

## **ORANGE BOOK FOR INFORMATION**

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

**Date: Wednesday, 8th July, 2015**

**Time: 2.00 p.m.**

### **A G E N D A**

1. Health Select Commission (Pages 1 - 15)
2. Overview and Scrutiny Management Board (Pages 1 - 5)
3. Reports for Information (Pages 1 - 2)
4. Barnsley, Doncaster and Rotherham Joint Waste Board (Pages 1 - 6)

**HEALTH SELECT COMMISSION  
11th June, 2015**

Present:- Councillor Mallinder (in the Chair); Councillors Alam, Burton, Elliot, Evans, Fleming, Hunter, Khan, Reeder and Smith.

Apologies for absence:- Apologies were received from Ellis, Godfrey, Rushforth, Sansome, M. Vines, Victoria and Robert.

**1. DECLARATIONS OF INTEREST**

Cllr Fleming raised his employment with the NHS in Sheffield.

**2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**3. COMMUNICATIONS**

The Chair welcomed everyone to the first meeting of the Health Select Commission in the 2015/16 Municipal Year.

**Information pack**

In addition to the Agenda papers for the meeting, a separate information pack with other documents of interest to the Commission which may not need discussion in the meeting may be circulated. If any Member wanted to raise an issue or ask a question in relation to any of the papers in the pack they should be raised under Communications. It included information on the Health and Wellbeing Strategy which was being refreshed and would be on the July agenda.

**GP Limited Liability Partnership (GP LLP)**

All of the Rotherham GP practices (now reduced from 36 to 35 following a recent merger) had formed a GP LLP which was registered at Companies House. Currently the LLP was not conducting any business but possible future actions could be to benefit from economies of scale or as a means of attracting investment which had happened elsewhere.

**Treeton Medical Practice**

This was a long running issue with regard to securing new premises as the present surgery premises were too small for the practice which had a growing patient list and likely to increase substantially with new housing developments close by. Originally it had been hoped to have a new building near their present site but this had stalled. Discussions had now commenced with Howarth Estates regarding the medical centre the developer was building at Waverley. A business plan application form had been submitted to NHS England on 11<sup>th</sup> May, 2015. The practice has not had a response as yet.

**Care Quality Commission Inspection of the Rotherham Foundation Trust**

It was standard practice after a CQC inspection to hold a Quality Summit with the Hospital, Health commissioners and stakeholders to discuss the findings and improvement plans. This had been due to take place on 12<sup>th</sup> June but had been postponed with a new date to be agreed. The Chairman, Interim Director of Adult Social Care and Interim Strategic Director Children and Young People's Services would be invited.

**Joint Health and Overview Scrutiny Committee****(1) Representation**

In keeping with previous years, the Select Commission was requested to consider representation on the JHOSC.

Resolved:- That Councillor Sansome and Councillor Mallinder (substitute) represent Rotherham on the Joint Health and Overview Scrutiny Committee.

**(2) Yorkshire Ambulance Service**

The Joint Health and Overview Scrutiny Committee, through Wakefield Council, was also being represented at the Care Quality Commission Quality Summit for the Yorkshire Ambulance Service on 15<sup>th</sup> June, 2015.

**Health and Wellbeing Board**

Councillor Roche, Advisory Cabinet Member, reported that a meeting had taken place with some of the key players to look at how the Board was going to run in the future, membership, agenda items, roles of the Chair and Vice-Chair and integration as much as possible. The Board would meet at various locations around the Borough and not in the Town Hall. A report would go to the Board's July meeting following by a report to the Select Commission.

Councillor Roche reported that Alison Iliff, Public Health, had been awarded a British Heart Foundation Hero Award for her work in promoting Rotherham as a Heart Town.

The Board had also held a special meeting in May to discuss Rotherham's Suicide Prevention Action Plan. The Plan had been agreed and would be sent to all the relevant partners.

It was also reported that central funding to local authorities for Smoking Cessation Services and Sexual Health Services was likely to be reduced.

**4. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Health Select Commission held on 16<sup>th</sup> April, 2015, were noted.

Further to Minute Nos. 87 and 89 (Rotherham Foundation Trust Quality Accounts and RDaSH Quality Accounts), it was noted that the Select Commission had submitted its statements for the Quality Accounts for the Foundation Trust, RDaSH and the Yorkshire Ambulance Service in accordance with the deadlines.

It was noted that a progress report on the Continence Review was to be submitted to the July meeting. Incontinence was often a key factor for people going into residential care but it was not inevitable with age and many forms such as stress and urge incontinence could be treated. It was also relevant to falls prevention.

Further to Minute No. 88 (Nurses in Special Schools), Tracey McErlain-Burns (Chief Nurse) had spoken with members of the Family Health Directorate regarding the query raised with respect of the level of support that might be provided when a young person leaves education.

The current position was that School Nurses would provide support to young people leaving school/education if requested by that young person or parents or if another partner agency requested it provided the School Nursing Service had accessed their ability to provide ongoing support. That was provided on a 1:1 ad hoc basis.

Further to Minute No. 90 (Scrutiny Review – RDaSH CAMHS), it was noted that the CAMHS report and the updated response to the Access to GPs review had been approved by the Overview and Scrutiny Management Board. They would be submitted to Commissioner Manzie and the Health and Wellbeing Board.

## **5. HEALTH SELECT COMMISSION WORK PROGRAMME**

Janet Spurling, Scrutiny Officer, presented a report setting out the priorities for Scrutiny and the specific work programme for the Select Commission in light of the changes to the Executive decision making arrangements of the Council.

