HEALTH SELECT COMMISSION

Venue: **Town Hall,**
Moorgate Street,
Rotherham S60 2TH

Date: **Thursday, 4th December, 2014**

Time: **9.30 a.m.**

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972

2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the previous meeting (Pages 1 - 14)
   Minutes of the Health Select Commission dated 23rd October, 2014

8. Health and Wellbeing Board (Pages 15 - 33)
   Minutes of meetings held on 24th October and 12th November, 2014

9. Issues from Healthwatch

10. Chantry Bridge GP Registered Patient Service (Pages 34 - 42)
    Richard Armstrong, Interim Director of Commissioning, NHSE, and Dominic Blaydon, Head of Long Term Conditions and Urgent Care, CCG

11. Childhood Obesity Scrutiny Review Update (Pages 43 - 49)
    Joanna Saunders, Head of Health Improvement, Public Health

12. Support for Carers Scrutiny Review Update (Pages 50 - 79)
    Janine Moorcroft, Neighbourhood and Adult Services

13. Rotherham Recovery Hub (Pages 80 - 84)
    Anne Charlesworth, Head of Drugs, Alcohol, Primary Care and NHS Contracts, Public Health

14. Date of Next Meeting
    - 23rd October, 2014 at 9.30 a.m.

HEALTH SELECT COMMISSION
23rd October, 2014

Present:- Councillor Wyatt (in the Chair); Councillors Dalton, Havenhand, Hunter, Jepson, Kaye, Swift, Vines, Whysall and Wootton and Robert Parkin (Speak-up).

An apology for absence was received from Councillor Sansome.

44. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present at the meeting.

46. COMMUNICATIONS

Better Care Fund
Shona McFarlane, Director of Health and Wellbeing, reported that Rotherham had been required to submit a revised version of the Plan in accordance with a September deadline. It had gone through a process of moderation and feedback was awaited. Every Plan was checked by an independent assurance process commissioned by NHS England and a telephone conference call had taken place to check a few matters of fact and accuracy in the document.

The revisions to the Plan had included an additional action (BCF15) regarding End of Life. Each of the action plans were currently in the process of implementation and would update the Select Commission in due course.

Minor Oral Surgery
NHS England (NHSE) Area Team was consulting on proposals to commission dental procedures such as wisdom tooth extraction and removal of retained roots from specialists based in general dental practices rather than from the local hospital as at present. The proposals affected Rotherham and Sheffield as Barnsley and Bassetlaw had had such services based in the community for a number of years and NHSE planned to recommission them. There would be no overall reduction in the amount of activity commissioned.

The proposal was to have 1 contract for Rotherham to treat 600 patients per annum (which equated to 1 dentist seeing 14 patients per week).

The deadline for comments on the proposal was 6th November.

Resolved:- That a response on behalf of the Select Commission be submitted including comments with regard to location, access and disability access.

Joint Health and Overview Scrutiny Committee
2 meetings were to be held in November to develop consultation responses to the proposed standards for Congenital Heart Disease Services for both children and adults.

(2) That Councillor Wyatt be nominated as the Select Commission's representative on the Joint Health and Overview Scrutiny Committee.

(3) That Councillor Sansome be nominated as Councillor Wyatt's deputy on the Joint Health and Overview Scrutiny Committee.

MyNHS
The above were the new web pages on the NHS Choices website containing health data that facilitated comparison with other areas on a number of measures/indicators for hospitals, social care, Public Health, services and outcomes and mental health hospitals.

NHS England Road Map
The Chairman commented on the information released in the press regarding the major issues facing the NHS and the budgetary pressures that needed to be addressed.

47. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on 11th September, 2014.

Resolved:- That the minutes of the meeting held on 11th September, 2014, be agreed as a correct record for signature by the Chairman.

Arising from Minute No. 33(7) (Joint Health and Overview Scrutiny Committee), it was noted that the meeting had not taken place in September as previously reported due to issues with regard to parental consent for some of the information in the reports. The meeting would now take place on 21st November, 2014.

Arising from Minute No. 37 (Progress on Plans for New Emergency Centre), it was noted that the travel plan and IT procurement proposal were not ready for sharing with the Select Commission as yet. A representative would attend a Select Commission meeting in due course to give an overview on the IT system and what this would mean for patients and services.

48. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of meetings of the Health and Wellbeing Board held on 2nd July, 27th August and 1st October, 2014.

Resolved:- That the minutes of the meeting be received and the contents noted.

49. ISSUES FROM ROTHERHAM HEALTHWATCH LTD.

It was noted that Melanie Hall was to leave her post at Healthwatch. The Chief Executive post was out to advert.

50. ROTHERHAM FOUNDATION TRUST

Resolved:- The minutes of the meeting with the Rotherham Foundation Trust held on 29th September, 2014, be noted.

51. NHS ROTHERHAM CLINICAL COMMISSIONING GROUP - COMMISSIONING PLAN 2015-16

Chris Edwards, Chief Officer, Robin Carlisle, Deputy Chief Officer, and Lydia George, Rotherham CCG, referred to the powerpoint presentation which had recently been given to SCE/GPs which covered:-

- 2014/15 commissioning plan was available on the intranet – www.rotherhamccg.nhs.uk/our-plan.htm
- 2015/16 Plan was a refresh rather than a complete re-write
- CCG transformation capacity was finite so it was important that if new initiatives were prioritised some exiting initiatives were stopped
- Strategic Clinical Executive
- Clinical Referrals, Medicine Management and Mental Health
- Medicines Management
- Mental Health

2014/15 Progress and Issues

- Clinical Referrals
  Early 2014/15 data show referrals and electives rising after 2 flat years
  Audit programme and feedback via PLT working well, TRFT starting medical directorate 'PLT'
  Follow-up audits failing to identify many opportunities to reduce follow-ups

- Medicines Management
  Cost growth currently on track
  33 out of 36 practice plans agreed
  Service redesign projects performing well but some risks regarding TRFT re-organisation
  Waste

2015/16 Proposals

- Clinical Referrals
  Develop a "Plan B" for the increase in referrals
  Monitor and address issues with "other referrals"
  Closer involvement of CCG in the development of RFT medical pathways
  Improve access to neurology and develop appropriate pathways
  Bench marking for GPs to improve quality and consistency
  Development of pathways to provide advice on access to blood tests and imaging
  Explore opportunities for self-care and non face-to-face consultations
  Explore the market for primary care based Dermatology and Diabetes Services
  Develop the prevention agenda with Public Health England

- Medicines Management
  Same priorities plus realising the benefits of electronic prescribing (decreased waste)
  Address the high admission tate for respiratory conditions and prescribing rates
  Consider local and national risk of reducing waste
  Address waste in term of general waste and in particular nursing home waste
  Plan for the risk to special projects due to TRFT restructuring

- Mental Health and Learning Disabilities
  3 reviews carried out (Adults, CAMHS and Learning Disabilities)
  Learning Disability – following consultation would implement the decision taken at 3rd September Governing Body
  Action plan for RDaSH Services due to be agreed in September/October, common messages agreed, included being minded to contract with RDaSH as main provider but investing QIPP in voluntary sector or general practice
  Adult and Older Peoples Mental Health Liaison Services most urgent issue
  Issues with partnership working

- Adults and Older People
  Implement action plan including improved data and pathways, Adult Mental Health liaison, primary care focussed model, improved IAPT, improved Dementia Services
  Increase the number of mental health patients on the case management programme
  Develop a dementia pathway with more focus on Primary Care and "one stop shops"
  Involve the voluntary sector on the dementia pathway
  Improve RDaSH communication with stakeholders and providers
  Support RDaSH management of change

Obtain patient experience of instances of poor service in respect of long waiting times and poor communication
Parity of esteem and 7/7 working
Long term impact of Child Sexual Exploitation
Learn from CRMC referral pathway work
Address the acute management of the physical health of mental health patients
Address the variations in Mental Health care (IAPT/Dementia)
Extend Community Transformation to include IAPT and Dementia
Measurable outcomes

- Mental Health CAMHS and Learning Disability
  CAMHS
  Ensure that 2014/15 improvements were maintained and that the extra consultant improved capacity
  Impact of Child Sexual Exploitation

  Learning Disability
  Evaluate the impact of Governing Body approved ATU/community investment decision

- Unscheduled Care and Transforming Community Services
  Urgent Care redesign
  Care Co-ordination Centre
  Transforming Community Services – Locality Based Nursing
  Increased use of Alternative Levels of Care to Hospital

- Transforming Community Services
  Priority 1: A better quality Community Nursing Service
  Priority 2: Integration across Health and Social Care
  Priority 3: An enhanced Care Co-ordination Centre
  Priority 4: Utilisation of alternative levels of care
  Priority 5: A Better governance framework

- 2014/15 Progress and Issues
  New Service model agreed for Community Nursing
  Locality Nursing Teams serving GP practice populations
  Extended Care Co-ordination Centre hours to 24/7
  Development of the supported discharge care pathway
  Reconfiguration of the Community Unit to support frail elderly
  Discharge to assess (D2A) Care Pathway for CHC patients
  Commissioning of specialised nursing home beds for D2A and winter
  New governance framework in place for Community Health Services

2015/16 Proposals
- Development of locality based Health and Social Care Teams
- Development of an Integrated Rapid Response Service
- Integration of the Care Co-ordination Centre with Rothercare
- Introduction of integrated telehealth and telecare packages

- Extend use of Care Co-ordination Centre to support case management
- Clarify arrangements for medical cover in alternative levels of care
- Primary care engagement in performance management framework

2014/15 Progress and Issues Emergency Centre
- Governance structure for project management in place
- Service model designed and work underway to establish patient flow pathways
- Capital development designed and planning permission approved. Capital scheme proposed includes adaptions to the existing A&E department at a cost of £12M
- External review from the Emergency Care Intensive Support Team
  Service model was innovative, safe, provided a quality service to Rotherham residents and made the best use of resources
  Review of workforce to staff the Service model undertaken for each of the scenarios which may prevail
- Finance and contracting discussions ongoing
- Draft IT service specification being firmed up
- Business case for approval
  TRFT Board – 31st October, 2014
  CCG Governing Body – 5th November, 2014

2015/16 Proposals/Next Steps
- Agree finance and contracting arrangements
- Commence with capital development
- Continue service model development – testing out pathways at simulation events and ratifying via CRMC and MH QUIPP group
- Develop pathway back to GP practices and implement
- Procure, develop and implement IT system
- Implement workforce development strategy to move away from reliance on locum cover
- Develop clear transition arrangements and monitor progress
- Robust strategy on culture change to be developed and implemented
- Establish regular clinician to clinician meetings
- Implement communications strategy (a) public campaign (b) internal communications across organisations

Maximise Partnerships and Primary Care
- Better Care Fund – incorporating GP Case Management and additional investment in care outside hospital
- To effectively align secondary and primary care plans with NHS England (co-commissioning of Primary Care and specialised services)
- To deliver ‘working together’ in collaboration with other CCGs

Better Care Fund (BCF)
2014/15 Progress
- No new money

- £23M total fund (13.5M Health/£9.5M Local Authority) to a single pooled budget for Health and Social Care Services to work more closely together supporting Adult Social Care Services
- 15 agreed schemes within the plan
- BCG plan contributed to 4 of the strategic outcomes of the Health and Wellbeing Strategy
- Rotherham recognised as 1 of the top 15 plans nationally
- On track for the resubmission of plans by 19th September
- BCF now incorporated the schemes from the investment in care outside hospital

2014/15 Issues

- Nationally expected to see a 3.5% decrease in non-elective admissions within the plan – Rotherham's ambition was 0% as a result of the significant reduction (10%) over the last few years
- Nationally expect 'benefits' to be attributable to BCF – but BCF was 1 part of the overall commissioning plan and needed to ensure the picture was not 'skewed'
- Capacity to deliver on the 15 agreed schemes and to meet ongoing reporting requirements
- The second evaluation event for the additional investment in care outside hospital was arranged for 22nd October. As part of BCF, continuation of funding was a joint decision, the main criteria for evaluation was to demonstrate impact on hospital admissions

2015/16 Proposals

- Implement the revised plan agreed and submitted on 19th September
- Continue to work in partnership with RMBC
- Agree realistic timescales for the 15 schemes and ensure capacity to deliver

GP Case Management

2014/15 Progress

- Currently 6,687 active care plans
- 35 out of 36 practices were signed up
- Inclusion of 75 and over health check – 1,410 completed

2014/15 Issues

- Range of uptake across Rotherham from 0.1% to 5%
- Capacity of practices to deliver this
- 35 different methods of delivery – wide disparity in uptake of supporting services
- Complexity of IT systems to support

2015/15 GP Case Management

- Continued funding of the service for at least 5 years with possible amendments to how it was delivered
- Annual evaluation

Align Secondary and Primary Care Plans with NHS England (co-commissioning of Primary Care and Specialised Services)
2014/15 Proposals
- NHS England have asked CCGs to express interest in co-commissioning Primary Care
- It was also expected that CCGs would be asked to take a greater role for the commissioning of some specialised services

2014/15 Issues
- Should we move towards being a 'one' place commissioner
- Finances would need to be delegated to CCGs from NHS England
- CCG would need to review staffing structures and governance arrangement if it wished to proceed with co-commissioning
  2015/16 Proposals
- The CCG proposed to co-commission Primary Care as from 1st April, 2015
- Further information regarding specialised co-commissioning was expected from NHS England in October, 2014

Deliver 'Working Together' in collaboration with other CCGs
2014/15 Progress
- 8 CCGs and the Area Team as commissioners of Primary Care and Specialised Services had initiated a programmed of work to collaborate on key priorities (smaller specialities, paediatrics, stroke)
- SYCOM agreed a Project Initiation Document in February, 2014 and programme director recruited in April, 2014 to work with each commissioning partners
- Project Initiation Documents had been agreed for 3 of the 4 clinical priorities
- Good progress made to date with 3 of the 4 workstreams
- Following agreement to take forward the Children's workstream jointly with provider colleagues, a joint document had been produced which would be shared and discussed at the joint meeting on 5th September

2014/15 Issues
- Identify shared resources to deliver projects between CCGs
- The Out of Hospital workstream had been placed on hold pending further details of Phase Two of the National Urgent Care Review

2015/16 Proposals
- Over the next we months to continue to deliver the 4 agreed key priorities:
  Acute Children Services
  Acute Cardiology and Stroke Services
  Smaller Specialities (Speciality Collaborative)
  Out of Hospital (currently on hold)

Discussion ensued with the following issues raised/clarified:-

- Regular updates would be presented to the Select Commission on the Urgent Care Centre which was currently anticipated to open in 2 years
- It was the intention to enhance Community Services and keep/treat patients in the community as long as possible to prevent hospital admissions
- The presentation was a refresh of the proposals presented last year, not new proposals, and comments could be fed in via the link in the presentation
- 2015/15 would see a continued emphasis on working together across South Yorkshire, Bassetlaw and North Derbyshire to deliver the 4 key agreed priorities i.e. Acute Children's Services, Acute Cardiology and Stroke Services, smaller Specialities and Out of Hospital (currently on hold due to the National Urgent Care Review).
- The provision would still be at Rotherham Hospital but would be a mix of clinicians from across the region. It was the desire to maintain services in Rotherham wherever possible unless there was a clinical reason not to. The provider had to make efficiencies but in a way that did not have a detrimental effect on the patients
- Proposed event in December, 2014, at the New York Stadium where clinicians would give updates on the Working Together schemes – invitations to Members to follow
- Business cases for the proposals were not complete as yet but any that involved major service change would be submitted to the Select Commission and Patient Groups for comment
- One area being considered was the overnight rotas for on-call consultants as this was very costly
- Business cases were being led by clinicians and would have patient care as an absolute priority
- Smaller specialties were discussed with emergency eye trauma given as an example - low admissions in Rotherham averaging two per week.
- Concentrating experienced clinicians tended to lead to better outcomes.
- The refresh took into account the Health and Wellbeing Strategy (underpinned by the Joint Strategic Needs Assessment), reflected the needs of the clinicians, the views of the public and mindful of national guidance and mandate
- The first draft of the 2015/16 refresh would be complete by December and a second draft in the New Year once the NHS financial guidance had been received. It would be submitted to the Health and Wellbeing Board in February, 2015
- Rotherham's Social Prescribing had been highlighted by the NHS as best direction of travel
- Further information would be submitted in due course regarding NHS England's intention for CCGs to take on a greater role on the co-commissioning of some specialised services and primary care
- The place based plan for GPs and primary care was important and should reflect the Access to GPs Scrutiny Review, building in the recommendations made

- The existing 5 year plan did not contain great detail on specialised commissioning or on Primary Care commissioning as they currently sat with NHS England. Discussions were ongoing as to whether those services were to be directed back to CCGs and if so would necessitate a change in the CCG's constitution and greater involvement of lay members to avoid potential conflicts of interest. Resourcing would also be an issue

Chris, Robin and Lydia were thanked for their attendance.

