording of some actions. It was also evident that the action plan was being regularly reviewed and updated and that meetings were being held with lead officers to firm up agreed actions and timescales. Management should consider whether planned actions could be more clearly defined in the action plan or future action plans.

6. Acknowledgements

Internal Audit would like to thank all involved for their assistance during this review.

Appendix A

Table of Assurance Opinion Definitions

Rating	Definition
Substantial Assurance	Substantial assurance that the system of internal control is designed to minimise risks to the achievement of the service's objectives. The controls tested are being consistently and effectively applied.
Reasonable Assurance	Reasonable assurance that the system of internal control is designed to minimise risks to the achievement of the service's objectives. However, some weaknesses in the design or inconsistent application of controls put the achievement of some objectives at a **Low** risk.
Partial Assurance	Partial assurance where weaknesses in the design or application of controls put the achievement of the service's objectives at a **Medium** risk in a significant proportion of the areas reviewed.
No Assurance	Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes service objectives to an unacceptable **High** level of risk.

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Health Select Commission

Adult Social Care Preparation for Assurance Peer Challenge Report

Councillor Baker-Rogers, Lead Cabinet Member for Adult Social Care and Health

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

25 July 2024

Context

From April 2023, 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 as set out in Part 1 of the Care Act 2014. Local authorities will be assessed against four domains:

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

It is critical that the Council are adequately prepared for CQC assurance. Adult Social Care commissioned the Local Government Association (LGA) to carry out a Peer Review to gain insights into its areas of strengths and identify areas for improvement with a focus on preparing for assurance.

To this end, Rotherham Adult Social Care (ASC) commissioned the Local Government Association (LGA) to carry out a Peer Review in December 2023. This report details the findings from the LGA Peer Review Team and provides assurance on the actions being adopted to improve the delivery of adult social care for Rotherham.

Key Improvement Areas Identified

1. Feedback Communication: Strengthening feedback loops among staff, residents, and providers.

2. Deprivation of Liberty Safeguards (DoLS) Assessments: Ensuring visibility and risk triage for community team DoLS assessments.

3. Carers Assessment: Consistently offering carers the opportunity for assessments.

4. Market Position Statements: Embedding these within Joint Commissioning Strategies focusing on long-term financial planning and housing stock utilisation.

5. Better Care Fund: Maximising BCF resources and embedding value-driven approaches.

Positive Findings

1. Preventative Services: Comprehensive preventative offerings including Rothercare and micro enterprises.

2. Robust Processes and Assessment Management: A robust process for equality impact assessments and effective management of waiting lists and case file audits.

3. Advocacy and Brokerage Services: Strong advocacy offer and strong brokerage for care packages.

4. Quality Assurance: Strong processes for QA and contract management.

5. Informed Decision Making: clear Market Position Statements in place presenting clarity in relation to capacity and demand which informs decisions in the short to medium term.

6. Provider Support: Strong networks for providers in Rotherham exist and high CQC ratings for local providers (85% are ‘good’).

Positive Findings

7. Partnerships: Strong collaboration with Integrated Care Board and Place Board.

8. Safeguarding: Rotherham Safeguarding Adults Board (RSAB) are actively working on improvements (resulting from a peer review in 2023) and engaging with partners. A robust multi-agency risk management system around Community Multi Agency Risk Assessment Conference (CMARAC) and Vulnerable Adults Risk Management (VARM) is in place since the RSAB peer review. There is a focus on section 42 safeguarding enquiries with an associated action plan. Making safeguarding personal (MSP) is embedded in practice.

9. Political Leadership: This is strong and supportive of ASC.

10. Performance, Learning, Improvement and Development: The approach of the scrutiny board adds value, a focus on performance and learning from complaints to make improvements. In addition, there is a strong CPD offer and career progression is possible for all parts of the workforce. There is also a reverse mentoring programme.

11. Partnership Work: A strong partnership exists with the South Yorkshire Teaching Partnership.

12. Principal Social Worker: The PSW is knowledgeable and has strong leadership skills.

‘Top tips’ from the peer review team

Appoint an Adult Social Care Lead.	Learn from OFSTED inspections of CYPS.
Secure corporate support.	Encourage organisational self-awareness.
Enhance business intelligence capacity.	Clarify co-production approaches.
Engage leadership of health partners and integrated services. Provide political briefings.	Gather insights from partners and providers.

Our Progress

Work Programme Development:

ASC developed a work programme aligned with the CQC Assurance Framework, focusing on:

1. Improving feedback mechanisms, assessment take up and timeliness, and Direct Payments and wait times for care packages. (Working with people)

2. Strategic commissioning and financial planning, including the use of Care Cubed and strengthening relationships with the VCS. (Providing support)

3. Strengthened joint working with CYPS and prioritising community DoLS. (Ensuring safety)

4. Enhancing caseload management, resident voice, quality assurance and workforce communication. (Leadership)

Our Progress

Workforce Engagement:

ASC worked with Partners in Care and Health (PCH) during January 2024, to deliver a workforce event. This enabled staff to explore possible questions that CQC may pose, reflect on best practice and discuss any areas that they felt necessary in preparation for assessment.

Governance and Assurance:

The work programme is reviewed monthly by the Adult Social Care's Regulatory Assurance Board. An internal audit from April to June 2024 concluded 'substantial assurance' of progress since the LGA peer review.

Timetable and Accountability for Implementing this Decision

Action	Timeline
Work programme developed.	February 2024
Internal audit of progress to deliver the recommendations.	June 2024
Delivery of the work programme.	December 2024
ADASS Peer Review to review progress.	January 2025

Questions

South Yorkshire Context

NHS South Yorkshire Integrated Care Board

6,000+ Voluntary Care Sector Organisations

5 Acute Hospital NHS Trusts

System Collaboratives and Alliances

1 Integrated Care Partnership

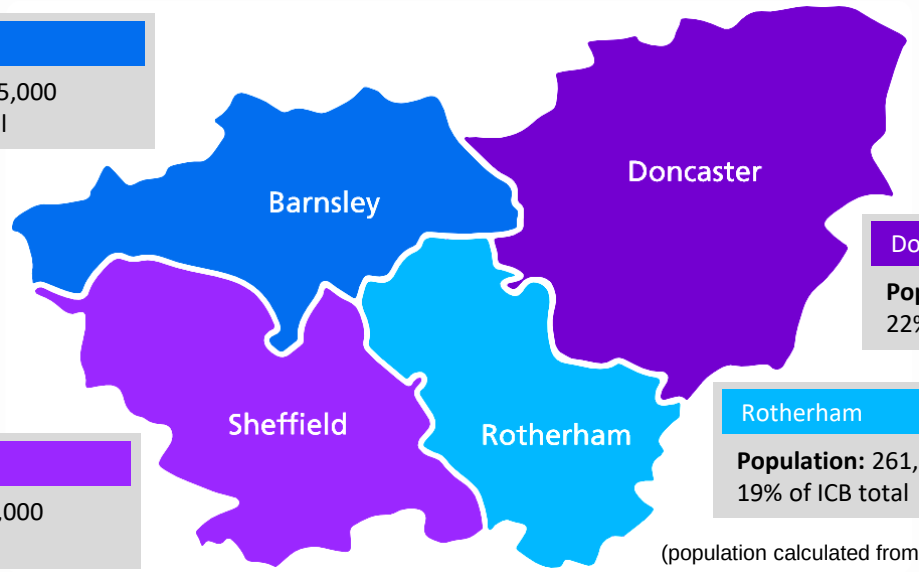
1 Integrated Care Board

£3.9 billion health and social care spend

Collaborative arrangements with academic partners, including University of Sheffield, Sheffield Hallam University and the Academic Health Science Network

Barnsley
Population: 245,000
17% of ICB total

Sheffield
Population: 550,000
40% of ICB total



Doncaster
Population: 302,500
22% of ICB total

Rotherham
Population: 261,250
19% of ICB total

(population calculated from 2021 census data)

1.4 MILLION PEOPLE (including 328,000 children and young people)

72k+ members of staff

186 General Practices

36 Neighbourhoods

1 Ambulance Trust

4 Local Authorities

4 PLACES (each with a Health and Care Place Partnership)

3 Community Mental Health and Community Trusts

ICS – ICB – ICP

Integrated Care System

Includes NHS, local authorities, VCSE and social care.

