

**You are hereby summoned to a meeting of the Health Select Commission
to be held on:-**

**Date:- Thursday,
1st March, 2018**

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

Time:- 10.00 a.m.

HEALTH SELECT COMMISSION AGENDA

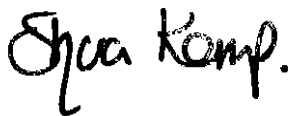
1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To consider any item which the Chairman is of the opinion should be considered as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Minutes of the Previous Meetings held on 18th January, 2018 (Pages 1 - 10)

For Discussion

8. Carers Strategy Update (Pages 11 - 26)
Jo Hinchliffe, Adult Social Care, to present
9. Improving Access to General Practice (Pages 27 - 47)
Jacqui Tuffnell, Rotherham CCG, to present
10. Urgent and Emergency Care Centre Update
Maxine Dennis, TRFT, to present

For Information

11. Joint Health Overview and Scrutiny Committee for the Commissioners Working Together Programme
12. Healthwatch Rotherham - Issues
13. Date of Next Meeting
Thursday, 12th April at 9.30 a.m.



SHARON KEMP,
Chief Executive.

Membership:

Chairman:- Councillor Evans

Vice-Chairman:- Councillor Short

The Mayor (Councillor Rose Keenan), Councillors Allcock, Andrews, Bird, R. Elliott, Ellis, Jarvis, Marriott, Rushforth, Sansome, Whysall, Williams and Wilson.

Co-opted Members:

Vicky Farnsworth and Robert Parkin (Rotherham Speak Up) and Peter Scholey.

HEALTH SELECT COMMISSION
18th January, 2018

Present:- Councillor Evans (in the Chair); The Mayor (Councillor Eve Rose Keenan), Councillors Andrews, Bird, Jarvis, Keenan, Marriott, Rushforth, Short, Whysall and Williams.

Councillor Roche, Cabinet Member, Adult Social Care and Health, was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors R. Elliott, Ellis, Sansome and Robert Parkin (Rotherham Speakup).

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

60. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

62. COMMUNICATIONS

LGA Health and Prevention

The Chair reminded Members of the above event to be held on 15th and 16th February, 2018.

Please contact the Chair or Janet Spurling, Scrutiny Officer, to book.

Y&H JHOSC and Congenital Heart Disease (CHD) Services

Janet Spurling, Scrutiny Officer, reported that last November NHS England had made a decision regarding the future commissioning arrangements for CHD Services for adults and children with a standards-based approach at all tiers of provision.

After several years of intensive scrutiny on CHD, Members were pleased with the positive final outcome. They had requested a further report around progress/implementation specifically in terms of assurance on Leeds Teaching Hospitals Trust's progress in meeting all the standards (including any that remained outstanding) and the development of the Y&H Network (including its relationships with other network areas). The further report might also include an update on the redevelopment of Leeds General Infirmary and its specific impact and/or implications on CHD Services for children and adults.

The above information would be shared across the region. However, whilst recognising the positive outcomes from the JHOSC's work, Members also recognised that its work had essentially been completed and there were no further plans for the JHOSC to meet in the future.

Improving Lives Update

Councillor Jarvis gave the following update from the Improving Lives Select Commission which had met on 12th December, 2017, the main agenda items had included:-

- Update on the Domestic Abuse Strategy – voice of the victims, outcomes of the Peer Review and details of the Perpetrator Programme:-
Perpetrator Programme - had received further funding and would probably start to come into place in March, 2018
Voice of the victim – increased contact with 3rd sector organisations involved with victims and developing means for talking to victims who were already going through the system
- Virtual Schools
- Adoption

63. MINUTES OF THE PREVIOUS MEETINGS HELD ON 30TH NOVEMBER AND 14TH DECEMBER, 2017

Consideration was given to the minutes of the previous meetings of the Health Select Commission held on 30th November and 14th December, 2017. Members noted that:-

Minute No. 50 (Implementation of the Carers' Strategy)

Councillor Short had joined the Improving Lives Select Commission's recent visit to Barnardos. Barnardos currently looked after over 200 vulnerable Rotherham children providing a range of outreach support and support. They also visited schools with their "Real Love Rocks" training and CSE prevention training, a programme training teachers on CSE and an outreach programme working with local providers. He would urge Elected Members, if they had the opportunity, to visit the organisation.

Minute No. 51 (Joint Health Overview and Scrutiny Committee)

It was noted that the meeting scheduled to take place on 11th December, 2017, had been cancelled due to the bad weather conditions. The re-arranged meeting would take place on 29th January, 2018, in Matlock the agenda for which would be published shortly. Any questions or issues that Members would wish to be raised should be forwarded to the Chair/Scrutiny Officer.

Minute No. 56 (Communications)

The stakeholder event on 31st January would be held between 9.30-11.30 a.m. in the Lecture Theatre at the Hospital.

Minute No. 57 (Refresh of the Health and Wellbeing Strategy and the Integrated Health and Social Care Plan)

The Select Commission's recommendation regarding strengthened links and governance for delivery of the Carers' Strategy had been agreed by the Health and Wellbeing Board and a new priority included under Aim 3.

Minute No. 58 (RCCG Commission Plan 2018-19)

Information on the CQC ratings for the 31 GP practices had been attached as an addendum to the minutes.

With regard to the new GP surgery for Waverley, it was still hoped that building would start in April with a view to it opening in April, 2019 but much would depend upon the developer.

Resolved:- That the minutes of the previous meeting, held on 30th November and 14th December, 2017, be approved as a correct record with the inclusion of the apologies of The Mayor (Councillor Eve Rose Keenan).

64. INTEGRATED LOCALITY EVALUATION

Dominic Blaydon, Associate Director of Transformation TRFT, and Nathan Atkinson, Assistant Director of Strategic Commissioning RMBC, gave the following powerpoint presentation on the evaluation of Integrated Locality:-

The Health Village Integrated Locality Pilot

- Commenced July 2016
- Integrated locality team serving the adult population – aged 64+
- Based at The Health Village, Doncaster Gate (2 GP practices – Clifton and St. Ann's) supporting 35,949 residents
- Multi-agency team – predominantly TRFT staff with a small number of Adult Care, Mental Health and voluntary sector staff

Overarching Aims for cohort of Adults 64+

- Reduce hospital admissions
- Reduce length of stay in hospital
- Reduce cost of health and social care
- Reduce duplication
- Improve communication
- Develop a holistic approach to care

Purpose of Evaluation

- Has the pilot contributed to attainment of key aims?
- Impact of the pilot service model
- Can the Service model be replicated?
- Recommendations for future implementation

HEALTH SELECT COMMISSION - 18/01/18

Work done so far by Grounded Research@RDaSH

- Literature search and evaluation complete
- Compilation of background information
- Interviews and focus groups carried out
- Dataset analysis
- Final evaluation due on 31st January 2018

Key Learning thus far

- Development of an MDT approach is effective
- Separation of planned and unplanned care works well
- Benefits of co-location to all partners
- Enables the identification of high risk patients in a holistic way
- Encourages a culture of service improvement – bottom up
- Has stimulated further work to simplify referral pathways
- IT and Information Governance issues partially resolved

Key Metrics (People over 64 years)

Key Performance Indicators

- Non-elective admissions
- Non-elective bed days
- Length of stay

Contra-Indicators

- Discharge destination
- Elective bed days

Conclusion

Learning

- Positive TRFT acute activity impact
- Reduces duplication and fragmentation
- Improves communication across the system
- Provides a more holistic approach
- Improves the interface with Primary Care
- Provides opportunities for reablement
- Allows for better integration of referral pathways
- Splits planned and unplanned care
- Has informed the future footprint based on 7 GP practice clusters