Resolved:- (1) That the presentation be noted.

(2) That the CCG's commitment for further engagement with the Select Commission be noted.

52. UPDATE ON SCRUTINY REVIEW - HOSPITAL DISCHARGES

Further to Minute No. 42 of 12th September, 2013, Michaela Cox, Service Manager, and Maxine Dennis, RFT, presented an update on the action plan in response to the recommendations arising from the spotlight review that had taken place in 2013.

The recommendations had been welcomed and addressed through effective joint work between NHS Rotherham and the Council with good progress having been made in addressing the recommendations.

The potential for unsafe discharges had reduced. The Care Co-ordination Centre and the Hospital had done a lot of work on managing how it planned and co-ordinated discharge including talking and having written communication to both patients and carers about predicted date of discharge.

An update on the actions was appended to the report the majority of which were now complete. Maxine highlighted the following:-

- In 2013 there were approximately 75,000 attendees at the Emergency Department every year together with 70-75,000 admissions both elective and non-elective. To put into context there had been 33 complaints regarding delayed discharges in 2013/14 and 49 in 2012/13
- The Trust was in the process of, through work with the Emergency Care and Intensive Support Team, implementing SAFER Care Bundle which had addressed some concerns. It pre-empted discharge problems and involved talking to patients about their predicted date of discharge and having written communication with patients and relatives. It had already been implemented on the Medical Wards
- The Community Transformation Programme was under way
- A report on the Care Co-ordination Centre and the Supported Discharge Service, which included an assessment tool for risk of hospital admission, was being compiled

- The hospital and patient agreed a time for a post discharge follow up call within 72 hours of discharge
- Out of 70 patients discharged only 2 had been re-admitted
- The Care Co-ordination Centre worked until 10.00 p.m. with some cover at weekends. It was hoped to run it 24 hours a day as it was a good single point of access.
- The Operational Discharges Group had now been replaced by a Forum that met 3 times a week including Hospital and Social Services colleagues to review delayed discharges and operational issues. Continuing Health Care colleagues joined the Forum once a week. Currently developing a Discharge to Assess model which would support earlier discharge whilst ensuring a robust assessment process. There were a number of patients in hospital who required a complex assessment process prior to discharge. A pilot was to be launched of 14 beds in the community where the patients could go whilst the assessment process was completed rather than stay in hospital. Patient choice is important as choices can effectively be rest of life choices.

Resolved:- (1) That the report be noted.

(2) That a further update, including details of the Community Transformation Programme, be submitted in January, 2015,

(3) That the following information be submitted to Members:

- Up-to-date figures for delayed discharges and complaints relating to discharges
- Report on Care Co-ordination Centre
- Information about the SAFER care bundle

53. HEALTH AND WELLBEING BOARD - MAKING EVERY CONTACT COUNT

Dr. John Radford, Director of Public Health, presented an overview of the Making Every Contact Council (MECC) initiative.

MECC had been discussed at the Health and Wellbeing Board and, although partners agreed in principle with the concept, actual engagement with and tangible implementation had been disappointing.

The approach to MECC was currently subject to review and alternative strategies to engage partnership organisations considered. Discussion ensued on the approach and the resources required to promote MECC and whether it was viable:-

- In principle it was a great idea that whilst in hospital or your path crossed with any health care worker you would be spoken to about any issues that affected your health and possible interventions

- It had been hoped to integrate the initiative into an employee's training (health and social care) and, although that had not happened in a system-wide approach, it did not mean that it did not take place, but there were not the resources to ensure that it did
- It would require 2-3 members of staff dedicated to producing a framework that could be used to persuade organisations to implement the initiative
- Asking someone who was visiting/treating a client/patient to engage in MECC would cut into the time allocated for that person so it needed to be a proportionate response
- A lot was being done in this regard through NHS Healthchecks (see below)
- Hard evidence was required as to what the actual benefits of MECC were, including examples of effectiveness elsewhere
- Need to engage commissioners to understand there would be additional resources required to deliver the initiative
- Resources were also required to collate the information once it was gathered in order to measure the scheme's impact, which could lead to a danger of it becoming a "tick box" exercise
- Safeguarding concerns for both adults and children should be reported/identified by staff as a matter of course in their professional roles

Resolved:- That information be provided following the current review of the approach to MECC for consideration by the commission

54. HEALTH AND WELLBEING BOARD STRATEGY PROGRESS - PREVENTION AND EARLY INTERVENTION - NHS HEALTH CHECKS

Dr. John Radford, Director of Public Health, gave the following powerpoint presentation:-

- Risk Assessment
  - Cardio Vascular Disease (CVD)
  - Type 2 Diabetes
- Risk Communication
- Risk Management
  Lifestyle advice
  Referral for behaviour modification
  Prescribing

Our Objective
- Screen 18% of eligible 20% of population annually
- Challenge to deliver this in the most deprived communities

Lipid Modification NICE 2014
- Systematic approach 40-74
- QRISK2
- Ethnicity, BMI, family history

- High intensity statin for risk conditions with 10% risk
- High intensity 20 mg atorvastatin for primary prevention

Diet
- Reduce saturated fats
- Replace saturated fats with olive oil and rapeseed oil
- Reduce refined sugar and fructose
- Fruit and vegetables whole grains
- 2 portions of fish
- Signpost to NHS Choices

Exercise
- High risk CVD 30 minutes of at least moderate activity daily
- If unable to do this offer exercise to maximum capacity
- Recommended physical activity could be built into daily living
- Additive 10 minutes or more accumulated as effective as longer sessions

Q Risk 2
- Age
- Gender
- Smoker
- Premature family CVD
- Hypertension treatment
- Social deprivation
- Total HDL cholesterol
- Ethnicity
- Rheumatoid
- Chronic Kidney Disease
- AF

Risk Communication
- Individual risk and benefit
- Numerical presentation
- Signpost to appropriate information
- Feelings and beliefs
- Readiness to change lifestyle
- Shared management plan
- Check what had been discussed

Discussion ensued on the presentation with the following issues raised/clarified:-

- Health Checks were aimed at everyone over the age of 45 years and were repeated every 5 years
- It gave the opportunity to assess lifestyle and risk of heart disease/stroke and offer interventions for that risk

- Since Public Health had joined the Council there had been a 30% increase in the number of health checks undertaken
- A promotion programme would run from January, 2015
- The prescribing of Statins could greatly reduce mortality from chronic heart disease
- The participation rates at GP practices varied across the Borough
- Stress and anxiety were not specifically included in possible causes of Q Risk 2 which were drawn up many years ago. Social deprivation had been added as a means of acknowledging that if you were in control of your life you were less stressed
- Timing of interventions and the life course approach of the Health and Wellbeing Strategy
- The importance of winning "hearts and minds"

Resolved:- (1) That the presentation be noted.

(2) That Select Commission Members consider ways to champion and publicise NHS healthchecks, for example through town and parish council magazines.

(3) That details of the current membership of the following working groups be provided at the next meeting - Obesity Strategy Group, Rotherham Heart Town, Tobacco Control Alliance and the Self-Harm and Suicide Prevention Group.

55. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 4th December, 2014, commencing at 9.30 a.m.

HEALTH AND WELLBEING BOARD
24th October, 2014

Present:-

Councillor Doyle	Cabinet Member, Adult Social Care and Health **In the Chair**
Councillor Beaumont	Cabinet Member, Children and Education Services
Robin Carlisle	Rotherham CCG (representing Chris Edwards)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Jason Harwin	South Yorkshire Police
Councillor Hoddinott	Deputy Leader
Shafiq Hussain	Voluntary Action Rotherham (representing Janet Wheatley)
Naveen Judah	Healthwatch Rotherham Ltd.
Martin Kimber	Chief Executive, RMBC
Carol Levell	NHS England Commissioning Body (representing Carol Stubley)
Dr. John Radford	Director of Public Health

Also Present:-

Steve Ashley	Chair, Rotherham Local Safeguarding Children's Board
Chris Bain	RDaSH
Warren Carratt	Service Manager - Strategy, Standards & Early Help
Shona McFarlane	Director of Health and Wellbeing, RMBC
Phil Morris	Safeguarding Children and Families
Paul Theaker	Operational Commissioner

Apologies for absence were received from Louise Barnett and Carol Stubley

S32. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no members of the press and public present at the meeting.

S33. RESPONSE TO THE ALEXIS JAY REPORT ON CHILD SEXUAL EXPLOITATION IN ROTHERHAM

At the request of the Chair, each partner reported as to the governance taking place within their organisation and what their respective priorities were in response to the findings of the Jay report:-

Rotherham Local Safeguarding Children Board
The Board Chair, Steve Ashley, reported that the Board was at the early stages of preparing an action plan in response to the Jay Report although the CSE Sub Group has incorporated the recommendations into its action plan. The outcome of the recent inspection from Ofsted was awaited and would impact upon the action plan currently being compiled. Urgent areas of work being undertaken were:-

- Auditing - the auditing process that the Board undertook to reassure itself that partners were fully engaged. There were now extra resources to increase the amount of auditing carried out. A thematic audit process had been put in place where audits would be repeated over a period of time until satisfied that the Board and partners were fulfilling its function e.g. auditing had commenced on cases where contact had been made through the "front door" and those that were determined "no further action required" as to whether those decision were correctly made. The findings would be reported on a monthly basis.

- Building contact with all the communities in Rotherham. Work had been commissioned as to how that would take place recognising that all partners were engaged in some form of community liaison so as to avoid duplication. There was a need to get on with this work urgently.

- The Board had considered the recommendations and had submitted a report requesting the development of a Needs Assessment and Commissioning Plan for a Post-Abuse Support Service. The Jay report had clearly highlighted that there could be anything up to 1,400 victims and it had been the original intention to try and identify as many as possible. However, this was not thought to be a practical course of action so there was a need for support to be available for when victims came forward. It was also important that there were plans and support in place for those victims who were now over the age of 18 and not just for current children and young people who were victims of CSE.

- There had been dialogue between the Chairs of the Safeguarding Adults Board and Local Safeguarding Children Board to ensure that they were working together to support young people through transition to adulthood. It was imperative that any individual received appropriate services throughout their lives and continued into adulthood.

Public Health
Dr. John Radford reported on the overall provision that partners had put into place for post-abuse support.

- Needs Assessment – work was underway with the CSE Group and a set of indicators developed with the Framework of Need placed within the JSNA. The work would give an indication of need in the medium term as well as an indication of service performance in relation to people accessing that need. Performance measures in terms of waiting times for services and ensuring people were getting the services were required. Work was underway currently and would feed into the JSNA.

- A summary of the activity being undertaken currently in relation to the response to CSE. The interim Police and Crime Commissioner had invested an additional £80,000 for Independent Domestic Violence Advisors.

- Allocation of funding:-
  £20,000 to GROW to increase the capacity to support victims over 16 years of age in a family context
  £20,000 to Rotherham Women's Counselling Service/Pit Stop for Men to increase specialist counselling
  £20,000 to increase the CSE Small Grants Fund established in August, 2014, administrated by South Yorkshire Community Foundation
  £49,000 additional capacity currently being commissioned through the voluntary sector through a tender process with a further £11,000 held in contingency
  £53,000 allocated to Youth Start to increase capacity to support 7-25 year olds post-abuse support service
  £200,000 allocated by the CCG to provide additional capacity to RDaSH

- Understanding from the CCG that there was a clear pathway for the referral for men/women with embedded sexual disfunction to be referred through to the specialist centre in Sheffield for counselling. The specialist psychiatric support could be accessed through a GP with no barriers to the service.

- Public Health would co-ordinate all services including the CCG, RDaSH etc.

- Funding had been allocated to the various services and it could be identified what the funding was for and what those services could and could not provide. For children it was clear that the referral was through a single point of access and that pathway needed to be cascaded to the NHS, Local Authority and voluntary sectors so everybody was clear.

- The second task was much more complex and needed to be done with some urgency and that was to establish a correct pathway through the system because people would vary in their need. Some adults would want recourse to justice and would require referral through SARC; some would need a pathway to individual counselling; some would need drug and alcohol services relating to sexual health issues

- "1 size fits all" may not be the best method of tracking to see where victims went and where they received the best access to services.

RDaSH

- Some of the CCG resources provided was to look at existing Service users who felt confident enough to disclose and ascertain how the Service was supporting them in their core services, how it responded to presenting new cases, ability to provide an immediate and fast track response, monitoring the ongoing needs of individuals and interfacing with the Services already provided.

- There was a responsibility to support staff not only with regard to refresher training but how to respond in circumstances where an existing Service user may start to disclose issues not previously mentioned.

- All were being taken forward in conjunction with the CCG.

- Experience of those currently seeking support of the Service showed that the clients would decide when and where they sought support and resources needed to be flexible enough to provide.

RMBC Commissioning

- The CSE Group has tasked the Head of Integrated Youth Support Service to look at co-ordination in terms of the immediate need from the "front door" to those services in terms of young people and adults.

- Youthstart funding for 1-1 counselling for young people.

- There would be a co-ordinator for both children and young people and adults coming through and speedily referred to the right Services.

- As part of the commissioning exercise, the starting point was an understanding of what post-abuse support could be provided and having a map of service provision.