There are 10 System Provider Collaboratives & Alliances

Integrated Care Board (or NHS South Yorkshire)

The four CCGs merged together with the small system team in 2022

*The Board of the Board also has partner members

Integrated Care Partnership

A joint committee Chaired by Mayor Oliver Coppard, which is a broad alliance of partners, including VCSE

Four key aims

Our Purpose: Improve health outcomes, quality and experience of care, eliminate health inequalities, and ensure the people of South Yorkshire have access to the services they need to live well throughout their lifetime.

Improve outcomes in population health and healthcare

Tackle inequalities in outcomes, experience, and access

Enhance productivity and value for money

Help the NHS support broader social and economic development

Introduction

- The Health and Care Act 2022 came into force on 1 July 2022 creating Integrated Care Boards (ICB).

- The Act placed a ‘duty of partnership’ on NHS organisations to work together

- This required the NHS and local authorities to convene an Integrated Care Partnership (ICP) and produce and deliver a joint strategy and joint plan.

Integrated Care Board (ICB)

NHS South Yorkshire Integrated Care Board

- A statutory body with a unitary board.
- Board membership includes partner members from NHS Trusts and Foundation Trusts, Local Authorities, Primary Care, Public Health and the Voluntary Sector. Healthwatch are also regular attenders.
- ICBs have the general function of arranging for the provision of services for the purposes of the health service in England previously the responsibility of CCGs.
- First Joint forward plan September 2023

South Yorkshire Integrated Care Partnership

Purpose – to bring together NHS Leaders, Local Authorities, VCSE and other partners

- To facilitate joint action to
  - improve health and care outcomes and experiences across their populations,
  - influence the wider determinants of health
  - including creating healthier environments, inclusive and sustainable economies.

South Yorkshire Integrated Care Partnership

- A statutory committee jointly formed between the NHS South Yorkshire ICB and Local Authorities
- Established in September 2022 & led development of our Integrated Care Strategy
- Chaired by the South Yorkshire Mayor Oliver Coppard
- Membership drawn from Health and Wellbeing Boards across South Yorkshire

South Yorkshire Integrated Care Partnership Delegation

Delegated Responsibility from NHSE to ICB

- ICBs already commission GP services but have taken on further delegated commissioning responsibilities for pharmaceutical, general ophthalmic and dental (POD) services from July 2023. NHS England Board formally approved the delegation of these functions to the remaining 35 ICBs on 1 April 2023.

NHSE Responsibility

- NHSE continue to commission specialised services. ICBs are likely to take on responsibility for some elements of specialized services in the next 12 months.

Rotherham Place (ICB) Team

Core Team - Transformation and Delivery Team function to work as a system conveyer, collaborative partner and commissioner of services

Our approach to Place Partnerships – strong relationships and collaboration but want to build on this

Our approach to South Yorkshire Collaboration – always consider where working with SY Places will add benefit and support teams across our SY ICB

SY ICB corporate functions that support Place

Dedicated Support:

Place Business Support Team
small administrative support team to each Executive Place Director (as part of the Corporate Governance Directorate).
1wte B5, 1.5 wte B4, 1wte B3

Financial Transformation Team – dedicated team at place

Core Place Team

Named Support:

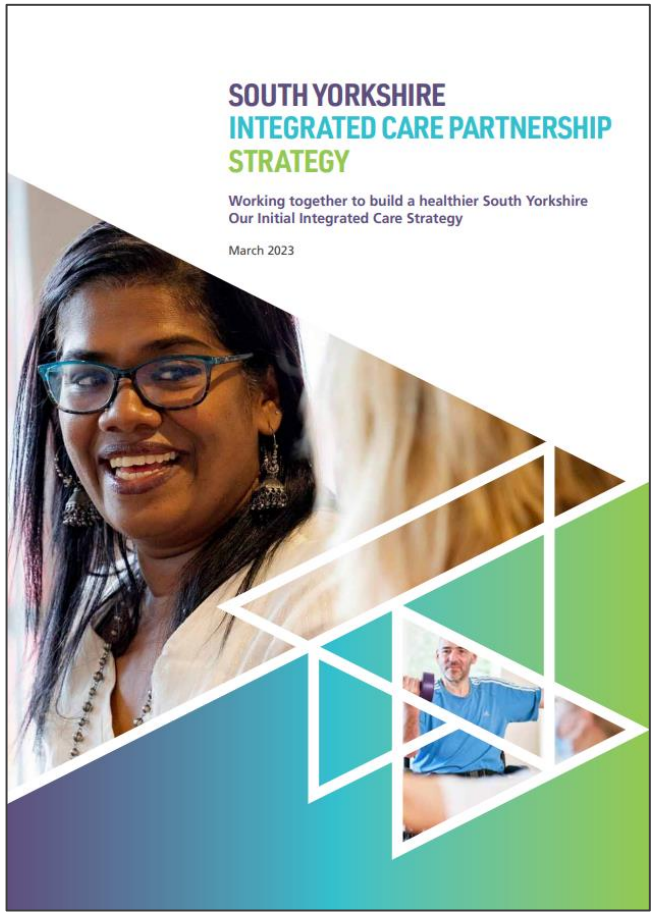
Digital, Data and Insights and Technology
– delivering system-wide and Place-based priorities
1wte B7

Support working across the ICB

- Strategy, Planning and Population Health - places, collaboratives and alliances
- Communication and Involvement
- Improvement and Transformation
- Procurement
- Estates
- Contracting
- Financial services
- Human Resources
- Payroll
- Corporate Business Office: core resource to ensure the effective administration of the ICB covering:
  - ❑ Complaints
  - ❑ Governance and Corporate Affairs
  - ❑ Risk
  - ❑ Information Governance

Our 4 Health & Wellbeing Strategies

Integrated Care Strategy



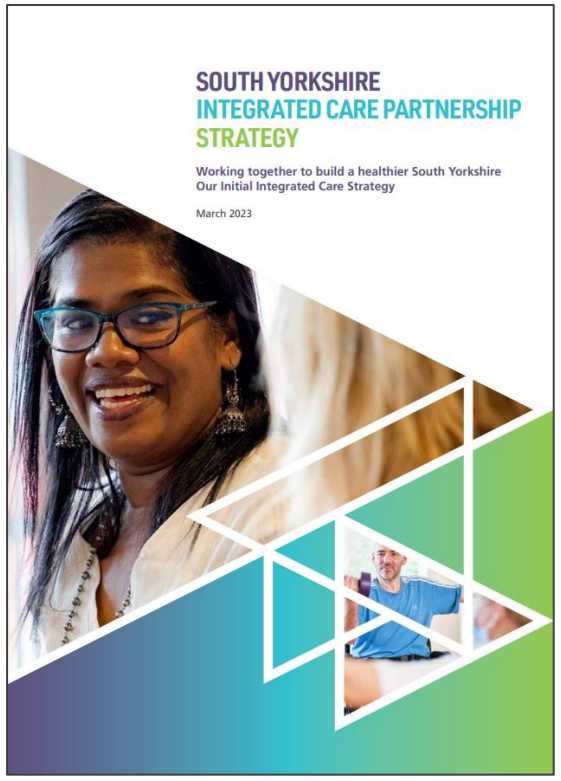
[Integrated Care Partnership Strategy :: South Yorkshire I.C.S. (syics.co.uk)]

