HEALTH SELECT COMMISSION
2nd March, 2017

Present:- Councillor Sansome (in the Chair); Councillors Albiston, Bird, Brookes, Cusworth, Elliott, Marriott, Short, John Turner and Williams and Vicky Farnsworth (SpeakUp).

Apologies for absence were received from Councillors Andrews, Elliot, Ellis and Ireland.

76. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

77. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

78. COMMUNICATIONS

(1) Information Pack
The pack contained:-

Quarterly briefing notes
Paper regarding The Village as requested

(2) Consultation
NHS England had launched national consultation on Congenital Heart Disease Services. This would probably be considered by the Yorkshire and Humber JHOSC www.engage.england.nhs.uk/consultation/chd/.

79. MINUTES OF THE PREVIOUS MEETING HELD ON 19TH JANUARY, 2017

The minutes of the previous meeting of the Health Select Commission held on 19th January, 2017, were noted.

Arising from Minute No. 67 the STP consultation commenced on 13th February and ran until the end of March. It included an on-line survey as well as the work by Healthwatch and Voluntary Action Rotherham. www.smybndccgs.nhs.uk/what-we-do/stp

Arising from Minute No. 68 it was noted that supplementary information had been provided after the meeting. There were recommendations with regard to the Better Care Fund (BCF) and these would be discussed at the next Health and Wellbeing Board. Select Commission Members were asked to feed back any comments on the BCF plan (available on the website under the Board's agenda papers for 8 March).

Arising from Minute No. 69 further information had been received from the Foundation Trust and would be e-mailed to Commission Members.

Arising from Minute No. 70 it was noted that the representatives for the Schools visits had been amended slightly. The visits were being arranged with the first two (Newman and Maltby) taking place next week.

80. UPDATE ON INTERIM GP STRATEGY

Jacqui Tuffnell, Rotherham Clinical Commissioning Group, gave an update following the Scrutiny Review carried out in 2014/15. The powerpoint presentation illustrated:-

Improving Access to General Practice

We said
- We would bid to improve telephony systems across Rotherham

We have
- Bid unsuccessful to date so Primary Care Committee has approved utilising Primary Care funding to enable the upgrades and also to enable call recording to support telephone consultation
- Appendix A details completed practice upgrades and those which will be completed before 31st March, 2017

We said
- We would introduce telehealth across Rotherham

We have
- Piloted and now rolled out telehealth to 19 practices (as at the end of January) and will complete full rollout before 31st March, 2017
- Appendix B details the benefits already being seen from implementing the telehealth system

We said
- Access would be a significant element of our Quality Contract

We have
- Access improvement will be a requirement of all 31 practices from 1st April 2017. Practices have all confirmed that they will meet the requirements of the quality contract by this date
- Appendix C - confirms the requirements of practices by 1st April 2017

- All practices undertaking a resilience programme 'Productive General Practice' to support their ongoing sustainability by the end of March, 2017
- It provides essential tools for practices to support for example skill mix, front and back office functions, planning and scheduling
- Examples
  The Village - care navigators
  Woodstock Bower - telephone consultation for Advance Nurse

Practitioners
Rationalisation of back office functions such as clinical documentation

We said
- We would work with practices to provide more flexibility in appointments

We have
- We have audited the number of appointments in practices to understand if more or less capacity is being provided.
- Appendix D - report and papers associated with the access audit
- Commenced a pilot of Saturday routine appointment availability to complement our urgent appointment offer in January
- Publicising appointments in practices
- Text messages regarding Saturday appointments to all patients with mobile phones
- Article in Rotherham Advertiser (Appendix F)
- Appendix E - initial report of the uptake and patient feedback regarding the Saturday service
- Patient online numbers have significantly improved over the last year. The CCG and NHS England are working with practices who are struggling with their uptake of patient online
- Appendix G - current information regarding uptake of patient online
- We continue to look at ways of raising the profile of the availability

We said
- We would implement our interim strategy for general practice

We have
- The Strategy has now been superseded by 'the Rotherham response to the GP Forward View'
- Appendix H – our response to the GP Forward View
- Appendix I – NHS England's February assessment of our progress in relation to implementation

We said
- We would consider health implications of building schemes impacting on Rotherham

We have

Waverley development
- We are now at the design stage with the developers and are advised that subject to planning, the build of the new health centre will commence in September 2017
- In the interim, an improvement project for Treeton medical centre has commenced to improve capacity
- Reviewed medical capacity for the proposed increased housing to other sites and there is capacity in the practices surrounding the area:
- Bassingthorpe Farm development – Rawmarsh, High Street, Bellows Road and Parkgate
- York Road development - York Road, Shakespeare Road and The Gate

- Forge Island development
- We are reviewing the medical capacity as urban capacity is more limited.