- The map could be shared with partners to ensure there were no gaps in provision

- The JSNA needed to be strengthened in relation to CSE.

CYPS

- A commissioning group had been established and building on the work referred to above in terms of co-ordination. It would also pick up on the voice and influence of victims, needs analysis, pulling information together from Services and had been given extra funding with a view to commissioning appropriate support as from 1st April, 2015.

- 1 of the biggest delivery vehicles with regard to prevention was Universal Services and Schools had been carrying out direct work with Y8 children to raise awareness of CSE and organised

safeguarding sessions in all Rotherham schools. They were fully engaged and understood the referral process. CSE was also part of the tool kit

NHS England

- Acknowledgement centrally that there had been some confusion around commissioning particularly for ongoing therapy services for adult victims.

- Input had been provided to the DoH for inclusion into a national report with regard to ongoing therapeutic support for adults.

- The DoH wanted some steer for commissioning arrangements on the new commissioning framework coming out next year.

- In the short term Margaret Kitchen had pulled together a Health Steering Group and the information gathered on the action plan would be followed to inform the work the CCG were carrying out

CCG

- Fragmentation of Health Services – it was the responsibility of the CCG refresh plan to put in place a plan which organisations could check the response for other organisations who can steer where resources lay

- If the Board had a criteria by which it assessed the submitted 2015/16 commissioning plans it could check that they addressed the totality of what was required for evident CSE

South Yorkshire Police

- Work needed to progress quickly.

- Although the funding was in place for additional Independent Domestic Violence Advisors there were a limited number of advisors nationally for the demand.

Healthwatch Rotherham Ltd.

- Healthwatch had an escalation process that it adhered to depending upon the severity of the case presented. In the first instance it would be referred to Safeguarding and then look at the other agencies.

- It could be escalated outside of the Borough dependent upon the severity if more than support was needed.

Voluntary Action Rotherham

- The information from the Jay report had been disseminated and considered by members and the Voluntary and Community Sector Consortia.

- A number of meetings had been arranged for organisations to understand the Jay report and provide support provided to post-abuse victims. As a result of those meetings GROW and SYWS had waiting lists and increased demand.

- As well as the work looking at intermediate needs the organisation, from feedback from voluntary and community organisations, was clear about where the soft intelligence had been reported to, how it was being received, confidence of some of the victims coming forward and how they were being supported by the organisation. Accordingly, clarity was required on those pathways.

- Working with the Safer Rotherham Partnership and the Council in terms of CSE community awareness raising sessions. There was a programme of sessions that would be rolled out across the Borough.

- A conference around CSE awareness raising was to be held on on 4th November specifically targeted at voluntary and community organisations in Rotherham.

- Community cohesion and community engagement work with partners across the piste to support community engagement across all local communities.

Rotherham College

- There had been a full review of all safeguarding procedures and CSE awareness raising training. Dedicated work had been carried out around identification and introduction to the College to ascertain if there was more that the College could do to identify any historical cases and raise awareness of the issues around CSE.

- It was an important transition from childhood and College had a roll to play.

Discussion ensued with the following issues raised/clarified:-

Given the list of funding being provided, how/who would monitor to ensure that the services were available and that victims were accessing them? The worst thing that could happen was partners leaving the meeting thinking funding was going into the services and working on an assumption that they turned themselves into services that victims needed and used. Would the Health and Wellbeing Board be responsible for monitoring and compiling an action plan illustrating what was available, how many victims the Services could deal with and ensure that the right services were being provided/used by victims?
The funding had been allocated to groups as a short term measure. Work was needed to identify those organisations that had seen an increase of

referrals since the publication of the Jay report and were responding to that need. It was very clear that there needed to be longer term planning for all partners.

The funding was very short term and there was a need to identify organisations that had seen an increase in the number of referrals since the publication of the Jay report and were responding to that need. It was clear that there needed to be longer term planning for all partners. What would the services look like post-April, 2015?
Currently it was not known who the victims would have the confidence in to make a disclosure and if they did, making the assumption that that Service could help for a particular period of time. As things progressed there would be more experience and the ability to advise as to which service had much better outcomes than others.

Was there somewhere GPs could ring in to take advice about the different referrals routes?
For existing victims of CSE the point of contact should be the Referral Team in CYPS which GPs were aware of. An area that would be reviewed and developed very quickly was the appropriateness and feasibility of a central point of contract for anything to do with a wide range of issues.

How did the work fit in with the work of the Vulnerable Adults Risk Management Group?
In the weeks immediately following the publication of the Jay report, Adults Social Care front door, Assessment Direct, had become very much more alert to the issues. When clients presented with complex needs the assessment now went beyond the presenting issues and through that process had started to identify those they believed could be victims of CSE. Furthermore, 2 very experienced Social Workers had been identified who would work in the Vulnerable Persons Unit so when referrals came through Assessment Direct and referred to the VPU, they would be risk assessed beyond the presented need. They could act as Key Workers and able to refer clients on to support more appropriate to their need and actually support them as they accessed the services such as SARC, GROW, Homeless Teams, RDaSH, DWP etc.

In the past young adults, 18-25 years, would have been assessed through Assessment Direct and the “signs” may not have been spotted. A more thorough assessment was now conducted to try and ensure that was not the case and appropriate case work and support was provided.

Since the additional staff had been placed in the VPU 17 clients potentially requiring further support services had been identified. It was important that this fed into the JSNA not just need for the services already identified but where there were gaps in service provision and lead to improved commissioning.

It was early days and it needed to fit into the emerging strategy. A proposed Vulnerable Adults Risk Management Framework was to be submitted to Cabinet Member.

It was key that the funding followed the victim and the support of their choice. It was also essential that older teenagers did not fall through the gaps when they crossed over from Children's Services to Adult Social Care. Were the Services flexible enough to deal with that?
The importance of the funding following the victim was acknowledged but also, as the processes were developed, it would be equally as important to establish where the best outcomes were and assist the client in assessing whether or not a different service would be better for them.

Was there sufficient capacity in the voluntary sector?
No organisation was saying they were fully resourced and had all the resources they needed, however, it was important that the resources should follow the victims. Agencies needed to understand who the victims were and their needs to ensure they were being signposted to the most appropriate service. More information was required in terms of the post-abuse victim, the current work and the preventative work. The Voluntary and Community Sector did a lot of preventative work on how CSE occurred and how it could be prevented.

The Safeguarding Board made training available free at the point of access and had trained officers from the voluntary and community sector who delivered CSE training. E-learning was also available.

Were all Rotherham schools actively engaged?
Every school in Rotherham was engaged in the CSE agenda and their safeguarding responsibilities. Should a school not engage it would be escalated quickly and also referred to the Safeguarding Children's Board.

With regard to Schools and the preventative agenda, what was contained in the CSE training and did it include online grooming?
In addition to the direct work from the CSE Team, the Healthy Schools Adviser worked to embed the DHSE curriculum which covered sexual relationships. To also assist, every secondary school had a Police Officer who work across the 16 secondary schools and were on site to provide advice and support to the teaching staff.

The arrangement also included MyPlace etc.

Over the age of 10, Crucial Crew was part of Rotherham School's curriculum of which internet safety formed part of.

Were there arrangements in place for those children who were not in school?
The Education Welfare Service was a key partner in terms of being the "eyes" for those children at risk of CSE. 1 of the Team Leaders was a

CSE Champion. There were also links with the Elective Home Education Team who would assess situations where children were being taught in the home environment rather than in school. There was no such legal concept as a part-time timetable and the Series Case Review outlined the dangers of children being out of school on a part-time basis. A lot of work was carried out in Schools to identify where that practice was in place and to challenge that. The advent of Academisation was more problematic when the Authority was not part of the reporting structure, however, the Education Welfare Officer support function still existed and they were challenged.

The new Director of Safeguarding had successfully secured agreement for a dedicated post in the Safeguarding Team to have oversight of Missing Children and Runaways which was an area the Police had been looking at for some time.

When would a report be submitted on pathways?
It was hoped that a document would be available by the end of the following week on the structures of Services and contact numbers.

Other work in terms of the JSNA and the Needs Assessment would take a little longer but hopefully by the end of November.

It was noted that the governance arrangements would need to be considered by the CSE Sub-Group initially.

It had been stated that CSE should be more prominent in the Board's priorities. Did the Board need to add a 7th priority or highlight that Safeguarding was a priority, of which CSE was prominent, that ran through all 6 priorities?

- The Board should give it prominence, not as an activity, but ensure that it was clear through the commissioning strategy that commissioning against the JSNA which identified CSE as a key priority for Service delivery.
- The Board should identify a unique contribution it could make and capable of being held to account for it. It was important that outsiders could see what had been delivered and construct a governance that the dynamic relationship contributed to the outcomes it needed to achieve
- CSE would be a thread running through the Health Commissioning Strategy from what was identified in the JSNA and various parts of the commissioning i.e. Children's, Mental Health and Safeguarding.

The additional functions of the Board also needed to be highlighted.

Was the Protocol between the Rotherham Local Safeguarding Children Board, Health and Wellbeing Board and the Children, Young People and Families Strategic Partnership still relevant?
It was fit for purpose and compliant with Working Together 2013 statutory guidance. However, it needed to be very clear who held who to account.

Steve Ashley stated that the Local Safeguarding Children CSE was the statutory responsibility of the Local Safeguarding Children's Board which would be much more agressive in terms of holding the agencies who are members of the LSCB to account. The relationship between the two Boards had to be stronger and, although the Board may not wish to add a further priority, it was suggested that a formal statement be included when the Health and Wellbeing Strategy was reviewed of the intention for CSE to be one of the major priorities over the coming year.

Resolved:- (1) That the report be received.

(2) That discussions take place between the Chairs of the Health and Wellbeing and Local Safeguarding Children Board with regard to the way forward.

(3) That the Needs Assessment and Pathways document be distributed to all partners by e-mail once completed.

(3) That the Health and Wellbeing Board's website be updated as a matter of urgency.

S34. DATE OF NEXT MEETING

Resolved:- (1) That a meeting of the Health and Wellbeing Board be held on Wednesday, 12th November, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.

HEALTH AND WELLBEING BOARD
12th November, 2014

Present:-

Councillor Doyle	Cabinet Member, Adult Social Care and Health **In the Chair**
Councillor Beaumont	Cabinet Member, Children and Education Services
Bob Chapman	South Yorkshire Police
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Rotherham CCG
Councillor Hoddinott	Deputy Leader
Julie Kitlowski	Chair of Rotherham CCG
Ian Jennings	
Naveen Judah	Healthwatch Rotherham Ltd.
Jan Ormondroyd	Interim Chief Executive, RMBC
Jason Page	Rotherham CCG
Nigel Parkes	Rotherham C.C.G.
Joanna Saunders	Director of Public Health (representing Dr. J. Radford)
Carol Stubley	NHS England
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Chris Bain	RDaSH
Michael Holmes	Rotherham Policy and Partnerships
Chris Holt	N.H.S. Foundation Trust
Jane Parfrement	Acting Strategic Director of Children and Young People's Services
Councillor Sansome	Vice-Chairman of the Health Select Commission
Janet Spurling	Scrutiny Services
Jasmine Swallow	Policy and Partnerships
Paul Theaker	Operational Commissioner
Sue Wilson	Performance and Quality Manager

Apologies for absence were received from Louise Barnett and Natalie Yarrow.

S35. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

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

S36. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the two previous meetings of the Health and Wellbeing Board, held on (a) 1st October 2014 and (b) 24th October, 2014, be approved as correct records.

With regards to Minute No. 28 (Vaccinations and Immunisations for Pregnant Women) of the meeting held on 1st October, 2014 it was noted that no specific action had as yet taken place, but an update on progress would be provided at the next meeting.

Reference was also made to Minute No. S33 (Response to the Jay Report) and an update was requested on the priorities and actions assigned to N.H.S. England given that the Health and Wellbeing Board was to monitor progress. The recommendations had also requested that discussions take place between the Chairs of the Health and Wellbeing and Local Safeguarding Children's Boards and for the Needs Assessment and Pathways document be distributed to all partners by email once this had been completed.

The Board heard that no further information was available with regards to the actions assigned to N.H.S. England, but that arrangements were in hand for a meeting between the Chairs of the Health and Wellbeing and Local Safeguarding Children's Boards and the Cabinet Member with regards to a way forward.

An update was also provided on the changes to Public Health leadership, reporting mechanisms and the role of the Child Sexual Exploitation Sub-Group and the remit of the Gold Group. Any issues that needed to be forwarded on should be via the Child Sexual Exploitation Sub-Group, which was a sub-group of the Local Safeguarding Children's Board.

S37. COMMUNICATIONS

(1) Better Care Fund Plan – Assurance Review

Further to Minute No. S24 of the meeting of the Health and Wellbeing Board held on 1st October, 2014, the Board considered correspondence from the National Director (Commissioning Operations), NHS England, stating that the Better Care Fund plan had been assessed as part of the Nationally Consistent Assurance Review (NCAR). The letter stated that the Better Care Fund plan has been placed in the 'approved, subject to conditions' category.

The Strategic Director of Neighbourhoods and Adult Services outlined the content of the letter drawing particular attention to the eight separate actions and the appointment of the Better Care Adviser, Nick Clarke, who would work on developing an action plan to detail how and by when the agreed actions would be addressed to meet the conditions. Many of the conditions would simply be met by the importing the detail onto the new template, which needed to be completed by the 7th December, 2014 deadline.

It was also noted that the Section 256 Transfer Document had not been included as part of the documentation, but that it be noted that the use of the Better Care Fund was in accordance with the Section 256 Transfer Document.

(2) Health and Wellbeing Website

Michael Holmes and Jasmine Swallow demonstrated the accessibility tabs on the new Health and Wellbeing Website, which would be subject to partnership branding.

This also coincided with the launch of the new online survey on the 29th October, 2014 which had had 102 responses initially. Feedback to date had been positive and had been extended to external and internal organisations and partners.

Discussion ensued on the various links to the partner websites and how the website would be managed through the workstream group.

(3) Health and Wellbeing Board Minutes and Meetings

The Chairman was in receipt of some correspondence from a member of the public who had raised concern about the use of acronyms in some of the reports being presented. To alleviate this problem it was suggested that all reports have the full description with the acronym in brackets.

It was also suggested that some consideration be given to a bullet point list summary of reports for members of the public rather than them having to sieve through the large number of pages on the agenda.

This needed to be explored further on the feasibility of such a suggestion and whether it was something that could be accommodated within the resources available.

In addition, the member of the public referred to an incident involving the Foundation Trust, where an unregistered locum doctor was employed at the hospital via an agency.

The Chief Officer for the C.C.G. Office provided an overview of the incident, the reasons how it came about and the outcome, which had led to an improved agency framework that provided the relevant assurances that such an incident would not occur again in the future. It was stressed, however, that during the course of the two day locum period there were no concerns for members of the public.

(4) Budget Consultation Process

The Deputy Leader provided an overview of the budget consultation process open to members of the public until 31st December, 2014, on three priority areas:-

- Protecting our most vulnerable children and adults.
- Getting back into work and making work pay.
- Making our streets cleaner and better.