Working Vision	Everyone in our diverse communities lives a happy, healthier life for longer				
Goals	Healthier and Longer Life	Fairer Outcomes for all	Access to quality Health and Wellbeing support and care		
Shared Outcomes	Best start in life for Children & Young People	Living healthier and longer lives AND improved wellbeing for those with greatest need	Safe, strong and vibrant communities	People with the skills and resources they need to thrive	
Bold Ambitions	Focus on development in early years so that every child in South Yorkshire is school ready	Act differently together to strengthen & accelerate our focus on prevention and early identification	Work together to increase economic participation and support a fair, inclusive and sustainable economy	Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities	
Joint Commitments	Bold, visible and collaborative leadership	Identifying, recognising and tackling systemic discrimination including a focus on anti-racism	Reallocation of resources to where there is most need	Joined up service delivery and support	Listening and co-production with people and communities	Create a culture of learning and innovation

Engagement

Enabling Plans
Our pathway to better health

South Yorkshire Integrated Care Partnership… the journey so far…



South Yorkshire ICP established
September 2022

South Yorkshire
ICP Strategy published
March 2023

A focus on
children & young people
May 2023

A focus on creativity & health
July 2023

A focus on health and work
September 2023

A focus on tobacco control
A focus on Innovation
November 2023

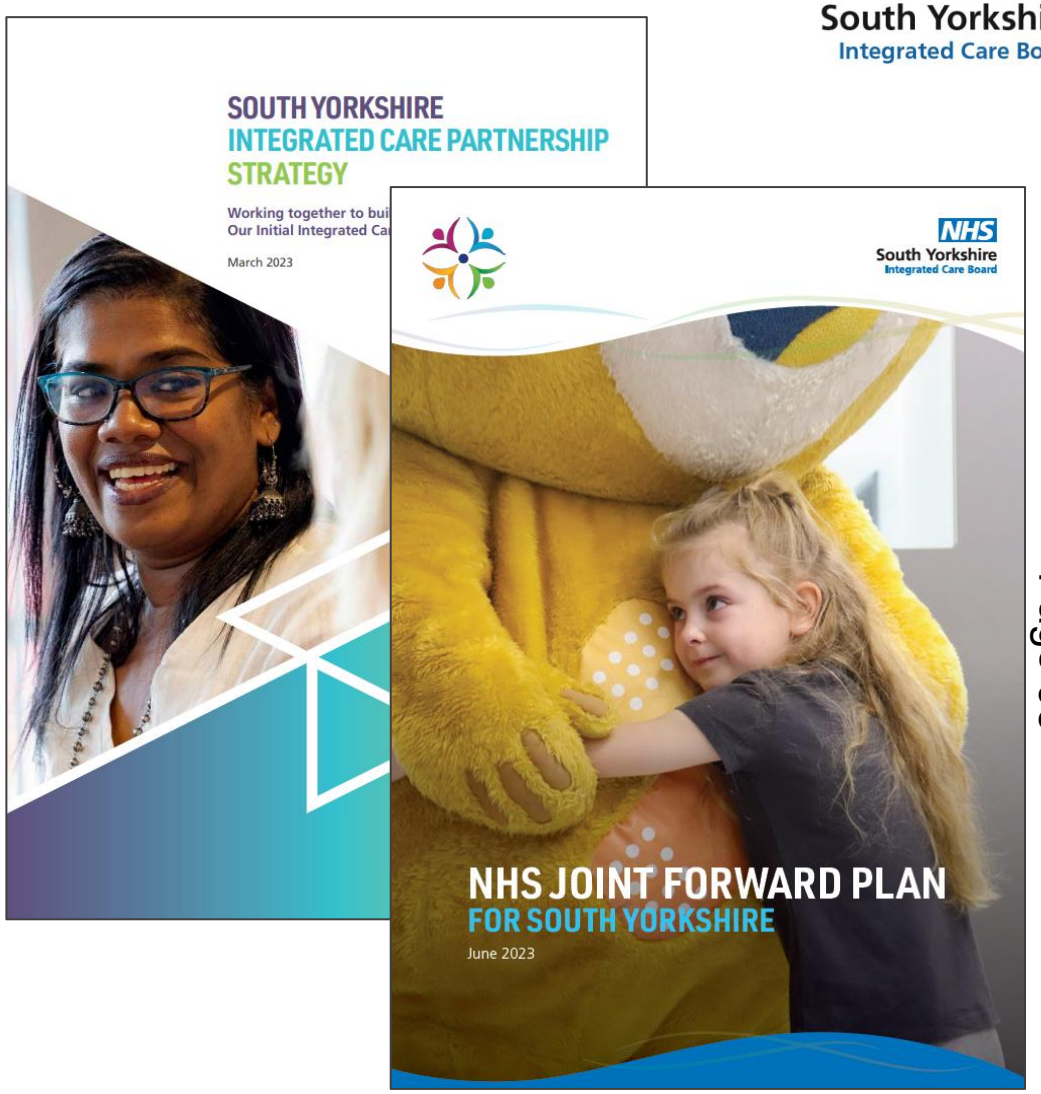
A focus on Work Well &
employment for everyone
January 2024

South Yorkshire
NHS Joint Forward Plan published
Sept 2023 & refreshed March 2024

NHS Joint Forward Plan

National Expectations

- The Integrated Care Board and NHS Foundation Trusts have a duty to refresh an SY JFP annually.
- It is a 5 year plan that sets out what NHS partners will do working well together and with others
- It sets out plans to arrange and deliver NHS services to meet physical & mental health needs
- To respond to Joint Strategic Needs Assessments
- Align with Health & Wellbeing Strategies and Place Integrated Health & Care Plans
- Delivery of NHS universal commitments
- Shared delivery plans for Integrated Care Strategy
- Dispatch legislative requirements



Place Health & Care Delivery Plans

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The Health Select Commission and contribution from The Rotherham NHS Foundation Trust