Since their appointment in March, 2015, the Commissioners had engaged with Elected Members to determine a realistic and focussed Scrutiny programme for 2015/16 clearly identifying the areas they would like Members to prioritise. It had been discussed and agreed by the Overview and Scrutiny Management Board at its meeting on 24<sup>th</sup> April and approved by Council on 22<sup>nd</sup> May, 2015 as follows:-

Budget plus statutory work	Overview and Management Scrutiny Board
Task and Finish work on Litter/Waste	Improving Places Select Commission
Scrutiny of Child Sexual Exploitation	Improving Lives Select Commission
Health/Social Care Integration	Health Select Commission

Accordingly, the proposed programme for the Health Select Commission was as follows:-

Initial overviews of Health Services and Adult Social Services  
 Better Care Fund and the Fund Finances  
 The Care Act including support for carers  
 Updates on previous Scrutiny Reviews  
 Capturing Service User/Patient Feedback and Experience  
 Children and Young People  
 Quality Accounts  
 Year End Performance  
 Visits to other local authorities and/or Health bodies  
 Monitoring Previous Scrutiny Reviews

The Commission's amended Terms of Reference were also submitted for information.

Discussion ensued on the proposed programme and the new way of working with most of the indepth scrutiny being carried out in the meetings by the full Commission rather than in smaller review sub-groups. The exception would be the Quality Accounts where it was proposed to have three sub-groups for Rotherham Hospital, RDaSH and Yorkshire Ambulance Service respectively.

Resolved:- (1) That the overall priorities for Scrutiny for 2015/16 and the focus for Health Select Commission on Health and Social Care integration be noted.

(2) That the Select Commission's 2015/16 proposed work programme be approved.

(3) That the Health Select Commission's Terms of Reference, as outlined in Appendix C submitted, be noted.

## 6. PRIMARY CARE UPDATE

Jacqui Tuffnell, Head of Co-Commissioning, Rotherham Clinical Commissioning Group (RCCG), gave a powerpoint presentation on the Primary Care update:-

- From April, 2015, the RCCG had taken on delegated responsibility for GP practices but not for the whole of Primary Care. There was the potential for conflicts of interests
- The Primary Care Sub-Committee met in public on a monthly basis, the meeting papers for which were available on the website. The Sub-Committee was Chaired by a Lay Member and was made up of members of the RCCG and 3 GPs who were elected to sit on the Sub-Committee to provide advice. At the point of making a decision, the GPs would leave the room
- A big piece of work that needed to take place was to set the GP Strategy for Rotherham. There would only be 1 plan which would align with other strategies such as the Health and Wellbeing Strategy and the Commissioning Strategy. There were 10 key priorities
  - Quality Driven Services  
Services were “RAG” rated so a warning would be received as to which practice’s performance was raising concern. This was the first time this had been seen and Rotherham was paving the way. It enabled bench marking of practices as well as the sharing of good practice with others. The LLP gave practices the opportunity to look at working together rather than in silos. Work was starting on looking at new models of delivery regarding the integration of Health and Social Care and what possible models could look like
  - Services as local possible  
There were a number of challenges associated with this priority. Rotherham was around the national benchmark level for Doctors but new ways of managing patients were being explored including a new role of associate physician to support GPs in practice and looking at the wider health workforce including pharmacists and therapists.  
  
The RCCG was also looking at using IT and technology such as Skype. The Emergency Centre would integrate urgent care and out of hours care seamlessly.
  - Equality of Service Provision  
Dependent upon where you lived and the size of your practice, there could be real inequality in relation to the Services provided. Encouragement was being given to having “baskets” of Services through co-operation between practices so that if a practice did not deliver a particular Service it may be that the practice down the road could do so on their behalf thereby ensuring everyone received the same service. Some of the commissioning arrangements around Public Health were due to the way it had been divided up; the RCCG wanted to stop those barriers and all

work together and avoid whose responsibility for commissioning services

– Increasing Capacity and Capability

It was hoped that there would be 5,000 more GPs nationally. Currently once trained, many Doctors opted not to go into GP practice. It was felt that it should be made easier for those coming back into the country to start practising again as currently you had to retrain to certain degree. There was a ten point national plan to attract and retain GPs. Rotherham would have its own local workforce plan associated with that. Sheffield Hallam University and Sheffield University were now running courses for associate physicians with Sheffield Hallam already having an oversubscribed allocation. Rotherham had managed to fill its cohort for GP training as it had a really good reputation but it was hoped to secure associate physicians to support GPs. Associate physicians would free up GPs to deal with the more complex issues and enable successful succession planning. Work was also taking place on a Recruitment Strategy, finding out what attracted people to Rotherham, what it could do to keep them in Rotherham and improve the profile as a place to work and achieve an improved fill rate.

– Primary Care Access

Questions asked at a recently held Health event had revealed:-

89% would be happy with telephone consultations

87% wanted an allocated appointment time and wanted to be seen very close to that appointment time

35% wanted Saturday opening

24% wanted 7.30 a.m. opening

41% wanted the surgery to be open until 8.00 p.m.

19% wanted to use technology to self-care (mainly older people)

80% supported usage of the extended workforce as they felt confident in the nurses and the advice they received from them

Approximately 70% of the audience were the more mature of those who attended the event. The feedback derived from the event would be fed into the Strategy which would be subject to a number of engagement events, with the Patient Participation Groups as well as localities

– New Models of Care

Currently 1 of the barriers was the contractual complexity which the formation of the GP Limited Liability Partnership would help with. Work had started on collaboration and engaging with GPs to get the right services within a catchment area to support the whole of the population. The opportunity of the Emergency Centre would be exploited.