Challenges

- Systemic impact unclear especially for Adult Care/Mental Health
- Future test of concept required at larger scale
- Integration of IT and Governance
- Capacity within the system
- Managing variation to match local requirements
- Embedding required changed across the system
- Consideration of a whole family approach
- Building in prevention and early intervention

Implementation

- | | |
|---|--------------|
| – Service model presented to ACP Board | Q4 – 2017/18 |
| – Consultation carried out and completed | Q1 – 2018/19 |
| – Implementation Plan developed | Q1 – 2018/19 |
| – Separation of planned/unplanned care complete | Q2 – 2018/19 |
| – Phase 1 implementation of integrated localities | Q4 – 2018/19 |

Discussion ensued with the following issues raised/clarified:-

- If the pilot was to be run again/scaled up, the wider pathway would need to be factored in and how it impacted/fitted in with the 2 Transformation Plans i.e. RDASH and Adult Care Improvement Plan
- Capacity – staff teams that had joined the pilot had still had their existing workloads with the challenge of balancing their day-to-day activity with the new ways of working and taking on slightly different roles. The key for future implementation would be phasing so that when staff did move they did not bring huge existing caseloads
- The pilot in the central area had had easy travelling distances to where residents lived, however, there were large parts of the Borough that were green spaces and rural. If the principles of the pilot were applied in outlying parts of Rotherham there would have to be a different approach i.e. not one size fits all
- Any future implementation would have to consider workforce development and organisational development to ensure staff were full au fait with the agenda
- Improved links with Early Help and Young People's Services still required to bring the whole family approach together
- Prevention and Early Intervention – a number of disciplines still worked in a traditional reactive way. Factoring in Early Intervention was something that was needed but was sometimes challenging for workers given their caseloads
- Consultation was required with a range of stakeholders as well as the public to ensure that whatever was rolled out/implemented was meeting their requirements. The Implementation Plan would be developed in early 2018/19 with a degree of phasing. There was an opportunity for the Trust as it was to consult on some of its community held services and around the locality structure developed by the CCG as well as part of the Place Plan
- The holistic care approach would streamline the process for an individual/family considering the whole health and care needs instead of a number of referrals to different agencies

- The scale and ambition was ultimately to have 7 clusters of multi-disciplinary teams which may be of different sizes and composition. The difficulty was that a range of organisations were going through significant transformation looking at how they were deploying their resources and different ways of working. At the time of developing the pilot it had been known what disciplines were needed and the particular individuals who could be brought in from existing capacity. It required much more thought as to how quickly it could be done and how it would be resourced. Some organisations had the structural capacity to move a bit quicker than others; TRFT already operated in the community and locality so how it morphed and changed was a little easier than Adult Care
- Ultimately there could be fully integrated localities across the 7 GP clusters supporting those GP practice populations, incorporating Mental Health, Therapy, Social Work and the Community Nursing offer with an Integrated Leadership model. The Leadership Team would have full responsibility for delivering a joint set of outcomes incorporating both Social Care, Mental Health and Health outcomes, separately commissioned by both CCG and the Council
- In terms of the unplanned offer, more consideration needed to be given but there would be a multi-disciplinary team supporting those with an urgent care need working alongside the localities. In terms of integration there were policy, legal and cultural barriers between health and social care organisations and a hostile financial environment
- If successful in reducing the numbers of non-elective admissions it would alleviate some of the pressures on A&E. It was not known if it would save substantial amounts of money and was not the main purpose of the pilot; the purpose was to provide a better offer within the financial envelope available and to get the whole of the Health and Social Care economy on more sound financial footing. The Trust needed to try and provide a better offer for the finances available in transferring care from acute into community. However, a reduction in patients admitted to hospital meant the Trust lost income; from next year the Trust would be paid per person admitted to hospital and not for being looked after in the community
- From the Social Care side, the impact in terms of the resources within the pilot was fairly minimal and the impact on the package reduction side had not really been seen as yet. This was not surprising given that there was only 2 members of staff within the pilot
- The challenge of integration of IT and governance had often been one of the reasons for not being able to integrate because of the different systems within organisations. There would not be a single system that integrated localities could use but proper processes needed to be in place to make sure the interaction between the systems was

streamlined. A big advantage to Rotherham was that of the Rotherham Health Record which allowed Community Health Teams to see who from their locality was in hospital/A&E and allowed them to interact and get information about those patients and act as a trigger for when they should go in and support the hospital in trying to discharge the patient. Social Care would be added so that information would be used by integrated locality teams as well

- When the model pilot was launched in July 2016 it had been very much with an Adult focus, however, as the Accountable Care Partnership had developed there had been a much stronger presence from CYPS and the voluntary sector services that supported CYPS. The future design would very much centre on the whole life journey pathway. There was a lot of good work going on in other parts of the system around the whole family approach and it would be missing a trick if work in the locality and working with individuals was not picked up and resources used wisely and widely to make as big an impact as possible. The whole point of integrated working was to reduce silos. A lot of Health and Health and Social Care integration tended to focus on old people and frailty conditions but that could be at any age
- It was known that Learning Disability and Mental Health had higher prevalence rates across all ages in Rotherham and their needs were just as important as anybody else within the community and must be considered and any resulting additional needs for individuals must be considered
- There was no hard data as to whether there had been any improvement in treatment times and support but there was feedback from teams, together with case examples, of where that integrated approach had delivered those type of things
- Integrated locality working provided opportunities for supporting care homes. Historically care homes had huge difficulty in accessing medical, nursing and social care support. Each of their residents would have different GPs and therefore have different district nursing teams etc. The integrated locality consolidated it all with each care home having one GP and one integrated locality team to work with. The feedback was that it was of huge benefit because they knew where they could get that support, develop a relationship with that GP and the team and get continuity of service
- Feedback would be provided on the second staff evaluation of the Health Village

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

(2) That a working group be established to consider the final report when available and feedback thereon to the Commission.

65. ADULT SOCIAL CARE - FINAL PUBLISHED YEAR END PERFORMANCE REPORT FOR 2016/17

Further to Minute No. 17 of 20th July, 2017, Nathan Atkinson, Assistant Director Strategic Commissioning, presented the final published year end performance report 2016/17 for Adult Social Care.

Appendix 1 of the report submitted was a refreshed final table of year end performance which also showed the Direction of Travel and relative benchmarking positions against comparative councils in Yorkshire and Humber region and national rankings.

The performance highlights for 2016/17 included:-

- Of the 28 Adult Social Care Outcome Framework (ASCOF) measures outcomes, 8 had improved, 3 maintained performance and 16 declined (one Indicator was new for 2016/17)
- Performance on Delayed Transfers of Care attributable to Social Care or both NHS and Social Care continued to improve
- Outcomes for people after a period of short term support (Reablement) remained in the top 3 of all Yorkshire and Humber authorities
- Areas of challenge included supporting individuals in receipt of services within Learning Disabilities and Mental Health needs to gain and sustain paid employment
- Performance with regard to how care and support was personalised continued to place Rotherham in the bottom 3 of the Yorkshire and Humber authorities
- Satisfaction of service users and carers remained high when compared regionally and nationally

Discussion ensued with the following issues raised/highlighted:-

- The implementation of Liquid Logic had led to better data and a better understanding of what was happening. Good real time information and engagement with customers and carers was emphasised
- The Cabinet Member had challenged and tasked Rotherham Adult Social Care to be outstanding within 3 years
- The Improvement Plan was refreshed every 3 months. It was currently in the process of being refreshed as one of the things that the first tranche had really focussed upon was stabilising and making safe so the focus had very much been on sorting out unallocated work, ensuring Safeguarding was as robust as possible and dealing with any issues that had not been dealt with in as timely manner as they should have been. The Strategic Director had made it very clear that the actions within the Plan had to be delivered to time and in accordance with timescales

