

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

**Date:- Thursday, 19 July 2018 Venue:- Town Hall, Moorgate Street,
Rotherham S60 2TH**
Time:- 10.00 a.m.

HEALTH SELECT COMMISSION AGENDA

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) of the Local Government Act 1972
2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency
3. Apologies for absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Minutes of the last meeting (Pages 1 - 12)
7. Communications

For Discussion

8. Carers' Strategy Implementation - Update
Presentation by Richard Smith, Adult Care, Housing and Public Health
9. Savings from Integrated Sexual Health Service 2019-20 (Pages 13 - 24)
10. Scrutiny Workshop - Adult Residential and Nursing Care Homes (Pages 25 - 39)
11. Health Select Commission Draft Work Programme (Pages 40 - 51)

For Information

12. Healthwatch Rotherham - Issues
13. South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update
14. Health and Wellbeing Board (Pages 52 - 69)
15. Date and time of next meeting
Thursday, 6th September. 2018, commencing at 10.00 a.m.

Membership 2018/19


Chairman:- Councillor Evans

Vice-Chairman:- Councillor Short

Councillors Albiston, Andrews, Bird, Cooksey, R. W. Elliott, Ellis, Jarvis, Keenan, Marriott, Rushforth, Taylor, Williams and Wilson.

Co-opted Member:

Robert Parkin (Rotherham Speak Up)



Chief Executive.

HEALTH SELECT COMMISSION**14th June, 2018**

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Jarvis, Marriott and Rushford, Vicky Farnsworth and Robert Parkin (Rotherham SpeakUp).

Apologies for absence:- Apologies were received from Short, Taylor and Williams.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

1. NEW MEMBERS

The Chair welcomed Councillors Albiston and Cooksey to their first meeting of the Select Commission. Councillor Taylor was also a new Member but had submitted his apologies for the meeting.

2. VICKY FARNSWORTH

The Chair reported that this would be Vicky's last meeting of the Select Commission.

The Chair thanked Vicky for her valuable contributions to the meetings.

3. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

5. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 12th April, 2018.

Resolved:- That the minutes of the previous meeting held on 12th April, 2018, be approved as a correct record.

Arising from Minute No. 84 (Urgent and Emergency Care Centre Update), it was noted that the Chief Officer had confirmed that Care UK had had the contract for 5 years but had chosen not to renew it as the company was looking to refocus their business. There had not been any financial penalties.

Arising from Minute No. 86 (South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update), it was noted that the Committee had met on 12th June at which updates had been submitted on Hyper Acute Stroke Care and the implementation of changes to Children's Surgery and Anaesthesia.

Although planning was continuing for the changes to Hyper Acute Stroke agreed by the Joint Committee of Clinical Commissioning Groups last year, the outcome of an appeal hearing on 25th June to have a Judicial Review was awaited.

Designation visits to ensure hospitals would meet the required specification for Children's Surgery and Anaesthesia had been completed. Hospitals had action plans they were working on. Implementation of the changes should have commenced in quarter one but would now be from quarter 3. Clinical Working Groups had been developing the care pathways and most had now been signed off. Further information had been requested from the NHS.

The update from the JHOSC on the Hospital Services Review would be considered under Minute Nos. 99 and 100.

Councillor Roche, Cabinet Member, Adult Social Care and Health, reported that, with regard to the Hyper Acute Stroke Unit, he had formally complained to the Clinical Commissioning Group and Sir Andrew Cash with regard to the lack of formal consultation.

6. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT "THE HEALTH AND WELLBEING OF THE WORKING AGE POPULATION"

Terri Roche, Director of Public Health, introduced the 2017 independent annual report with the aid of a powerpoint presentation together with Gill Harrison, Public Health Specialist.

The 2015 and 2016 annual reports had been the first 2 in a series of 3 planned annual reports that worked through the life course, focussing on key health issues at different stages of life.

Living well was important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life could increase life expectancy and making the right life choices could reduce the likelihood of premature death and suffering certain long term conditions.

The 2017 annual report focussed on living and working well and was broken down into chapters on:-

- Mental Health, Wellbeing and Loneliness
- Dealing with Drug and Alcohol Misuse

- Tackling the Issue of Domestic Abuse
- Looking after Sexual Health
- Towards a Smoke-free Generation
- Addressing Obesity
- Physical Activity
- Long Term Conditions
- Environments and Health
- Cancer Screening
- Flu Vaccination
- Making Every Contact Count
- Work and Health

The key recommendations in the report were:-

- Work and health in partnership – to help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work
- Making Every Contact Count (MECC) – working with partners to deliver MECC (Healthy Chats) which was a key component of the Rotherham Integrated Health and Social Care Strategy
- Mental Health – Public Health to lead on the implementation of the Better Mental Health For All Strategy with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing
- Physical Activity – Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as the Authority's award winning parks (green spaces), promoting active travel and working the Planning Department to develop obesogenic environments
- Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the Health and Social Care Plan

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

- Possible correlation between the loss of heavy industry and the increase in men's life expectancy
- Decline in women's healthy life expectancy
- Lack of control over online gambling
- Clarification required as to whether the 27.2% not in work referred to those who had illnesses or those who were long term unemployed