- Self-Care  
There had been significant developments in health care resulting in people living longer as their health was better, but that had led to increased demand on Services which were not seeing an increase in the same way. There would need to be a real focus on educating the public on way services were available because for some time the message has been if you could not get in to see your GP you would be seen within 4 hours at A&E. There was some good work being carried out on social prescribing. The CQC on their recent visits to practices had commended the case management work – the report would be on their website soon
  
- Robust Performance Management  
Practices were far more robustly performance managed than ever before. This gave the ability to spot where there may be a problem with a practice. An intelligence system known as Radar had been developed by the North East which 10 practices were currently piloting which would also give information. Satisfaction surveys were also used
  
- Improving Medicines Management  
Significant steps had been made but the Service redesign would continue. Prescriber was also used which focused practices' attention on ensuring patients were on the right medication and had regular medication reviews
  
- Engaging Patients to Optimise Pathways  
It was known that those that are experiencing the pathway were the ones you would get the best information from and the best routes for that were being explored. There were Patient Participation Groups and Healthwatch Rotherham had been engaged to help with the 30% that were less successful and looking at what was right for that particular population 1 size did not fit all in how patients were engaged

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

- **Had there been any progress on matching computers between the Hospital and GPs?**  
It had been hoped to move to 1 system but it had been agreed to move to inter-operability between the 2 systems. Given the new Emergency Centre would be opening later in the year, everyone would be able to see the same medical record for a patient. The governance arrangements were being worked upon so that a patient understood that their record was being shared across the Services.



- **Had the issue of budgets been resolved i.e. did all the Services/agencies share 1 budget?**  
It had not been completed resolved but steps had been made with the Better Care Fund and agencies were looking at increasing that so as to prevent silos. Primary Care and GPs had been subject to the Equitable Funding Review so everyone would get paid the same amount for a patient. The setting up of the GP Limited Liability Partnership would be able to help, once the contracting arrangements were in place, either to deliver it or be responsible to ensure patients received delivery of the services so the contract would be internally between the GP practices
- **If a GP did not provide a particular Service had any consideration been given to accessing the Service across boundary?**  
Work had commenced on this issue. Barnsley had opted for co-commissioning and, therefore had delegated responsibility. It was not easy but there was a network working together as there was a similar with Sheffield. It would not be helpful having different levels of service so plans were being shared to understand the impact of where there was an issue. The intention was to try and work closely but it would be for Barnsley to decide what it did with its own Strategy
- **A number of senior GPs are retiring and we are struggling to recruit. Was there succession planning so have part-time GPs. Need to look at this**  
Work was taking place, but would be really hard to achieve, what that a patient would always see the same doctor. However, work was taking place within the workforce plan that, instead of having locum agency staff, a bank of trainees that did not want to base themselves in a particular practice but wanted to remain in Rotherham would be developed in an attempt to reduce the need to bring in outside help and utilise our own GPs. There were more Rotherham GPs involved in the Out of Hours facility so when doctors were away our own workforce was utilised so it was the same people seeing patients across Rotherham
- **How do we develop more understanding about disability including learning disability in practices?**  
It was difficult to achieve that a patient always saw the same doctor. However, work was taking place within the workforce plan that; instead of having locum agency staff, a bank of trainees that did not want to base themselves in a particular practice but wanted to remain in Rotherham would be developed in an attempt to reduce the need to bring in outside help and utilise our own GPs. There were more Rotherham GPs involved in the Out of Hours facility so when doctors were away our own workforce was utilised so it was the same people seeing patients across Rotherham.

- **How would you ensure patients with Mental Health issues are getting access to Services?**  
1 size did not fit all. GPs had expressed the need for additional Mental Health training for themselves and their staff or resources to support practices and it was the development around the pharmacies and how to direct patients in the right way. 1 practice was using telephone consultations but some patients did not want to feel they were being triaged by a receptionist. 1 practice was trialling triage by a GP. That would not work in every surgery but it was working for that particular practice
- **With regard to the CQC Duty of Candour, would the CCG take the role of moderator?**  
Currently complaints and incidents were still managed by NHS England and that responsibility had not been delegated. Work was taking place with NHS England but it was felt that it would remain with them as statutory body but issues with practices would be dealt with by the CCG.
- **How easy or difficult was it to keep all the GPs on side? What were the sort of issues that came up from GPs? Were some issues more difficult to deal with?**  
Some practices had been significantly affected by the Equitable Funding Review and work was taking place with them to achieve sustainability. There were some practices that were GP-led with very little practice nursing input when it was known that some tasks could be done with a different workforce. Practices were worried about their funding and their recruitment at the same time as wanting to deliver good services to their patients. Work was taking place on gaining an understanding on what “extras” practices were paying for and what were the right services to provide for the whole population and not just across GMS and PMS so there was no difference
- **Was Rotherham working towards 7 day access to GPs?**  
It could be argued that Rotherham already had it due to the availability of the Walk-in Centre 7 days a week. Barnsley did not have such a facility open 7 days. Events had been run with health professionals who had expressed concern with regard to capacity issues as there was no additional funding associated with it. Investigation was taking place on what access meant, what the need was rather than the want and ensure the need was addressed

Jacqui was thanked for her attendance and presentation.

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

(2) That the Select Commission receives further information from the Rotherham Clinical Commissioning Group on the final Strategy in September.