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

- Had the advent of Saturday appointments reduced the numbers attending A&E? – It was not believed that the offer of a Saturday GP service had significantly affected the position. Significant numbers of patients had not been identified that needed a routine appointments with their GP as opposed to those identified that required self-care i.e. pharmacy

- What was the overall aim for improving access to GPs? The main aim was in terms of the 24 hour (urgent) and the five day (routine) access and also ensuring if it had been indicated that someone needed to go back to the practice, that they could get in contact with the practice by telephone/online and make an appointment. 2 practices were providing Physio First where a patient saw the Muscular Skeletal practitioner in the practice rather than the GP and waiting for a referral. Work was taking place on improving the offer of interpreting as well as ensuring that those people that were hard to reach were reached in different ways. The Limited Liability Partnership (consisting of the 31 practices) was converting to a Community Interest Company and had employed a Federation Manager and advertising for a Lead Development Nurse. The two postholders would independently support the practices to improve their standards across the board and share the learning.

- What about those people who could not read or did not have very good eyesight? If they were sent text messages/emails they would struggle as well as the need for easy read letters – The use of text messages was another vehicle to improve communication with patients and was only done so with those patients that had given permission. Letter notification and telephoning the patient directly would continue. The CCG agreed to a follow up discussion with Speak Up.

- How confident was the CCG that the improvement journey could continue given the shortage of GPs and Practice Nurses nationally? Technically Rotherham was “overdoctored”. The journey being taken with productive general practice was to evidence to the GPs that they needed to change how they worked and that there was another workforce that could be employed to do the “everything”. Bands 1-4 staff could be utilised to carry out the basic level skills that were currently conducted at a higher level i.e. GPs. It was also about the GP workforce adjusting to that change of working practice. A bid had been submitted to the CIC for 8.5 fte pharmacists who were a different workforce and carry out medication reviews that were currently done

by GPs. It was already being seen in a number of practices where there were less GPs and more Advanced Nurse Practitioners taking over the roles traditionally carried out by GPs. The feedback from patients was that they had more time with the individuals than the GPs. Patients also needed to understand the different workforce.

- Concern with regard to reducing access to GPs on the basis that in many cases patients booked an appointment for an issue but it was not actually the issue they wanted to discuss. Removing that option may have implications/unintended consequences - This was not the intention; it was the capacity/demand and the actual identification of patients that did not necessarily need to see a GP. It was still expected that soft intelligence would be picked up by practitioners and then brought to the attention of the GP.

- Members of the public valued their relationship with the GP and may share something with them that they would not with a practice nurse – This would be monitored as it progressed. There was a GP recruitment crisis so the resources had to be used correctly but it should not cause a barrier.

  There was work taking place nationally in improving the offer to GPs with a supporting infrastructure to attract more to the profession. A number of GPs in Rotherham were aged 55+ with 16% in the 55-59 years category. There was also the new role of physician associate with 40 students on courses in Sheffield, who would be able to work in both Primary and Secondary Care.

- What kind of contract management performance would there be? Peer review visits were carried out to all the practices and would also incorporate the contract review. On the CCG website under the Primary Care Committee a dashboard of is published showing information for each individual GP practice.

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

(2) That a further update be received in 12 months' time.

81. ADULT CARE - LOCAL MEASURES PERFORMANCE REPORT - 2016/17 QUARTER 3

Further to Minute No. 56 of 1st December, 2016, Councillor Roche, Cabinet Member for Adult Social Care and Health, together with Scott Clayton, Interim Performance and Quality Team Manager, and Sarah Farragher, Head of Service Independence and Planning, presented the Q3 Local Measures performance together with the four existing Corporate Plan measures for the period October-December, 2016.

The report set out the current performance challenges as at 31st December or as at 30th November 'shut down' of SWIFT/AIS data, 2016, which included:-

LM05-07 – Commissioning KLOE's
LM08 (CP2.B3) – Number of people provided with information and advice first point of contact (to prevent service need)
LM09 (CP2.B5) – Number of carers assessments (only adult carers and not including young carers)
LM10 (CP2.B7) – Number of admissions to residential rehabilitation beds (intermediate care)
LM11 (CPS.B9c) - % spend on residential and community placements new measure 2016/17

The report also set out responses requested with regard to LMO1-LMO4 at the 17th January, 2017 meeting.