- Other reasons for numbers of domestic abuse incidents increasing besides more reporting and changes to recording
- Intention to work with Children's Services and partners to look at Adverse Childhood Events – it was known that events such as domestic abuse and neglect in children's early years had a massive impact on them not just physically but also psychologically
- The measure for healthy life expectancy was based on a national annual survey where a number of the population were asked whether they were in good or bad health. It was the same questions across the whole country
- Although not perfect the BMI (Body Mass Index) measure was the most accurate and acceptable one to the population
- There was still research to take place as to the effects of e-cigarettes and there was no legislative control over them as there was for passive smoking
- Work was being carried out on perinatal mental health. There was emerging research about the stress effecting the development of the unborn baby
- Addressing long-term methadone use as in the past the Drug Strategy had focussed on maintenance but work was now taking place on persuading users the best thing for them was to be drug free
- The Specialist Misuse Service had been commissioned to deal with any drugs and not just opiate based drugs
- Children's Services did a lot of work identifying domestic abuse and work was taking place with Housing Officers
- Although an excellent service, early access to the Abortion Service was low by all age groups. Work was to take place to ascertain the reasons why and speak to Service users. There were 2 Abortion Services commissioned in Rotherham one of which also provided the service in Doncaster. There was a marked difference between the access in Doncaster to that of Rotherham
- Speakup worked with a number of women with learning difficulties who did not fully understand sexual health and contraception. The Sexual health Strategy Group did acknowledge this point and agreed that more work needed to be done with this particular cohort of the population

- Access through GPs to help stop smoking in pregnancy needs more work but the midwife should offer smoking cessation products or support
- Although it was felt that vaping had been responsible for a significant dip in the number of people smoking, reducing tobacco dependency would be the priority due to the other carcinogenic substances in cigarettes not just the nicotine. Currently it was not recorded how many people vaped.
- There was no regulation on take-away foods to include sugar, salt and fat content although work had been done elsewhere with restaurants to produce healthier dishes
- More work was needed with regard to parent education but it came down to funding and prioritisation. Training was carried out with Health Visitors about weaning and there was a Childhood Weight Management Programme for the whole family
- There was no powers under Planning Legislation with regard to fast food take-aways. The professional body of Directors of Public Health had lobbied the Government on this issue
- The Plan dealt with the symptoms but there was insufficient focus on prevention including Adverse Childhood Events
- Statistics to be provided with regard to treatment and recovery from cancers compared to the national average as well as at what point in the disease cycle people accessed care
- Until recently GPs had delivered the NHS Health Check Service. The Service had now been moved into Get Healthy Rotherham in an attempt to target the population groups most at risk
- Clarification sought as to whether adults with learning disabilities were still offered the flu vaccination
- MECC was being evaluated up and down the country. Every time training was carried out trainee contact details were taken and they were told they would be contacted on a regular basis and asked to submit an anonymised case study in terms of how MECC had been used and received. All the information submitted would be captured
- During the training it was made very clear that they were not expected to approach a member of the public and start asking them questions; if they brought up a health issue during conversation that was an opportunity to be taken advantage of

- MECC website included simple signposting with a location view of where services were located (national or local) in addition to self-care information.
- MECC training could be offered to Members
- The recommissioned Lifestyle Service focussed on the most deprived 5 areas – Rotherham East, Rotherham West, Boston Castle, Rawmarsh, Maltby and Wingfield Valley. It was acknowledged that there were significant areas of deprivation in other Wards but it was hoped that they would be picked up through the work of Thriving Communities and work with Members

The Chair thanked Terri and Gill for their presentation.

Resolved:- (1) That the annual report of the Director of Public Health be noted.

(2) That the recommendations within the report be supported with further feedback on the progress made on the detailed action plan submitted in due course.

(3) That illegal highs, in particular spice, be included within the Substance Abuse section of the Plan as a specific element.

(4) That the Select Commission ensures that Services take account of the Director of Public Health Annual Report in Service Planning and Delivery

(5) That the Sexual Health Strategy be submitted to the Select Commission in due course.

(6) That the Sexual Health Strategy include a specific element regarding education and communication to people with learning disabilities and those with barriers to communication.

(7) That the Director of Public Health discuss with colleagues in Children's Services the issue and impact of Adverse Childhood Events and health interventions as part of the Public Health agenda.

7. NOTES FROM HEALTH VILLAGE EVALUATION WORKSHOP

Janet Spurling, Scrutiny Officer, reported that a sub-group of 4 Members (Councillors Evans, Elliott, Jarvis and Short) had met to discuss the key findings and challenges from the final evaluation of the Health Village Pilot.

The aim of the sessions was to feed into the discussions about the best way of rolling out the integrated model across the rest of the Borough,

across localities with differing demographic profiles and health needs.

Arising from the notes of the meetings the following issues were raised that it was felt should be included in the outcome measures for the wider rollout:-

- Qualitative information
- Staff perception of how it was working in the multi-disciplinary teams
- Liaison and communication with carers
- Carer feedback
- Patient experience and catching user feedback

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

(2) That the issues highlighted above be conveyed to the relevant officers.