## 7. OVERVIEW OF ADULT SOCIAL CARE

Profession Graeme Betts, Interim Director of Adult Social Services, gave the following powerpoint presentation on Adult Social Care Services:-

Changes in Adult Social Care Nationally – from Dependency to Resilience

- From institutions to community and home-based services
- Improvements in supporting people to live their lives independently
- Greater use of information and advice, one-off interventions and advocacy
- Greater focus on prevention, early intervention, rehabilitation, recovery and reablement and enablement
- Greater use of housing-based support, telecare and other technologies
- Focus on supporting carers
- Greater use of personal budgets to increase choice and control
- Better joint working with the NHS

The Challenges facing Adult Social Care

- Demography
  - In Health there was a gradual increase in the spending on people as they got older
  - In Care, the costs were reasonably low until the age of 85 when the costs then soared
  - Rotherham's population was declining with regards to its younger adults – these were the ones that provided informal care to older people
- Expectations
- Quality Standards
  - There had been an incredible rise in the standards of residential care but it came at a cost
- Safeguarding
  - Agencies were better at identifying the level of emotional, physical and financial abuse – again at an increased cost
- Resources
  - Net expenditure of approximately £70M
  - Over the past 3 years the Authority had had to make £14M savings
  - Rotherham Adult Social Care Services was a high spender

## Headline Figures 2014/15

- Over 6,400 people had received a Service during the year (excluding Occupational Therapy only Services)
- Approximately 4,000 Social Care Assessments or re-assessments were undertaken during the year
- 90% of Service users on Service for more than a year received a review of their needs
- 1,700 adults and older people placed in residential and nursing care

## Pyramid of Care

- Contact received during the year with the outcome  
Service Cost £371,517  
Age 18-64 – 889  
Age 65+ - 1,828
- In long term Community-based Service  
Service Cost £22,399,007  
Age 18-64 – 2,051  
Age 65+ - 2,204
- Residential/Nursing Service  
Service Cost £22,139,903  
Age 18-64 – 234 (Residential 195 and Nursing 39)  
Age 65+ - 1,462 (Residential 1,090 and Nursing 372)

## Connect to Support Rotherham

- A website for adults in Rotherham who needed support to live independently
- The website offered information and advice and was also an e-marketplace offering 1,905 products and 414 services
- Generated an average 800 hits a month
- [www.connectosupport.org/rotherham](http://www.connectosupport.org/rotherham)
- Self-serve and channel shift
- Dependence to Independence
- Preventative
- Supported the Care Act through advice and information
- Had the potential to be further developed to provide personalised guidance, self-assessment, financial assessment, care accounts, support planning and more

## Shared Lives

- Shared Lives offered opportunities for vulnerable adults to live or spend time with approved carers and their families
- This could be for a few hours or a few days a week (befriending), short stays in the home of the Shared Lives carer or living as a member of their family
- There were over 50 users of the Service. Currently all long term and respite users had a learning disability. Befriending was mostly used by older people and/or people with dementia or physical difficulties

- Carers were approved and supported by Shared Lives Workers and received fees and expenses. Shared Lives was registered with the Care Quality Commission
- Person-centred and was cost effective

#### Changes to Eligibility Criteria

- A new national Eligibility Framework – a single, consistent route to determining people's entitlement to care and support
- Based on principles of wellbeing
- Assessment to be based on 'strengths' instead of deficits and to be asset based
- Portability of assessments
- National consultation being undertaken by the Department of Health
- Shift from Dependence to Independence

#### Delivering Adult Social Care in the Future

- Resilient residents accessing mainstream services
- Focus on prevention, enablement and support for carers
- Personalised services with high use of direct payments
- Strong commissioning function
- Well-developed market for social care maximising choice and control
- Wide range of micro-enterprises, Personal Assistants and Shared Lives Schemes
- Strong partnerships with Health and the third sector
- Well-developed co-production and co-delivery with users, carers and residents underpinning all of this

Discussion ensued with the following issues raised/clarified:-

- The Integrated Mental Health Services was not operating as well as it should and work was taking place with Doncaster and North Lincolnshire who worked with RDaSH.
- The Learning Disability Service was an area that was being looked at in more detail particularly with regard to integration.
- **Following Winterbourne, were there any safeguards in place to ensure people with learning disabilities or mental health issues were protected and supported?**  
An assurance was given that Winterbourne was taken very seriously in Rotherham and there was a whole programme to ensure Services knew where people were in the system and what the plans were for them. That is being handled well .
- **There was no mention of dignity which was something that quite often was omitted?**  
Dignity went hand in hand with independence and was at the heart of everything the Service did.

- **As the criteria had changed nationally and was now based on substantial and critical needs, an individual's needs may increase which have an effect on Services. Was an increase anticipated?**

As a result of the Care Act, it was anticipated that the introduction of assessments for carers would see an increase in the workload together with self-funders being able to now request an assessment even though they may not get access to funding from Rotherham.

- **More people were living longer and encouraging them to stay in their own homes caused a housing problem further down the line. However, if they moved into more appropriate housing that was not solving the problem as you would wish them to stay in an environment that was familiar to them**

Housing was a challenge. The Authority had a Housing Strategy for Older People which we Adult Social Care would be feeding into. It needed to take account of the fact that people were living longer and on their own more. There was a project called "happy" project which basically looked at housing suitable for older people rather than older people's housing and the idea that people moved much earlier in their lives.

- **The Shared Lives Scheme was a great initiative but had not really been very successful in Rotherham**

The Project Manager had been requested to draw up a 3 year growth plan. It was felt that Rotherham had huge potential for Shared Lives.

- **If Shared Lives was successful it would result in significant financial savings. Would they be reinvested in the Adult Social Care budget?**

There were areas that needed to be reinvestment. Overall the Council would have to meet its budget responsibility as well as careful consideration given to what was invested in.

- **There was an issue around the transition of young people into Adult Social Care particularly within the wider integration agenda. What current work was taking place?**

The Director of Children's Services had attended a meeting of the Adult Social Care Management Team to discuss how to improve integration. A meeting was to take place shortly with Commissioner Manzie regarding the overall commissioning and the issue of whether there should be commissioning and Service provision across the lifecourse and a much more integrated approach from cradle to grave. Work was taking place on making Services more integrated and giving residents a better service.