The challenge facing the Council was for savings of £23 million next year and £50 million over the next three years.

This was a similar situation being faced across the public sector and formed part of the efficiency programmes around the Health and Wellbeing Board priority outcomes.

S38. JOINT PROTOCOL BETWEEN HWBB /HEALTH SELECT COMMISSION/HEALTHWATCH

Consideration was given to the report detailing the Joint Protocol between Health and Wellbeing Board/Health Select Commission/Healthwatch, which would ensure that the bodies develop a constructive and productive working relationship with one another. Each body had an independent role and a shared aim to reduce health inequalities and improve health and wellbeing outcomes. The roles were distinctive, but complementary and must add value to each other's work, and avoid duplication. This joint protocol detailed the distinctive roles of each body, and presented examples of working together and reporting arrangements.

The protocol had been considered by each of the respective bodies and was presented to the Health and Wellbeing Board for formal sign up.

It was suggested that slight amendments be made to the document by way of inclusion in the Health and Wellbeing Board box on the diagram, expanding on the role of commissioning and also revisions to the Chairs of the relevant bodies. If the Board were in agreement with these amendments then these would be included and the document signed off.

Resolved:- That the document be revised with the suggestions made above and for this then to be signed appropriately by the Chairmen concerned.

S39. DISABLED CHILDREN'S CHARTER

Consideration was given to the report which presented the Disabled Children's Charter for Health and Wellbeing Boards and requested that partner organisations sign up to this.

The Board considered the merits of signing up to various different charters and their individual stand from their individual organisations.

The Board discussed at length a uniformed approach to accepting Charters in principle, but agreed not to sign up to individual Charters as a Board. The principles set out in the Charters would be considered and it was this approach that should be taken forward.

Resolved:- That the principles of the Disabled Children's Charter be accepted.

(2) That the Board consider the principles within all Charters submitted to it only and no individual Charter be signed up to going forward.

S40. EMOTIONAL HEALTH AND WELLBEING STRATEGY

Consideration was given to a report presented by Nigel Parkes, Rotherham Clinical Commissioning Group, and Paul Theaker, Operational Commissioner, which detailed the draft Emotional Wellbeing and Mental Health Strategy 2014-19 which had been developed to support Local Authority, Health Commissioners and service providers to improve the emotional health and wellbeing of children and young people in Rotherham.

The final draft of the Strategy and associated action plan had been widely consulted upon. This had been approved through both the Rotherham MBC and Rotherham Clinical Commissioning Group (RCCG) governance processes and was attached to the report and detailed the key recommendations and actions to be taken forward.

The strategy included sections on the scope of the strategy, the needs of children and young people, services in Rotherham, investment, challenges and risks and recommendations.

The strategy was widely consulted on with a wide range of stakeholders in June and July 2014, including RMBC Children and Young People Services, schools, colleges, NHS providers and VCS providers. There have also been specific consultation sessions with parents/carers and with the Youth Cabinet.

The responses from consultation have been evaluated and the draft Emotional Wellbeing and Mental Health Strategy was substantially amended to take into account the comments that have been made. In addition, the Rotherham Health Watch report on Child and Adolescent Mental Health Services (CAMHs) was reviewed to ensure that the key findings were addressed within the strategy.

The Rotherham Clinical Commissioning Group commissioned Attain, an independent sector consultancy organisation, to review CAMHs and their report was considered by the Clinical Commissioning Group. The Attain

recommendations that the Clinical Commissioning Group agreed to take forward have been included within the Strategy.

The key recommendations outlined within the Strategy were as follows:-

Recommendation 1 - Ensure that services are developed which benefit from input by young people and parents/carers.

Recommendation 2 - Develop multi-agency care pathways which move service users appropriately through services towards recovery

Recommendation 3 - Develop family focussed services which are easily accessible and delivered in appropriate locations.

Recommendation 4 - Ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham.

Recommendation 5 - Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours.

Recommendation 6 - Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision.

Recommendation 7 - Ensure well planned and supported transition from child and adolescent mental health services to adult services.

Recommendation 8 - Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed.

Recommendation 9 - Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services.

Recommendation 10 - Promote the prevention of mental ill-health.

Recommendation 11 - Reduce the stigma of mental illness.

Recommendation 12 - Ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery.

It should be noted that as the governance process progresses for final approval of the Strategy, the key recommendations and actions were already being acted upon. The development of multi-agency care pathways was a priority piece of work and would address a number of

issues in relation to thresholds/access to services and pathways such as post diagnosis ASD. A workshop with stakeholders had been held and was informing the work of small time-limited working groups that have been established for each multi-agency pathway.

The Strategy had been approved by the Cabinet Member for Children and Education Services and by the Rotherham Clinical Commissioning Group Operational Executive and was to be submitted to the Health and Wellbeing Board for final joint Council/ Rotherham Clinical Commissioning Group approval.

The Board appreciated the positive approach to the development of this Strategy and its links to the Mental Health Strategy and suggested that it be reviewed in March, 2015.

It was also suggested that as the Strategy began to evolve the baseline information and detailed outcomes be included so the direction of travel could be measured and closely monitored. Waiting times were key and it was uncertain if the Strategy actually addressed this, what action was being taken to reduce waiting times and what were the aspirational targets.

The Board were informed that G.P. surveys had been undertaken which supported the development of the Strategy to assist with measuring waiting time for appointments and G.P. experiences, which had seen a reduction in waiting time down to eight weeks from fourteen/fifteen weeks and significant improvements in referrals for assessment from March, 2015. This would continue to be reviewed on a six month basis. In addition, the Recovery College was an alternative to the Child and Adolescent Mental Health Service.

The Rotherham, Doncaster and South Humber NHS Foundation Trust confirmed that a whole system approach had been adopted to develop capacity and meet demand. A great deal of work had been undertaken with more to do to move forward and consider how best to use resources to meet the needs across all the tiers of support.

The impact measures contained with the report would take time to monitor and were seen as activities. It was unrealistic at this stage to identify outcomes, but this would become more evident moving forward and would then give the assurances that the service was improving.

Resolved:- That the final draft of the Emotional Wellbeing and Mental Health Strategy 2014-19 be approved.

S41. SERVICE CO-PRODUCTION IN ROTHERHAM

Consideration was given to a report presented by Sue Wilson, Performance and Quality Manager, which detailed how the Expectations and Aspirations work stream of the Health and Wellbeing Strategy had a

priority in its action plan around co-production of services. This was fully endorsed by the Board's member organisations.

The consultation report, as submitted, provided information around definitions of co-production, examples of where this was already in place in Rotherham and the suggested approach to move this forward across all organisations.

A key action which underpinned this work was:-

"We will co-produce with Rotherham people the way services are delivered to communities facing challenging conditions."

Co-production was about delivering public services in different ways and developing relationships with service users that were equal between professionals delivering these services and those customers and carers in receipt of them.

Co-production was not just about consulting with citizens and "user voice" initiatives, it was much more than this. It was a two stage approach that would take time to develop. It was, therefore, suggested that this be considered on an annual basis to see which areas would lend themselves to be co-produced.

The proposal was for organisations to consider and decide which services would be suitable for co-production and begin to move to this as a concept of working. It was clear, however, that that there were some services which would never be suitable to be co-produced.

On this basis it was suggested that organisations cascade the information internally, which could be reported back to the workstream on the 5th December, 2014 with an opportunity for the Health and Wellbeing Board to look at this in more detail in a workshop style setting.

There were already some good examples of where co-production was working in Rotherham such as Lifeline, Speak Up and the Rotherham Charter for Parent and Child Voice.

In considering the principle of co-production, some of the partners expressed some concern with the work that they were undertaking and the lobbying for equal access. It was envisaged that there could be some duplication of work and asked for reassurances around case management and the benefits to the people of Rotherham.

Partners were advised that they were being asked to explore any opportunities that may lend themselves to this method of working and it was only for partners to indicate the areas which they thought were right and could add value and which may fit together for a different way of working and for this to include the voluntary and community sector.

To assist it was suggested that this subject may best be considered in a workshop style setting to consider the shared leadership and delivery outcomes whilst being realistic about budgets and demographic changes.

Resolved:- (1) That the consultation report and associated case studies be received and the contents noted.

(2) That principles be noted and partner organisations cascade the report and information within their organisations.

(3) That a workshop be arranged for the most appropriate people to consider further a two stage approach to move to co-production of services within their organisation and to establish what co-production in Rotherham would look like.

S42. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held at the Town Hall, Rotherham on Wednesday, 3rd December, 2014, commencing at 9.00 a.m.

It was suggested that it would be useful to set out a forward work plan for the Board, incorporating reports on the Health and Wellbeing Strategy workstreams. Due to the number of inspections taking place and the urgent timescales associated with the Better Care Fund, there had been less scope recently to focus on the Strategy.

Agenda Item 10

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Health Select Commission
2.	Date:	4 December 2014
3.	Title:	Chantry Bridge GP Registered Patient Service
4.	Directorate:	NHS England South Yorkshire and Bassetlaw

5. Summary

A report to inform the committee on the actions taken to date and those being considered by NHS England in order to ensure adequate, high quality future provision of GP services in the Chantry Bridge area of Rotherham.

6. Recommendation

That Members:

- **Note and discuss the contents of the report and the actions taken to date.**
- **Agree to submit a formal response to NHS England South Yorkshire and Bassetlaw.**

7. Proposals and Details

Appendix A provides the Health Select Commission with a detailed account of the context and position regarding future options for the delivery of GP Registered Patient Services in the Chantry Bridge area of Rotherham. Current services are located in the Community Health Centre on Greasbrough Road and are part of the contract with Care UK, together with the Out of Hours service and the Walk in Centre.

The appendix covers the following areas:

- Introduction and background to the existing service
- Current position
- Demographic information
- Other primary care services at Chantry Bridge
- Engagement
- Procurement principles
- Risk management
- Next steps

8. Finance

No direct financial implications arise from this report, but there may be a procurement exercise in the future depending on the option to be pursued following public engagement.

9. Risks and Uncertainties

Appendix A includes a detailed section on risk management.

10. Policy and Performance Agenda Implications

NHS England wish to ensure adequate, high quality future provision of GP services in the Chantry Bridge area of Rotherham when the current contract ends.

11. Background Papers and Consultation

An engagement strategy has been agreed for patients to be involved in making the decision about the future of the practice.

Contacts

Richard Armstrong, Interim Director of Commissioning
NHS England (South Yorkshire and Bassetlaw)

Dominic Blaydon, Head of Long Term Conditions and Urgent Care
Rotherham CCG

Edith Whitehead, Assistant Contract Manager
NHS England (South Yorkshire and Bassetlaw)

OVERVIEW AND SCRUTINY COMMITTEE PAPER

CHANTRY BRIDGE, GP REGISTERED PATIENT SERVICE, ROTHERHAM

Report From: NHS England (South Yorkshire and Bassetlaw)

Author: Edith Whitehead, Assistant Contract Manager

Summary

A report to inform the committee on the actions taken to date and those being considered by NHS England in order to ensure adequate, high quality future provision of GP services in the Chantry Bridge area of Rotherham.

Introduction and Background to the Existing Service

NHS England's South Yorkshire and Bassetlaw Local Area Team, working with Rotherham Clinical Commissioning Group are currently considering the future options in respect of the GP registered patient services provided by Care UK at Chantry Bridge Medical Centre, Rotherham Community Health Centre, Greasbrough Road, Rotherham, S60 1RY.

The Chantry Bridge GP practice was procured through a competitive tender exercise in 2009. It was first established during 2009 alongside a Walk in Centre and GP Out of Hours service. These services are currently delivered via an Alternative Provider Medical Services (APMS) contract provided by Care UK. APMS contracts were introduced to enable the NHS to contract with a wide range of providers to deliver services tailored to local needs. The contract for the APMS agreement is a time limited agreement. Currently the GP registered patient contract has been extended to 30th September, 2015.

The 2009 planning assumption was that the GP practice registered patient list size would grow to 5,000 to 6,000 patients. However, as of June 2014 the list size was 1734 which is significantly less than originally projected.

The contract also includes provision of a Walk in Centre and Out of Hours service. In 2009 the parties to the agreement were Rotherham Primary Care Trust, Barnsley Primary Care Trust and Care UK Clinical Services Limited. Any extensions to the agreement could be agreed to apply to Rotherham PCT or Barnsley PCT or both PCTs.

NHS England came into existence on 1st April, 2013 and is responsible for commissioning the GP registered patient services at Chantry Bridge. Rotherham Clinical Commissioning Group commissions the urgent care services i.e. GP Out of Hours and Walk in Centre.

The contract terms allow for an initial contract duration of 5 years to 31st May, 2014 and then 2 further extension periods of 1 year each to 31st May, 2016. During autumn 2013 Care UK indicated that they did not wish to extend the Chantry Bridge GP registered patient list contract. However, following a period of discussion Care UK and NHS England took the decision that the contract should be extended to 30th September, 2015. Directors reviewed the situation, and following discussions with Rotherham Clinical Commissioning Group (RCCG), agreed that due to the integrated nature of the APMS services (ie Walk in Centre and GP Services) and also premises constraints the contract should be extended to coincide with the anticipated opening date of a new Urgent Care Centre being commissioned by Rotherham CCG. At that time is was expected that the Urgent Care Centre would open by 30th September, 2015. (Whilst the Walk in Centre remains at Chantry Bridge NHS England is unable to offer accommodation at Chantry Bridge for a GP surgery or branch).

Current position

Issues with the site for the new Urgent Care Centre mean that it is now anticipated that it will not open until October 2016. The Walk in Centre at Chantry Bridge will close when the Urgent Care Centre opens at the Rotherham General Hospital site. NHS England believe that extending the contract for the Chantry Bridge registered patient service, beyond 30th September, 2015 to coincide with the planned opening date of the Urgent Care Centre (October, 2016), is not an option which can be pursued for the following reasons:

- The **maximum** extension period for the contract is 31st May, 2016. Therefore extending the contract beyond that date (to coincide with the opening of the Urgent Care Centre) would breach the terms of the agreement
- NHS England has a duty to secure value for money for the tax payer.

There are also constraints with the Chantry Bridge site from which the registered patient service is delivered. Care UK currently operates the Walk in Centre and GP registered patient service from the same consulting suites and reception area. Therefore, when the GP registered patient service ceases it will not release any space for a new GP service from an alternative provider. This further limits the potential options for future delivery of a GP registered patient service. NHS England is unable to offer an increase on space within the current premises or alternative premises at this time.

A further issue has arisen recently. Barnsley Clinical Commissioning Group are co-commissioner on the Out of Hours (OOH) element of the Care UK Chantry Bridge contract. They have decided to end the Care UK OOH contract on 31st May 2015. The parties to the agreement may terminate the agreement in whole or in part, individually or acting together, by serving not less than six (6) months' notice in writing on the Provider.