- The Improvement Plan was governed by the Adult Care Improvement Board which was Chaired by an Independent Person (Andrew Cozens from the Local Government Association). Within that there was professional challenge which was required because there was a lot of work to be done in Adult Social Care to get to where it wanted to be as an outstanding service
- The journey was showing positive signs in terms of the direction of travel, some of the data around the Single Point of Access and the referral routes of where people were going
- There was a lot to do. It would be worth having some degree of scrutiny of the Plan
- The Directorate wanted to strengthen the “front door” in response to some of the findings from the report. Historically, when someone presented to the Rotherham front door they received far more support per head than they perhaps would in other councils. This was part of the assessment process and one of the reasons why it needed to be resolved. In terms of the 18-64 year olds referred to in the report, the numbers were primarily those with learning disabilities, physical disabilities and mental ill health whose health prevalence rates in Rotherham were higher than most of Yorkshire and Humber again some of which was historical. In terms of the overall numbers in support this remained relatively static around 4,000 excluding mental health and 4,500 including mental health but they were much more complex needs requiring more support
- There was a legacy group of people that received support currently which, if presented today, might get a better offer
- 70% referred to new people that requested support last year. Last year the higher than average support for 18-64 (80% more) and 65+ (30% more) was largely due to historic practices
- Now seeing people diverted from first point of contact and providing more information and advice to prevent that reliance on services

Resolved:- (1) That the report and final published year end performance results be noted.

(2) That discussion take place with regard to future reporting of the Adult Services Care Outcome Framework measures.

66. LOCAL RESPONSE TO MENTAL HEALTH REGULATIONS UNDER THE POLICING AND CRIME ACT

The Panel noted the questions, together with the responses provided, which were submitted to the 15th December, 2017, meeting of the South Yorkshire Police and Crime Panel.

67. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

68. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 11th January, 2017, were noted.

Councillor Roche reported that he was currently reading through the final draft of the revised Health and Wellbeing Strategy. Members should receive a copy of the final version some time during February.

69. DATES OF FUTURE MEETINGS

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 15th June, 2017, commencing at 9.30 a.m.

Summary Sheet

Council Report

Health Select Commission 1st March 2018

Title

Implementation of the Carers's Strategy – Progress Report

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Social Care, Housing and Public Health

Report Author(s)

Jo Hinchliffe – Change Leader Adult Social Care, Housing and Public Health

Wards Affected

All

Executive Summary

The Caring Together Delivery Group co-produced a Carers Strategy. The Strategy has a delivery plan attached to it ensuring outcomes are achieved. The Health Select Commission reviewed this work in November 2017 and made five key recommendations to strengthen the impact of the delivery plan. This report is in response to **Recommendation (5)** *that a detailed progress report be presented to the HSC in March 2018 on implementation of the delivery plan.*

Recommendation

That Members of the Health Select Commission:

Endorse the refreshed delivery plan and agree the recommendations from November 2017 are satisfied.

List of Appendices Included

Caring Together Revised Action Plan Jan 2018

Background Papers

Caring Together – The Rotherham Carers' Strategy

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

IMPLEMENTATION OF THE CARERS' STRATEGY - PROGRESS REPORT

1. Recommendations

That Members of Health Select Commission:

Endorse the refreshed delivery plan and agree the recommendations from November 2017 are satisfied.

2. Background

The presentation to the Health Selection Commission on the 30th November 2017 prompted a requirement to meet the following five recommendations:

1. That the action plan be updated to become SMART with clear lead officers, performance measures and timescales for all actions.
2. That a clear focus be given to ensuring the voice of young carers is captured and informs implementation of the strategy, including by linking in with the Young Carers Council.
3. That further work with GPs be undertaken to ensure they are identifying young carers and including them in their carers register.
4. That work with schools continues to identify and support young carers.
5. That a detailed progress report be presented to the HSC in March 2018 on implementation of the delivery plan.

3. Key Issues

3.1 **Recommendation (1)** *That the action plan be updated to become SMART with clear lead officers, performance measures and timescales for all actions.*

The original delivery plan was coproduced with input from a range of carer organisations. It had 21 tasks which were all clearly mapped through to the Carers Strategy Outcomes. Many of the actions did not have an owner or a timescale for completion. Some of the actions did have a completion date but they did not have evidence to confirm the action had been satisfied.

Consulting with the partners it was felt the original delivery plan content was still relevant and the timescales should be refreshed. The group were keen to maintain the integrity of the original plan, but acknowledged it needed to be streamlined with clear action owners stated. This would allow better oversight and therefore meaning better outcomes for carers.

It was agreed the refreshed plan should be more thematic and the following areas have been agreed:

1. Carers Support
2. Young Carers
3. Unknown Carers
4. Publicity & Promotion
5. Training Offer
6. Quality Assurance

An excel workbook has been devised: *Caring Together Revised Action Plan Jan 2018*. The workbook captures the themes and tasks from the original plan; it references the impact / difference made and tracks evidence to prove progress. All actions have a clear owner and a completion date. Further to this the workbook contains a “Forward Plan” section and this will provide the Strategy Group with a clear understanding of the delivery plan timelines; it will allow the Strategy Group to track actions in advance of meetings increasing efficiency and impact of the overall Strategy.

The most immediate action relates to Theme 6 specifically the development of a quality assurance framework. Completing this action will secure the baseline measures and will ensure we have a system in place to collect qualitative and quantitative data. Work has begun on this action and it has a completion date of the 22nd March 2018. Satisfying this action will prompt the Caring Together – Strategy Group to reconvene and refresh the Terms of Reference. The governance arrangements will be strengthened and it is proposed the Strategy Group provide quarterly reports through to the Health and Wellbeing Board.

Theme 5 – Training Offer is also on track and through February a programme of bite-sized carer training has been progressing. This period of activity will be fully reviewed by the 22nd March 2018 to inform a training plan to run from April 2018 – March 2019.

The bulk of the actions within Themes 1 and 2 are longer-term as they are reliant on review work taking place. Specifically for Theme 1 many of actions will require strategic sign-off before they can be classed as complete as the outcomes will have operational impact.

The Young Carers (Theme 2) will gather pace once we have the memorandum of understanding and this is scheduled to be complete by the 3rd May. Conversations are underway with Children & Young People’s Service - Early Help team to look at how we can work together to meet a number of the actions relating to the early identification of young carers.

The focus of this refreshed plan is to have all actions addressed by 6th September 2018. Some actions are standalone one-off pieces of work and they will be evidenced and reported into the Health and Wellbeing Board via the quarterly report process. A large proportion of the actions will need to be ongoing and become part of routine activity and in these instances we will still evidence the completion and capture the move to business as usual. Some of the actions may prompt further development work and any new actions will be clearly flagged ready for a workbook refresh.

It is anticipated that the period September 2018 to December 2018 will allow the Strategy Group to monitor the impact / difference made and allow for discussions to take place in relation to any new pieces of development work that may need to be captured in a workbook refresh.

- 3..2 ***Recommendation (2)*** *That a clear focus be given to ensuring the voice of young carers is captured and informs implementation of the strategy, including by linking in with the Young Carers Council.*

A full presentation of the Caring Together Strategy and the workbook will take place on the 1st March 2018 at the Young Carers Council Meeting. As part of the Terms of Reference refresh it is proposed that minutes from the Caring Together Strategy Group Meeting and the Young Carers Council Meeting are shared and swapped. Over and above this a representative from the Caring Together Strategy Group will be on-hand to attend the Young Carers Council Meetings.

