HEALTH SELECT COMMISSION
20th July, 2017

Present:- Councillor Evans (in the Chair); Councillors Andrews, Bird, R. Elliott, Jarvis, Marriott, Short and Whysall and Vicky Farnsworth (SpeakUp).

Councillor Roche, Cabinet Member for Adult Social Care, Councillor John Turner and Tony Clabby (Healthwatch Rotherham) were in attendance at the invitation of the Chairman.

Apologies for absence were received from Councillors Allcock, Ellis, Tweed, Williams and Robert Parkin (SpeakUp).

12. DECLARATIONS OF INTEREST

Vicky Farnworth declared a personal interest regarding Learning Disability as a member of Speak Up.

13. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

14. COMMUNICATIONS

- Councillor Marriott – Visit to Rawmarsh School (mental health pilot)
  A positive and interesting meeting took place with school staff who explained the work being undertaken and answered a number of questions. The children and young people were now coming forward. In some cases parents did not like one-on-one meetings so the school had replaced these with a successful coffee morning with 12-15 attendees. It was important that the good work continued.

- Councillor Elliott – Visit to new Urgent and Emergency Care Centre at Rotherham Hospital
  A visit had been organised on 22nd June 2017 prior to the opening, which included a comprehensive tour and introductory talk. It was a new and impressive centre built on time and on budget, with good décor, equipment and nursing stations. Clinical Lead Dr Kay Stenton and Acting Matron Kerry Barnard explained how A&E staff had been consulted on the design and layout of the unit and their ideas incorporated. This was a cutting edge facility and one the people of Rotherham should be proud of.

- Schools mental health pilot
  Councillor Cusworth would circulate notes from the whole school steering group meeting for information.

  An information pack had been circulated to Members.

- Yorkshire and Humber Joint Health Overview and Scrutiny Committee
  As in previous years the Commission was asked to nominate a representative to the Committee.

Resolved:- That the Chair be confirmed as the representative for RMBC to the Yorkshire and Humber Joint Health Overview and Scrutiny Committee.

15. MINUTES OF THE PREVIOUS MEETING HELD ON 15TH JUNE, 2017

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 15th June, 2017. Members noted that with regard to Minute No. 6 the text under key messages should say:-

- Older people play a significant role as care givers

Arising from Minute No. 8 Joint Health Overview and Scrutiny Committee (JHOSC) for the Commissioners Working Together Programme, the Scrutiny Officer provided the following update:

Children's Surgery and Anaesthesia
The Joint Committee of Clinical Commissioning Groups approved the preferred option for the reconfiguration proposals for children's surgery and anaesthesia on 28th June. This proposal was for three hubs - Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield to provide out of hours, emergency surgery for certain sub-specialties.

Further work on patient numbers showed that this would impact on a relatively small number of children, with the majority of surgical procedures carried out locally. From a total of approximately 11,000 surgical procedures each year, it would affect between 65 and 106 p.a. across the whole area (approximately 14 in Rotherham).

There were no cost savings with the proposal but rather investment was required for ambulance transfers and for the Managed Clinical Network which would organise and sustain service provision across the area through workforce planning and training etc.

The JHOSC would be meeting on 31st July, 2017 to discuss implementation and future scrutiny. There would also be an update on timescales for a decision on the proposals for Hyper Acute Stroke, which was likely to be in the autumn following further work on developing the business case, on costs, workforce implications and wider implications for partners.

Resolved:- That the minutes of the previous meeting, held on 15th June, 2017, be approved as a correct record.

16. MEMBERSHIP OF THE HEALTH, WELFARE AND SAFETY PANEL 2017/2018

Members would be requested to send expressions of interest to the Chair.

17. ADULT SOCIAL CARE - PROVISIONAL YEAR END PERFORMANCE 2016-17

Councillor Roche, Cabinet Member for Adult Social Care and Health, introduced the agenda item highlighting that all local authorities had to produce annual statutory returns. The performance indicators had to be viewed in the wider context where RMBC was in the top quarter/third of Adult Social Care directorates nationally and ranked second in Yorkshire and Humber on the national statistics. There were concerns over some measures and for some individual measures Rotherham did not compare so well with the national figures. Overall the outcomes were mixed and the majority of measures that had declined were the perception measures. Perceptions were important as the Service needed to take users with it in light of some of the other changes that would be brought in to Social Care.

AnneMarie Lubanski, Strategic Director of Adult Care and Housing, and Scott Clayton, Performance & Quality Team Manager, presented a report outlining the provisional year end 2016-17 Key Performance Indicator results for the Adult Social Care elements of the directorate.