- **Personal budgets in terms of independence were really great but what were they based on? Were there any statistics?**

A number of residents had been met who had personal budgets, Direct Payments etc. to discuss the quality of services. The feedback

was that the Authority needed to do more but the message was very much that Direct Payments had given them their lives back. Quite often it was the most complex cases that a Direct Payment could make sense of how they ran their lives. However, the Service did not do enough and needed to look at why.

- **The Connect to Shared Lives website received 800 hits a month but how did that translate into takeups?**

It was not known at the present time but it would be looked into.

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

(2) That further liaison with Adult Social Care take place to assist in developing the work programme.

## 8. **UPDATE FROM CONTINUING HEALTH CARE REVIEW**

Janet Spurling, Scrutiny Officer, presented an update on the progress to date on the final outstanding recommendations of the joint Scrutiny Review.

Since the review was undertaken, NHS restructuring had seen responsibility for Continuing Health Care (CHC), including the budget, transfer to the Rotherham Clinical Commissioning Group (RCCG) who had commissioned the Commissioning Support Unit to carry out assessments and manage the budget. There was also now greater focus on personalisation of Health and Social Care Services and the development of personal health budgets.

A Senior Management Working Group of both Council and NHS staff had agreed a set of actions to ensure effective multi-disciplinary working and delivering better outcomes for people.

CHC and Social Care Assessments were completed by Health and Social Care staff presently or recently involved in assessing, reviewing, treating and supporting the individual. A better working relationship now existed together with a greater understanding of each professional's role in participating in multi-disciplinary assessments and completing the Decision Support Tool. Improved engagement had been achieved through attendance at CHC Panels and it was now routine that the Council's CHC Champions attend ratification panel meetings as part of the Multi-Disciplinary Team and implement joint actions. The Champions also ensured issues were addressed in a timely manner.

RCCG and Council staff also met regularly to progress work regarding CHC for children with complex needs in relation to assessments and the timing of payments for care packages for children agreed as eligible for CHC funding.

Resolved:- That the progress on joint working on Continuing Healthcare be noted.

**9. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

**10. REPRESENTATIVE ON WORKING PANELS**

Resolved:- (1) That Councillor Sansome and Councillor Mallinder (substitute) represent the Health Select Commission on the Health, Welfare and Safety Panel for the 2015/16 Municipal Year.

(2) That Councillor Sansome represent the Health Select Commission on the Rotherham Local Plan Steering Group for the 2015/16 Municipal Year.

**11. FUTURE MEETING TIMES**

Discussion on the future meeting times took place. The opinion of those Members present was split on a morning (9.30 a.m.) and afternoon (3.00 p.m.) starting time.

However, it was noted that a number of apologies had been received for the meeting.

Resolved:- That an e-mail be sent to the full membership of the Commission seeking the preferred starting time of the Health Select Commission for the 2015/16 Municipal Year.

**12. DATE OF NEXT MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 9<sup>th</sup> July, 2015, commencing at 9.30 a.m.



**OVERVIEW AND SCRUTINY MANAGEMENT BOARD**  
**29th May, 2015**

Present:- Councillor Steele (in the Chair); Councillors Cowles, Hughes, Pitchley, Sansome, Turner, Whelbourn and Wyatt.

Apologies for absence:- Apologies were received from Councillors Beck, J. Hamilton, Mallinder and Reynolds.

**1. DECLARATIONS OF INTEREST**

Councillor Wyatt declared a personal interest in item 7 below (Access to GPs – Survey of 'Sit and Wait' Slots) because his wife was an employee of the Health Services.

**2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**3. REPRESENTATION ON PANELS, SUB-GROUPS ETC., 2015/2016**

Resolved:- That Councillor Steele be appointed as the Overview and Scrutiny Management Board's representative on the Health, Welfare and Safety Panel for the 2015/16 Municipal Year.

**4. SCRUTINY WORK PROGRAMME 2015/16**

Further to Minute No. 112 of the meeting of the Overview and Scrutiny Management Board held on 24th April, 2015, consideration was given to a report, presented by the Scrutiny Manager, concerning the priorities for this Council's scrutiny function and also the work plan for this Management Board, in the 2015/16 Municipal Year.

The report described the focused approach to the work programme for Scrutiny, to be delivered via the following existing Scrutiny structure:-

Overview and Scrutiny Management Board – the Council's Budget and other statutory work;

Improving Places Select Commission – task and finish work on litter/waste;

Improving Lives Select Commission – scrutiny of child sexual exploitation;  
Health Select Commission – scrutiny of Health and Social Care integration.

Reference was made to Appendix A to the submitted report, containing a summary of the agreed work programme. This document also summarised the proposed new approaches to scrutiny which were being adopted by the Overview and Scrutiny Management Board and by the Select Commissions. Appendix B to the submitted report contained a

detailed work plan for the Overview and Scrutiny Management Board, taking account of the amended terms of reference for this Management Board.

Members noted specifically that this Management Board would receive detailed written reports and conduct detailed scrutiny as a full membership (of the Board) at its scheduled meetings. Witnesses would be required to submit their information at least two weeks prior to the meetings, to facilitate adequate preparation for the meetings.

Reference was also made to the Audit Committee's work plan for the 2015/16 Municipal Year, details of which were to be reported to a future meeting of the Overview and Scrutiny Management Board.

Members also noted that the work plan could include key policy items from the Council's Policy and Performance Teams and that they could maintain an overview of this.

Resolved:- That the report be received and its contents noted.