(3) That the Select Commission continue to monitor progress on developing the Health Village and the roll out to the first Partnership Area during its work programme in 2018/19.

(4) That Members be included in the field trip visit to the Health Village, Care Co-ordination Centre and Single Point of Access.

8. IDEAS FOR HSC WORK PROGRAMME 2018-19

Janet Spurling, Scrutiny Officer, gave the following powerpoint presentation on the suggested 2018/19 work programme:-

Recap 2017/18 – “Big Five”

- Rotherham Integrated Health and Social Care Place Plan (IHSCP)
- Adult Social Care (development programme and performance)
- Learning Disability
- Mental Health (child and adolescent)
- Joint health scrutiny – NHS reconfiguration

Rotherham Integrated Health and Social Care Plan

- Prevention, self-management, education and early intervention
- Rolling out integrated locality working model – ‘The Village’ pilot
- New Integrated Urgent and Emergency Care Centre (July 2017)
- Further development 24/7 Care Co-ordination Centre
- Building a Specialist Re-ablement Centre

Plus

- Drug and Alcohol spotlight
- Refresh of Health and Wellbeing Strategy
- CCG Commissioning Plan and IHSCP refreshes
- Carers Strategy
- Access to GPs

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- Care Homes
- NHS Trust quality accounts (annual) x 3
- Adult and Older People Mental Health Transformation
- Delayed Transfers of Care

Continuing from 2017/18

- “Big Five”
- Director of Public health – annual report
- Carers – links Adult Social Care Programme
- Monitoring reports past reviews
- Social and Emotional Mental Strategy
- Child and Adolescent Mental Health
- Joint Health Scrutiny – new proposals and implementation of service changes

Other Suggestions

- Autism Strategy
- Health and Wellbeing Strategy implementation
- Primary Care and implementation of GP Forward View
- RDaSH Estate – links to locality working
- Breathing Space – Respiratory Services
- Space for a couple of spotlight reviews on key issues that emerge through the year

Methods – for example

- Reports
Initial and HSC to decide if more work needed
Information/progress monitoring
- Presentations
- Reviews – spotlight or full
- Sub-groups
- Visits
- Service user/patient experience – case study or direct

A further suggestion made in terms of addressing health inequalities was to look at whether any specific targeted work was being undertaken in the Borough's most disadvantaged areas, geographic or communities of interest.

Resolved:- (1) That the final draft work programme be submitted to the July Select Commission meeting subject to endorsement by the Overview and Scrutiny Management Board.

(2) That sub-groups continue to scrutinise the Quality Accounts and performance of 3 NHS Trusts.

(3) That a sub-group be established to scrutinise Adult Social Care performance data.

9. STAKEHOLDER BRIEFING FOR HOSPITAL SERVICES REVIEW

The Chair reported on the recent JHOSC meeting held on 12th June, 2018, at which the key points discussed included:-

- The Hospital Services Review was an independent review. The final report and recommendations would be discussed by the Clinical Commissioning Groups individually at their Governing Body meetings during June and July who may or may not accept the recommendations
- The focus was on sustainable acute hospital services and covered the 5 specialities that had emerged as ones where most impact could be made
- Challenges:
 - Workforce shortages
 - To remove clinical variations in care so that whichever hospital a patient attended they would receive the same care
 - To make more of IT and new technology
- It was reiterated that there were no plans to close any hospitals and for most patients to continue having most of their hospital care in their local hospital
- Not expected to have any redundancies but possibly some new ways of working for some staff and the trade unions were involved
- The focus was on achieving change through greater collaboration between the hospitals in the first instance before thinking about service reconfiguration
- Review looked at options for each of the 5 specialities, tested them against set criteria and came up with recommendations
- A new Transport Reference Group was being set up to include a range of stakeholders including both ambulance services and the public
- A public leaflet would be out soon on the Hospital Services Review and they were developing easy read documents
- The review report, technical annexes and supporting papers were all available on the website at www.healthandcaretogethersyb.co.uk including details of consultation and public involvement to date
- Further update at the July meeting

This item would be included on future agendas.

10. HOSPITAL SERVICES REVIEW Q&A SHEET

Please see Minute No. 99.

11. REMEMBERING GRENFELL

The Select Commission observed a minute's silence in remembrance of those that lost their lives and the many others affected by the Grenfell tower fire last year.

12. ROTHERHAM HEALTHCARE RECORD

The Select Commission noted the leaflet, submitted for information, with regard to the Rotherham Healthcare Record.

13. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 19th July, 2018, commencing at 10.00 a.m.

HSC Questions

- Clarification as to whether the 22.7% not in work referred to those who had illnesses/LTCs and were on related benefits or those who were long term unemployed

The 22.7% of the working age population not in work and not looking for work refers to those who are 'economically inactive' and includes those who had illnesses or long-term conditions. It does not include those who are unemployed.

- Any research on links between adult mental ill health/anxiety transfer to babies almost being hereditary

Family history is a risk factor for some mental ill health conditions – but given that many of the socio-economic and other living conditions would generally be shared amongst families this is a complex area.