3.3 *Recommendation (3) That further work with GPs be undertaken to ensure they are identifying young carers and including them in their carers register.*

This has been raised via the CCG Development Worker on the 30th January 2018 and work is underway to evidence the completion. It relates to Theme 4 (*Action PP1) Continued promotion and encouragement of GP carers' registers and carers' clinics within GP surgeries (ensure these lists are used to routinely involve carers)*. Work is underway to review the GP Carers Survey Results from April 2017 and this will inform targeted work with specific GP surgeries.

3.4 *Recommendation (4) That work with schools continues to identify and support young carers.*

Colleagues from CYPS are primed to support with the work within Theme 2 specifically Action YC3: *Embed further awareness across schools and wider public / private / voluntary agencies working with children and families*. Work is ongoing to engage with Education Welfare Officers who are a key stakeholder in offering connections into schools throughout the Borough. Further to this Barnardo's are fully engaged to support the actions within Theme 2 and they are part of the Strategy Group.

4. Options considered and recommended proposal

- 4.1 Health Select Commission endorses the refreshed plan and the recommendations from November 2017 are satisfied.

5. Consultation

- 5.1 To meet the recommendations set in November 2017 a number of meetings have taken place:

10th January 2018 - Partner Meeting (Barnardo's / Crossroads / ASC)

25th January 2018 - Partner Meeting (CYPS / Barnardo's)

9th February 2018 - Refreshed action plan meeting (representatives from across the Adult Care / CYPS / Barnardo's)

Information and outcomes from these sessions have been evidenced within the refreshed plan.

6. Timetable and Accountability for Implementing this Decision

6.1 Refer to the Forward Plan section within the Caring Together Revised Action Plan January 2018. Timescales are included in the detailed action plan.

7. Financial and Procurement Implications

7.1 None arising directly from this report.

8. Legal Implications

8.1 None arising directly from this report.

9. Human Resources Implications

9.1 None arising directly from this report.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The strategy and action plan support carers of all ages.

11 Equalities and Human Rights Implications

11.1 None arising directly from this report.

12. Implications for Partners and Other Directorates

12.1 The strategy and action plan are multi-agency documents.

13. Risks and Mitigation

13.1 The action plan has been reviewed and updated with new timescales agreed for all actions to facilitate implementation.

14. Accountable Officer(s)

Jo Hinchliffe – Change Leader Adult Social Care, Housing and Public Health
Sean Hill – Commissioning Officer Children and Young People's Services

Approvals Obtained from:-

Jenny Anderton – Interim Head of Service Adult Social Care, Housing and Public Health

This report is published on the Council's website or can be found at:-

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories>

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Caring Together Strategy Revised Action Plan Jan 2018

Theme 1:	Carers Support
Theme 2:	Young Carers
Theme 3:	Unknown Carers
Theme 4:	Publicity & Promotion
Theme 5:	Training Offer
Theme 6:	Quality Assurance

Steering Group Meetings 2018:

22nd Mar
3rd May
14th June *Quarterly review*
26th July
6th Sept *Half yearly review*

Theme 1: Carers Support			
No.	Action:	Owner	New Timescale
CS 1	Development of joint funded carers' support service through the Better Care Fund	J. Clarke / L. Bent	6th Sept 2018
CS 2	Review of all carers' need forms and methods of assessments to ensure this becomes more personalised	J. Anderton	14th June 2018
CS 3	Review the way that social care resources are allocated for carers in line with the requirements of the Care Act	J. Anderton	14th June 2018
CS 4	Develop an on-line / self- assessment for carers linked to resources	J. Anderton	6th Sept 2018
CS 5	GP Link Workers to offer supported assessments	J. Anderton	26th July 2018
CS 6	Carers' Champions in libraries and customer services	J. Hinchliffe	3rd May 2018
CS 7	Review and develop information, advice and guidance offer in conjunction with carers, including support with self-assessments	J. Anderton	14th June 2018
CS 8	Development of carers' pathway that looks at all ages caring and whole family approaches	J. Anderton	14th June 2018
CS 9	Ensure that Carers Forum receives appropriate support to represent the "voice" of carers and is utilised as a joint and equal partner	J. Hinchliffe	14th June 2018
CS 10	Appropriate advocacy is available for carers through the advocacy framework	J. Clarke	3rd May 2018

Impact / difference made:
Breaks for carers
Information, advice and support
Rebrand / refresh of Carers Centre (Carers Corner) model
Utilises community based support
Targeted action around hard to reach groups
Transitions
Carers Newsletter is co-produced
Carers Forum Issue Log
Development of family assessment within new social care system (Liquid Logic)

Evidence Bank:	Date received:	Ref:
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Theme 2: Young Carers			
No.	Action:	Owner	New Timescale
YC 1	Development of a memorandum of understanding with relation to young carers	S. Hill / Hynes	K. 3rd May 2018
YC 2	Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification.	S. Claydon	3rd May 2018
YC 3	Embed further awareness across schools and wider public / private / voluntary agencies working with children and families.	S. Hill	14th June 2018
YC 4	Ensure that awareness is raised with parents of young carers to facilitate recognition and understanding of the issues their children experience, in order to promote wellbeing across the family. This means that assessment and planning needs to include awareness raising and provision of information by the Lead Professional	S. Hill / Hynes	K. 3rd May 2018
YC 5	Ensure that all assessments and plans for young carers take account of attendance and exclusion rates and those with issues have a plan to increase attendance and reduce exclusions	Links to EWO	26th July 2018
YC 6	Embed the young carers card across all Rotherham schools, colleges and other training establishments Phase 2: Explore and scope wider roll out of the young carers card in private and public sector buildings / organisations	S. Hill / Hynes	K. 6th Sept 2018
YC 7	Reduction in hours spent by our children in caring for parents	S. Hill	6th Sept 2018
YC 8	Ensure that young carers make effective transition from children's services	S. Hill	6th Sept 2018

Impact / difference made:

Increased number of young carers identified

Increased number of Early Help Assessments carried out by the Council and multi-agency partners to reflect support of the children and families with illness and disability

Workforce development and training

Literature and marketing

Develop e-learning / webinar resources

Child centred case studies / marketing

Annual young carers conference

Increased attendance for the young carer cohort in Rotherham

Reduced exclusions for the young carer cohort in Rotherham

Reduced NEETS within the young carer cohort in Rotherham

Evidence Bank:

Date received:

Ref:

YC 2 Theme 2 - Email from Emma Brown Young Carer Actions

14th Feb 2018

Theme 3: Unknown Carers			
No.	Action:	Owner	New Timescale
HC 1	Targeting hard to reach / unknown carers through the integrated locality team and a joined up approach between Children's and Adults services	J. Anderton	14th June 2018

Impact / difference made:
Increase numbers of carers needs assessments Increase in the number of carers receiving services Increase in the number of young carers identified Increased number of Early Help Assessments carried out by the Council and multi-agency partners to reflect support of those children and families with illness and disability Increasing rates of children identified by BME communities Feedback from carers Change in demographic profile of carers we already know about

Evidence Bank:	Date received:	Ref:
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Theme 4: Publicity & Promotion			
No.	Action:	Owner	New Timescale
PP 1	Continued promotion and encouragement of GP carers' registers and carers' clinics within GP surgeries (ensure these lists are used to routinely involve carers)	(CCG) J. Abbots	31st Jan 2018
PP 2	Undertake an awareness campaign to promote carer friendly communities: <ul style="list-style-type: none"> · media · hospital · surgeries · organisation "champions" Link with existing work on dementia friendly communities	J.Hinchliffe	To coincide with carers rights day 3rd May 2018

Impact / difference made:	
<p>Every GP Practice in Rotherham has an up-to-date register (this results in positive impacts for carers, eg ordering medication, etc)</p> <p>Register is shared with wider health and social care economy (subject to consent)</p> <p>Carers' champion in every GP surgery</p>	