The Council had implemented a new case management recording system, Liquid Logic in year, with a go live date in December 2016. Migration and recording onto the new system highlighted some operational and performance reporting challenges. All national reporting requirements were met in relation to 2016-17.

Performance overall had been mixed with approximately one-third of measures improving and two-thirds declining. Perception results from Service User and Carer surveys accounted for most of the declining performance indicators. Some Indicators, for example the Service user surveys, had declined since last year but not necessarily over the last two years.

Continued improvements to pathways, embedding of user data recording, plus enhanced reporting functionality during 2017/18 were being delivered.

Year-end benchmarking data would be available later in the year and not all the Adult Social Care Outcome Framework (ASCOF) measures had a provisional result at this stage as mental health data was awaited from RDaSH.

It was important to note that in terms of local waiting times performance measures the data had become unreliable as it was not now reported in the same way.

Discussion ensued with the following issues raised/highlighted:-

- Was any KPI data collected monthly? – Reporting periods varied with a mixture of monthly, quarterly (including RDaSH) and annual reporting, such as for reablement.

- Where was data recorded regarding people who drop out of the system, possibly homeless people or people no longer with us? – We work actively with some people so they did not need an ongoing personal budget from the Council as they regain independence. If people did not meet Service eligibility criteria they should be signposted elsewhere, such as to the voluntary sector. The Data Protection Act limited data that could be held with stringent record procedures. Data was held for people who had passed away. If people had chosen to move away from Rotherham our involvement stopped and hopefully it could also be through greater independence and no longer being in service. This would be captured in reablement data.

- Measure No. 14 permanent admissions to residential care (18-64) covered a large age range, could this be broken down further by age, bearing in mind differences in needs at different ages? – The indicator was a national one reported to the DWP because of benefits. We would be able to drill down into our data and provide the Commission with information on sub-cohorts by age and Service user group. In total for Rotherham this referred to approximately 20 people, so a very small actual number.

- Survey sample sizes and response rates as smaller samples would be more sensitive to change – Requirements were set nationally calculated from the number of people on Service. There had probably been some changes in the number of carers recorded on the system since the Care Act.

  Service users 2015-16 1016 surveys sent out and return rate 41%.
  Service users 2016-17 1000 surveys sent out and return rate 39%.
  Carers 2014-15 896 surveys sent out and return rate 46%.
  Carers 2016-17 702 surveys sent out and return rate 47.4%.

- Although the survey sample sizes were small and the final figures were not yet available, there had been a decline on a number of measures at a time of ongoing service reconfiguration, such as the measures for people with learning disabilities on long term service and for social contact. Similarly for the measures for ease of access to information about support, suggesting people were encountering barriers to accessing information - Councillor Roche

commented that he was concerned but not surprised by some of the responses given that questions were asked about Services that people know were in a state of flux and transformation. From conversations with carers it was known that some opposed the proposed changes for Learning Disability Services, others agreed with them and some agreed but wished to wait until their family member had been through the system. Results were likely to decline again next time in this time of uncertainty and many false rumours were circulating about Learning Disability Services when no decisions had yet been made.

- Did surveys go to people in private care homes? – The survey sample had to include people in the community and those in receipt of 24 hour care with no distinction made between local authority or privately operated care.

Following discussion on the report a short presentation entitled *Adult Social Care – Thematic review of provisional year end performance report 2016/17* outlined four key themes and how the Performance Indicators linked into these. This enabled the Commission to have an overview of areas that were doing well and areas where the challenges remained, by means of a type of traffic light system.