Searching pscINFO and Medline about the impact of anxiety on babies shows very limited study and the methodologies were also questionable so there is very little evidence at present.

- Statistics to be provided with regard to treatment and recovery from cancers compared to the national average as well as at what point in the disease cycle people accessed care

(Data represents NHS Rotherham CCG on cancer for treatment and survival – there is no data on 'recovery' collected. Standards are National Cancer Waiting Times. Data source: Public Health England)

Treatment 1 (% of patients treated within 31 days, standard to be achieved is 96% - maximum 31 day wait from diagnosis of cancer to first definitive treatment)

Rotherham: 96.1%

England: 97.7%

(Rotherham is below the England average but achieves the standard)

Treatment 2 (% of patients treated within 62 days, standard to be achieved is 85% - maximum 62 day wait from urgent GP referral for suspected cancer to first definitive to first definitive treatment)

Rotherham: 81.8%

England: 82.6%

(Rotherham is below the England average and below the standard)

Survival (one year survival for all cancers combined, calendar year of diagnosis 2015)

Rotherham: 70.7%

England: 72.3%

(Rotherham is significantly lower than the England average)

Stage of cancer at diagnosis (cancer diagnosed at an early stage – experimental statistics 2016)

Rotherham: 46.9%

England: 52.6%

- Clarification sought as to whether adults with learning disabilities were still offered the flu vaccination

An NHS England embedded Screening and Immunisation Team (SIT) for South Yorkshire & Bassetlaw has responsibility for the commissioning and implementation of the national routine screening and immunisation programmes including flu vaccination.

The National Screening Programme prioritises vulnerable groups and adults with learning difficulties would fall within this category meaning that they would be offered the vaccination.

Update on Recommendations:

- (3) That illegal highs, in particular spice, be included within the Substance Abuse section of the Plan as a specific element

Spice is a colloquial term for a herbal mixture containing one or more synthetic cannabinoids.

Within our Substance Misuse Treatment services 'Spice' is recorded as a New Psychoactive Substance (NPS) on the National Drug Treatment Management System (NDTMS). Rotherham recorded 5 new clients into treatment services with NPS as either the first / second or third drug of choice in 2016-17.

Members may want to ask further questions during their next visit to Carnson House.

- (5) That the Sexual Health Strategy be submitted to the Select Commission in due course.

The Sexual Health Strategy has been tabled as an agenda item on the Health Select Commission meeting on 29th November 2018.

- (6) That the Sexual Health Strategy include a specific element regarding education and communication to people with learning disability and those with barriers to communication.

Yes, this has been taken on board and people with learning disability will be included in the action planning.

- (7) That the Director of Public Health discuss with colleagues in Children's Services the issue and impact of Adverse Childhood Events and health interventions as part of the Public Health agenda.

The Director of Public Health has raised this with Children's Services and has sent round a video (<https://www.youtube.com/watch?v=YiMjTzCnbNQ>) for information. She will raise this with the newly appointed Director of Children's and Young People's Services, Jon Stonehouse. This will also be discussed with Christine Cassell, the Chair of the Rotherham Local Safeguarding Children Board.

BRIEFING PAPER FOR HEALTH SELECT COMMISSION
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1.	Date of meeting:	19th July 2018
2.	Title:	Progress in relation to the All Service Review (ASR) savings (2019/20) from the Integrated Sexual Health Services budget
3.	Directorate:	Adult Care, Housing and Public Health Directorate, RMBC

4. Introduction

4.1 Since 1st April 2013, every local authority has a legal duty to protect the public's health. The Regulations state that the Director of Public Health is responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns. Local authorities are mandated (statutory function) to ensure that the population receives effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to Sexually Transmitted Infections (STI) outbreaks.

4.2 The Regulations (2013) covering local authorities responsibilities under the Health and Social Care Act (2012) also state that:
'Each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area'.

It goes on to say that this includes advice on and access to a broad range of contraceptive services, treating, testing and caring for people with sexually transmitted infections*, preventing the spread of sexually transmitted infections, partner notification and advice on preventing unintended pregnancy.

(*this does not include *treatment* for HIV infection which is the responsibility of NHS England).

4.3 During 2016 RMBC Public Health tendered for an Integrated Sexual Health Service (ISHS) which would provide a broad range of contraceptive services and a comprehensive STI prevention, testing and treatment service. The tender was awarded to The Rotherham NHS Foundation Trust (TRFT) and the new service started on 1st April 2017.

4.4 The ASR PH3 Savings (2019/20) agreed at Council 28th February 2018 resulted in a 2.6% reduction (£56,000) from the overall contract value for the commissioned ISHS. This reflects the year on year reduction in the overall Public Health Grant.