Discussion ensued with the following issues raised/highlighted:-

- Recently signed agreement for the Royal Society for Blind in Sheffield to develop an Enabling Centre in Rotherham.

- Overall the indicators across Adult Social Care (ASC) showed a very positive upward trend with most of the targets met or on the way to be met.

- Review of the current KPIs to check they were appropriate and fit for purpose.

- Summary of the pressures and challenges facing ASC overall and in relation to the Indicators.

- Improved information and availability of better cohort data meant a greater understanding of the customer base.

- LGA Peer Challenge findings of Commissioning in People's Services across Children's and Adult Social Care had been extremely positive. It had found good direction and that capability was not an issue, however, capacity was an issue. There had also been positive feedback about the Protection Team.

- LM01-04 were all Adult Social Work Services that clients were receiving some of which would be crosscutting packages and/or commissioned services from the independent sector.

- Once in receipt of services, clients should be reviewed in time. At the point of access there was a duty system which responded to immediate and priority cases within 24 hours and clients would be triaged and assessed. There were waiting times for assessments and reviews, the reasons for which were set out in the report, but the

Service was picking up those that were in immediate need and prioritising that work. Whilst the figures needed to be improved significantly, people were being kept safe.

- It was known that there was an issue with the assessment of care packages and work was taking place. Services that impacted upon people were so very important.

- The four new cases would be young people that had come through CYPS TO Adult Services. Young people with complex learning disabilities and physical disabilities were now surviving into adulthood with increasing numbers of young people with Autism and the package of support was very intensive. It was a combined issue of the Directorate not having a sufficiently developed market in terms of being able to manage the costs of providers nor a sophisticated offer. Rotherham's inhouse services were not set up to deal with people with the most complex needs. Every care package was being looked at to ascertain if costs could be reduced without impacting upon the care of the patients. This was the purpose of the Practice Challenge Group

- There had been significant vacancies within the Directorate for the past 12-18 months which had been put on hold until completion of the restructure. Some of the vacancies were now out to advert. There had been some backfilling with agency staff but that had been reduced due to the budget situation.

- Adult Social Care Social Workers had been regraded on the back of the work in CYPS, however, some of the enhancements offered in CYPS were not offered in Adult.

- Due to carers now being able to choose not to have their own assessment there would be a gap in the activity that was no longer captured. Through the use of the new recording system, the intention was to ensure that the staff at the front end were at least giving the opportunity to those carers to have a single assessment and for some services ensuring that it was done. That recording mechanism would give teams an opportunity to report that some carers had been through the process and opted not to have a carer's assessment and the reason why. If the measure was continued going forward it might need a new baseline.

- The Mental Health Carers Team was located in RDaSH and their data was not recorded on the Authority's system. It was hoped that Liquidlogic would resolve this issue. It was a small team and they had suffered sickness absences.

- The Carers Strategy was now approved, signed off and in implementation phase. Part of the action plan was how to get carers' needs better assessed but the feedback received from carers was

that actually the wording of the assessment was quite frightening; they felt they were being assessed as to whether they should be caring for their loved ones or not. A way forward was needed. There was also scope to build on the assessments undertaken by Crossroads to enable carers to access budgets and support.

- Care assessment reviews in the past had taken the form of a "tick box" exercise. Work was now taking place on how the review supported people to be more independent. There were massive changes taking place to the service at the same time as still running the service and had resulted in a dip in performance. However it was a recoverable position. Those that would not be a priority response would include self-funders who had now fallen below the threshold and waiting for re-assessment, those that wanted to make a change to their care package etc.

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

(2) That continuing performance updates to be reported as agreed previously.

(3) That a demonstration of Liquidlogic and the cohort data dashboard be made to the Commission

(4) That Select Commission Members contact Janet Spurling, Scrutiny Adviser, on any areas they would like to focus upon during 2017/18 in relation to performance measures and targets.

82. RESPONSE TO SCRUTINY REVIEW - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Barbara Murray and Christina Harrison (RDaSH), Paul Theaker and Ruth Fletcher-Brown presented an update on response to the Scrutiny Review of Child and Adolescent Mental Health Services.