Evidence Bank:		Date received:	Ref:
PP1	PP1 GP Carers Survey Results April 2017	30th Jan 2018	

Theme 5: Training Offer			
No.	Action:	Owner	New Timescale
TO 1	Development and roll out of an enhanced training offer that provides training for carers and about carers	C. Tester	22nd Mar 2018

Impact / difference made:
Number of professionals accessing training on carers
Number of carers accessing training

Evidence Bank:	Date received:	Ref:
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TO 1	FW Bite Sized Carers Training Offer 2018	7th Dec 2017
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Theme 6: Quality Assurance

(Original Action Plan No 1)

No.	Action:	Owner	New Timescale
QA 1	Develop a quality assurance framework to capture carers' outcomes across the health and social care economy	J.Hinchliffe	22nd Mar 2018

Impact / difference made:
We will have a baseline to measure the action plan against
Carers will not be over-consulted for different purposes
We will have a system for capturing qualitative and quantitative measure

Evidence Bank:	Date received:	Ref:
QA 1 Copy of Carers by Age Estimate 2016 (3)	3rd Jan 2018	

Baseline Measures:
Number of carers assessments via ASC Liquid Logic
Number of individual accessing the Carers Centre via ASC monthly stats
Number of carer groups accessing the Carers Centre via ASC monthly stats
Number of people accessing Carers Resilience Service via stats from Crossroads Care
Number of Carer Clinics conducted by Crossroads Care
Number of carers on the GP Carers Register via information from Rotherham CCG
Number of young carers supported via Barnardo's Young Carer Service
Number of carers accessing bitesized training

Forward Plan

QA 1	Develop a quality assurance framework to capture carers' outcomes across the health and social care economy	J.Hinchliffe
TO 1	Development and roll out of an enhanced training offer that provides training for carers and about carers	C. Tester

Above actions complete by: 22nd March

	Undertake an awareness campaign to promote carer friendly communities:	
	<ul style="list-style-type: none"> media hospital surgeries 	
PP 2	organisation "champions"	
	Link with existing work on dementia friendly communities	J.Hinchliffe
YC 4	Ensure that awareness is raised with parents of young carers to facilitate recognition and understanding of the issues their children experience, in order to promote wellbeing across the family. This means that assessment and planning needs to include awareness raising and provision of information by the Lead Professional	S. Hill / K. Hynes
YC 2	Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification.	S. Claydon S. Hill /
YC 1	Development of a memorandum of understanding with relation to young carers	K. Hynes
CS 10	Appropriate advocacy is available for carers through the advocacy framework	J. Clarke
CS 6	Carers' Champions in libraries and customer services	J. Hinchliffe

Above actions complete by: 3rd May

HC 1	Targeting hard to reach / unknown carers through the integrated locality team and a joined up approach between Children's and Adults services	J. Anderton
YC 3	Embed further awareness across schools and wider public / private / voluntary agencies working with children and families.	S. Hill
CS 9	Ensure that Carers Forum receives appropriate support to represent the "voice" of carers and is utilised as a joint and equal partner	J. Hinchliffe
CS 8	Development of carers' pathway that looks at all ages caring and whole family approaches	J. Anderton
CS 7	Review and develop information, advice and guidance offer in conjunction with carers, including support with self-assessments	J. Anderton
CS 3	Review the way that social care resources are allocated for carers in line with the requirements of the Care Act	J. Anderton
CS 2	Review of all carers' need forms and methods of assessments to ensure this becomes more personalised	J. Anderton

Above actions complete by: 14th June

YC 5	Ensure that all assessments and plans for young carers take account of attendance and exclusion rates and those with issues have a plan to increase attendance and reduce exclusions	Links to EWO
CS 5	GP Link Workers to offer supported assessments	J. Anderton

Above actions complete by: 26th July

	Embed the young carers card across all Rotherham schools, colleges and other training establishments	S. Hill / K. Hynes
	Phase 2:	
YC 6	Explore and scope wider roll out of the young carers card in private and public sector buildings / organisations	
YC 7	Reduction in hours spent by our children in caring for parents	S. Hill
YC 8	Ensure that young carers make effective transition from children's services	S. Hill
CS 4	Develop an on-line / self- assessment for carers linked to resources	J. Anderton

CS 1

Development of joint funded carers' support service through the Better Care Fund

J. Clarke /
L. Bent

Above actions complete by: 6th Sept

Log of action owners

	Owner:	Date completed:
CS 1	J. Clarke / L. Bent	
CS 2	J. Anderton	
CS 3	J. Anderton	
CS 4	J. Anderton	
CS 5	J. Anderton	
CS 6	J. Hinchliffe	
CS 7	J. Anderton	
CS 8	J. Anderton	
CS 9	J. Hinchliffe	
CS 10	J. Clarke	

YC 1	S. Hill / K. Hynes
YC 2	S. Claydon
YC 3	S. Hill
YC 4	S. Hill / K. Hynes
YC 5	Links to EWO
YC 6	S. Hill / K. Hynes
YC 7	S. Hill
YC 8	S. Hill

HC 1	J. Anderton
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PP 1	J. Abbot	Meeting on 30th Jan
PP 2	J. Hinchliffe	

TO 1	C.Tester
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QA 1	J. Hinchliffe
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Briefing paper for Health Select Commission**1 March 2018****Improving Access to General Practice****Introduction**

This is the third annual update on the positive steps taken to improve access to GPs in Rotherham following a previous scrutiny review undertaken by the Health Select Commission. Rotherham has also had to develop its local response to the national “GP Forward View” and has taken account of the review recommendations in doing so.

General practice is central to patient healthcare and has faced a number of challenges in recent years including changing patient expectations, rising demand and workforce/recruitment issues, which are being addressed.

Last year’s update showed a number of pilot initiatives and improvements, including greater flexibility for appointment times; updated telephony systems; introduction of telehealth; and consideration in advance of the implications of new building developments on health services.

Information

The PowerPoint presentation and supplementary information in the appendices provide an update on:

- Wider roll out of telehealth
- Access as a core element of the Quality Contract for urgent and routine appointments
- Weekend hubs for extended access and future plans
- Take up of patient access on-line
- Workforce initiatives
- Creation of a GP Federation
- New ways to access services

The presentation also includes the results from several questions around GP appointments in the Annual Patient Survey, showing how Rotherham compares nationally at Clinical Commissioning Group level and with results from previous years. It also highlights any practices that are outliers.

Recommendations for Health Select Commission

Members are asked to:

- Consider and comment on the presentation and supporting information.

Briefing note: Janet Spurling, Scrutiny Officer janet.spurling@rotherham.gov.uk

Improving Access to General Practice

Jacqui Tuffnell
Rotherham CCG

We said:

**We would
introduce
telehealth
across
Rotherham**

We have:

- Implemented Memory Jogger (Mjog) across Rotherham practices
- Small number are using to enable patients to report results
- 30 practices are using to message patients e.g. flu campaign appointment reminders
- 1400 appointments per month are released back from patients advising they are no longer attending

We said:

**Access would be
a significant
element of our
Quality Contract**

We have:

- Access improvement is a significant element of our quality contract and a requirement of all 31 practices from 1 April 2017. Spot checks have confirmed compliance as per self-declaration to date
- [Appendix 1](#) - identifies the practices declaration of achievement
- [Appendix 2](#) – identifies the no. of appointments per practice

We have:

- Now implemented 3 weekend hubs for extended access:
- Dinnington - Saturdays
- Kimberworth - Saturdays
- Broom Lane – Saturday, Sundays and 6.30-8pm Monday-Fridays
- From July 2018 the CCG will be funded for providing extended access
- Utilisation is improving [Appendix 3](#) identifies usage since commencement – Practices use more at pressure points