- 4.5 The savings have been profiled for 2019/20 due to the service having recently been out to competitive tender with a budget reduction from the original value and due to them also, from 1st April 2018, taking on the responsibility for provision of contraceptive services in primary care (GPs and Pharmacy) with a reduction in that budget from its original value.
- 4.6 The ASR PH3 (2019/20) saving has been negotiated jointly by both Public Health and TRFT, the service provider. As part of the original tender TRFT were commissioned to provide clinics at a range of times and locations to give people more opportunities to attend the clinic sessions. TRFT propose to stop providing a newly opened Sunday clinic, which is not as well utilised as other clinics and is more expensive to run whilst still providing a range of alternative clinics available. This will result in a saving of £26,000. TRFT have produced an impact assessment in relation to this proposal (Appendix 1) .
- 4.7 Local authorities are mandated by the Health and Social Care Act (2012) to prevent the spread of STIs, including HIV prevention. Public Health have a budget of £30,000 for this work and the current contract has now come to an end. TRFT sub contract with a third sector organisation, Yorkshire MESMAC who are already providing awareness raising, prevention and testing for all STIs including HIV. A contract variation is, therefore, being agreed between RMBC Public Health and TRFT to include specific HIV prevention work within their existing service resulting in the £30,000 saving.
- 4.8 The £26,000 saving from the reduction in clinic time and the £30,000 from TRFT providing HIV prevention from within their existing budget result in the £56,000 savings being found.

5. Key Issues

- 5.1 Local authorities have a statutory duty (under the Health and Social Care Act, 2012) to ensure the provision of open access sexual health services which provide access to a full range of STI testing, treatment and a full range of contraceptive options and to prevent the spread of STIs including HIV prevention.
- 5.2 As part of the ASR process a 2.6% reduction (£56,000) from the overall contract value for the ISHS was identified to reflect the reduction in the Public Health Grant to Local authorities.
- 5.3 Due to the service being recently tendered and the mobilisation of the primary care subcontracts, the saving was identified for 2019/20 which would allow TRFT, the provider of the service, and Public Health to explore how the savings could be made whilst maintaining compliance to the Public Health Grant mandate and meeting the needs of service users.

- 5.4 TRFT completed an impact assessment for the proposed closure of the new clinic (Appendix 1) and are introducing new clinic times to mitigate any effects. As the NHS 48hour waiting time does not apply in this situation it will not be adversely affecting patients.
- 5.5 Public Health and TRFT are agreeing a contract variation to reflect the change in clinic provision (releasing a £26,000 saving) and for the service to include HIV prevention (releasing a £30,000 saving).

6. Key actions and relevant timelines

- 6.1 TRFT have already been served notice (as per the contractual requirements) of the planned budget reduction as of 1st April 2019.
- 6.2 Public Health and TRFT are agreeing the contract variation to reflect the change in clinic provision and the provision of HIV prevention work. The contract variation will be in place before 1st April 2019.
- 6.3 TRFT will provide alternative clinic times throughout 2018 and will monitor service access and use and this will continue after 1st April 2019.
- 6.4 MESMAC will provide additional HIV prevention, HIV testing and outreach to vulnerable groups.

7. Recommendations to HSC

- 7.1 That the HSC acknowledge the impact assessment and the progress made in relation to the ASR PH3 savings from the Integrated Sexual Health Services budget.

8. Name and contact details

Strategic Director Approving Submission of the progress against the savings and the impact assessment
Teresa Roche, Director of Public Health

Report Author(s)
Gill Harrison Public Health Specialist
Public Health Department

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Under the Equality Act 2010 Protected characteristics are Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity. Page 6 of guidance. Other areas to note see guidance appendix 1

Name of policy, service or function. If a policy, list any associated policies:	Integrated Sexual Health Services. The Rotherham NHS Foundation Trust
Name of service and Directorate	Integrated Sexual Health Service – Family Health-TRFT
Lead manager	
Date of Equality Analysis (EA)	29/05/18
Names of those involved in the EA (Should include at least two other people)	

Aim / Scope

Rotherham Integrated Sexual Health Service has received notice of a planned year on year budget reduction of £26,000 as of April 2019.

In order to achieve these savings it is suggested that the service will close on Sundays from the 1st of April 2019. The service currently opens 11.00 am-14.00 pm providing both sexual health screening and contraceptive services to those under 25 years.

The rationale for closing Sunday services is to achieve maximum savings while causing minimum disruption and risk to both patients and staff. Sunday working incurs enhanced unsociable hours payments to staff therefore greater savings can be made with minimum reduction in overall clinic capacity.

On reviewing the attendance data for 1 April 2017 – 31 March 2018 the uptake of Sexual Health screening appointments on a Sunday in comparison with clinics during the rest of the week is reduced.- (282 appointments available, 135 utilised, 48% uptake) in comparison to the uptake of Sunday Contraceptive appointments, (282 available appointments, 277 utilised, an uptake of 98%.

SUNDAY CLINIC DATA 1 April 17 - 31 March 18

CLINICS	CAPACITY	UTILIZED	% FILLED
Contraception	282	277	98%
Screen & Go	282	135	48%
TOTAL	564	412	73%

These figures highlight a demand for both services, particularly contraceptive services on Sundays; however patients' requiring emergency contraception is low.