Expressions of interest are being sought by Rotherham and Barnsley CCG to see if there are alternative providers wanting to deliver the Out of Hours service. Care UK has been asked to submit an impact assessment, detailing the additional costs to

Rotherham CCG once Barnsley leave the contract. When this information is available Rotherham CCG will be able to make a decision on whether continuation with the current contract is affordable or whether to undertake a procurement exercise for replacement service(s). Should Rotherham CCG decide to proceed with a procurement for Out of Hours and/or Walk in Centre this may also influence the range of options which could be considered in respect of the delivery of GP registered patient services.

It is not clear until public engagement is complete, which option will be pursued. However, at the time of writing the main options are:

- Option 1 is the dispersal of the list to other doctors within the area of the patients choice
- Option 2 is to undertake a procurement exercise to engage a contractor who would manage and deliver GP registered patient services from a site close to Chantry Bridge until the opening time of the Urgent Care Centre (October, 2016). After October 2016 a branch surgery could be established at Chantry Bridge when the Walk in Centre closes.

Subject to the outcome of the current Rotherham CCG assessment of the impact of Barnsley CCG withdrawal from the Out of Hours element of the contract, a third option may emerge:

- Option 3 – a procurement involving Rotherham CCG, Barnsley CCG and NHS England for a range of services including GP Out of Hours, Walk in Centre and GP registered patient service.

Demographics and Population

Available information suggests that many patients registered at Chantry Bridge do not live within one mile of the practice. Care UK has been asked to supply a breakdown of figures. However other data sources suggest that 9% of patients live more than 2 miles from the practice and a significant proportion live more than 1 mile from the practice.

Chantry Bridge practice is located on the edge of the Boston Castle ward. A summary of the demographic profile of the population is included at Appendix A. However, as stated significant numbers of the registered patients may not actually live in this area. Care UK has been asked to provide data on the age and sex breakdown of their registered patients.

Data sources indicate that around 70% of the patients are of working age. It is anticipated that some patients will have chosen to register at Chantry Bridge due to proximity to work and because of the extended opening hours of the practice.

The practice is located in an area of higher than average social deprivation.

Other Primary Care Services within Chantry Bridge

As stated above the Chantry Bridge site currently accommodates the Out of Hours and Walk in Centre Services. Other community health services are also provided from the site eg community dental, therapy and diagnostic services. The site is also occupied by a pharmacy.

MedicX is a 100 hours pharmacy which also occupies the same building. MedicX could break their lease agreement if the Walk-in / Out of Hours services cease. It is believed that MedicX could also break their lease agreement if the Registered GP service ceases.

MedicX are understandably keen to see a GP service continuing to operate from Chantry Bridge as this could give them some assurance of footfall when the WiC service ends.

Engagement

An engagement strategy has been agreed by the Directors of NHS England's South Yorkshire and Bassetlaw area team. The strategy includes a number of methods of engagement and opportunities for patients to be involved in making the decision about the future of the practice. These include in person through open door meetings, via questionnaire and email or telephone contact.

Issues likely to be of concern to patients include quality of service including access (ie extended opening times offered by Chantry Bridge registered patient service). However, it should also be noted that there are value for money issues as the range of prices amongst contracts in the area varies by about 30% to 40%.

The following quality indicators have been used to compare Chantry Bridge with other practices within one mile:

- GP Patient Survey results – 2013 (NHS Choices)
- Reception opening times – NHS Choices (October 2014)

A comparison of GP Patient Survey results is given at Appendix B. Only 2 of the 6 practices within 1 mile of Chantry Bridge compare favourably with Chantry Bridge. These are The Gate and also Shakespeare Road surgery. Two practices do have late opening on some evenings whilst 2 others have reception opening times from 7am. Chantry Bridge opens late from Monday to Saturday and it is anticipated that this is a key reason why patients have chosen to register with Chantry Bridge. (The 2014 GP patient survey results have recently been published and this information will also be analysed and used to inform next steps.)

It is estimated that at least 15% of the registered patients are resident in areas not in the same postcodes as the practices within one mile of Chantry Bridge (ie S60, S65 and S61). In other words, of the patients currently registered less than 1500 are likely to want to register with practices close to Chantry Bridge. They may be likely to opt to register with a practice closer to home whilst continuing to use the Walk in

Centre at Chantry Bridge. (While it continues to operate from that site prior to the opening of the new Urgent Care Centre.)

Policy and Legal Context (Procurement)

The Area Team will apply the following principles when making decisions about the future service provision:

- Wherever possible to enable improvement of primary care
- To balance consistency and local flexibility
- Alignment with policy and compliance with legislation
- Compliance with Equality Act 2010
- A realistic balance between attention to detail and practical application
- NHS England is bound by procurement regulations

Risk Management

A Chantry Bridge Exit Group has been established and will oversee the management of risk. In order to ensure that patients/stakeholders fully understand the circumstances through which this contract comes to an end, and are actively engaged the Area Team proposes to:

- Be transparent, open and honest in all transactions
- Engage with all stakeholders about the available options
- Work closely with Rotherham CCG to ensure services fit with the strategic vision for primary care
- Engage with partners to identify how access to GPs can be improved in the area and jointly develop a quality improvement plan
- Develop a robust strategic and operational plan and agreement with existing providers
- Support Rotherham CCG in developing its primary care strategy.

Subject to the outcome of engagement with stakeholders the exit group will manage risks including:

- Quality and safety risks including lack of continuity of service
- Not being able to find a successful bidder to provide the service
- Lack of suitable premises from which to deliver the service
- Legal challenge

Next steps

NHS England South Yorkshire and Bassetlaw Area Team will implement the engagement strategy to establish patients' and other stakeholders' desired outcomes in relation to Chantry Bridge registered patients' service.

Appendix B - Chantry Bridge and surrounding practices - patient experience
GP Patient Survey 2013 (source: NHS Choices)

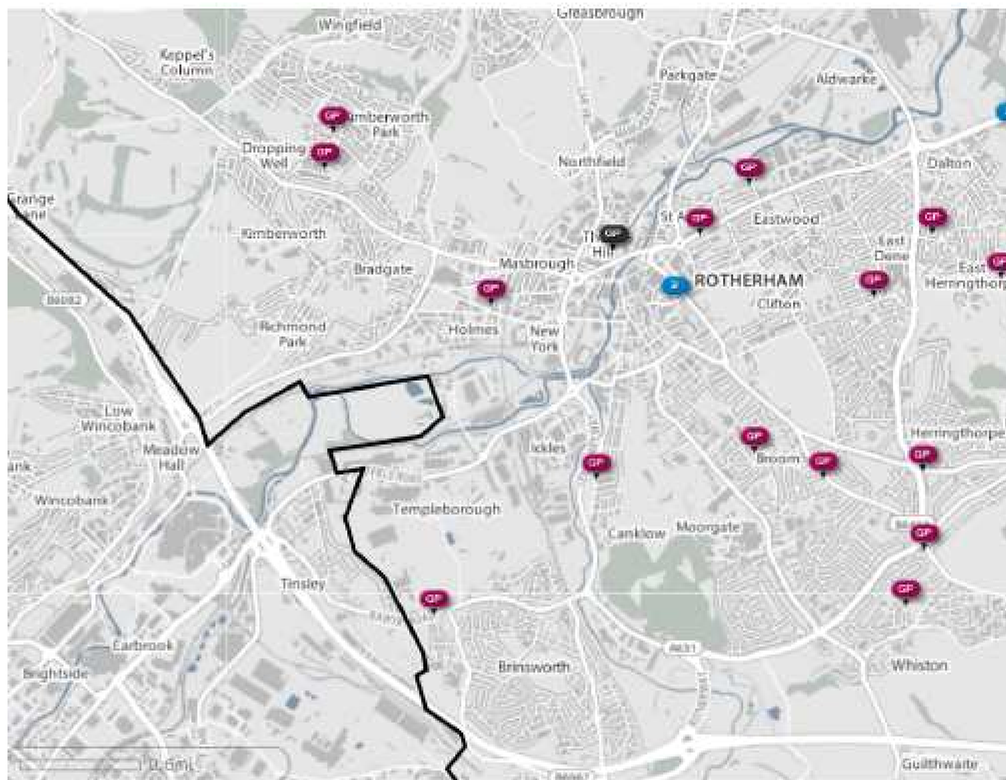
Question	Chantry Bridge S60 1RY	St Ann's S65 1DA	Clifton S65 1DA	The Gate S65 1DA	York Road S65 1PW	Shakespeare S65 1QY	Woodstock Bower S61 1AH
The proportion of patients who would recommend the GP surgery	74.80% middle range	67.50% amongst worst	78.30% middle range	72% middle range	64.80% amongst worst	75.70% middle range	62.50% amongst worst
GP patient survey score for opening hours	83.10% middle range	72.20% as expected	73.60% as expected	78.40% as expected	76.30% as expected	87.70% amongst best	63.60% amongst worst
Percentage of patients rating their ability to get through on the phone as very easy or easy	80.10% middle range	69% middle range	62.90% worst range	67.90% middle range	87.50% middle range	93.20% amongst best	58.00% amongst worst
Percentage of patients rating their experience of making an appointment as good or very good	77.40% middle range	65.80% amongst worst	71.20% middle range	73.40% middle range	76.60% middle range	80.80% middle range	50.70% amongst worst
Percentage of patients rating their practice as good or very good	86.00% middle range	77.90% amongst worst	80.30% amongst worst	88.10% middle range	79.30% amongst worst	89.10% middle range	69.30% amongst worst

The overall Rotherham patient satisfaction results for patients recommending a surgery are (78%)and satisfaction with opening hours (77%).
The results are provided as a benchmark for comparison with the surgeries within 1 mile of Chantry Bridge in the table above.

Appendix A

Demographics and Population

Chantry Bridge is located in the Boston Castle ward near the centre of Rotherham.



The blue dot in the chart above identifies the location of Chantry Bridge

Chantry Bridge is situated in the Boston Castle ward and between Rotherham East and Rotherham West wards. According to 2011 data there is significant ethnic diversity in these wards as illustrated in the table below:

Percentage - Ethnicity	Boston Castle	Rotherham West	Rotherham East
White	68	82	76
Mixed/Multiple	2	2	2
Asian/Asian British	24	13	17
Black/African/Carribean	3	2	3
Other	3	1	2

The population in all these wards has grown significantly since the previous census in 2001. Boston Castle is one of the most deprived areas in England.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**4 December 2014**
3.	**Title:**	**Childhood Obesity Update Report**
4.	**Directorate:**	**Public Health, Neighbourhood & Adult Services**

5. Summary

The report provides an update on the recommendations presented to Cabinet in October 2013. The majority of the recommendations focus on the prevention of overweight and obesity within the community and the promotion of weight management programmes to support children locally.

The re-commissioning of the Healthy Weight Framework (weight management services) commenced in May 2014, following approval at Cabinet in March. All the service specifications were reviewed and updated and tenders were returned in July 2014. The whole Healthy Weight Framework has been subject to review due to the budgetary pressures and the procurement process was suspended at the end of July. All the existing services were extended to 31 December 2014. The procurement has now been resumed, and contracts will be awarded in the New Year.

Rotherham's Healthy Weight Framework continues to attract national interest and our specifications are recognised as representing good practice in published papers and guidance.

This report provides an update of progress against the 12 recommendations identified in the original review.

6. Recommendations

That the Select Commission receives and accepts the report and update and considers reviewing progress in the future when the procurement has been completed and services have been established and operating to the new service specifications.

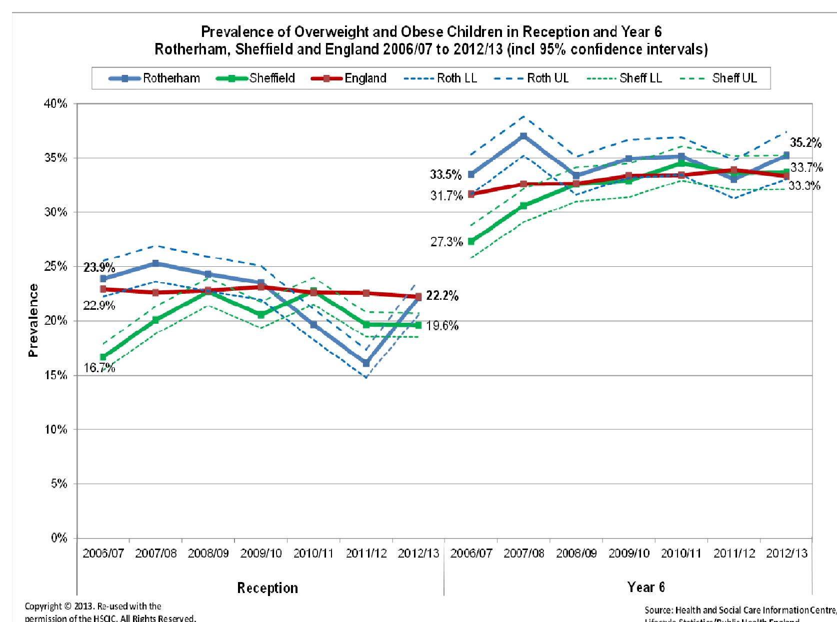
7. Proposals and Details

A detailed report of the workshops held by a sub-group of the Health Select Commission was presented to Cabinet in October 2013. This paper summarises the current position with regard to the recommendations in the report.

Since the last update to OSMB, progress has been made with work underway on a number of the recommendations.
Of particular note are:-

- The revised Healthy Weight Framework service specifications are now consistent with updated national guidance. Re-procurement will be complete and new contracts awarded across the whole framework by January 2015
- The new contracts will include a single point of access and web based data management system which will ensure all patients are triaged into the correct service and monitored effectively
- The new school nursing specification includes targets for referrals to children's weight management services
- Improvements in the relationship between service providers and school nursing to enhance their skills in identifying and referring young people
- The national policy introducing free school meals to reception and KS1 children has increased meals served per day
- The obesity performance clinic held in May 2014 has led to enhanced collaborative working on the wider determinants of overweight and obesity with other RMBC services

<u>The 2013/14 NCMP data will be published in December 2014. Performance since the initiation of the programme is shown in the graph below</u>



Children's obesity service performance 2009-2014

Service	Cumulative no. of referrals	No. attending 1st session	No. completing	No. of completers achieving weight loss / maintenance* (measured at 12 weeks)
Children Tier Two *Places for People / More Life Ltd (Completion = 9 of 12 sessions)*	1,110	1,056 (95%)	595 (56%)	578 (97%)
Children Tier Three *Rotherham Institute for Obesity (Completion = variable up to 6 months)*	777	712 (92%)	215 (30%)	173 (80%)
Children Tier Four *More Life Camps (5 Cohorts 2009 to 2013)*	176	n/a	168	168 (95%)

8. Finance

The funding for re-commissioning of weight management services for adults and children was approved in March 2014. The financial envelope totals £844k of which x is children's weight management services. The overall budget for the obesity / weight management programme has been reduced since the transition to RMBC.

Additional external funding relating to increasing levels of physical activity may have an impact on the prevention of overweight and obesity however there is no way of evidencing that this impact will be seen.

9. Risks and Uncertainties

The current weight management service providers have agreed to a short term contract extension during the completion of the procurement. The procurement process will be completed January 2015. There will then be a period of mobilisation and potential delays if tenders are let to new providers.