Michael Wright

Managing Director

Page 1

Agenda Item 8

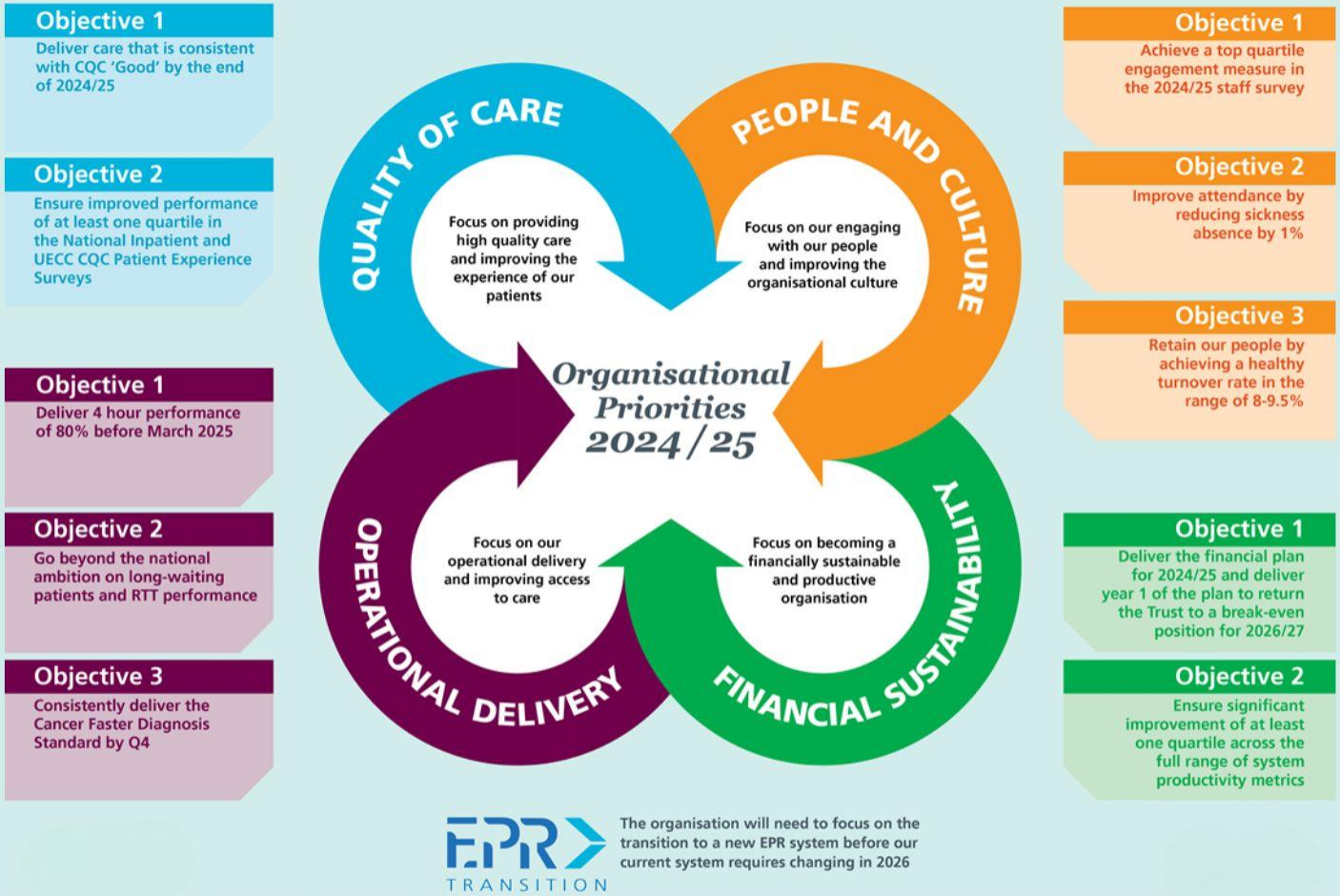
Ambitious Caring Together

The Rotherham NHS Foundation Trust

Key areas of focus for today

- Background – the Trust's objectives and journey over the last four years
- My role at the Trust
- Contribution to the Health Select Commission


Vision
We will always ACT the right way and be PROUD to provide exceptional healthcare to the communities of Rotherham
Values
Ambitious Caring Together
(ACT)
Strategic ambitions
Patients Rotherham Our partners Us Delivery
(PROUD)


Objective 1
Deliver care that is consistent with CQC 'Good' by the end of 2024/25
Objective 2
Ensure improved performance of at least one quartile in the National Inpatient and UECC CQC Patient Experience Surveys
QUALITY OF CARE
Focus on providing high quality care and improving the experience of our patients
PEOPLE AND CULTURE
Focus on our engaging with our people and improving the organisational culture
Organisational Priorities 2024/25
OPERATIONAL DELIVERY
Focus on our operational delivery and improving access to care
FINANCIAL SUSTAINABILITY
Focus on becoming a financially sustainable and productive organisation
Objective 1
Deliver 4 hour performance of 80% before March 2025
Objective 2
Go beyond the national ambition on long-waiting patients and RTT performance
Objective 3
Consistently deliver the Cancer Faster Diagnosis Standard by Q4
Objective 1
Achieve a top quartile engagement measure in the 2024/25 staff survey
Objective 2
Improve attendance by reducing sickness absence by 1%
Objective 3
Retain our people by achieving a healthy turnover rate in the range of 8-9.5%
Objective 1
Deliver the financial plan for 2024/25 and deliver year 1 of the plan to return the Trust to a break-even position for 2026/27
Objective 2
Ensure significant improvement of at least one quartile across the full range of system productivity metrics
EPR TRANSITION
The organisation will need to focus on the transition to a new EPR system before our current system requires changing in 2026

About the Trust

- We are a very large employer in Rotherham
- We are a combined acute and community Trust
- We run services from Rotherham Hospital
  and a number of other sites across Rotherham, including:
    - Rotherham Community Health Centre
    - BreathingSpace
    - Kimberworth Place
    - Park Rehabilitation Centre

About the Trust

- We employ over 5,000 colleagues – our most valued resource
- The Trust has four clinical Care Groups:
  - **Care Group 1** (Medicine and urgent and emergency care)
  - **Care Group 2** (Surgery)
  - **Care Group 3** (Family health, outpatient support services, pharmacy)
  - **Care Group 4** (Community care, imaging and diagnostics)
- Clinical Care Groups are supported by Corporate

Our area

- Local population of 265,000 in Rotherham
- Extended population in South Yorkshire and North Nottinghamshire (catchment c.300,000 in total)
- Approx. 16% of our patients come from outside Rotherham
- We come under the NHS South Yorkshire Integrated Care Board (SYICB)

The last four years

- Implementation of quality improvement processes, with over 150 colleagues completing training
- Nursing workforce leavers reduced by 40% for Band 2 Healthcare Assistants, and 36% for Band 5 Registered Nurses
- 7 of 9 NHS Staff Survey themes ranked in the upper quartile
- Hospital Standardised Mortality Ratio (HSMR) down from 120+, to 90 (below expected)
- Reduction in medical locum costs by £1.2m
- 11,145 less 4 hour breaches than last year
- TRFT was one of the first Trusts to regain compliance with the Diagnostic target following the pandemic
- TRFT was one of the first Trusts to successfully integrate GP Connect
- We launched the new Integrated Performance Report
- Rotherham Hospital and Community Charity has significantly developed
- Delivery of significant capital investment
- A full refurbishment of Rotherham Hospital's Neonatal Unit
- Removal of Breach of Licence (2021)

My role, and how it fits within the Trust Board

- I’m an Executive Director, and member of the Trust Board
- I’ve worked here at the Trust for four years
- I have a held two NHS Director roles at other Trusts before starting in Rotherham
- Dr Richard Jenkins is the Chief Executive of the Rotherham NHS Foundation Trust and also Barnsley NHS Foundation Trust. I report directly to Dr Jenkins.
- Dr Mike Richmond is the Chair of The Trust.

Our Board of Directors

Dr Mike Richmond
Chair

Dr Richard Jenkins
Chief Executive

Dr Rumit Shah
Non-Executive Director

Hannah Watson
Non-Executive Director

Heather Craven
Non-Executive Director

Martin Temple
Non-Executive Director

Kamran Malik
Non-Executive Director

Julia Burrows
Non-Executive Director

Zlakha Ahmed
Associate Non-Executive Director

Michael Wright
Managing Director

Dr Joanne Beahan
Medical Director

Helen Dobson
Chief Nurse

Steve Hackett
Director of Finance

Daniel Hartley
Director of People

Sally Kilgariff
Chief Operating Officer

Angela Wendzicha
Director of Corporate Affairs (NV)

Linda Martin
Interim Director of Estates and Facilities (NV)

James Rawlinson
Director of Health Informatics (NV)

Jodie Roberts
Director of Operations / Deputy Chief Operating Officer (NV)

Emma Parkes
Director of Communications (NV)

My responsibilities

- Working with partners across Place
- Trust performance including the Integrated Performance Report
- Trust Strategy and Priorities
- Efficiency programme
- Information Governance
- Health Informatics
- The Trust's Charity

Input to the Health Select Commission

- Historically, the Trust has attended on request. Presentations are provided where the Commission requires an update eg:
    - Maternity Services
    - The Trust's Annual Report

Last year, my colleagues and I ran a full workshop covering a number of areas of focus.

However, over the last few years, I have aimed to attend every Health Select Commission meeting, even if I don't have an agenda item. I personally gain a lot from attending. There are areas where I can add value in discussions, but the main reason is to listen and engage with members. We continually look to see how we can improve services, which is best done by acting on feedback.


Clinical Engineering Dept
Lifts & Toilets
The first step
to managing
is knowing
find
NHS

Thank you

Agenda Item 9

Rotherham Metropolitan Borough Council

BRIEFING		
	TO:	The Health Select Commission
	DATE:	10 July 2024
	LEAD OFFICER:	Kerry Grinsill-Clinton Governance Advisor
	TITLE:	Oral Health Review Report Supplementary Briefing

1. Background

1.1 This briefing is presented to the Health Select Commission to provide an update on the current position due to the time elapsed since the completion of the Oral Health Review.