Steps have been taken to mitigate and minimise any risk to patients arising from the

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

closure of Sunday clinics:

The following measures have been taken:-

- As part of the GP contract the service has set up two weekly Implant clinics for under 25 year olds. These are in Eastwood and East Herringthorpe which are areas of deprivation within Rotherham town, thus targeting hard to reach individuals and providing a greater choice of venues for young people. This is in addition to seven established youth clinics for under 20 year olds.
- A record number of pharmacists within Rotherham area have signed a contract with TRFT to provide emergency hormonal contraception with effect from 1 April 2018 – this information is visible on the Trust website and within clinical areas. **Appendix 2**, demonstrates the distribution across Rotherham Borough.
- ISHS will continue to provide a walk in service for those under 25 years on Saturday mornings, between 10.00 am -14.00pm. This service is for walk in contraception and pre booked appointments.
- The request for and uptake of LARC (Long acting reversible contraception) is currently 40% in the Sunday service and these appointments will be re- provide as Screen & Go appointments to under 25's on a Monday evening 16.30pm-19.30pm and Wednesday afternoons 13.30pm-16.30pm. If there is capacity within these clinics LARC will be offered at the first appointment. If this is not feasible a follow up appointment will be made.
- Regarding performance indicators for the uptake of LARC under 18 years (Target >25%) 18 years – 25 years (Target >30%) with a year on year increase. These targets are currently being achieved with the existing service (Including Sundays) however with the additional Monday and Wednesday clinics it is anticipated that these targets will be maintained with a year on year increase.
- Current data from April and May 2018 indicates a high demand for repeat pills on a Sunday (+50% of Sunday attendances) we would utilize our capacity within the evening services Monday-Thursday 16.30-19.30 pm to re-provide these appointments.
- The Integrated Sexual Health Website will clearly identify to patients and GP Practises the sexual health clinic options available both within the Trust & in the community including links to MESMAC. This will include details of opening times & contact numbers.

What equality information is available? Include any engagement undertaken and

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

<p>identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics? See page 7 of guidance step 2</p> <p>We will continue to offer a number of alternative services for young people, six days a week including four evening clinics Monday-Thursday 16.30-19.30 pm. Friends and family feedback will continue to be reviewed and discussed at clinical governance meetings. Staffs within the service regularly provide feedback and make suggestions through weekly staff huddles and at monthly staff meetings.</p>	
<p>Engagement undertaken with customers. (date and group(s) consulted and key findings) See page 7 of guidance step 3</p>	<p>To date informal feedback from patients and staff has been considered.</p> <p>We plan to conduct a patient survey during June-August to confirm these findings.</p>
<p>Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings) See page 7 of guidance step 3</p>	<p>A number of management meetings have been held and an objection document has been submitted to RMBC highlighting concerns raised with regard to any budget retraction within ISHS, and the implications this may impose on service users and the wider community.</p> <p>Staffs are unaware of the proposed reduction in service due to concerns regarding morale, since staff within the service have undertaken a significant time of change including two consultation processes resulting in a reduction in staff numbers. The decision not to inform staff is to protect and minimise work related stress, and not to destabilise the service. Informal engagement with staff is an on-going process within the service.</p>
<p>The Analysis</p>	
<p>How do you think the Policy/Service meets the needs of different communities and groups? Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive.</p> <p>ISHS will continue to offer a wide range of services at varying locations which is demonstrated in Appendix 3 - these aim to meet the needs of differing groups and communities within Rotherham</p>	
<p>Analysis of the actual or likely effect of the Policy or Service: See page 8 of guidance step 4 and 5</p> <p>Does your Policy/Service present any problems or barriers to communities or</p>	

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Group?

Identify by protected characteristics

Does the Service/Policy provide any improvements/remove barriers?

Identify by protected characteristics

As highlighted earlier and included in this document RMBC has been provided with a document highlighting the concerns raised regarding the immediate and long term effects of any budget cuts to ISHS.

To mitigate against any risk to patients associated with the closure of Sunday clinics and as previously identified, the service will continue to provide a six day service including four late evenings Monday-Thursday working until 8pm and also providing a Saturday walk in service 10.00 am -14.00 pm for under 25 years old.

In addition to this the service operates;

- Seven youth clinics during the week for individuals under 20 years of age these clinics are widely distributed across the borough.
- Two Implant clinics within deprived areas for females under 25 years of age.
- ISHS works in collaboration with MESMAC, a third sector charity, who provide daily targeted screening services to, BME, LGBTQ, MSM's and under 25 year olds.
- Since April 2018 numerous pharmacies (**Appendix 2**) within Rotherham are now providing EHC, details of these are on Rotherham ISHS website and in Trust clinical areas.

What affect will the Policy/Service have on community relations?

Identify by protected characteristics

Integrated Sexual Health Service will continue to strengthen community relations with GP Practices and Pharmacists in the Rotherham area in addition to attending PLT events & LMC & LPC meetings together with Practice Managers Meetings.

However the reduction of a newly established seven day Integrated Sexual Health Service will impact on community relations with the Trust reducing a gold standard service within the Rotherham Borough.

Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

Website Key Findings Summary: To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Equality Analysis Action Plan - See page 9 of guidance step 6 and 7

Time Period - April-August 2018

Manager - Clinical Lead

Service Area - Integrated Sexual Health Services The Rotherham Foundation Trust

Tel : 01709 - 427760

Title of Equality Analysis:

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic.

List all the Actions and Equality Targets identified

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
Collate and review data for Sunday under 25's service COMPLETED	ALL	April - May 2018
Management team to discuss data and improvement of access elsewhere COMPLETED	ALL	May – June 2018
Informal discussions with ISHS staff members regarding service provision ONGOING	ALL	May – July 2018
Conduct patient survey to ascertain views on service provision	ALL	June – August 2018
Name Of Director who approved Plan		Date

Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

***A = Age, C= Carers D= Disability, S = Sex, GR Gender Reassignment, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.**

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members SLT or Directorate Management Teams

Completed equality analysis	Key findings	Future actions
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Appendix 1: RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Completed equality analysis	Key findings	Future actions
<p>Directorate:</p> <p>Function, policy or proposal name:</p> <p>.....</p> <p>Function or policy status: (new, changing or existing)</p> <p>Name of lead officer completing the assessment:</p> <p>.....</p> <p>Date of assessment:</p>		

Appendix 3 **INTEGRATED SEXUAL HEALTH SERVICES 2019-20**

<u>Service</u>	<u>Day/Hours</u>	<u>Location</u>	<u>Timing</u>	<u>CONTACT</u>
Integrated Sexual Health Clinics The Rotherham Foundation Trust Site	6 DAY SERVICE Monday-Thursday 9.00-20.00 pm Friday 9.00-17.00 pm Saturday 10.00-14.00 pm	The Rotherham Foundation Trust Site Level C	Daily	TELEPHONE NUMBER 01709-427777 to book an appointment SATURDAY under 25's Sexual Health & contraceptive walk in service
HIV Clinic	Over 5 days Monday Wednesday and Friday 8.30am-17.00 pm Tuesday and Thursday 8.30-19.00 pm	The Rotherham Foundation Trust Site Level C	Monday to Friday	TELEPHONE NUMBER 01709-427777 to book an appointment
MESMAC Clinics DROP IN TESTING HIV GONORRHOEA CHLAMYDIA & PREGNANCY	Tuesday 10.00-14.00 pm Thursday 15.00-19.00 pm FIRST Saturday of each month 11.00-15.00pm	11 Mansfield Road Rotherham	Tuesday Thursday Weekly First Saturday Monthly	DROP IN TESTING TELEPHONE NUMBER 01709-242202 E mail www.mesmac.co.uk to book an appointment
Wath Youth Clinic	Monday 12.20-13.20 pm	Wath Comprehensive School	Term Time Only	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS
Dearne Valley College Drop in Clinic	Tuesday 11.45-13.30 pm	Dearne Valley College	Term Time Only	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS
JADE Dinnington Youth Clinic	Monday 15.15-17.00 pm	JADE Project New Street Rotherham	Term Time Only	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS
Sex Wise Youth Clinic	Tuesday 15.00-17.00 pm	Eric Manns Building	Weekly	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS
Swinton Comprehensive School Youth Clinic	Wednesday 14.45-16.30 pm	Swinton Comprehensive School	Term Time Only	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS
Rawmarsh Community School Youth Clinic	Thursday 3.00-17.00 pm	Rawmarsh Community School	Term Time Only	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS
Maltby Lynx Youth Clinic	Thursday 3.00-17.00 pm	Lily Hall Road	Weekly	For under 19's only SEXUAL HEALTH DROP IN YOUTH CLINICS

Summary Sheet

Council Report

Health Select Commission – 19 July 2018

Title

Scrutiny Workshop: Adult Residential and Nursing Care Homes

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

No

Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Report Author(s)

Janet Spurling, Scrutiny Officer, Assistant Chief Executive's Directorate
01709 254421 or janet.spurling@rotherham.gov.uk

Ward(s) Affected

All

Executive Summary

This report sets out the main findings and recommendations from the scrutiny workshop undertaken by the Health Select Commission to consider residential and nursing care home for adults aged over 65.

Recommendations

That the Health Select Commission:

- 1 Consider the findings of the workshop as presented in the report in Appendix 1.
- 2 Determine any further recommendations they wish to make.
- 3 Agree to forward the final report to the Overview and Scrutiny Management Board for their consideration.

List of Appendices Included

Appendix 1 – Report of Scrutiny workshop: Adult Residential and Nursing Care Homes

Background Papers

As listed in Appendix 1.

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Overview and Scrutiny Management Board

Council Approval Required
No

Exempt from the Press and Public
No

Scrutiny Workshop: Adult Residential and Nursing Care Homes

1. Recommendations

That the Health Select Commission:

- 1.1 Consider the findings of the workshop as presented in the report in Appendix 1.
- 1.2 Determine any further recommendations they wish to make.
- 1.3 Agree to forward this report to Overview and Scrutiny Management Board for their consideration.