10. Policy and Performance Agenda Implications

The local weight management services are subject to compliance with national guidance and ongoing performance management.

11. Background Papers and Consultation

Rotherham Child Health Profile 2014 (Public Health England)
Joint Strategic Needs Assessment for Rotherham
NICE Guidance (CG43, PH6, PH25, PH27, PH35, PH38 PH42 and PH47)
Healthy Lives: Healthy People – a call to action on Obesity (2011, Department of Health)
Foresight Report (2007, Government Obesity Unit)
Public Health Outcomes Framework for England 2013-2016 (Department of Health)
Developing a specification for lifestyle weight management services (2013, Department of Health)
Clinical Commissioning Policy: Complex and Specialised Obesity Surgery (2013, NHS Commissioning Board)

12. Contact

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Appendix A: ***Cabinet's Response to Scrutiny Review Childhood Obesity***

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by** ***(Date)***
Recommendation 1 The balance of activities commissioned for children between clubs and RIO should be reviewed as there appears to be an expressed preference for attendance at the clubs.	Accepted	The specifications for services are being reviewed and the referral pathways strengthened to ensure that children are triaged into the most appropriate service at their referral. The service pathway specifies the most appropriate service for each child's weight and height to maximise success in the services The service pathway specifies the most appropriate service for each child's weight and height to maximise success in the services. Specifications for services have been reviewed and referral pathways strengthened to ensure that children are triaged into the most appropriate service at their referral. Services are currently out to procurement and new contracts will be let in the New Year (2015).	Joanna Saunders/ Catherine Homer	End January 2014
Recommendation 2 Establish interim contract monitoring and improved data management for obesity services once recommissioned.	Accepted	There is already ongoing performance management of all the services including performance and service quality. A single bespoke data management system will be commissioned as part of the service re-procurement for the range of obesity services to enable better quality performance monitoring. Services are currently out to procurement and new contracts will be let in the New Year (2015). The service pathway specifies the most appropriate service for each child's weight and height to maximise success in the services. A single data management system will be commissioned as part of the re-procurement which the commissioners will have constant access to performance data.	As above	End April 2014
Recommendation 3 Promote more individual success stories of children and young people who have done well on the programmes to encourage others.	Accepted	Media releases and promotions are undertaken by individual services and collectively in response to specific opportunities such as National Obesity Week, Summer Camp etc. Programme currently being developed for National Obesity Week 2014 (13-19 January)	As above plus service providers	Ongoing

		Media releases and promotions are undertaken by individual services and collectively in response to specific opportunities such as National Obesity Week (Jan 2015), Summer Camp etc.		
Recommendation 4 Consider including targets for referrals to weight management programmes as part of the new specification for school nurses.	Accepted	The specification had already included active referral and signposting to weight management programmes and is being updated to strengthen this process. The specification/contract will be monitored for referrals to services through the performance management process. Ongoing updates provided to a wide range of service providers through Healthy Schools Network and protected learning time for clinical staff. The service specification for the nursing contract has been updated to include weight management service referrals. Promotional materials have been developed for distribution with NCMP letters to parents. The referral source is routinely monitored by all providers.	Joanna Saunders/Anna Clack	Ongoing
Recommendation 5 Provide more information about services and encourage greater engagement with parents through schools, particularly in primaries, to reach children at a younger age.	Accepted	Information is already provided as part of the National Child Measurement Programme process. Healthy Schools Coordinator promoting services on an ongoing basis to schools. Information about services is available in children's centres, schools, libraries, leisure services, general practices and other public places. Information is provided as part of NCMP feedback to parents. Healthy Schools Coordinator and providers promoting services on an ongoing basis to schools. Information about weight management services is available in children's centres.	Joanna Saunders/ Service providers	Ongoing
Recommendation 6 Continue to promote whole family interventions and free activities such as walking initiatives and park runs.	Accepted	Promoted through Obesity Strategy Group, Rotherham Active Partnership (RAP), Heart Town initiative, social media. Local weight management services already promote such activities. Opportunity to enhance promotion through review of website. Promoted through Obesity Strategy Group, Rotherham Active Partnership (RAP), Heart Town initiative, social media. The weight management services already promote such activities.	Joanna Saunders/ Service providers	Ongoing

Recommendation 7 Promote Rothercard more extensively to encourage increased participation in activities.	Deferred	Promoted at local venues but scheme requires review (the scheme was SY wide – there is no local performance data and the scheme is under review as part of local offer by RAP. Promoted at local venues but scheme requires review (SY wide – no local performance data). For review as part of local offer by RAP.	Chris Siddall/ Rebecca Atchinson	No timescale agreed
Recommendation 8 Explore the feasibility of introducing a healthy vending policy in DCL leisure centres.	Accepted	The majority of the goods offered in vending and café facilities within Leisure Centres would be considered to be healthy in moderation. Discussed with provider at performance review meetings. Area Manager to raise for consideration at national level within DC Leisure. There is potential to review vending as part of contract monitoring (of the facilities/service). Discussed with provider. Current vending policy is company wide. Plan to write to head office (if provider is successful in procurement) seeking withdrawal or repositioning of vending facilities.	Joanna Saunders/ Steve Hallsworth	To be negotiated
Recommendation 9 Introduce a 400m exclusion zone for new fast food takeaway businesses near schools in Rotherham.	Accepted	Under discussion with planning colleagues – part of consultation on Local Development Plan. Meetings with planning colleagues are scheduled in January 2014. Included in Local Development Plan. Only relevant to new applications, not current businesses.	Joanna Saunders/Helen Sleigh	Ongoing
Recommendation 10 Strengthen the requirement for report authors to show awareness of the health implications of their proposals.	Deferred	For consideration by Admin and Legal – would require development of framework for assessment and potential training. Lead commissioner to discuss with Admin and Legal. No update available	Joanna Saunders/Admin & Legal	To be negotiated
Recommendation 11 That Cabinet be asked to support the regional and national lobby for legislation to support work on healthy weight and reductions in obese and overweight people.	Accepted	Contributing to NICE guidance consultation and attending the regional Obesity group which links directly to Public Health England.	Joanna Saunders	Ongoing
Recommendation 12 Forward the points relating to schools in 7.4 to CYPS DLT for information and consideration.	Accepted	Already discussed at CYPS DLT – further discussion with Healthy Schools Lead ongoing.	Joanna Saunders/Kay Denton-Tarn	Ongoing

 Agenda Item 12

ROTHERHAM BOROUGH COUNCIL – HEALTH SELECT COMMISSION

1	**Meeting:**	**Health Select Commission**
2	**Date:**	**4 December 2014**
3	**Title:**	**Scrutiny Review: Support for Carers – Update**
4	**Directorate:**	**Neighbourhoods and Adult Services**

5 **Summary**

This report provides an update on the Scrutiny Review for "Support for Carers" which was undertaken as a joint review by Health Select Commission and Improving Lives Select Commission.

The report highlights the joint actions that were agreed by Scrutiny and incorporates actions from the Carers Charter action plan 2013 – 2016.

6 **Recommendations**

- **Health Select Commission to note and accept the updates and recommendations outlined in the attached plan.**

- **Health Select Commission to note the incorporation of Scrutiny Review actions into the wider action plan.**

7 **Background and Information**

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill health or learning disabilities or problems relating to ageing. The number of carers has increased only slightly from 30,284 in 2011 but still equates to 12% of the population and is higher than the national average of 10%. One noticeable change is that compared with 2001, fewer people are now providing 1-19 hours of care a week (19,069 in 2001 down to 17,400 in 2011) but more people are providing care for 20 or more hours per week. The number of people providing 20 to 49 hours care has increased (3828 to 4736) as has the number providing 50 or more hours (7387 to 8865).

The recommendations highlighted within the Action Plan to support carers have now been incorporated into one document – see Appendix 1 - which highlights all actions in a joint plan from 2013 – 2016

This report provides an update on the actions accepted by Cabinet on the 16 June 2014 in respect to the joint scrutiny review.

1) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council work with GPs to ensure that the first line of support aims to increase the number of carers identified and seeking support.

   Rotherham CCG has advised that there is a register in place within GP surgeries which is encouraged to be used. This has been implemented via participation groups, however it is noted that this remains hard to monitor in respect to identifying the increase number of carers.

   CCG are working with NHS England to find an approach which will enable monitoring via GP surgeries.

2) In looking at recommendation 1 above, the partners consider whether professionals should work on the presumption that the close family member or friend is a carer and ask questions to determine if this is the case, and therefore what information resources are required to back this up.

   Rotherham CCG has advised that they are reviewing the process within GP surgeries to establish GPS asking the relevant questions of family members.

   The CCG have engaged with GPS to establish if carers are flagged on the GPs system. It has been established that carers are registered and coded which would enable us to obtain numbers of carers registered with each GP practice.

3) That Rotherham Council investigates further with the Advice in Rotherham partnership (AiR) and the Department of Work and Pensions, what specific information carers need to access benefits that are available to them. This may also help to identify more carers.

Our existing providers would assist and ensure that they check any relevant entitlements through benefit checks.

Ideally those charged with delivering services for carers should include a basic form of advice and sign posting into their service but only at a level to identify issues and problems as beyond this a referral is needed to a qualified and experienced adviser to ensure quality.

Further work is required with the CAB to establish if any training is available.

4) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council, work with their VCS and other partners to create the carers pathway of support; an integrated, multi-agency response to the needs of carers, using carers assessments and crucially the allocation of a “buddy” or “lead worker” to champion their individual needs. This lead worker should, where possible, come from the most appropriate agency identified for individual needs.

Rotherham CCG that they are in the process of ratifying a document which will be circulated to GPS in respect to “Top Tips for GPs in respect to Supporting Carers”.

Once this document is ratified this will be circulated to surgeries.

5) That Rotherham Council considers via its review of services to carers, and in light of the new requirements imposed by the Care Bill, reconfiguring its advice and information offer for Carers including; Assessment Direct, Connect 2 Support, Carers Corner and outreach services, to ensure that flexible support is offered within existing resources.

This action has been considered via the Information and Advice working group and plans are in place to relocate the Carer’s Centre and create a more flexible service for carers which will be based out in the community.

6) That the “triangle of care” presented by RDaSH be considered as part of this process as something that could be adapted and rolled out to all partners providing support to carers.

RDaSH have successfully achieved the first stage of the Triangle of Care membership submission. A large amount of work has gone into this and there has been a lot of commitment to the long haul of cultural change to achieve real and lasting carer involvement.

The Triangle of Care logo has now been produced with the first awarded gold star.

Further work is now underway to work towards achievement of the 2 remaining gold stars to complete the triangle of care. Detailed feedback has been provided to key officers on the way forward.

7) That Rotherham Council reviews its carers assessment tool in the light of the Care Bill to ensure it is fit for purpose. This should involve considering whether it could be less onerous. The correct title of the document "Carer's needs form and care plan" should be used by partners to reflect that it is an enabling process rather than an "assessment".

   This action has been incorporated into the Care Act Action Plan. There are a number of sub groups arranged which are focusing on key areas. The guidance regulations that will support the implementation of the Care Act were produced in October 2014, and plans are being developed prior to implementation in April 2015.

8) That Rotherham Council looks to set more stretching targets for carers assessments and regular (annual) reviews.

   Action Complete
   During 2013/14 2673 carers assessments were carried out, this showed an increase of 2% in year. Around 93% of customers and carers have been reviewed in the past 12 months and this continues to be one of the best in the country (current ranking – second best). Performance targets will be reviewed in light of the 13/14 outturn and suitably stretching targets will be set.

9) That steps are taken to ensure that the Joint Action Plan for Carers meets the recommendations of this review and is more accountable in terms of its delivery, seeking to influence external partners accordingly.

   This and other actions have been incorporated in the joint action plan.

10) Whilst the review group has sought to make recommendations that can be accommodated within existing resources it also recognises that there is a strong case for further investment in this sector, in line with the prevention and early intervention agenda. It therefore recommends that the allocation of resources to carers (including the Better Care Fund) is reviewed to demonstrate how the changes to services proposed within this review are to be achieved.

As part of the Social Care and Support Grant NHS England will transfer £6.166 million to Rotherham MBC. This includes an increase of £1.351m from 2013/14.

Payment of the Social Care Support Grant is to be made via an agreement under Section 256 of the 2006 NHS Act. The agreement will be administered by the NHS England Area Team (not the Rotherham Clinical Commissioning Group). Funding from NHS England will only pass over to local authorities once the Section 256 agreement has been signed by both parties. Work to achieve this is currently underway, oversight is through the Health and Wellbeing Board.

Social Care Support Grant must be used to support adult social care services that deliver a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used. The Better Care Fund Plan associated with this area of spend intends to review all services to ensure they are meeting customer and carer outcomes ad needs as well as meeting the conditions set out in the Better Care Fund action plan. This will include a focus on carers services.

11) Although outside the original scope, the review group recognised the important role public, private and third sector employers, play in providing flexible employment conditions for carers and therefore recommend that the findings of this review are shared with partners as widely as possible. In addition they reaffirmed the commitment in the Carer's Charter to actively promote flexible and supportive employment policies that benefit carers.

A report (see attached) was presented to the Chief Executives meeting in August 2014. The discussion that followed confirmed that all representatives were currently committed to supporting staff who are also carers and that they would ensure that the report was shown at Board level to ensure this continued.

9 Finance

The review acknowledged the need for recommendations to be contained within existing resources and in the main there are no financial implications arising from this report. Separate to the Scrutiny Review, the Care Act 2014 implementation has a significant impact.

10 Risks and Uncertainties

Failure to respond adequately through the provision of advice support and services to carers could result in increased levels of demand for services; support to carers is vital in ensuring that they are able, where they choose to

do so, to continue caring, to receive adequate breaks and to be valued in their caring role.

The Care Act presents Councils with a significant change in legislation and practice, the precise detail of which is unknown until the Bill receives Royal Assent and regulations and guidance (secondary legislation) have been produced. There is likely to be an increase in demand for assessments from carers who are now entitled to an assessment in their own right (even if their family member does not have eligible needs). The increase in demand, workload and cost is currently unknown.

The Scrutiny Report provides a suitable challenge and champions carers and this is welcomed within the Council. It is clear that partner organisations also have a commitment to cares. Strong partnership working is required to implement fully some of the recommendations in this report.