1.2 The Oral Health Review featured in the Health Select Commission's work programme for the 2022/23 municipal year. The terms of reference were agreed in November 2022. Thereafter, two workshops, focussing on children's and adult's oral health respectively, were held in March 2023.

1.3 The workshops and the draft report subsequently prepared and circulated for consultation were facilitated by the then lead Governance Advisor to the Health Select Commission, Katherine Harclerode.

1.4 Katherine left the Council in December 2023, by which time recommendations to include in the review report had been drafted and consulted upon. Senior Governance Advisor, Caroline Webb subsequently supported the finalisation of the Oral Health Review Report in consultation with the then Chair of the Health Select Commission, Councillor Yasseen.

1.5 The Oral Health Review Report was presented to the 25 July 2024 Health Select Commission meeting, alongside this supplementary briefing outlining the updated position and progress made in the oral health arena, locally, regionally and nationally in the intervening period.

2. Key Issues

2.1 Since the terms of reference for the oral health review were agreed, due to unforeseen circumstances and external impacts beyond the Council's control, some nineteen months have elapsed. Likewise, it has been sixteen months since the oral health review workshops were held. Whilst regrettably unavoidable, such a lengthy delay in delivering the review report and recommendations has impacted upon the relevance of the review's findings and recommendations, given that work has progressed, locally, regionally and nationally during that time.

2.2 This report seeks to identify and explain those areas where there has been progress which impact upon the continuing relevance of the recommendations made arising out of the oral health review report. It does not seek to question or undermine their legitimacy or intent at the time that they were agreed, but rather to offer an opportunity for current members of the Health Select Commission to reflect on progress against them to date and consider the most appropriate way forward in light of the progress made.

2.3 The oral health review report identified seven recommendations, each of which will be taken in turn below. Members should also note that since the terms of reference were

agreed and the workshops undertaken, The Dental Recovery Plan was launched in February 2024. Whilst there are significant parts of the plan which relate to commissioning, access and activity within dentistry services, it likewise has a broad aim to prevent poor oral health.

2.4

In March 2024, the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) received a presentation from representatives of the South Yorkshire Integrated Care Board (SY ICB) relating to The Dental Recovery Plan and its immediate implications and implementation in the South Yorkshire context. This presentation was delivered by Debbie Stovin, Dental Programme Lead at the SY ICB, and supported by Andrew Fitzgerald, Executive Place Director for Doncaster. Debbie was involved in the oral health workshops undertaken by the Health Select Commission in March 2023.

2.5

During the presentation to JHOSC, Debbie Stovin referred to the South Yorkshire Dental Stakeholder Event which took place in November 2023. That event brought together a wide range of stakeholders from local dental practitioners, Healthwatch, dental public health, oral health leads and local councillors. It facilitated an appreciation of a range of different views, an opportunity to provide and receive feedback on good practice, whilst allowing local challenges and priority focus areas to be identified and highlighted to the SY ICB to inform future planning and commissioning activity. Katherine Harclerode and Councillor Wilson attended the event on behalf of the Health Select Commission.

2.6

Following the conclusion of that event, participants were provided with follow up material which identified the steps that were already being taken or were proposed to address the issues identified in line with place themes. This information was shared with members of the Health Select Commission following receipt. However, the key ongoing workstreams of relevance to the recommendations arising from the oral health review are as follows:

- SY ICB is supporting the production of literature targeted at learning disabilities in Sheffield working with key agencies. This will be tailored to local services in the other 3 Places in South Yorkshire.

- Working with the South Yorkshire & Bassetlaw (SYB) Paediatric Dental Innovator programme with the aim of making access to elective dental care for children easier and quicker as waiting times are reduced.

- Utilising the Oral Health Needs Assessment and Locality and Place profiles with engagement from local stakeholders to shape commissioning intentions based on identified need and evidence base (with a specific view to address the needs of targeted groups e.g., those from socially deprived areas or those in care).

2.7

JHOSC were also advised that The Dental Recovery Plan included three broad aims, the first of which focuses solely on promoting oral health through public health and local authority led initiatives including:

- Promoting prevention initiatives in family hubs to improve the oral health of pregnant mums, and guidance for parents on children's oral health.

- Support for early years settings to incorporate oral hygiene routines.

- Mobile dental teams deployed in schools in under-served areas to provide advice and deliver fluoride varnish.

2.8	It was also highlighted that there was the intention to undertake consultation on the expansion of the water fluoridation scheme to reduce decay and extractions, commencing with the North East. Members, Officers and members of the public were encouraged to engage with this exercise to share views and their thoughts on the extension of fluoridation in the South Yorkshire area.
2.9	The remainder of the plan was aimed at improving dentistry access and activity, dealing predominantly with commissioning, payment structures and incentives which impact more at ICB level than at Local Authority level as part of the public health portfolio, alongside capacity building through workforce development.
2.10	It was agreed that JHOSC would receive an update on the impact of the measures the ICB were implementing in accordance with the plan, at a future date to be determined. Health Select Commission Members will be kept appraised through receipt of the minutes and/or an update from the Chair/Vice Chair who represent the Health Select Commission at JHOSC. The minutes of and recommendations from the March 2024 JHOSC meeting, including links to the full agenda pack containing the full detail of the update provided, as summarised above, was shared with Members in the 20 June 2024 Health Select Commission agenda pack.
2.11	The first recommendation arising from the Oral Health Review was, 'Agree the principle that oral health is foundational to overall health and wellbeing, and should be facilitated, mainstreamed, and resourced as such in Public Health Strategies for Rotherham'.
2.12	In respect of recommendation 1, the Council's Health and Wellbeing Strategy 2019-2025 cites 'Ensuring every child gets the best start in life' as strategic priority 1. This includes specific reference to oral health in the supporting narrative, and outlines initiatives and activities that will be undertaken to promote good oral health on page 19. This is a public facing endorsement of the fundamental role of oral health in overall health and wellbeing in the Council's view, and constitutes its recognition as such in Rotherham's public health strategy. This is likewise reflected in the content relating to oral health behaviours on the Rotherham data hub which includes data updated as recently as April 2024. The Rotherham 0-19 Health Needs Assessment 2019 reflects oral health as one of eight identified areas of focus, and the narrative within the associated presentation (listed in background papers at 5.3) identifies oral health as an integral part of health and wellbeing, and its impact upon the incidence of associated diseases.
2.13	The second recommendation was, 'Take a proactive prevention-first approach in respect of oral health, given that by the time a child or young adult comes to the dentist for extractions due to tooth decay, this is remedial action that comes far too late'.
2.14	In respect of recommendation 2, the Health and Wellbeing Strategy 2019-2025 provides the specific references that the narrative associated with this recommendation in the oral health review report seeks. There is work ongoing, which is outlined below in connection with recommendations 3-7, which reflect that a proactive prevention-first approach is already in operation and evidenced by ongoing activities and initiatives within the borough. Likewise, as outlined above, there is a clear directive within the Dental Recovery Plan that pro-active prevention first approach initiatives are a key element of the aim to prevent poor oral health, and what which intends Integrated Care Boards (ICBs) to deliver in partnership with Local Authorities, as described in the update provided to JHOSC in March 2024.
2.15	The third recommendation was, 'Develop clearly defined governance arrangements for prevention and oral health improvement programmes for Rotherham Place with a view to sustained improvement of population-wide oral health'.