## **5. MEETING DATES AND TIMES**

Consideration was given to the starting time of meetings of the Overview and Scrutiny Management Board, an issue previously reviewed at the meeting held on 12th July, 2013 (Minute No. 28).

Resolved:- That meetings of the Overview and Scrutiny Management Board continue to commence at 9.00 a.m.

## **6. COUNCIL BUDGET SETTING PROCESS 2016/2017**

Further to Minute No. 15 of the meeting of the Overview and Scrutiny Management Board held on 18th July, 2014, discussion took place on the arrangements for the scrutiny of the annual budget setting process concerning the financial year 2016/17. Members acknowledged the role of the Government-appointed Commissioners in this budget setting process.

It was noted that the scrutiny of the budget setting ought to include questioning of the methodology used in budget preparation, as well as questioning of the specific content of budgets for each area of this Council's functions.

Resolved:- That the information be noted and the Overview and Scrutiny Management Board shall scrutinise the Council's budget setting process for the 2016/17 financial year at future meetings in 2015 and early in 2016.

## 7. ACCESS TO GPS - SURVEY OF 'SIT AND WAIT' SLOTS

Further to Minute No. 110 of the meeting of the Overview and Scrutiny Management Board held on 24th April, 2015, discussion took place on the outcome of a survey of GP (doctor) practices, in the Rotherham Borough area, concerning the use of 'sit and wait' slots. Where practices did use 'sit and wait' slots, these were usually in combination with pre-booked appointments for patients, but most practices combined 'book on the day' and pre-booked appointments.

Members were informed of the results of the survey of 26 GP Practice Managers, which had indicated that:-

: only 5 GP practices offered some 'sit and wait' slots; 3 had previously made use of them, but had later ceased and 18 had said they would not consider introducing them;

: reasons given for not using 'sit and wait slots' included : no need to introduce them as their present appointment system worked and practical reasons such as space in the building, difficulties in planning staffing and demand management;

: some patients were in favour of the use of 'sit and wait', even though the result may be very long waiting times to see a doctor;

: there was increasing use of the triage method of initial assessment of patients, sometimes by nurses and sometimes by GPs themselves;

: the use of 'sit and wait' slots appeared to have created an increasing demand whereby patients would present at their GP with minor, non-serious ailments only;

: 1 GP practice, which had struggled to recruit doctors, used the services of 4 advanced nurse practitioners for certain specific levels of patient care, because the cost of the nurses was the same cost as hiring 2 locum doctors;

: other services were becoming available for patient care (eg: the developing 'pharmacy first' system); such services would alleviate the pressure of demand upon GP practices;

: the NHS Rotherham Clinical Commissioning Group, together with NHS England, were developing a primary care strategy which would be subject to public consultation;

: the Care Quality Commission had undertaken an inspection of GP practices throughout England and patients' comments about access to their GPs were included in that inspection. The report on the outcome of the local inspection, affecting Rotherham, should be available soon;

: reference was also made to the research being undertaken by the Council's Health Select Commission, relating to patients' access to GPs within other local authority areas. One example (Manchester) was the availability of GPs in hospitals at weekends, which served to alleviate the demand upon the hospital accident and emergency unit.

Resolved:- That the information be noted and further details about this matter shall be reported in due course to a meeting of the Health Select Commission.

(Councillor Wyatt declared a personal interest in the above because his wife was an employee of the Health Services)

#### **8. ISSUES REFERRED FROM THE AREA ASSEMBLIES**

There were no issues to report.

Members noted that the Area Assemblies' process and structure were currently under review by the Government-appointed Commissioners. The Management Board asked that the Scrutiny Manager should investigate the links between the Area Assembly and scrutiny processes and report to a future meeting of this Management Board.

#### **9. YOUTH CABINET/YOUNG PEOPLE'S ISSUES**

It was reported that the Children's Commissioner Take Over Day would take place on Thursday, 19th November, 2015.

#### **10. MINUTES OF THE PREVIOUS MEETING HELD ON 24TH APRIL, 2015**

Resolved:- That the minutes of the previous meeting of the Overview and Scrutiny Management Board, held on 24th April, 2015, be approved as a correct record for signature by the Chairman.

#### **11. WORK IN PROGRESS**

##### **Improving Places Select Commission:-**

The Vice-Chair of the Improving Places Select Commission stated that Members should soon receive a report on the outcome of the review of the Council's Winter Weather response to the severe weather conditions which occurred in late-December, 2014 and in early-January, 2015.

##### **Improving Lives Select Commission:-**

The Vice-Chair of the Improving Lives Select Commission reported that Councillor Cowles has joined the review group for the scrutiny of the child sexual exploitation issues in Rotherham. A meeting of the review group would take place on Tuesday 2nd June, 2015.

**Audit Committee:-**

The Chair of the Audit Committee reported that the Members' induction sessions would include information about the role of the Audit Committee and all Members of the Council would be invited to attend that specific session. The frequency of the Committee's meetings was being considered, in the context of the reporting of essential items, both to the Audit Committee and to the Overview and Scrutiny Management Board.

**APPOINTMENTS PANEL**  
**9th June, 2015**

Present:- Councillor Watson (in the Chair); Councillors Steele and Cowles and Commissioner Newsam.

**ASSISTANT DIRECTOR OF COMMISSIONING, PERFORMANCE AND QUALITY, CHILDREN AND YOUNG PEOPLE'S SERVICES**

Consideration was given to an appointment to the post of Assistant Director of Commissioning, Performance and Quality, and following a thorough process of consideration of work experience and questions by Panel Members, including contributions by the Member of the Opposition, it was agreed that Nicole Chavaudra be offered the appointment on the basis of her experience and demonstrated competencies.