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Rotherham’s Joint Action Plan for Carers
2013-2016

Strategic Outcome 1 - All carers will be kept safe and supported to make positive choices about their mental and physical health and wellbeing

No	***How we will do this***	***Outcome measure***	***Key Milestones***	***Lead officer / Organisation***	***Completion / Review Date***
1.0	**Charter commitment: we will work with GPs to increase support and information available for carers**				
1.1	Gain approval of the plan from all Committees, Boards, Groups including the Health and Wellbeing Board/GP Reference Group/Operational Executive/Strategic Commissioning Executives/ Rotherham Clinical Commissioning Group/ NHS Commissioning Board	All partners signed up to the delivery of the plan	**End March 2013**	**RCCG/ NHSCB / HWBB** **Julie Wisken**	**Complete**
1.2	Review carers information sent to all GP’s and update where appropriate, including: • Distributing new/updated information to all GP’s via newsletters and internet/intranet • Reviewing information sent via practice manager forums, GP events, newsletters, NHS Rotherham intranet site and postal services	GP’s have up to date information and are promoting the Supporting Carers’ document and 7 steps DVD	**Ongoing throughout the plan** **Quarterly update**	**RCCG/NHSCB** **Julie Wisken**	**May 2013** Completed for this period.
1.3	Link with the heart town project to ensure the Heart Health Caring publication from BHF is offered to all carers of people with a heart condition by: • Distributing brochures to all GP practices to display in surgeries • Adding information to the intranet/internet	GP practices have access to BHF patient information brochure (online/print) which can be used as an information prescription	**End April 2013**	**Public Health** **Alison Iliff**	**Complete**

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
1.4	Encourage GP practices to continue to maintain and extend their carer registers through communication with practices	Encourage practices to increase number of carers registered within each GP practice. CCG confirmed that they do ask the question of the person supporting "if they are a carer" and ask them to complete a form to be added to the register, This question is also asked in the over 75's health check assessment	**Ongoing throughout the plan** **Quarterly update**	**NHSCB/RCCG Julie Wisken** **Karen Curren**	Do not record numbers monthly informed practice managers regarding their forum about increasing number on carers register.
1.5	Promote benefits of flu jabs to carers through the carers database by: • Asking GP's to proactively contact carers to offer flu jabs and vaccination to be recorded on GP clinical system • GPs to review and update carers register/status on clinical system to ensure new carers are identified and the denominator is accurate. • Collate data through ImmForm data capture system and report yearly (at end of flu season) • Vaccination to carers to be promoted by RMBC through carers networks/carers corner • All independent care providers to promote vaccination to private/personal carers.	Increased number of carers contacted via GP's to offer flu jabs. Increased uptake of vaccination within this group.	**September 2013**	**NHSE/ Public Health/RMBC** **Kathy Wakefield**	**March/** **April 2014**

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
2.0	**Charter commitment: we will work with healthcare staff to continue raising the need for people to recognise themselves as carers, and therefore access the help and support they may be entitled to:**				
2.1	Promote awareness to healthcare staff of accessible information available for carers by: • Attending events including Fayre's Fair, Carers Day, Protected Learning events and promote awareness to healthcare staff • Attending practice managers forum to keep them up to date with new information that is available • Distribute information to all GP practices promoting carers week	All healthcare staff have a good understanding of what is available and are promoting this to all carers they come in contact with. Measured through Carers Survey and NI 135	**Ongoing throughout the plan** **Quarterly Reporting**	**RCCG Julie Wisken** **Carers Corner** **Richard Waring**	**On-going** Attended practice mangers forum as above.
2.2	Develop the carer information and resources available in GP practices by producing a pack of information which can be electronically sent to all GP practices, providing information and offering guidance on setting up 'virtual carers corners' within practices	Number of Patient Participation Groups who have received information Number of GP practices with 'Virtual Carers Corners'		**Carers Corner** **Richard Waring** **GP Practice Managers**	**Review end 2013** **Complete**
2.3	GPs to promote services for carers offered by the voluntary sector by including a link on RCCG intranet for professionals to signpost carers to voluntary sector services	Link to voluntary sector organisations on GP systems		**RCCG** **Julie Wisken**	Completed
2.4	Partners and professionals to ask relevant questions to determine the position of those who act in a caring capacity.ie:	View from current carers (carers groups	**Identified from scrutiny report**		Further work to be

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
	Should we work on the presumption that close family members / friends will at some point be a carer?	and forums) The CCG have engaged with GPS to establish if carers are flagged on the GPs system. It has been established that carers are registered and coded which would enable us to obtain numbers of carers registered with each GP practice.			undertaken as part of care act
3.0	**Charter commitment: we will offer personalised support to carers, enabling them to have a family and community life**				
3.1	Monitor outcomes from personalised support and commissioning respite care from voluntary groups to improve offer of personalised support to carers	Monitored through commissioning contracts More detail required.	**In the first 6 (Jan – Feb) months of 2012-13**	**RMBC** **Jacqui Clark**	**End 2013**
			An additional 208 carers have been referred to the Dementia Support Service provided by the Alzheimer's Society	**RMBC** **Jacqui Clark**	
			669 – episodes of support have been delivered – Telephone/Home	**RMBC** **Jacqui Clark**	

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
			Visits/email contact - Dementia Support Service provided by the Alzheimer's Society		
			Carers have attended the Dementia Café Service 455 times – (total of new Carers attending is 45)	**RMBC** **Jacqui Clark**	
			719 Carers are accessing Dementia Support Service within 6 month period (new and existing) The client totals are only counted once even if they may have accessed the services on multiple occasions for a variety of services.	**RMBC** **Jacqui Clark**	

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
			Crossroads Carers Support Service – In the first 6 months of the year – 67 Carers have received respite totalling 13,073 hours of support = 33 hours of support per month per carer	**RMBC** **Jacqui Clark**	
			750 Carers are registered on the Carers Emergency Scheme – offering peace of mind to carers should they suddenly be unable to care in an emergency situation	**RMBC** **Jacqui Clark**	
			Outcomes regards the Alzheimer's Society – Dementia Support Service are recorded Quarterly – available in a	**RMBC** **Jacqui Clark**	

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
			separate report		
3.2	The Rotherham Expert Patient Programme to offer support through the 'looking after me' programme to carers • A bid has been submitted to social prescribing for 3 caring with confidence courses	Number of carers attending the course will be monitored through the Expert Patient Programme Lead	**2013/14** **Quarterly**	**RCCG** **Anne Robinson**	**2013/2014** Funding was granted but no uptake.
4.0	**Charter Commitment: We will actively speak to carers about ensuring where possible that their own health does not suffer as a direct result of caring**				
4.1	All carers attending RDaSH Memory Services to be offered the opportunity to complete a self assessment of needs - Stepping In will be formally launched 20th May to coincide with Dementia Awareness Week.	Monitor carer experience through contracts	**2013/14**	**RCCG** **Kate Tufnell**	**Review March 2014** **Further update required**
4.2	All Assessors will continue to offer individual carers assessment or joint assessment in accordance to current policies and procedures. - This includes an increase in the number if carers assessments	Performance management of NI 135 Complete – in 2013/14 2673 carers assessments were carried out – an increase of 2% in a year		**Assessment & care mgt Service, RMBC** **Michaela Cox**	
4.3	Promote a Family CAF to identify health needs and wider early help support	Monitor number and quality of Family CAFs		**CYPS** **Paul Theaker**	**Evaluate end 2013** **Evaluation**

No	How we will do this	Outcome measure	Key Milestones	Lead officer / Organisation	Completion / Review Date
					required
5.0	**Charter commitment: We will work with carers to help them to keep safe**				
5.1	Raise awareness of what abuse is and how to report it through development of an appropriate communication strategy	Performance management NI 135 / Carers Assessments Change to Carers Surveys	**Safeguarding Adults Board Communication Strategy and Action plan in place** **Annual.**	**RMBC Safeguarding** **Phil Morris (CYP)** **Sam Newton (Adults)**	**Review end 2013**
5.2	Carers concerns will be listened to and responded to quickly and effectively, and when abuse has occurred the safeguarding process will be person centred and carers views will be considered and represented throughout the process	Evidence in safeguarding plans – Quality Audit		**RMBC Safeguarding** **Sam Newton**	**Annual Performance Outcome 2013/14**

Strategic Outcome 2 - Accessible information about the services and support available will be provided for all carers in Rotherham

	How we will do this	Outcome measure	Milestones	Lead officer / Organisation	Completion / Review Date
1.0	**Charter commitment: we will make sure that all carers are able to access information, advocacy, advice and support**				
1.1	Review current systems of communications in place and devise a strategy to ensure we are reaching as wide an audience as possible through a range of methods	Better distribution of information to more carers and better use of communication methods such as social media/website/ texting services		**Carers Steering Group**	
1.2	Ensure that carers are included within the Communication, Information and Engagement Strategy for Connect to Support Rotherham by: • Attending existing support groups • The promotion of Connect to Support at Carers events • Displaying information in Carers Corner	Carers aware of the CtS website		**RMBC** **Tanya Palmowski**	**Review end 2013** This action has been considered via the information and advice working group and plans are in place to relocate the carer's corner and create a more flexible service for carers which will be based out in the

	How we will do this	Outcome measure	Milestones	Lead officer / Organisation	Completion / Review Date
					community.
1.3	Ensure all carers receiving an assessment are sign-posted to information, advice and support including Connect to Support and voluntary services	Monitored through carers assessments and monitoring NI 135 Quality Audit.		**RMBC Assessment and care management Service** **Michaela Cox**	**Annual performance outcome 2013/14**
1.4	Establish a voluntary forum group to provide information for carers going through transition between children's and adult services	More support available for parent carers going through transition period – reviewed by Carers Corner		**Carers Corner** **Richard Waring**	**Complete**
1.5	Review of carers assessment tool - ensure that this is fit for purpose. Consideration to be given to this been an enablement process rather than an assessment	To be reviewed via carers steering groups Awaiting further guidance		**M Cox**	**October 2014 – Jan 2015**
2.0	**Charter commitment: we will ensure information is provided to prevent carers experiencing financial hardship as a result of their caring role**				
2.1	Carers Corner to provide information and a facility for voluntary sector to provide benefit advice to support carers to maximise their income where possible, through: • Weekly drop-in session • Leaflets available in the centre • Delivery of Carers Rights Day and Carers Week activities to provide information and advice to carers in relation to finance, benefits and employment – to include links with advice in Rotherham partnership and DWP regarding	More carers accessing information through Carers Corner and annual activities		**Carers Corner** **Richard Waring**	**Review June 2013** **Annual events June / November**

	How we will do this	Outcome measure	Milestones	Lead officer / Organisation	Completion / Review Date
	specific information that carers need to access benefits			**Carole Haywood**	
3.0	**Charter commitment: we will improve the offer of information and support to young carers**				
3.1	Raise awareness in schools and other young peoples settings of support for Young Carers and of the Young Carers Service by: • Updating the Barnardos/Young carers information in the Curriculum Support and Health Events document and promote this to schools via HS leads and the HS newsletter • Promote curriculum input to PSHE Leads (NA as no longer available) • Update and promote the good practice guide for schools in order to support young carers • Promote referrals to Barnardos for individual young carers (if still offering this service) • Support the promotion of the use of the Young Carers Cards to secondary schools after initial launch.	More young people accessing information and in receipt of support	HS Discussion with Barnardos to clarify service available E-mail sent to HS Coordinators inc Leaflet, poster and good practice guide to promote support for young carers. Summer 13 HS Newsletter contains items relating to Carers PSHE Leads made aware of Barnardos input for the curriculum. No longer part of the service	**CYPS** **Kay Denton**	**Review Sept. 2013** **Meeting taken place; offer to schools re curriculum input no longer available.** **KD to attend launch of Young Carers Card for use in schools and to support promotion to schools.**

	How we will do this	Outcome measure	Milestones	Lead officer / Organisation	Completion / Review Date
3.2	Support the Rotherham UK Youth Parliament Members and Barnados in developing a Young Carers Card			**CYPS** **Showkat Ali**	**18th Sept. 2013 launch of the carers card at my place.**
4.0	**Charter commitment: we will make sure appropriate and up to date training is undertaken by all staff that work with carers to ensure information can be shared**				
4.1	Workforce development programme to be put into place, ensuring appropriate awareness training is available to all staff that require it (statutory and voluntary sector)	Increased number of staff taking-up training		**NAS L&D service** **Claire Tester**	**Sept. 2013**
5.0	**Charter commitment: we will continue to review the Carers' Handbook to ensure the right information is available and it is widely accessible to all carers**				
5.1	Booklet to be reviewed annually to ensure information remains up to date and fit for purpose Booklet to be distributed to all carers through a number of ways and feedback to be sought from carers to establish how well this works: • Hard copy of the booklet to be taken out by all Carer Support Officers when carrying out Carers Assessments • Booklet available for all carers calling into Carers Corner • On-line version available on RMBC/RCCG/RFT websites • booklets to be available in all GP surgeries across Rotherham	Annual review of booklet More carers receiving the booklet either through support officers, GP practice or Carers Corner		**Carers Corner** **Richard Waring**	**Booklet reviewed end 2013** **June 2013** **(as part of carers corner review)**

Strategic Outcome 3 - All carers will be offered and supported to access a range of flexible services that are appropriate to their needs

	How we will do this	Outcome measure	Milestones	Lead officer / Organisation	Complete
1.0	**Charter commitment: We will review the Rotherham Carers' Centre to ensure existing services meet the needs of carers**				
1.1	Undertake an evaluation of the centre to include: • review of the numbers of carers who have accessed the centre to from 2010 • review and cleanse of the centre's database • evaluation of the outcomes and targets achieved since 2010 • equality analysis of the centre; reviewing monitoring forms to understand where users of the service are coming from across the borough (whether reaching carers out of the town centre) and whether the centre is reaching carers from BME communities • review the current location of the centre (taking into consideration the relocation of other council buildings) • Review of the Triangle of Care approach to roll out approach		Evaluation reporting to Adults Board National Carers Survey	**RMBC NAS**	**June 2013** Review to provide a benchmarking to enable future evaluation of outcomes and equality analysis RDaSH achieved gold start in respect to Triangle of Care.
2.0	**Charter commitment: We will raise awareness of staff to identify and support young carers**				
2.1	Managers to raise awareness of services available to Young Carers and support assessors to actively promote services available.	Increased number of young carers identified and accessing information		**RMBC Adult services** **Michaela Cox**	**Complete**
2.2	Ensure appropriate actions are developed to support the Government plans for school nurses to champion young carers			**Carers Strategy Steering Group to evaluate once plans have been**	**Review end 2013**

				published	
3.0	**Charter commitment: We will explore potential for low level preventative services to support carers, including carers of people with dementia**				
3.1	Identify best use of investment to increase the availability and choice of carers support services available in Rotherham.	Monitoring the investment committed to new projects. Evidence reported to NAS DLT/Health and Wellbeing Board	Remaining available investment not yet committed in view of LA savings targets to be met Increased investment committed to the Dementia Service of which Carers are a beneficiary – this has increased the capacity and efficiency of the service resulting in improved outreach to carers – Carers accessing service for the first time has increased by 25% in the first 3 months of the financial year (Q1 - April – June) compared	**RMBC Commissioning and Contracting Team** **Jacqui Clark**	**April 2014** **Sept 2013** **Dec 2013** **March 2014**

		To include agreement from H&WB board in April 2014 to review existing investment – better care fund	with the previous three months prior to investment.	**J Parkin**	**Complete**
	Involve carers in the development of Carers Service Specifications, procurement and evaluation of tenders and established carers services.	Surveys, Consultation Sessions	**As Above**	**RMBC Commissioning and Contracting Team** **Jacqui Clark**	
	Review in house and contracted carers services		Crossroads – Domiciliary Support to Carers Reviewed – service to carers now sustained on the Community and Home Care Services Framework of which Rotherham	**RMBC Commissioning and Contracting Team** **Jacqui Clark**	

			Crossroads Carers Service is a provider on Carers Emergency Scheme Service Reviewed – Register cleansed.		
	Implement a small grants scheme which will increase the capacity in the community to provide low level support for people with dementia, of which carers will be a beneficiary	Contract monitoring to evaluate outcomes	Small Grants Scheme commenced - 6 small groups and/or organisations awarded grants to support people with dementia - outcomes reported so far in the first quarter demonstrate benefits for carers (i.e. lady with dementia previously aggressive with partner has become less so as a result of intervention of activity.	**RMBC Commissioning and Contracting Team** **Jacqui Clark**	
			Awaiting further reports	**RMBC Commissioni**	

			regarding Small Grants Programme outcomes for this year and any services sustained as a result of previous years seed funding investment.	**ng and Contracting Team** **Jacqui Clark**	
3.2	Ensure carers are considered and involved in the development of the local Dementia Strategy		Consult with carers and identify services needed via the Dementia summit.	**RCCG** **Kate Tufnell**	**Completed**
4.0	**Charter commitment: We will make sure carers are referred to preventive services at an earlier stage to help prevent them from reaching crisis point**				
4.1	Put in place systems to ensure Assessment Direct signposts carers to appropriate services and activities			**RMBC, NAS** **Darren Rickett**	**April 2014** More carers identified early and signposted to appropriate services
4.2	Case Management Pilot to identify patients and carers and signpost to early support	Carers are considered in the specification of the care plans.		**RCCG** **Dominic Blaydon**	**Monitor end 2013/14** Regarding collation of statistics for number of

					carers. Although there is a question on the assessment of next of kin/carer we wouldn't be able to collate these statistics. Also most of the carers would probably have already been identified by the GP so it would be double-counting.