We will:

- Increase the extended hours offer to meet demand on Monday – Fridays
- Implement nurse appointments
- Implement e-consultation
- Implement NHS 111 online
- Implement an 'App' for patients that could ultimately lead to a telephone consultation or face to face appointment
- Implement a capacity and demand tool when NHSE make it available

We have:

- 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 4](#)- current information regarding uptake of patient online.
- We continue to look at ways of raising the profile of the availability by:
 - Workshops to support new users

We have:

- Facilitated all practices to undertake the productive general practice programme
- Facilitated additional resilience monies to 10 practices
- Facilitated the creation of a GP Federation – Connecthealthcare Rotherham – including medical and nursing leadership
- We have funded the Federation to recruit 11 HCA Apprentices for practices to increase this workforce
- We have funded nurse training and development, nurse educator roles and development roles from other sectors into primary care
- Provided funding for locality based workforce
- Commenced work with Rotherham Foundation Trust on joint roles for Associate Physicians and Associate Nurses

We have:

Implemented care navigation into 18 practices

6 services patients can be referred to without needing to see a GP:

Physiotherapy

Pharmacy

Smoking Cessation

Maternity

IAPT (Improving Access to Psychological Therapies)

Sexual health

We are working to develop the following services for care navigation:

Audiology

Single point of contact – RMBC

Minor eye conditions

Annual patient survey:

- **Overall experience of GP**

Rotherham CCG score is 86% (good/very good); comparing to national average of 85%. This is in line with the past 4 years.

- **Ease of getting through on the phone**

69% rated this easy or very easy; this is in line with national figures and previous years. Across Rotherham, there was huge variation; Wickersley at 29% was considerably lower than other practices; other outliers were Treeton, Blyth Rd, High St, Dinnington, Brinsworth who have all taken steps to improve their telephony. Magna achieved 96%; Broom Valley, Village and Brookfield were close comparators.

- **Helpful receptionists**

RCCG score is 86%; this is in line with the national average and previous years.

- **Getting an appointment**

RCCG score -84%; this is the same as previous years and national average. At 97% Magna Group is a high outlier; The lowest rate was 69% (Wickersley), with Greasbrough another low outlier.

Annual patient survey continued:

- **Appointment convenience**

RCCG score 92% - same as previous year and national average. Variation in Rotherham is low; there are three low outliers at around 83% (Parkgate, Wickersley, Broom Lane); Magna achieved 100%

- **What patients did when unable to get an appointment /offered an inconvenient appointment**

All local paths are very similar to national data (within a couple of % points). Over one third of people went to the appointment offered. 4% went to A&E; 2% saw a pharmacist. However almost 1/3 (27%) didn't see or speak to anyone, or thought they might contact the surgery later.

- **Overall experience of making an appointment**

RCCG – 71%; same as previous 2 years and just under national average of 73

- **Waiting times in surgery**

RCCG- 61%; similar to previous years, and slighter higher than the national average of 58%.

- **Satisfaction with opening hours**

RCCG score was 76%; same as previous year and national average.

Any questions?

Practice Code	Practice Name	Practices will offer sufficient capacity to achieve:			75 contacts per 1000 patients provided by a clinician who is qualified to diagnose	Practices are required to review capacity and demand to ensure they are resourcing demand	Ensure acutely ill children under 12 are assessed by a clinician on the same day	Accept deflections from Yorkshire Ambulance Service (YAS)
		Urgent access wihtin 1 working day	Routine appointment within 5 days	Follow-up appointments within a working week of when the clinician identified				
C87002	Dinnington	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87003	Woodstock Bower	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87004	Kiveton Park	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87005	St Anns	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87006	Magna	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87007	Stag	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87008	Swallownest	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87009	Brinsworth	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87010	York Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87012	Broom Lane	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87013	Parkgate	Yes	No	Yes	Yes	Yes	Yes	Yes
C87014	Treeton	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87015	Wickersley	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87016	Morthen Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87017	Clifton	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87018	High Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87020	Greenside	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87022	Village	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87023	Brookfield	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87024	Rawmarsh	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87029	Market	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87030	Crown Street	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87031	Braithwell Road	Yes	Yes	No	Yes	Yes	Yes	Yes
C87603	Greasbrough	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87604	Thorpe Hesley	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87606	Queens	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87608	Shakespeare Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87616	Blyth Road	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87620	Manor Field	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87621	Broom Valley	Yes	Yes	Yes	Yes	Yes	Yes	Yes
C87622	Gateway	Yes	Yes	Yes	Yes	Yes	Yes	Yes

			Please identify ALL your available appointments by year: (please include HCA, phlebotomy, but direct employees of the practice not other organisations staff)						
Practice Name	Practice Code	Practice List Size (October 2016 - Actual)	1st January - 31st December 2015	1st January - 31st December 2016	1st January - 31st December 2017	Variance between 2015 and 2016	Variance between 2016 and 2017	Average number of available appointments per patient per year	comments re differences
Blyth Road	C87616	6,013	33427	38951	33,869	5524	-5082	6.48	
Brinsworth	C87009	9,819	No response submitted		0		0		
Brookfield	C87023	2,079	9435	10779	11,749	1344	970	5.18	
Broom Lane	C87012	13,046	62048	64502	59,949	2454	-4553	4.94	
Broom Valley Road	C87621	1,831	No response submitted		0		0		
Clifton	C87017	13,364	52213	60808	60,348	8595	-460	4.55	
Crown Street	C87030	9,142	62,970	63,908	53,912	938	-9996	6.99	
Dinnington	C87002	20,883	No response submitted		137,743		N/A		
Gateway Primary Care	C87622	7,173	11,300	30,071	46,655	18771	N/A	4.19	
Greasbrough	C87603	3,374	14548	15503	26,261	955	10758	4.59	Not been able to speak to the Practicee Manager
Greenside	C87020	5,865	33165	36696	37,070	3531	374	6.26	
High Street	C87018	7,929	5987	6353	41,918	366	35565	0.80	1) undertake Triage at Thorpe Hesley branch site 2) Rawmarsh branch undertake telephone consultations from a list on the day 3) employed another salaried GP from Aug 2017 4) Are a training practice and started this in Jan 2017 and have between one and two trainee registrars
Kiveton Park	C87004	11,340	70910	70495	63,938	-415	-6557	6.22	Previous year 2016 practice had IT in to look at the system as it was not pulling through the correct data. In 2017 they have had a nurse of maternity leave and backfill was no put in place.
Magna Group	C87006	10,892	No response submitted		0		0		
Manor Field	C87620	6,440	33,901	34,167	29,451	266	-4716	5.31	Not been able to speak to the Practice Manager
Market	C87029	11,264	45393	47574	70,542	2181	22968	4.22	Practice have had 133,032 apts in total which includes around 50k telephone triage which is undertaken by 1 GP and 1 Nurse and on busy days another Nurse also undertakes this duty. This has released a lot of GP apts but the practice are unable to break this down further. The previous 2016 figures may not have included every appoint as in 2017 GP apts alone were 43,680. The 70,542 includes Phlebotomy, HCA, Nursea and GP apts plu the extra flu clinic they have running on Saturdays whichis around 1,700 apts.
Morthen Road	C87016	11,409	61130	64880	60,035	3750	-4845	5.69	Not been able to speak to the Practice Manager
Parkgate	C87013	6,163	No response submitted		0		0		
Queen's	C87606	1,533	15571	15498	10,593	-73	-4905	10.11	Not been able to speak to the Practice Manager
Rawmarsh	C87024	3,997	14443	16590	17,276	2147	686	4.15	
Shakespeare Road	C87608	5,382	26176	27169	28,695	993	1526	5.05	
Shrivastava	C87031	3,230	23869	24034	16,821	165	-7213	7.44	Not been able to speak to the Practice Manager
St Ann's	C87005	17,838	179360	196110	160,321	16750	-35789	10.99	Not been able to speak to the Practice Manager
Stag	C87007	11,527	54355	62202	64,108	7847	1906	5.40	
Swallownest	C87008	16,582	98550	97912	98,068	-638	156	5.90	
Thorpe Hesley	C87604	5,717	28,936	28,275	4,109	-661	-24166	4.95	Not been able to speak to the Practice Manager
Treeton	C87014	6,473	31030	38695	37,854	7665	-841	5.98	
Village	C87022	7,250	51,806	53,979	No response	2173	N/A	7.45	
Wickersley	C87015	7,042	34,963	36,964	35,702	2001	-1262	5.25	
Woodstock Bower	C87003	11,296	54064	58749	79831	4685	21082	5.20	Not been able to speak to the Practice Manager
York Road	C87010	4,618	17630	18688	19,810	1058	1122	4.05	
TOTALS			1,093,753	1,180,601	1,306,628	86848	126,027		