2.16	In respect of recommendation 3, governance arrangements are in place through the commissioning of 0-19 services and reported on via the service's Key Performance Indicators (KPIs). Those KPIs include: • The tooth brushing clubs. • The quantity and assurance for the tooth brushing tool kit. • Teaching sessions for all staff. • The flexible commissioning of dental practices including the oral health champion provisions set up and the number of practices that have been utilised. • The healthy foundation programme – number of areas used so far.
2.17	Likewise, there is an oral health access group chaired by Sue Turner, Public Health Specialist and Oral Health Lead.
2.18	The fourth recommendation was, 'As part of a system-wide approach to promoting oral health awareness among all communities, prioritise oral hygiene guidance and support in delivery of services that make every contact count'.
2.19	In respect of recommendation 4, the suggested activity forms part of the role of Leiann Musgrave, Oral Health Improvement Manager. She is responsible for the 0-19 service, including ensuring that every contact counts through ensuring that there is appropriate training in place to facilitate this. This is also referenced and evidenced in the briefing report prepared by Monica Green, Assistant Director Children's Social Care, RMBC, shared with the Health Select Commission in June 2023 concerning the Oral Health of Looked After Children (LAC).
2.20	The fifth recommendation was, 'Seek collaboratively to expand targeted, evidence-based interventions that develop good oral hygiene habits for school age children, such as tooth brushing clubs'.
2.21	In respect of recommendation 5, these initiatives are already in place and are driven by the 0-19 service led by Leiann Musgrave. There is evidence of ongoing activities and initiatives consistent with this recommendation in the local press and the general promotion of good oral health and the wider health benefits of this via the Rotherham Children's Public Health Nursing Service. The Oral Health Improvement Lead is supporting schools with toothbrushing clubs. This is also referenced and evidenced in the briefing report prepared by Monica Green, Assistant Director Children's Social Care, RMBC, shared with the Health Select Commission in June 2023 concerning the Oral Health of Looked After Children (LAC).
2.22	Recommendation six was, 'Continue to advocate for Rotherham residents in regional conversations around oral health, for example, how reforms to commissioning of dental care may expand access to positive experiences around oral health and hygiene'.
2.23	In respect of recommendation 6, JHOSC have requested that the ICB report back on progress to improve accessibility to dental services and positive experiences in the context of oral health during the March 2024 presentation on The Dental Recovery Plan and initial SY ICB implementation proposals. Through its membership of JHOSC via the Chair/Vice Chair of the Health Select Commission, and through the wider commitments to addressing health inequalities and addressing oral health from birth onwards in the Health & Wellbeing Strategy 2019-2025, the Council's ongoing commitment to advocating for Rotherham residents in regional conversations around oral health is

	publicly stated. It also features, whilst not explicitly referencing oral health, under several elements of the action plan arising from the Rotherham Place Plan 2022-25.
2.24	Likewise, in the feedback material provided following the South Yorkshire Dental Stakeholder event in November 2023, the ICB advised that in order to address needs for targeted groups (e.g., those from socially deprived areas) they were in the process of 'Utilising the Oral Health Needs Assessment and Locality and Place profiles with engagement from local stakeholders to shape commissioning intentions based on identified need and evidence base'.
2.25	Recommendation seven was, 'Develop an offer to support access to bridges and dentures for care-experienced adults and working age adults who have experienced significant tooth loss due to historic poor oral health'.
2.26	In respect of recommendation 7, the potential of a programme to support access to bridges and dentures to care-experienced adults and working age adults does not appear to have been costed, nor has the availability or sufficiency of dentistry services locally to meet the level of need been confirmed. This is particularly relevant given the challenges in accessing dentistry pre, but more significantly post Covid, which The Dental Recovery Plan seeks to address. This may impact upon the extent to which this recommendation would be realistically achievable.
2.27	The recommendation narrative makes reference to treatments being cost prohibitive, however, these services are available free of charge to those who are: i. under 18, or under 19 and in full-time education ii. pregnant or have had a baby in the last 12 months iii. receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits
2.28	This includes reimbursement of travel costs to access NHS dentistry services.
2.29	For those not entitled to receive free treatment, the provision of bridges and dentures is heavily subsidised, with the national rate for level 3 treatments standing at just under £320, with private treatment typically costing at least double this amount, and up to approximately £2500.
3. Key Actions and Timelines	
3.1	July 2022 – Integrated Care Boards (ICBs) legally established, replacing Care Commissioning Groups (CCGs).
3.2	November 2022 – Terms of Reference agreed for the Oral Health Review by the Health Select Commission.
3.3	March 2023 – Oral Health Review workshops took place.
3.4	June 2023 – Oral Health of Looked After Children briefing paper shared with the Health Select Commission.
3.5	November 2023 – South Yorkshire Dental Stakeholder Event held, led by SY ICB.
3.6	February 2024 – The Dental Care Recovery Plan is published.

3.7	March 2024 – JHOSC presented with an update relating to The Dental Recovery Plan and progress against its aims to date for SY ICB.
3.8	July 2024 – The Oral Health Review Report and recommendations presented to the Health Select Commission for consideration.
3.9	September 2024 – The Oral Health Review Report and recommendations forwarded to OSMB for consideration (subject to the Health Select Commission's determination).
3.10	October 2024 – The Oral Health Review Report and recommendations forwarded to Cabinet for consideration (subject to the Health Select Commission's determination).
4. Recommendations	
4.1	There are a number of options open to the Health Select Commission in terms of the actions that can be taken in respect of the Oral Health Review Report and its recommendations:
4.2	Option One: Progress the report and all recommendations through the Overview and Scrutiny Management Board (OSMB) and Cabinet in the usual manner.
4.3	Option Two: Not progress the report and recommendations any further due to the time elapsed and the information and evidence indicating that the recommendations have been superseded by local, regional and national developments and progress in this area.
4.4	Option Three: Re-scope and refresh the review, with a view to including in the Health Select Commissions work programme to allow the formulation of updated recommendations.
4.5	The Health Select Commission are requested to consider the options available to them as described above and determine the most appropriate course of action in the circumstances.
5. Background Papers	
5.1	Rotherham Joint Health and Wellbeing Strategy.pdf
5.2	Rotherham 0-19 Health Needs Assessment Executive Summary
5.3	Rotherham Data Hub - Health Behaviours - Oral Health

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 25 July 2024

Report Title
Scrutiny Review Recommendations – Oral Health

Is this a Key Decision and has it been included on the Forward Plan?
No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report
Jo Brown, Assistant Chief Executive

Report Author(s)
Caroline Webb, Senior Governance Advisor
01709 822765 or caroline.webb@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
The purpose of this report is to outline the outcomes and findings of the spotlight review into Oral Health by members of the Health Select Commission.

Recommendations

1. That Cabinet received the report and considers the following recommendations

    1) Agree the principle that oral health is foundational to overall health and wellbeing, and should be facilitated, mainstreamed, and resourced as such in Public Health Strategies for Rotherham.
    2) Take a proactive prevention-first approach in respect of oral health, given that by the time a child or young adult comes to the dentist for extractions due to tooth decay, this is remedial action that comes far too late.
    3) Develop clearly defined governance arrangements for prevention and oral health improvement programmes for Rotherham Place with a view to sustained improvement of population-wide oral health.
    4) As part of a system-wide approach to promoting oral health awareness among all communities, prioritise oral hygiene guidance and support in delivery of services that make every contact count.

5) Seek collaboratively to expand targeted, evidence-based interventions that develop good oral hygiene habits for school age children, such as tooth brushing clubs.
6) Continue to advocate for Rotherham residents in regional conversations around oral health, for example, how reforms to commissioning of dental care may expand access to positive experiences around oral health and hygiene.
7) Develop an offer to support access to bridges and dentures for care-experienced adults and working age adults who have experienced significant tooth loss due to historic poor oral health.

List of Appendices Included
N/A

Background Papers
N/A

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

Council Approval Required
No

Exempt from the Press and Public
No

Scrutiny Review Recommendations – Oral Health

1. Background

1.1 This review builds on a Health Scrutiny discussion of Access to Dental Care in June 2022, which was prompted by Healthwatch Rotherham. In the interests of prevention of poor oral health in Rotherham, the Health Select Commission resolved to undertake the review because discussions showed that governance responsibility for oral health and hygiene is not clearly defined in legislation. Contributing information considered in this review was prepared by Rotherham's Public Health team, with input from key services and with overview from NHS England's Consultant in Dental Public Health for Yorkshire and the Humber. Since these discussions took place, the responsibility for the commissioning of dental care has changed from Public Health England to NHS South Yorkshire as of 1 April 2023.