Theme 1 Prevention & Delay

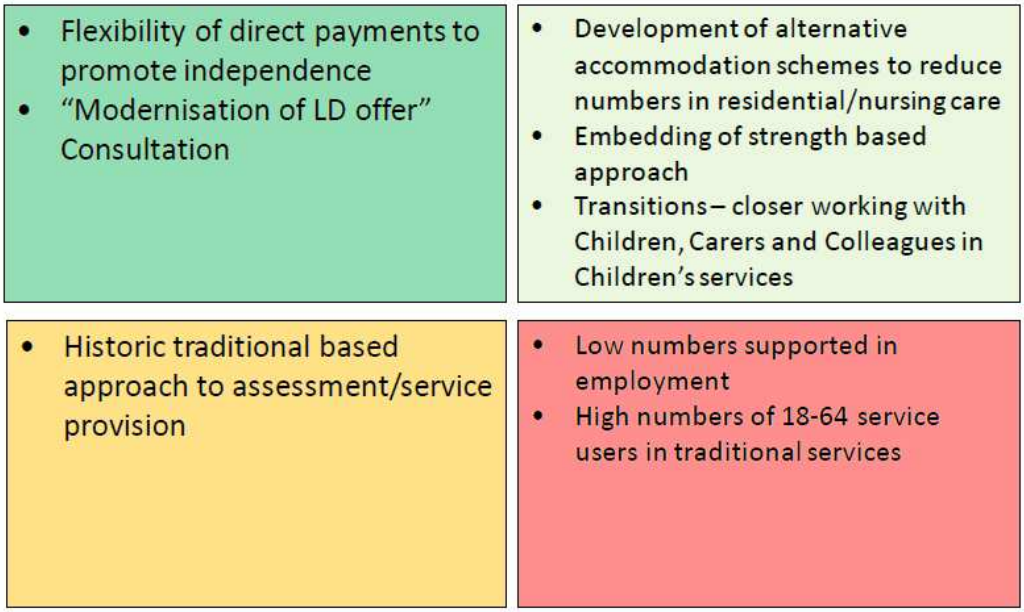
• Outcomes from Reablement are good. High percentage living at home without formal support • Positive trend in numbers of older people admitted to long term residential/nursing care	• Community Connectors are providing information/advice to promote independence and delay access to service.
• Worsening trend in delayed discharges from hospital – performance remains good. • Budget impact of high cost cases transitioning from Children's services	• Numbers offered Reablement remains low. One of the lowest in Rotherham's peer group. • High numbers of younger adults in residential and nursing care.

With regard to the Community Connectors that was interesting in terms of the performance measures discussed earlier and further work would be needed to get the messages out there.

Performance on delayed discharges from hospital was a challenge nationally and although this measure had declined it remained good as previously Rotherham had been in the top 20.

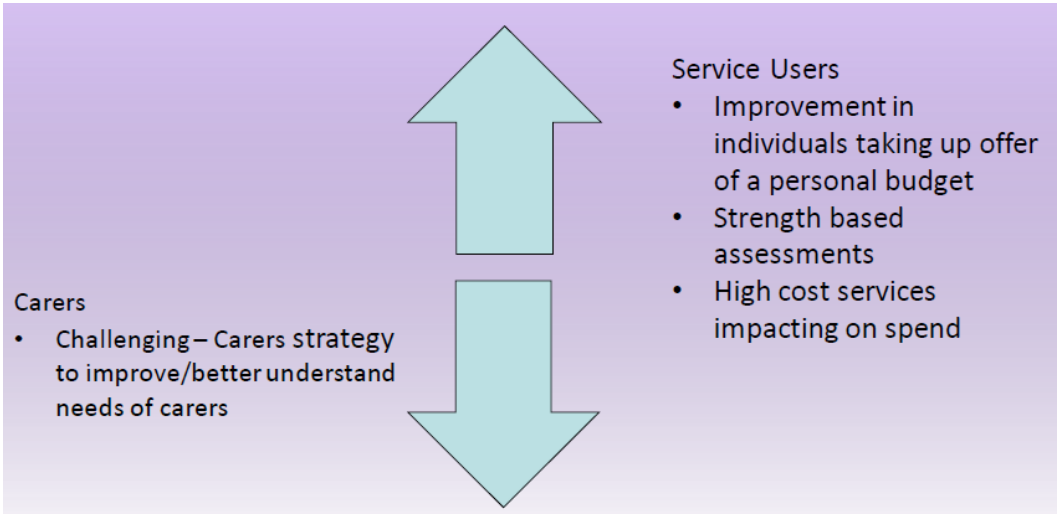
Rotherham was doing well on the effectiveness of reablement measure (91 days) but the numbers offered the service were low - bottom quartile ranking.