Practice Code	Practice Name	Please identify any changes you have made to improve access in your practice e.g. telephone triage/consultation, navigation, utilising new roles e.g. pharmacists, walk-in	Any other suggestions in relation to managing demand?
Blyth Road	C87616	Since retirement of Dr Contardi in February 2017 our other 2 GPs now work extra sessions. We have introduced telephone consultations at the end of Dr Avery's morning clinic . We have also employaed 2 ANPs one is Paediatric and Safeguarding Level 4 trained and sees minor ailments and children. The other is Disease Management, EOLC and Community trained and sees our elderly and housebound patients.	
Brinsworth	C87009		

Brookfield	C87023	telephone consultations, extended hours	
Broom Lane	C87012	Saturday, Sunday, Weekday 8 -8 appointments, telephone apps, care navigation, Practice Nurse - LTC, Physio First apps	
Broom Valley Road	C87621		
Clifton	C87017	care navigation inc to Physio1st & Practice Pharmacist - also increasing no of telephone consultations	
Crown Street	C87030	We have not made any changes in this current year but in November 2016 we changed our appointment system from all telephone triage to pre-booked appointments, which include a variety of slots i.e. embargoed, same day bookable, follow up slots for GP's and online slots. We do have one GP per day doing telephone triage and on-call. We do also try and encourage self care to our patients.	
Dinnington	C87002	Care Navigation, Drop in clinic for minor illness every morning, Part of the Saturday Hubs (and run a clinic from our site, We run evening appointments on a Monday. Moved to a total gp triage appointment system.	
Gateway Primary Care	C87622	care navigation, traige clinic, clinical query lists, under 12 years appts, same day appointments, online appts	
Greasbrough	C87603	ANP	
Greenside	C87020	ANP	
High Street	C87018	2 new Salaried GP's, Care Navigation commenced, improved sign posting, Increase in EPS and patient online services	
Kiveton Park	C87004	Care Navigation	
Magna Group	C87006		
Manor Field	C87620	Telephone Triage, Care Navigation, 5 day appointments available. (sit and wait service trialled, but disliked by patients)	
Market	C87029	Telephone triage, Physio First, Care Navigation, Nurse led on-call, New duty/on call process, Extended hours, out of hours hub referrals, upskill of staffing to increase capacity, increase staffing numbers,	

Morthen Road	C87016	Employed an ANP	
Parkgate	C87013		
Queen's	C87606	<ul style="list-style-type: none"> • Telephone Triage/Consultation. • More same day appointments being offered based on the Triage/Consultations • Care Navigation Training • Choose and Book training • Mjog (sms messaging) • Increased online access (posters in surgery, discussed with all new patient when registering, Mjog, discussed when patients bring in repeat scripts. • New receptionist started. • Service review to restructure and improve the way the surgery runs to be more efficient. 	
Rawmarsh	C87024	telephone triage, tel consultations, sick note clinics	
Shakespeare Road	C87608	Telephone triage/consultation, Care navigation, Extended hours, New HCA, Pharmacist, Physiotherapist, Use of Hubs.	
Shrivastava	C87031	increased no of tel consultations and have recently started Nurse Minor Illness clinics on Mon/Tues (trialled Thurs but wasn't justified)	
St Ann's	C87005	New system implemented in November. Signposting via reception, seen on clinical need, face to face and telephone nurse and GP appointments	
Stag	C87007	Increased in nursing and HCA staff by 50%, telephone triage/consultation, navigation, increased daily on call availability by 300%.	
Swallownest	C87008	ANP's/Triage but already in place pre 2107. To increase GP time in 2018	
Thorpe Hesley	C87604	we already have drop-in surgeries for both doctor and nurse practitioner every day at both sites	
Treeton	C87014	Telephone consultations. ANP appointments introduced June 2017. Increase in ANP sessions and Phlebotomy appointments from January 2018	
Village	C87022		

Wickersley	C87015	GP (4 sessions retired) ANP (8 sessions) recruited to start april 18, therefore an increase of 4 sessions/week. GP Telephone consultations started. Phlebotomist recruited Jan 18 (20 hours week) will give better access to nurses and HCA who are currently doing inappropriate work below their pay grade. Apprentice HCA starting March 18.	
Woodstock Bower	C87003	Telephone triage is not working as 90% of patients are brought in to be seen , so we are double handling the patients but are still persevering. . We have ANPs, Pharmacists , physios, do care navigation and are over spending on staff as nearly all the pms monies go on staff costs. We cannot sustain the current level of access and we are still not manging demand	
York Road	C87010	Telephone consultations & triage	

<i>What do you consider is the best strategy for managing demand? Please list in priority order e.g. 1 least effective and 10 most effective (aggregated sum and mean across all practice responses from most effective to least effective):</i>	<i>Sum of response score</i>	<i>Mean response</i>
Patient education	194	7
Telephone systems to direct to appropriate service	169	7
Telephone triage	190	7
Telephone consultation	174	7
Patient Online	137	5
Navigating to appropriate clinician	207	8
Electronic Prescribing Service	130	5
Walk-in service	100	4
Websites	93	4
Telehealth	83	3

Other strategies for managing demand:

The structure around other health providers/ social services appears to be collapsing therefore placing more demand on the GP Practice .

Well organised skill mix

Main cause of problems at our surgery relates to insufficient staff

A&E waiting times increased or patients simply turned away if after suitable triage it has been decided their present problem would be better managed outside A&E

MASS MEDIA EDUCATION - TELEPHONE SYSTEMS TO DIRECT PATIENT TO APPROPRIATE SERVICES IN DIFFERENT LANGUAGES.