1.2 **Methodology:**

1.2.1 The purpose of the review was to consider place-based strategic approaches to improve oral health among Rotherham residents, including children and young people, working age adults, and older people.

1.2.2 The review started its evidence gathering in March 2023, concluding its work in late 2023. Evidence was gathered primarily through two virtual stakeholder meetings with partners and officers. In addition, members attended a South Yorkshire Stakeholder Oral Health and Dentistry event.

Members of the review group were also provided with a detailed briefing to inform their understanding of local context, comparative data and needs assessments. The briefing was structured to provide an overview of Oral Health epidemiology in Rotherham and to highlight services and interventions of relevance to Oral Health split by the age group to fit the Scrutiny Review focus on Adults and Children.

1.2.3 The review considered the following issues:

a. Epidemiology overview
b. National picture – including National Toolkit and Enhanced Care Programme
c. Local picture
    - Children: with input from 0-19 service regarding breastfeeding and school age children, Looked After Children,
    - Adults: with input from NHS England Region and practitioners regarding care home residents, home care, and homelessness and substance misuse.
d. Solutions and good practice – including prevention campaigns and activity in wards, short term remedies to barriers to access such as travel logistics, and aims for long term culture change.

Issues not considered in scope:

1.2.4 Whilst access to dental care is an important component of oral health inequality, this review did not focus on dental services because scrutiny had already discussed and made recommendations in respect of access to dental care. Access to dental care was also subsequently identified as a potential item for Joint Health Overview and Scrutiny review as a subject of region-wide relevance, with plans for a future scrutiny event to discuss progress on this topic.

1.2.5 Fluoridation is also a topic that is often referenced in relation to preventative action at the population level. Citing public health data, the Director of Public Health strongly advocated that fluoridation provided a cost-effective method of reducing preventable tooth decay and opportunities for universal oral health improvements.

However, the review did not make any new recommendations in relation to these issues due to the following factors:

- The Health and Care Act 2022 gave the Secretary of State for Health the power to implement – or terminate – water fluoridation schemes in England. Whilst this power had rested with local authorities previously, RMBC does not now have the authority to determine whether the water supply is fluoridated.
- There is evidence that fluoridation can reduce dental caries. Prior to a decision being taken to fluoridate water supplies there is an extensive consultation process, to allow differing views to be heard. There was not the opportunity to explore these different perspectives within the timescales of the review and therefore no conclusions were reached. It was noted that a previous scrutiny review into water fluoridation was undertaken by the former Adult Care and Health and Children and Young People's Scrutiny Panels in 2007[1].

1.2.6 The review group consisted of the following members:

- Councillor Yasseen, Chair
- Councillor Baum-Dixon
- Councillor Bird
- Councillor Cooksey
- Councillor Griffin
- Councillor Havard
- Councillor Hoddinott
- Councillor Pitchley

1.2.7 Witnesses were drawn from the Council and its partners. The Chair would like to put on record her thanks for the contribution of each participant.

[1] The scrutiny review concluded that there was evidence of the benefits of water fluoridation, however oral health improvements could also be made through other interventions. Given the complexity of the arguments, as articulated in evidence and expert testimony, it recommended (amongst other things) that any future consultation about water fluoridation provides sufficient information about the benefits and risks, so that the public can make an informed choice about its addition to the water supply.

External Partners:

- Debbie Stovin, Dental Commissioning Manager NHS England and NHS Improvement – North East and Yorkshire (Yorkshire and the Humber)
- Margaret Naylor, Chair of Local Dental Network South Yorkshire and Bassetlaw
- Sarah Robertson, Dental Public Health Consultant
- Louise Collins, NHS 0-19 Service Lead
- Steven Thompson, Chair Local Dental Committee

Rotherham MBC:

- Cllr Roche, Cabinet Member for Adult Social Care and Health
- Cllr Cusworth, Cabinet Member for Children and Young People
- Nathan Heath, Assistant Director Education and Inclusion, CYPS
- Monica Green, Head of Service Children in Care, CYPS
- David McWilliams, Assistant Director: Early Help, Family Engagement & Business Support, CYPS
- Ben Anderson, Director Public Health
- Anne Charlesworth, Manager, Public Health (Commissioning)
- Sue Turner, Public Health Specialist, Best Start and Beyond
- Alex Hawley, Public Health Consultant
- Garry Parvin, LD Commissioning
- Sandra Tolley, Housing Options Manager

1.2.8 The Chair also extends her thanks to Katherine Harclerode (former Governance Advisor) who supported the review and has since left the authority. The report was not completed prior to her departure and was therefore completed by colleagues in the Governance Team.

2 **Summary of findings:**

2.1. **Recommendation 1):**

Agree the principle that oral health is foundational to overall health and wellbeing, and should be facilitated, mainstreamed, and resourced as such in strategies for Rotherham.

2.1.1 Poor oral health has been connected to increased risk of chronic physical and psychological health conditions including diabetes, heart disease, obesity, aspiration pneumonia, developing pancreatic cancer, and many other adverse outcomes. However, when it comes to people's prioritisation of their health, there is an impression that oral health is often relegated to being of less importance. There is culture building work to be done to reverse this, which should be reflected in integrated plans aligning local strategies across both health, local government and third sector services alongside initiatives such as

the National Food Strategy[2]. Promotion of good oral health must be seen as a high priority and properly facilitated, mainstreamed (accessible to everyone), and resourced accordingly.

2.2 **Recommendation 2):**

That a proactive prevention-first approach is taken in respect of oral health, given that by the time a child or young adult comes to the dentist for extractions due to tooth decay, this is remedial action that comes far too late.

2.2.1 At the South Yorkshire event on Oral Health and Dentistry on 30 November 2023, dental practitioners serving South Yorkshire collectively expressed dismay that by the time a child, young person or adult seeks dental care, it is often too late for preventive or early restorative interventions, which can result in teeth needing to be extracted. Formation of good preventative habits is urgent and must be prioritised at the Rotherham Place level. This conclusion was reached because the NHS SY (ICS) Five Year Plan includes goals for dental activity but does not include prevention. Whilst prevention activities/interventions (e.g. dietary advice, oral hygiene instructions, fluoride varnish, fissure sealing etc.) does occur within ICB commissioned dental practices. Local authorities have statutory responsibility for commissioning community oral health programmes. The Rotherham Place Plan 2023-2025 does include cross-cutting Prevention and Health Inequalities workstreams including developing the prevention pathway. Members support featuring oral health prominently in this prevention work.

2.2.2 There is much preventative work being led at the local Place level. For example, good work is being done across the sub-region to promote positive oral health. In Sheffield, for example, 'oral health promotional activities' run alongside the hospital paediatric dental services. Barnsley have incorporated oral health in their Health on the High Street initiative.

2.2.3 Under the Health and Care Act 2022, the Secretary of State now has responsibility for decision-making in respect of the fluoridation of public water supplies. Fluoridation of drinking water has been shown to reduce the need for costly and traumatic hospitalisations of young children due to extractions. Water fluoridation as a therapeutic additive is particularly attractive because in addition to being cost-effective, it requires no behavioural change. Notwithstanding this, Members are aware that the fluoridation of water does not equal good oral health and does not replace the need to look after our teeth and gums through good oral hygiene habits and diet, etc. Members acknowledge that investment in promoting good oral health is an investment in future improvement of overall population health.

2.3 **Recommendation 3):**

Develop clearly defined governance arrangements for prevention and oral health improvement programmes for Rotherham Place with a view to sustained improvement of population-wide oral health.

[2] The National Food Strategy - The Plan – one of its key principles includes that the food system of the futures must make us well instead of sick and meet the standards the public expect on health.

2.3.1 Under current legislation, there is no party or organisation that is named as responsible for preventative oral health. Without clear governance and agreement of how responsibility will be shared for funding, commissioning, and delivery of oral health initiatives, the prevention angle is often forgotten amid discussions of access to dental care and dentistry reforms. Members undertaking the review wished to see this reversed, giving careful attention and consideration to how oral health can be prioritised across Rotherham Place in ways that improve health inequalities. Members felt that the best way to do this is through an orchestrated collaborative approach, including the establishment of a clear sense of organisational responsibility for oral health initiatives.