Barbara gave the following powerpoint:-

Rotherham Children and Young People's Mental Health Services – Progress Report

Service Model

- Incorporating local and national priorities and agendas
  - Future in Mind, local transformation plans, including eating disorder pathways
  - Building early intervention and prevention
  - Community focussed engagement

Pathway Overviews

- Learning Disability
  - Specifically working with young people with a mental health problem and moderate to severe learning disability
- Single Point of Access
  - Receiving all referrals and triaging for urgency on the same day
  - Available as a point of contact for anyone to ring with any concerns
  - Working towards working jointly and some co-location with Early Help and MASH ('First Response')
- Crisis/Intensive Community Support
  - Urgent assessments
  - Short term additional support during crisis supporting people into and out of hospital
  - Longer term interventions where there are high levels of risk
- Locality Teams
  - Assessments and brief interventions (6-8 sessions)
  - Liaison with other services – GPs, schools, Early Help
- Psychological Therapies
  - Time limited specialist therapy alongside other workers and consultation to colleagues
  - Longer term work with young people/families
- CSE
  - Works alongside other colleagues
  - Provides support, advice and consultation to different services
- Developmental Disorders (ASD and ADHD)
  - Diagnostic assessment for ASD and ADHD
  - Post-diagnosis support for ADHD

Attention was drawn to:

- All pathway leads were now in post, with the last one, the Locality Work Lead from January 2017.
- Closer working with Early Help had led to greater mutual understanding of each other's work and resulted in fewer people "bouncing round" the system in the last few months.
- Due to the work of the Crisis/Intensive Community Support Team there had been a reduction in Tier 4 or inpatient stays in the last 6-12 months
- The new lead for Developmental Disorders had changed the pathways and reduced waiting times significantly in a short period.

In accordance with Minute No. 43 of 16th October, 206, Paul Theaker, Operational Commissioner, and Ruth Fletcher-Brown, Public Health Specialist, presented a further update against progress of the Scrutiny Review's 12 recommendations.

It was noted that the refresh of the Emotional Wellbeing and Mental Health Needs analysis was complete and a common performance framework that provided improved and standardised data collection

across the whole mental health system had been developed and was being tested with service providers.

The timescales for outstanding actions within the response template had been revisited due to the impact of delays in the CAMHS Service reconfiguration and were now achievable and realistic. There was robust monitoring of the actions taking place through the CAMHS Contract Monitoring Group and CAMHS Partnership Group to ensure that they were completed by the due dates.

Discussion ensued with the following issues raised/clarified:-

- Findings from the Needs Analysis refresh had shown a need for improved links between CAMHS and SEND and work on pathways for vulnerable groups such as the Youth Justice System.

- Currently the data captured included numbers of contacts, caseloads and referrals, plus waiting times and interventions. Each Service collected the high level information but more needed with regard to demographic and geography.

- RDaSH would expect to see the right referrals coming through to the right places; the development of a screening tool would help with signposting people to the right service depending on their level of need. The investment in workforce development had already seen an impact within Early Help with a reduction of 122 people signposted in Quarter 1 to 81 in Quarter 3 and the number of inappropriate referrals sent back reducing from 25 in October to 6 in January.

  All courses facilitated by Public Health measured the change in people's knowledge and confidence which hopefully would have a knock on effect for RDaSH CAHMS Services and get the person to the right service at the right time. Alongside the Workforce Development wider CAMHS work, consideration would be given as to what training was available and which training providers. Leeds City Council had carried out work with their providers in quality checking the training that was available.

- RDaSH Locality Workers were very much engaged with schools and teachers with their consultation meetings affording an opportunity to raise any issues/queries about a child. RDaSH could deliver formal training but often individual cases were raised with the teacher coming away from the meeting with a broader knowledge and understanding. RDaSH could provide advice/assistance on an individual case by case basis alongside delivering formal training.

- In terms of the Education Skills agenda, schools had now set up Social, Emotional and Mental Health school clusters with the aim of preventing young people being excluded from schools. The clusters were made up of a number of schools within a geographic area and

managing those young people. CAMHS Locality Workers linked into that work and worked with schools in the cluster to prevent young people being excluded and keeping them within the school environment.

- Video conferencing was a method used by Public Health to receive information. Recently Public Health had received a series of webinars appropriate for schools which had circulated accordingly. Schools did not necessarily have to attend a training session and could deliver the webinar in-house.

- If a parent noticed something wrong with their child but the school did not think there was a problem, the role that RDaSH could play was with regard to the emotional health and wellbeing and help schools to be able to understand and know what to look out for. RDaSH was trying to work much more closely with Education particularly around Autism and ADHD. There was the Single Point of Access where members of the public could ring and have those conversations: the Locality Worker would then work with the parent and school to understand and support that voice. An added value of the training was the improved communication.

- Work was taking place on producing a Sufficiency Strategy looking at project numbers of young people coming through the system, what specialist provision there was in Rotherham and what was needed going forward. This issue of whether Rotherham had specialist education capacity for those diagnosed early with developmental disorders would be raised with Education.