What do you consider is the best strategy for managing demand? Please list in priority order e.g. 1 least effective and 10 most effective (aggregated sum and mean across all practice responses from most effective to least effective):	Blyth Road	Braithwell	Brinsworth	Brookfield	Broom Lane	Broom Valley Road	Clifton	Crown Street	Dinnington	Gateway Primary Care	Greasbrough	Greenside	High Street	Kiveton Park	Magna Group	Manor Field	Market	Morthen Road	Parkgate	Queen's	Rawmarsh	Shakespeare Road	St Ann's	Stag	Swallownest	Thorpe Hesley	Treeton	Village	Wickersley	Woodstock Bower	York Road
Patient education	1	4	0	6	10	0	5	8	7	1	10	10	10	10	0	5	5	10	0	10	3	10	10	8	10	10	10	0	10	10	1
Telephone systems to direct to appropriate service	2	7	0	7	2	0	8	4	10	9	3	3	10	10	0	7	3	6	0	4	7	7	8	6	9	7	8	0	6	9	7
Telephone triage	4	10	0	8	7	0	10	10	9	8	8	8	10	8	0	9	10	8	0	9	10	5	4	7	8	2	7	0	3	3	5
Telephone consultation	5	9	0	10	5	0	9	9	6	7	8	8	8	1	0	6	7	5	0	8	9	5	7	9	4	5	6	0	7	7	4
Patient Online	9	2	0	4	4	0	2	6	3	4	9	9	10	1	0	4	6	7	0	7	2	7	5	5	7	6	2	0	4	4	8
Navigating to appropriate clinician	3	8	0	9	6	0	7	7	8	10	8	8	10	10	0	10	9	9	0	6	5	10	9	10	5	8	9	0	9	8	6
Electronic Prescribing Service	7	3	0	3	5	0	4	5	4	6	8	8	10	N/A	0	1	8	2	0	5	4	10	3	4	6	4	3	0	8	6	3
Walk-in service	6	1	0	5	7	0	1	1	1	2	10	10	8	1	0	8	1	4	0	1	8	0	1	1	1	9	5	0	1	5	2
Websites	8	6	0	2	3	0	6	3	5	3	2	2	10	1	0	3	2	3	0	2	1	0	6	2	3	3	1	0	5	2	9
Telehealth	10	5	0	1	3	0	3	2	2	5	2	2	6	1	0	2	4	1	0	3	6	0	2	3	2	1	4	0	2	1	10

194
169
190
174
137
207
130
100
93
83
1477

7
7
7
7
5
8
5
4
4
3

194	7
169	7
190	7
174	7
137	5
207	8
130	5
100	4
93	4
83	3
1477	57

GP Extended Access Hubs

The Saturday morning service commenced January 2017 and has continued throughout 2017/18.

Appointments

Between June and December 2017, the hubs offered the following sessions on Saturday mornings:

North	-	fortnightly sessions with 15 appointments per session
Central	-	weekly sessions with 30 appointments per session
South	-	fortnightly sessions with 15 appointments per session

From January 2018, the North and South hubs increased their Saturday sessions to 20 appointments.

In December 2017, the Central hub commenced the following:

Sunday morning	weekly sessions with 15 appointments per session
Weekday evenings	daily session with 8 appointments per session

The appointment times are made available to practices via the clinical systems.

Over the Christmas period, two additional sessions were provided by the Central hub on 26 December 2017 and 1 January 2018.

It is also planned, once capacity can be put in place, to further increase the number of sessions provided, with an additional hour at each Saturday hub, and an additional 8 appointments at each weekday session.

There has been a slow uptake of appointments, with some practices finding it difficult to fill their slots. However, feedback from those patients that have attended the service has been positive (see Appendix B). The feedback from some practices has been that patients are unwilling to travel to the hubs as they consider them too far away.

Going forward

Utilisation of the sessions will continue to be monitored to ensure that the services are being provided to meet demand.

Utilisation 2017/18

Month	Utilisation
April	53.6%
May	58.3%
June	42.5%
July	37.3%
August	49.2%
September	52.5%
October	25.4%
November	38.6%
December	66.1%
January	81.9%

Appendix A

Central and North hub – Patient Feedback

Rotherham Saturday GP Access

Where did you hear about Saturday appointments?

Newspaper	Poster	Informed by practice
1	1	37

How likely are you to recommend the Saturday Service?

Highly Likely	Likely	Not Likely	Highly unlikely
31	9	0	1

If you were offered a Sunday appointment would you accept it?

Yes	No
39	10

What is your age category?

Under 18	18-24	25-34	35-44	45-54	55-64	65+
7	3	8	6	7	4	10

Other comments

Very welcome service

Saturday and Sunday appointments are more helpful for fulltime working people. Thank you for this service.

DCO	CCG Name	Practice Name	Practice Code	Status	Current MAIN Supplier	Registered Patients	% Patients Enabled for ONLINE
NHS ENGLANHS ROTHAM		DR SHRIVASTAVA'S PRACTICE	C87031		TPP	3246	7.0%
NHS ENGLANHS ROTHAM		WOODSTOCK BOWER GROUP PRACTICE	C87003		EMIS	11325	10.5%
NHS ENGLANHS ROTHAM		BROOM LANE MEDICAL CENTRE	C87012		TPP	13028	10.6%
NHS ENGLANHS ROTHAM		GREASBROUGH MEDICAL CENTRE	C87603		TPP	3412	10.6%
NHS ENGLANHS ROTHAM		YORK ROAD SURGERY	C87010		TPP	4606	11.1%
NHS ENGLANHS ROTHAM		QUEEN'S MEDICAL CENTRE	C87606		TPP	1544	11.9%
NHS ENGLANHS ROTHAM		PARKGATE MEDICAL CENTRE	C87013		TPP	6214	12.4%
NHS ENGLANHS ROTHAM		VILLAGE SURGERY	C87022		TPP	7486	13.7%
NHS ENGLANHS ROTHAM		BROOM VALLEY ROAD SURGERY	C87621		TPP	1791	15.2%
NHS ENGLANHS ROTHAM		HIGH STREET SURGERY	C87018		EMIS	7934	17.0%
NHS ENGLANHS ROTHAM		SWALLOWNEST HEALTH CENTRE	C87008		TPP	16592	17.6%
NHS ENGLANHS ROTHAM		MANOR FIELD SURGERY	C87620		TPP	6455	17.6%
NHS ENGLANHS ROTHAM		DINNINGTON GROUP PRACTICE	C87002		TPP	20782	18.1%
NHS ENGLANHS ROTHAM		THE MAGNA GROUP PRACTICE	C87006		TPP	11113	18.2%
NHS ENGLANHS ROTHAM		CLIFTON MEDICAL CENTRE	C87017		EMIS	13338	18.4%
NHS ENGLANHS ROTHAM		BROOKFIELD SURGERY	C87023		TPP	2091	19.1%
NHS ENGLANHS ROTHAM		MORTHEN ROAD GROUP PRACTICE	C87016		EMIS	11491	19.5%
NHS ENGLANHS ROTHAM		KIVETON PARK MEDICAL PRACTICE	C87004		EMIS	11432	19.6%
NHS ENGLANHS ROTHAM		ST ANN'S MEDICAL CENTRE	C87005		EMIS	17664	20.4%
NHS ENGLANHS ROTHAM		BRINSWORTH MEDICAL CENTRE	C87009		EMIS	9979	21.6%
NHS ENGLANHS ROTHAM		SHAKESPEARE ROAD SURGERY	C87608		TPP	5407	22.7%
NHS ENGLANHS ROTHAM		GATEWAY PRIMARY CARE	C87622		TPP	7413	23.7%
NHS ENGLANHS ROTHAM		CROWN STREET SURGERY	C87030		TPP	9109	23.8%
NHS ENGLANHS ROTHAM		RAWMARSH HEALTH CENTRE	C87024		TPP	4034	23.8%
NHS ENGLANHS ROTHAM		TREETON MEDICAL CENTRE	C87014		TPP	6602	24.1%
NHS ENGLANHS ROTHAM		GREENSIDE SURGERY	C87020		TPP	5924	24.6%
NHS ENGLANHS ROTHAM		BLYTH ROAD MEDICAL CENTRE	C87616		TPP	5971	30.4%
NHS ENGLANHS ROTHAM		STAG MEDICAL CENTRE	C87007		TPP	11612	33.0%
NHS ENGLANHS ROTHAM		THORPE HESLEY SURGERY	C87604		EMIS	5773	33.6%
NHS ENGLANHS ROTHAM		MARKET SURGERY	C87029		EMIS	11512	35.9%
NHS ENGLANHS ROTHAM		WICKERSLEY HEALTH CENTRE	C87015		EMIS	6978	48.9%