It was noted that there was a suite of performance indicators for the 0-19 Service which sat under the Oral Health Improvement Lead which provided an assurance framework.

2.4 **Recommendation 4):**

As part of a system-wide approach to promoting oral health awareness among all communities, prioritise oral hygiene guidance and support in delivery of services that make every contact count.

2.4.1 Members supported the promotion of oral health as part of universal health reviews. It was noted that staff training was provided as part of the 0-19 Oral Health Improvement Lead's role. This enabled Early Help workers to identify dental neglect as a potential safeguarding issue and support parents, where possible, in understanding avoidable oral health risks, for example those caused by excess sugar, etc. Members would like for staff to consider oral health as part of making every contact count across the wider workforce. Since the review was undertaken an additional 3-4 month universal health review has been introduced, with oral health and weaning being a key component of this offer[3].

2.4.2 Carers, health visitors and social care providers have a significant role to play. As part of making every contact count, there is an opportunity to work alongside partners to further prioritise oral health guidance where appropriate, for example as part of ante-natal and maternity after care. Furthermore, where patients present with mental health needs, positive oral health self-care advice can play a role in enhancing overall wellbeing. A positive example of this in partnership working can be seen in the Pause Project[4].

2.5 **Recommendation 5:**

Seek collaboratively to expand targeted, evidence-based interventions that develop good oral hygiene habits for school age children, such as tooth brushing clubs.

[3] This is funded through the Family Hub programme until March 2025. This resource will be evaluated in due course.

[4] The Pause Project has a practice model centred around an intensive, supportive and trusting relationship between a woman and their practitioner, who work together to achieve positive outcomes across multiple areas of their lives, including their mental and physical health.

2.5.1 Members advised seeking collaboration with organisations frequented by children and families such as schools, libraries, and food banks. Members suggest that ongoing consideration be given to schemes that have shown to deliver positive outcomes which could be implemented in a Rotherham context. Among these, Members found convincing evidence that tooth brushing clubs in schools were effective at promoting good foundational oral health habits that stay with children and serve them well as they mature into adolescence. Members explored the option of providing every child with a toothbrush and toothpaste. The evidence base did suggest that supervised toothbrushing schemes and provision of oral health packs would deliver value for money. This has been evidenced through return-on-investment modelling previously undertaken by Public Health England. However, more targeted approaches are more likely to reach children and families who are part of the 20% most deprived, and who are part of inclusion health groups identified by NHS England as being most at risk of negative health outcomes. This could include Roma and traveller communities or refugee/asylum seeker communities. The Local Dental Committee (LDC) has recommended targeted provision of toothbrushes and toothpaste at food banks, at the time of writing, and has consequently provided a contribution on an annual basis. Members would like to see this mobilised as a regular intervention so that toothbrushes and toothpaste can get to Rotherham families who are most in need, and potentially widen the remit for vulnerable adults e.g. veterans, people having experienced homelessness or substance misuse.

2.5.2 Members found that excellent work is already being done in some Rotherham schools thanks to the conscientious efforts of teachers who have carved out classroom time as well as physical space to prioritise oral health as part of personal, social and health education and the support provided via the Oral Health Improvement Lead. Members understand that this involves obtaining parental consent to participate in tooth brushing at school. This can be a challenge, as some parents do not give consent, which means some children can participate whilst others are left out. However, by providing a designated person to go into schools to support the delivery of the tooth brushing clubs and other schemes, this can promote positive experiences and behaviours.

2.6 **Recommendation 6:**

Continue to advocate for Rotherham residents in regional conversations around oral health, for example, how reforms to commissioning of dental care may expand access to positive experiences around oral health and hygiene.

2.6.1 Although this review specifically focussed on oral health, Members undertaking the review found that improving oral health also relies in part upon improved access to dental care. Members are keen to ensure Rotherham voices continue to be heard in ongoing discussions of reforms designed to increase access for complex and high needs patients. As a result of proposed reforms, there may be increased opportunity to deliver oral health checks on a drop-in basis. NHS dental services for those experiencing homelessness have recently been set up in Sheffield and Doncaster, in which homeless charities/organisations chaperone patients to commissioned

dental sessions in local dental practices. There is also a need to introduce children and young people to dental care and oral health in a calm and nurturing environment, to help children develop positive associations with routine dentistry that their parents may not share.

2.6.2 Further to these reforms, Members are keen to explore how work by designated oral health champions may be expanded and promoted in ways that teachers feel would complement the curriculum ethos within their classes. Where there is the support of teachers and administrators, oral health champions support teachers in the design and implementation of oral health schemes. Beyond schools, this support could also be delivered more widely to nurseries, after school groups, and carers forums. The feedback received from local professionals suggests that children are enthusiastic about brushing and looking after their teeth. Members also recognise the potential benefit of having a named staff member lead for oral health at each school, where possible, to develop an offer tailored to the needs of the particular school or academy.

2.7 **Recommendation 7):**

Develop an offer to support access to bridges and dentures for care-experienced adults and working age adults who have experienced significant tooth loss due to historic poor oral health.

2.7.1 Members acknowledge that having a healthy smile is important because it contributes to wellbeing and confidence when it comes to social and economic participation. Members felt that in view of this, a scheme should be available for Rotherham adults who have unfortunately experienced the adverse effects of poor oral health. Adverse outcomes are often the result of neglect during childhood. Members felt that it is important that provision be extended for care experienced young people after they become adults. Healthwatch partners have reported that cost is the primary barrier to access. Currently, people seeking dental treatment under NHS provision, including dentures or bridges, may have to pay. For people who are not currently working or on a low income, this cost can be prohibitive. Therefore, a low or no-cost scheme for dentures or bridges should be put in place for individuals accessing employment support who express a desire to participate in the scheme. Members are aware of effective and inclusive work being delivered through the Rotherham Investment and Development Office to support individuals seeking to enter employment or skills training. Members are keen to see this work augmented by a scheme applicable where individuals feel their opportunities are being limited in specific cases where significant tooth loss has occurred.

3. Options considered and recommended proposal.

3.1 Cabinet is recommended to receive the report and consider its response to the recommendations herein.

4. Consultation on proposal

A list of participants is listed in paragraph 1.2.7

5. Timetable and Accountability for Implementing this Decision.

5.1 Implementation of any recommendation made to a partner organisation is at the discretion of the relevant partner organisation.

5.2 Implementation of recommendations addressed to a directorate of the Council is a matter reserved to the relevant directorate. Timescales for Council directorates responding to scrutiny recommendations are outlined in the Overview and Scrutiny Procedure Rules contained in the Constitution of the Council.

6 Financial and Procurement Advice and Implications

6.1 Any financial or procurement implications arising from this report will be considered as part of the Cabinet response to its recommendations.

7. Legal Advice and Implications

7.1 There are no legal implications directly arising from this report.

8. Human Resources Advice and Implications

8.1 There are no HR implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The review links to the following Council Plan themes:

- People are safe, healthy and live well
- Every child able to fulfil their potential

10. Equalities and Human Rights Advice and Implications

10.1 Members of the review group have due regard to equalities and human rights in developing recommendations.

11. Implications for CO_2 Emissions and Climate Change

11.1 There are no implications for CO_2 emissions and climate change directly arising from this report.

12. Implications for Partners

12.1 The implications for partners are described in the main sections of the report. Implementation of any recommendation is at the discretion of the relevant partner organisation. The recommendations contained in this report are

offered acknowledging the contributions that have been made by each of the partner organisations.

13. Risks and Mitigation

13.1 There are no risks directly arising from this report.

Accountable Officer(s)

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer

Report Author: *Caroline Webb, Senior Governance Advisor*
caroline.webb@rotherham.gov.uk

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