- There were no Key Performance Indicators currently with regard to the Locality Worker model being monitored through the RDaSH contract. However, work was taking place with RMBC and RCCG to firm up what they would be and how they would be captured. RDaSH was gathering feedback and information from its partners on an informal basis and it was understood that, from the Council perspective, there would be a Survey Monkey questionnaire processes to gather the information around ease of access.

- The names and contact information for the Locality Workers would be provided for Elected Members.

- Taking into account the performance figures received in the past, was there an argument that the 3 week target waiting time should be reviewed (recommendation 8)?

- The current position was that the 3 weeks stretched target would remain for 2017/18. However, it was important to point out that the 6 weeks national target was where Rotherham was looking at benchmarking itself. The stretched target was a very local target to push itself. RDaSH agreed to share the benchmarking information.

The Chairman stated that a lengthy discussion had taken place with regard to the new approach to future updates without the use of the response template since the Service had changed significantly since the original review. Suggestions had been made by Members as to key areas for future updates.

Resolved:- (1) That the monitoring and progress made against the response to the Scrutiny Review of Child and Adolescent Mental Health Services be noted.

(2) That future updates focus on the key areas identified by Members i.e.:-

Waiting time data
Performance management information,
Impact of single point of access and is it preventing escalation where people
Impact of locality working
Training and development across the wider CAMHS workforce
Transition from CAHMS, Policy and CQUINS.

(3) That an update on waiting times for assessment and treatment be submitted to the Select Commission on a monthly basis.

(4) That a further update be submitted in October, 2017.

83. PROGRESS ON ROTHERHAM YOUTH CABINET REVIEW - IMPROVING ACCESS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Janet Spurling, Scrutiny Officer, presented a report on the progress of the Rotherham Youth Cabinet Review – Improving Access to Child and Adolescent Mental Health Services.

The review had formed part of the ongoing work by the Youth Cabinet to improve access to Mental Health Services and support for young people in Rotherham following their work on self-harm in 2014. The key focus of the young people's attention was on services provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) following a major reconfiguration that resulted in a new service model. They had also been keen to scrutinise wider working and links between partner agencies especially through the School Nursing Service as previous work had shown inconsistency in access to School Nurses and a need to raise their profile in schools.

Progress was being made in transforming wider CAMHS through the CAMHS Strategy and Partnership Group. Integrated multi-agency working, both strategically and in localities, was central to the transformation and the new service model linking RDaSH CAMHS with

Early Help Services through a single point of access was now being rolled out.

The Youth Cabinet had made 11 recommendations all of which had been accepted (set out in Appendix 1 of the report submitted) together with the latest progress updates on the actions agreed by partner agencies.

Several of the recommendations aimed to enhance consultation and involvement with children and young people in Service development and monitoring. They also linked in with the outcomes of the RDaSH Voice and Influence Review commissioning by the Rotherham Clinical Commissioning Group. The review had identified a number of priorities for developing engagement with children and young people in direct practice, Service management and organisational leadership.

Resolved:- That the progress updates for the review undertaken by the Rotherham Youth Cabinet be noted.

84. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME

The Commission's consultation response for both Service proposals had been submitted online on 10th February with only minor amendments from the version circulated for comment.

The JHOSC would meet on 3rd April with an additional CSC meeting on 29th March to consider the papers as they would include the final outcomes from the consultation and the high level business case.

The Joint Committee of Clinical Commission Groups was to meet on 18th April to make the final decision.

85. IMPROVING LIVES SELECT COMMISSION UPDATE

Councillor Cusworth gave the following update on the recent Improving Lives Select Commission meeting:-

- Lifestyle Survey completed by students in Y7 and 10
  Young people appeared to be making healthier choices, high percentage drinking less than one sugary drink a day, many saying they had never tried smoking at all but the use of contraception had increased. There had also been a slight increase in the number of young people trying drugs for the first time and consistency with last year in those identified has having a disability or long term health problem.

- Looked After Children's Care Leavers Strategy 2017-2021
  1 of the underpinning outcomes was that children were healthy and safe from harm with one of the strategic objectives being to improve the physical health of LAC including their emotional wellbeing.

- The concern regarding delay in undertaking health assessments should improve as nurses how have access to LiquidLogic with notifications coming through in 3-4 days. Good joint working was taking place between RDaSH CAMHS and RMBC.

Should any Member require more information they should contact Councillor Cusworth directly.

Councillor Cusworth was thanked for her report.

86. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

87. DATE OF FUTURE MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 13th April, 2017, commencing at 9.30 a.m.