The views of the other Commissioners and the members of the Advisory Cabinet were sought to ensure they were content with the appointment.

Resolved:- That Nicola Chavaudra be appointed Assistant Director of Commissioning, Performance and Quality.

**APPOINTMENTS PANEL  
16th June, 2015**

Present:- Councillor Watson (in the Chair); Councillors J. Hamilton, Middleton and C. Vines and Commissioner Newsam.

**ASSISTANT DIRECTOR, EARLY HELP AND FAMILY ENGAGEMENT,  
CHILDREN AND YOUNG PEOPLE'S SERVICE**

Consideration was given to an appointment to the post of Assistant Director of Early Help and Family Engagement and following a thorough process of consideration of work experience and questions by Panel Members, including contributions by the Opposition Members, it was agreed that David McWilliams be offered the appointment on the basis of his experience and demonstrated competencies.

The views of the other Commissioners and the members of the Advisory Cabinet were sought to ensure they were content with the appointment.

Resolved:- That David McWilliams be appointed Assistant Director of Early Help and Family Engagement.

**BARNESLEY, DONCASTER AND ROTHERHAM JOINT WASTE BOARD**  
**12th June, 2015**

Present:- Councillor R. Miller and Councillor K. Simms (in the Chair); Councillors E. Hoddinott and B. Mordue.

Also in attendance were P. Castle (Barnsley MBC), L. Garnett (Doncaster MBC), L. Richardson (Doncaster MBC), I. Gledhill (Rotherham MBC), D. Burton (Rotherham MBC), B. Baxter (BDR Manager) and J. Busby (DEFRA).

There were no apologies for absence.

**1. DECLARATIONS OF INTEREST.**

No Declarations of Interest were made.

**2. MINUTES FROM THE JOINT WASTE BOARD MEMBERS MEETING HELD 20TH MARCH, 2015 AND MATTERS ARISING.**

The minutes from the previous Barnsley, Doncaster and Rotherham Joint Waste Board meeting held on 20<sup>th</sup> March, 2015, were noted. None of the Elected Members in attendance at this meeting attended the last meeting so the minutes could not be agreed for accuracy or content.

Agreed: - That the minutes of the previous meeting be noted.

**3. JOINT WASTE BOARD.**

The Barnsley, Doncaster and Rotherham Joint Waste Board discussed arrangements for the 2015/2016 Municipal Year, as set out in the submitted report. This included arrangements for Chairperson and Vice-Chairperson of the Joint Waste Board and the delegations relating to the BDR Waste PFI Contract, the 'Principal Contract' of the Inter-Authority Agreement (IAA2).

In accordance with IAA2, a BDR Steering Committee had been established and empowered to make day-to-day decisions required for the management and administration of the Principal Contract. However, the Local Government Act (1972) did not allow the delegation of powers to be exercised jointly by a committee of officers. Delegations could be made to one officer who would be known as the 'Authorised BDR Steering Committee Member'.

The Barnsley, Doncaster and Rotherham Steering Committee's structure during the 2015/2016 Municipal Year would be: -

- Barnsley Representative – the Service Director, Environment and Transport (or their named representative) – the 'Authorised BDR Steering Committee Member';



- Doncaster Representative – the Assistant Director Environment (or their named representative);
- Rotherham Representative – the Director of Streetpride (or their named representative).

Discussion followed and the following points were made: -

- Councillor E. Hoddinott asked what arrangements were in place to ensure that there was a record of delegated decisions, and how this was overseen. - The BDR Manager explained that records were kept and relevant decisions were made at individual Council level.
- It was agreed that a training programme would be created for the new Elected Members on the BDR Joint Waste Board.

Agreed: - (1) That Councillor K. Sims be the Chairperson of the Barnsley, Doncaster and Rotherham Joint Waste Board for the 2015/2016 Municipal Year.

(2) That the BDR Joint Waste Board's thanks be recorded to the outgoing Chair, Councillor R. Miller, for the way in which he had performed the role of Chair

(3) That Councillor S. Holland be the Vice-Chairperson of the Barnsley, Doncaster and Rotherham Joint Waste Board for the 2015/2016 Municipal Year.

(4) That, with the exception of the decisions reserved to the Authorities for a unanimous decision under IAA2, all other decisions in respect of the Principal Contract be delegated by the BDR Joint Waste Board to the Authorised BDR Steering Committee Member.

(5) That the Authorised BDR Steering Committee Member may delegate certain decisions to the BDR Manager.

(6) That the BDR Manager may delegate any decisions delegated to them to a member of the Joint Waste Team if the right to delegate is granted by the Authorised BDR Steering Committee Member.

(7) That the Barnsley Metropolitan Borough Council's Representative on the BDR Steering Committee (Mr. Paul Castle) be the Authorised BDR Steering Committee Member for the 2015/2016 Municipal Year.

#### 4. **BDR MANAGER'S ANNUAL REPORT.**

Beth Baxter, BDR Manager, presented her annual report to the BDR Joint Waste Board.

The report covered: -

- Governance arrangements, including Elected Member membership;
- Project delivery at the Bolton Road and Ferrybridge sites, including the percentage completed against key milestones, the target completion dates and actual completion dates (where relevant) for the key milestones;
- An update on Grange Lane transfer station;
- Snagging and defect resolution work at Bolton Road;
- A2A (formally Ecodeco) - Readiness testing at Bolton Road for mechanical biological treatment;
- Jones Celtic Bio Energy – installations, construction and communications with the contractor with their monthly report being more detailed;
- Recruitment was underway and specialist vacancies had been advertised in all local and specialist media. A recruitment event had taken place at Wath Library for general roles for the new facility. More than 800 people had attended this event. Early recruitment had been necessary to ensure that there was sufficient time for adequate training and sufficient depth of understanding prior to the plant becoming operational;
- Plant developments and planning permissions were outlined in respect of the Ferrybridge and Grange Lane site;
- Health and safety report: - there had been 2 RIDDOR issues, 4 minor issues, and one incident had taken place over the past year;
- Following fire incidents at other facilities, the BDR Fire Strategy was reviewed and improvements made following lessons learned;
- A redacted version of the Project Agreement had been uploaded onto the BDR website;
- The operational management costs for 2014/2015 were within budget;
- The 2015/2016 budget forecast was agreed and would be the same as 2014/2015;
- Communications.