Theme 2 Independence

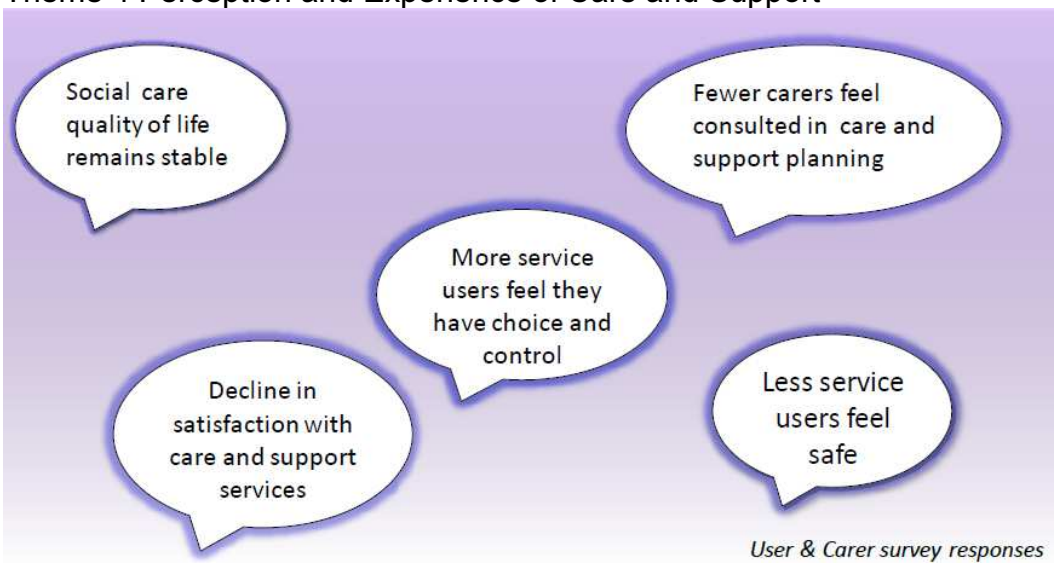


One challenge was to move the people from the bottom right quadrant using traditional services, including for learning disability, into the top left quadrant, resulting in a double benefit.

Theme 3 Personalisation



Theme 4 Perception and Experience of Care and Support



Resolved:- (1) That the content of the provisional summary 'high level' year-end performance results be noted.

(2) That a further report be presented to the Health Select Commission January 2018 meeting, showing the final submitted detailed results and analysed benchmark comparisons against regional and national data due to be published from late Autumn 2017.

18. LEARNING DISABILITY UPDATE

AnneMarie Lubanski, Strategic Director of Adult Care and Housing, provided a verbal update on the work to transform Learning Disability Services.

In July a report on Learning Disability and the recommendations within the report were agreed at Cabinet and a number of consultations were now being planned and would be commencing in early September. No decisions had been taken yet with regard to closure of any centres.

The Directorate had been working with carers of people with learning disabilities to keep them well involved. This included two events where officers talked through the report with the carers as soon as it had been published.

Based on feedback from the earlier consultation, it had been agreed that carers would be involved in designing the consultation, alongside SpeakUp, together with another organisation the Service hoped to procure to provide additional support to people with learning disability through the consultations.

Consideration was also being given to the on-line questionnaires and how these could be done differently, although there had been over 900 responses through the various means. The consultation materials could be shared with the Commission.

It was stressed that this was not just the in-house Learning Disability offer but modernisation of the wider learning disability offer for everyone, although this message was sometimes being lost.

Out of 780 people on Service, across internal and external commissioning, there were around 20 people with complex needs whose packages costed between £160,000 to £250,000 p.a. There was a need to start doing things differently for such packages such as trying and testing the use of technology as a substitute for direct care.

Other challenges in undergoing this transformation and service modernisation, both for Adult Social Care and for families, were highlighted, including:

- people with learning disabilities perhaps wanting something different to what their families wanted for them
- the need for sophisticated conversations and being very clear about the Mental Capacity Act and who made the decision
- difficult conversations with families
- difficulties for families when someone with learning disability or autism reached 18 and had the right to choose and the family member was no longer their next of kin
- as much as carers had parity of esteem through the Care Act the central focus was what the person wanted
- how new high cost support packages as people come into service may increase budget pressures in Adult Social Care

These were reasons why it was so important that the learning disability offer was widely understood. Our money was locked into very traditional services and it needed to be reiterated that this was not a quick journey but would happen over two to three years.

- Clearly improving the quality of provision and driving up standards was important but the other side was the economics, so was cost a driver as well given that in the future there will always be people with complex need and high cost support packages? – The premise of personalisation was about putting the person at the centre. Absolutely there would always be people with very complex needs, whether through learning disability, brain injury, or drug or alcohol related physical complexities and that would be there. What was needed as we worked in a different way was to maximise the people who did not need those high end services, regardless of the cost of those services. This was why it was about getting the front door right and getting reablement right so in the end the service was working with the people with the complex high

end needs, whether safeguarding, physical, mental, emotional or psychological. In Rotherham there was a legacy of responding to complexity through using residential care and that had resulted in too many people aged under 65 in residential care across all groups, especially mental health. Costs did come into it but it was about maximising the use of the personal budget if a person needed one, getting the right information at the right time and starting to use technology as a positive.