Outcome 4 – All Carers will be able to take part in education, employment and training where they wish to:

	What we will do	Outcome measure	Milestone	Lead Officer / Organisation	Complete
1.0	**Charter commitment : We will support carers to identify their personal goals in work**				
1.0	Specialist Carers Advisers (Job Centre Plus) to work with carers to develop personalised plans to support them to achieve their careers / training goals and potential benefit take-up Job Centre Plus to provide replacement care costs and childcare costs to those who are eligible, to help with attending interviews/JCP approved activities.	More carers taking up employment opportunities and receiving advice to prevent financial hardship Numbers of carers referred to JCP		**Job Centre Plus** **Simon Freeston**	**On-going**
1.2	Support given to staff who have caring responsibilities – promoted via training and induction programmes	A report was presented to the chief executives meeting in August 2014. The discussion that followed confirmed that all representatives were currently committed to supporting staff who are also carers and that they would ensure that the report was shown at Board level to ensure this continued.		**Phil Howe**	**On-going**

2.0	**Charter commitment: We will actively support all carers, including young carers, to remove barriers to education, training and employment**				
2.1	Consult with carers on their training needs and work jointly with Learning and Development Teams in NAS and CYPS to deliver appropriate training Ensure learning and development is offered flexibly at a time and venue to suit the needs of carers ie mid morning, evenings. Promote training and development opportunities through a range of places and in different formats Ensure Learning and Development information/representation is available at all roadshows/events for carers to ensure the take up of training is optimised.	Increase in the range of learning and development opportunities available Improved flexibility in training delivery to meet the needs of carers More carers accessing training Increased access to learning and development		**NAS L&D Team** **Claire Tester**	**L&D plan in place April 2013** **Review end 2013** **All actions in place and will be reviewed quarterly**
2.2	Identify what support Integrated Youth Support (IYS) offer young carers	Understanding of support offered and developed if needed		**CYPS** **Paul Theaker**	**April 2013**
3.0	**Charter commitment: We will actively promote flexible and supportive employment policies that benefit carers**				
3.1	Flexible working arrangements and HR procedures for staff (RMBC/NHS) who are also carers RMBC 'Support for Employees who are Carers' document to	More staff who are carers aware of the support available to		**CCG** **Julie Wisken**	**On-going**

	be reviewed and promoted on an annual basis	them, and feel able to balance their caring role with employment		**RMBC** **Tracey Priestley**	
3.2	Voluntary sector to develop employment policies that support carers and feedback on what is in place	Voluntary sector organisations offering support for carers to enable them to continue working		**VAR**	**Sept. 2013**

Underpinning actions

We acknowledge that a number of actions will be needed to underpin all of the four priority areas. These will ensure we are able to meet the requirements of the Care and Support Bill and work with all carers to coproduce services to ensure the best quality of life for them and the people they care for.

	What we will do	Outcome measure	Milestone	Lead Officer / Organisation	Complete
1.0	**We will improve how we identify and work with carers by increasing the number and quality of carers' assessments in Rotherham**				
1.1	All carers to continue be offered a joint assessment or a carers specific assessment at the point of assessment and review with customers Carers where appropriate will continue to contribute to support planning and decision making process regarding individual care packages.	More carers identified and receiving an assessment in Rotherham / Performance management NI 135 National Carers Survey		**RMBC Assessment and care management Service** **Michaela Cox**	**March 2014**
1.2	Additional carer (s) representative to be recruited to the Learning Disability Partnership Board	Carer representative on Partnership Board		**LD Service** **John Williams**	
1.3	Promote continued Young Carers Voice and Influence within Barnados Young Carers Service and wider Voice and Influence work	Evidence of Young Carers involvement in service design and wider V&I work		**CYPS** **Paul Theaker** **Barnardos** **Lindsey Hallatt**	**Review end 2013**
2.0	**Charter commitment: We will take steps to ensure carers from groups with protected characteristics under the Equality Act 2010, who may have different needs to other carers (such as Black and minority ethnic, male and lesbian, gay, bisexual and transgender carers), are increasingly identified, supported to access services and contribute to service design and commissioning**				

2.1	We will develop a clearer understanding of protected characteristics and equality issues in relation to carers, for the development of future plans	Review of Carers Action Plan Equality Analysis		**Carers Steering Group**	**May 2013**
2.2	Work in partnership with Voluntary and Community groups to explore opportunities to set up a BME male carer's group in Rotherham to support their needs	Male carers group established		**RMBC** **Mohammed Nawaz**	**Complete.** **Joint (BME) Kasmiri and Yemeni older people and Carers male group has been established at the Unity centre.**
2.3	Put in place a plan to identify hard-to-reach and disadvantaged carers i.e. Pakistani / Kashmiri, Yemeni, Chinese, African-Caribbean, Refugee and Asylum seeker, Eastern European communities, to provide the right advice and information so they can continue to provide the care to their family	More BME carers accessing information and services, including through Carers Corner		**Carers Corner** **Richard Waring**	**Sept. 2013**
3.0	**Charter commitment: We will review and evaluate the Care and Support Bill when it becomes an Act and put in place appropriate actions to ensure we can implement the changes required**				
3.1	Establish a task and finish group to review the legislation and government response to the Bill's consultation (expected early 2013)	Revised action plan in place	**Meeting June 2013**	**RMBC/CCG multi-agency task group**	**On-going**
4.0	**Charter commitment: Continue to review the action plan to ensure it is on track and refresh as required**				
4.1	On-going monitoring of the action plan will be done through the Carers Strategy Steering Group (on a quarterly basis)	To ensure the continued implementation and success of the plan,		**Carers Strategy Steering group**	**July 2013**

	An annual review of the plan will be reported to Cabinet Member for Adult Social Care and appropriate CCG boards.	and to ensure it remains fit for purpose			**December 2013**

Key:

RMBC – Rotherham Metropolitan Borough Council
NHSCB – National NHS Commissioning Board
RCCG – Rotherham Clinical Commissioning Group
NAS – Neighbourhoods and Adult Services
LD Service – Learning Disability Service
L&D – Learning and Development
IYS - Integrated Youth Support
VAR – Voluntary Action Rotherham

Agenda Item 13

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Health Select Commission
2.	Date:	4th December 2014
3.	Title:	Department of Health Capital Funding for a 'Recovery Hub' for Drug Users in Rotherham
4.	Directorate:	NAS Public Health

5. Summary

Rotherham MBC in partnership with Lifeline (Alcohol and Drug 'Tier 2' provider service) have been successful in securing £875,000 capital funding from Public Health England (PHE) to purchase and refit suitable premises as a Rotherham Recovery Hub to support recovery from drug and alcohol dependence. The recovery services currently commissioned from RDaSH, alongside Lifeline and other services will be relocated to the 'Hub'which is expected to be open from April 2015.

6. Recommendations

That Members:

6.1 Note and discuss the proposals for the Rotherham Recovery Hub, including the key issues outlined in paragraph 7.4.

6.2 Determine any future information on the project to be reported to the Health Select Commission.

7. Proposals and Details

Rotherham MBC in partnership with Lifeline (Alcohol and Drug 'Tier 2' provider service) have been successful in securing £875,000 capital funding from Public Health England (PHE) to purchase and refit suitable premises as a Rotherham Recovery Hub to support recovery from drug and alcohol dependence. The recovery services currently commissioned from RDaSH, alongside Lifeline and other services will be relocated to the 'Hub'.

This capital grant scheme was made available to support the recovery focus of the coalition government. Group work, housing, employment , training and lifestyle activities will be provided in a welcoming environment away from the main clinical treatment base, offering some respite for service users and avoiding them coming into contact constantly with other active drug users.

There was a substantial level of interest in the funding, with over 200 bids submitted. Rotherham's funding allocation was the single largest grant agreed.

7.1 Premises

The ex-Youth Offending Service building, 'Carnson House', Moorgate Road at its junction with Mansfield Road, Rotherham, has now been purchased and the process of planning and redevelopment is already underway. It is estimated that the premises will be open for use by 1st April 2015 and fully completed by July 2015

Under the funding grant the premises are owned outright by Lifeline, but are to be made available for up to 20 years to Rotherham as a Recovery Hub. After this time the premises become a Lifeline asset to use or dispose of as they see fit (the 20 yr time-scale can be reduced at any time by RMBC giving appropriate notice).

The premises are located in easy reach of the town centre and transport links and are in close proximity of the Job Centre Plus offices. The surrounding neighbours are predominantly business office premises and the change of use is expected to cause minimal impact of the surrounding area.

7.2 Practical arrangements

RMBC are the allocated 'financial gatekeepers' of the PHE funding through the Drug and Alcohol Action Team (DAAT) within Public health.

Lifeline are responsible for dealing with the purchase of the premises and associated planning consent/conditions of use which they are doing through their planning property consultants 'Innova'- a Leeds based company.

RMBC have requested that where possible local contractors be approached to tender for the redevelopment work on the premises and that local opportunities for work experience be built into any awarded contract.

A project manangement group (made up of all key partners) has already been established meeting bi-weekly. Sub groups to deal with staffing, internal fittings and IT intrastructure have also been established.

The legal departments in RMBC and Lifeline have worked together to produce a Memorandum of Understanding (MOU) document which has now been signed off by both parties. The MOU document outlines the terms of the funding and its conditions of use, a further MOU will be compiled closer to the opening of the premises.

7.3 Services

Currently Lifeline are contracted to RMBC to provide a range of alcohol and recovery interventions based at premises on Sheffield Road.

Drug Treatment and Recovery Services are commissioned from Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) based at the Clearways building on Effingham Street. Both of these services together with possibly additional support services will jointly occupy the the premises (contract variations for change of address have been completed).

The premises will also be made available to other support groups (such as Aloholics Anonymous and Narcotics Anonymous).

7.4 Key issues

1. RMBC Public Healthwill continue to work closely with Lifeline to ensure that the premises, once renovated are effectively used as a resource for the Substance misuse ‘Recovery Agenda’ in Rotherham.

2. Should Lifeline cease in the future to be the tendered provider of services (current contract to Nov 2015, with option of 2 yr extention), Public Health will manage the transition of a new provider within the facility. Lifeline would still have the option of maintaining a base within the premises if required e.g. as a regional office).

3. This proposal will require some planning consent by Innova Property Consultants Ltd on behalf of Lifeline in relation to its proposed use and alterations, but the nature of this project should be positive for its surrounding neighbours/businesses as the focus is on people who are ready to leave a drug/alcohol using lifestyle and would be attending for a range of programmes on a voluntary basis.

8. Finance

The award granted is for £875,000 to be managed over a minimum of a two year period (distributed to Lifeline by Public Health England through Rotherham Council). The funding will only fund the building cost, referbishment and fitments. By transfering the existing provision from Lifeline and RDaSH (recovery team) along with admin cover this will release running costs from the two current premises.

With the new premises being fitted out with regard to energy efficiency, no additional running costs are expected to be incurred above the existing contracts.

9. Risks and Uncertainties

- Local Concerns - Unfortunately, often without considering the exact nature of use of new premises and the programmes to be offered, the idea of any kind of drug service being based in a new place creates anxiety and meets a degree of prejudice. Previously this type of issue has been managed for the partnership by the NHS who have been responsible for commissioning these services until they transferred as part of Public Health on 1 April 2013. This would therefore be the first time RMBC have had to internally manage this type of process for substance misuse.

- Services of this nature can create new types of dependencies within the client group. One of the key themes of the Health and Wellbeing Strategy is dependence to independence, and it is crucial recovery services have well structured exit plans in terms of the length of time that clients could expect to use this type of service. Relapse from long term substance misuse rates are high and any service which has been instrumental in getting drug users off drugs in the first place are likely to be needed for a degree of ongoing support in the future. A key element of the planning focuses on ensuring that clients are equipped with a range of other support mechanisms within their local communities.

- The building will be a capital asset owned by Lifeline not RMBC. Should the building cease to be used at any time in the future for its original purpose, there is the risk that the asset would be lost to RMBC if Lifeline choose to do something else with it. This risk however operates in both directions as equally RMBC are not left with the responsibility of the building and its ongoing costs.

  Clear contractual arrangements (by way of a MOU) have been drawn up with Lifeline on the advice of the Legal and Risk Management department to outline the strategy for managing this risk which would best serve the Rotherham population.

10. Policy and Performance Agenda Implications

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATOR 2.15(i) - Successful completion of drug treatment – opiate users

Measure:- Proportion of opiate users in treatment, who successfully completed treatment and did not re-present within 6 months

Rotherham's opiate using population is characterised by having large numbers of long term methadone users many of which are seen by their own GP in their area of residence. The more complex patients including those involved in the Drug Intervention Programme for the Criminal Justice System are seen by the RDaSH secondary care service based at Clearways. It is clear that in order to progress the recovery agenda for this client group, 'recovery' needs to be made more realistic as

a possibility and one of the key ways to do this is to have a very visible programme that celebrates more positive experiences. An example of this type of activity has been seen in the recovery awards which have been running for the last two years presented by Rotherham's Mayors for both drug users and drug workers who have made significant contributions to promoting recovery within the borough.

The performance on this indicator within the Public Health framework is included in the calculation which releases the health premium level of funding for the Public Health Grant.

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Agenda Annex

By virtue of paragraph(s) 4 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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