Discussion followed and covered: -

- Councillor Sims requested that the information relating to the fire strategy included that it 'complied for insurance purposes';
- The cricket pavilion had been a condition of the planning consent;
- Councillor Hoddinott asked for an update on whether recruitment had been from within the local community. - Beth Baxter confirmed that of the 40 Operatives on site, 35 had been recruited from the local area and 5 were specialist staff from Shanks;
- Councillor Hoddinott asked for an update on what analysis had been undertaken on the contents of black bins. - Beth Baxter confirmed that a series of compositional analysis had been undertaken and ways of increasing recycling were also being explored.

**4G BARNSELEY, DONCASTER AND ROTHERHAM JOINT WASTE BOARD - 12/06/15**

Councillor Miller thanked Beth Baxter and the Communications Team for the work they had completed on publicising the BDR Joint Waste Project.

Agreed: - That the report be noted.

**5. COMMISSIONING UPDATE.**

Beth Baxter, BDR Manager, provided a verbal update on the commissioning process of the BDR Joint Waste Project.

- Testing: -
  - Many tests were on a rolling 28-day period;
  - Some tests were only required once;
  - The dry recycling target was proving challenging and could cause the 1<sup>st</sup> July target date to be missed.

Councillor Hoddinott asked about the start date and whether there had been any communications about a possible delay? - Beth explained that it was programmed to be 1<sup>st</sup> July and it was hoped to still achieve this. There would be no noticeable change for residents from commissioning to full service as the plant was currently working above capacity.

Agreed: - That the update be received.

**6. BDR PFI BUDGET 2014-2015/2015-2016.**

Beth Baxter introduced the Operational Management Budget report that outlined the 2014/2015 BDR Waste Partnership operational management budget, and presented the 2015/2016 budget for approval.

The 2014/2015 operational management budget had been set at £370,984, which was subsequently approved by each Council.

The BDR Manager was responsible for the day-to-day management of resources and reported expenditure and projected outturns to the BDR Steering Committee each month.

The 2014/2015 budget had outturned with an under-spend of £140,761.

The BDR Waste Partnership would comply with all audit requirements and make records available for public inspection in all three local authority areas between 8<sup>th</sup> – 15<sup>th</sup> June, 2015.

The 2015/2016 budget had been set at £370, 984 and was within prudential levels to allow for potential issues during the commissioning and operational phase of the project.

Agreed: - That the report be received and its content noted.

**7. RISK REGISTER.**

Beth Baxter, BDR Manager, presented the BDR PFI Waste Project's Risk Register. It was within the JCAD format, as this was consistent with Rotherham's recording mechanism. Risks were assessed by probability and impact and graded 1-5.

One area had been rated red. This was compliance within the waste PFI transition phase. This related to noise issues and the potential for odours to come from the site. Acceptance tests were not quite hitting the desired levels yet and could lead to date slippage.

Councillor Sims asked that future Risk Register reports have a cover report to provide commentary on the issues to put them into context.

Agreed: - That the report be received and its content noted.

**8. ANY OTHER BUSINESS:-****Bolton-on-Dearne – noise: -**

Beth Baxter, BDR Manager, reported that seven complaints about noise had been received from the arc of streets immediately in the vicinity of the Bolton-on-Dearne site; actual noise levels were higher than anticipated in the noise models. Two separate noise surveys had been completed and a third was expected in the next 2-3 weeks. A noise baffle had been commissioned and monitoring would continue.

The BDR Manager was contacting residents on a weekly basis. John Healey MP was also aware of the actions being taken and communications with residents.

Councillor Miller understood all of the works that were underway to address the issues and was pleased by how quickly the matter had been responded to.

Councillor Hoddinott asked about the expected timescales for when residents could expect a difference? Beth explained that there would be a small improvement by the day after the meeting and a larger improvement by the middle of the following week. The situation would be monitored and the Communications Team was involved with disseminating the message.

Paul Castle asked how would residents get to find out on a regular basis what was going on? - Beth would continue to telephone them every Friday afternoon to say what was happening, as she had been doing over the last 6-7 weeks.

**BDR Joint Waste Board Meeting frequency: -**

Councillor Miller raised an issue in relation to the approaching commissioning stage. A lot of responsibility had been delegated to Officers meaning there was less need to meet regularly. Meeting twice a year at June and December should be sufficient with the caveat to call a special meeting within reasonable notice if required.

Councillor Hoddinott was concerned that this may be too infrequent, but would support the proposal provided regular briefing updates were provided, along with training for Elected Members who were new to the BDR JWB.

Agreed: - That these items be noted.

9. **DATE, TIME AND VENUE FOR THE NEXT MEETINGS: -**

Agreed: - That the 2015/2016 BDR Joint Waste Board Meetings take place on: -

- Friday 11<sup>th</sup> December, 2015 – 1.30 p.m. side meeting /2.00 pm full meeting;
- Friday 10<sup>th</sup> June, 2015 – 1.30 p.m. side meeting /2.00 pm full meeting (to be agreed at the December meeting).