Councillor Roche reiterated his concerns regarding national cutbacks on Adult Social Care but highlighted that many of the changes were positive and we would have wanted to make them irrespective of the period of austerity. Case studies of people using direct payments showed positive outcomes. Examples from other local authorities such as Wigan had shown it was possible to reduce costs and provide a better service.

- Consultation needed to involve people with autism as well as people with learning disability and some people had found the previous questionnaire difficult so more easy read questions and better explanation would be helpful - One of the challenges in Rotherham was that people with autism and people with learning disability tended to be lumped together and sometimes that was right but it had also led to some services not being designed for people with autism. The Strategic Director would be chairing the first Autism Partnership Board meeting on 20th July, 2017. Initial work would focus on increasing awareness of autism system-wide as overall it was agreed there was a lack of confidence in working with people with autism.

Resolved:- That the Health Select Commission receive further updates as the work progresses.

With regard to wider work on Learning Disability Services Vicky Farnsworth provided a brief update on the work of the Transforming Care Partnership across the sub-region. SpeakUp was closely involved as both Vicky and Robert Parkin sat on the panel as experts by experience. A lot of good work had been carried out although there was still more to be done in relation to people with learning disability or autism moving out of hospital and back into the community.

19. HEALTH SELECT COMMISSION WORK PROGRAMME

Janet Spurling, Scrutiny Officer, presented a report setting out a detailed draft work programme for 2017-18 and provisional memberships for the three NHS Quality Account sub-groups.

Health and Social Care Services were undergoing transformation, including closer integration through joint commissioning, joint posts, locality working and multi-disciplinary teams. This work was an important

long term programme that the Health Select Commission had been scrutinising since 2015-16 and would continue to be rolled out over the next few years.

Overall performance of health partners was scrutinised through their quality accounts, with three sub-groups formed for this purpose. Their work would be supplemented by the quarterly meetings of the Chair and Vice-Chair with the Rotherham NHS Foundation Trust; Rotherham, Doncaster and South Humber NHS Foundation Trust; and Rotherham Clinical Commissioning Group, which have been in place since 2014-2015.

The overall priorities for 2017-18 were:

- Rotherham Place Plan – health and social care integration
- Adult Social Care performance and development programme
- Learning Disability
- Child and Adolescent Mental Health
  plus
- NHS Commissioners Working Together Programme (through the JHOSC)

Attention was drawn to items in the work programme that linked in with issues raised earlier in the meeting such as implementation of the Carers' Strategy and Learning Disability transformation.

The April meeting had been earmarked for a spotlight review with a theme to be determined by the Commission. However following a recent seminar on Care Homes and the establishment of a new Quality Board under the auspices of the Health and Wellbeing Board, this could present an opportunity to consider how that work was progressing.

Councillor Roche confirmed that with regard to the Health and Wellbeing Strategy in September this would be a good opportunity for the Commission to be involved at a very early stage in the refresh.

Resolved:- (1) That the draft work programme for 2017-18 be approved.

(2) That the proposed membership for the quality account sub-groups for 2017-18 be approved.

(3) That it be noted that if any urgent items emerge during the year this might necessitate a review and re-prioritisation of the work programme.

20. NOTES OF FROM QUARTERLY BRIEFING WITH HEALTH PARTNERS

The summary of discussions at the quarterly briefing with health partners held on 4th May, 2017, was noted.

21. HEALTHWATCH ROTHERHAM - ISSUES

Healthwatch had lobbied Rotherham Clinical Commissioning Group and the Council to produce an Autism Strategy and although not yet in place the new Autism Partnership Board was a first step.

Councillor Roche confirmed he would report back to the Commission on progress in developing the Autism Strategy.

The Care Quality Commission were undertaking a national review of Child and Adolescent Mental Health Services which was expected to lead swiftly to a Green Paper. Tony Clabby had been asked to sit on the expert advisory group.

Healthwatch sat on the Safeguarding Adults Board and part of their contribution to the Strategy was a guide to Lasting Power of Attorney, a much needed tool as people do not make provision and plan ahead for difficult decisions around care.

Hard copies of the Healthwatch Annual Report were circulated and it was available on the link below:

http://healthwatchrotherham.org.uk/wp-content/uploads/2015/07/Annual-Report-2016-17-Final.pdf

22. HEALTH AND WELLBEING BOARD

Councillor Roche confirmed that new Sensory Impairment Centre on Ship Hill would be opening shortly and a visit could be arranged for Commission Members.

The minutes of the meeting of the Health and Wellbeing Board held on 31st May, 2017, were noted.

23. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 21st September, 2017, commencing at 9.30 a.m.