2. Background

- 2.1 The Health Select Commission agreed to schedule a scrutiny workshop on residential and nursing care home provision for older people in their 2017-18 work to consider progress in bringing about improvements to safety, quality and effectiveness in the sector.
- 2.2 It was also an opportunity to explore the impact of the Care Home Support Service, as the care home sector is one of the transformation initiatives under the Rotherham Integrated Health and Social Care Place Plan, a significant part of the Commission's work programme.

3. Key Issues

- 3.1 Several key themes have been identified by partners to focus on to drive improvements across the care home sector through the auspices of the Quality Board established in September. These are:
 - governance and leadership
 - addressing the turnover of Registered Managers
 - workforce development
- 3.2 Sharing information and intelligence between partner agencies, including the Care Quality Commission, is well established when there are concerns about an individual provider. Contract monitoring processes are also in place based around a risk matrix toolkit that collates data about each provider.
- 3.3 The Care Home Support Service and Clinical Quality Advisor are working to raise standards through support and training and instigating improvements to operational care issues. They are also involved in supporting the care of specific cohorts of care home residents, especially ones most at risk of hospital admission or readmission, to try and reduce the need for secondary care services.

4. Options considered and recommended proposal

- 4.1 Health Select Commission are asked to consider the review findings and to determine any additional recommendations they wish to make before the final report is presented at the Overview and Scrutiny Management Board.

5. Consultation

5.1 Not applicable.

6. Timetable and Accountability for Implementing this Decision

6.1 The response from Cabinet and Commissioners to the review recommendations will be reported back to the Health Select Commission in the autumn.

7. Financial and Procurement Implications

7.1 Any financial and procurement implications will be considered by Cabinet and Commissioners in their response to the recommendations.

8. Legal Implications

8.1 There are no direct legal implications arising 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 focus of the review was on older people in residential and nursing care homes.

11. Equalities and Human Rights Implications

11.1 Scrutiny focuses on improving services and support, ensuring the needs of groups sharing an equality protected characteristic, such as age and disability, are taken into account.

12. Implications for Partners and Other Directorates

12.1 Rotherham Clinical Commissioning Group are involved in commissioning services and the Care Home Support Service are based at Rotherham Hospital.

13. Risks and Mitigation

13.1 Safe, quality care for older people living in residential or nursing care homes is vital. The work of partners through commissioning and contract management, the Quality Board and the Care Home Support Service contributes to improving standards.

14. Accountable Officer(s)

James McLaughlin, Democratic Services Manager

This report is published on the Council's website or can be found at:-
<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Scrutiny Workshop: Adult Residential and Nursing Care Homes

Health Select Commission

April 2018

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1. Why Members wanted to undertake this scrutiny workshop

A Member seminar on 11 July 2017 focused on the powers of the Care Quality Commission (CQC) with regard to inspecting care homes. The CQC's ratings for Rotherham's independent sector residential and nursing care home provision for adults were also discussed. At that time four local care homes were rated as inadequate by the CQC – Byron Lodge, Meadow View, Queen's Care Centre and West Melton. The presentation at the seminar provided an overview of the main issues identified in each one, together with some general themes across the sector.

In order to improve quality, safety and effectiveness across registered services commissioned for adults by the Council and Rotherham Clinical Commissioning Group (RCCG), Members were informed that the partners had agreed to establish a new multi-agency Quality Board in the autumn of 2017.

Following the seminar, the Health Select Commission agreed to schedule a slot in their 2017-18 work programme to consider:

- progress made through the Quality Board in bringing about improvements
- the impact of the Care Home Support Service
- contract compliance and the latest position with regard to the four care homes

2. Method

A focused scrutiny workshop session was undertaken by the Health Select Commission in April 2018. Evidence comprised two detailed presentations, followed by discussion with the portfolio holder and officers from the Commissioning Service in the Adult Social Care, Housing and Public Health directorate.

Members would like to thank Cllr Roche, Nathan Atkinson, Jacqui Clark and Martin Hopkins for providing evidence for the spotlight review.

3. Background

3.1 Care Quality Commission

The CQC inspects care homes and rates them overall and on five domains (safe, caring, effective, well-led and responsive). The rating categories are "outstanding", "good", "requires improvement" or "inadequate". Special measures may be instigated following an unsatisfactory inspection or the CQC may change the registration status of the care home, including suspension or cancellation. The CQC may also issue requirement notices, warning notices, cautions or fines and may prosecute in cases where people are harmed or placed in danger of harm. CQC inspections may be announced or unannounced.

The CQC has statutory powers to:

- Protect people from harm and make sure that they receive care that meets the standards that people have a right to expect
- Make sure services improve if the standard of care they provide has fallen below acceptable levels
- Hold care providers and managers to account for failures in how care is provided

All care homes, local authority or private sector, must be registered with the CQC. The actual registration is with a “nominated individual” who is usually the Care Home Manager, therefore staff leaving may impact on the registration and on the whole care home. The CQC have to be notified if the nominated individual leaves. If there are issues within one care home of a multiple care home provider, the CQC are likely to look at their others.

3.2 Transformation of the Care Home Sector

This is an important element in the development of the integrated locality model of care, which is one of the priorities in the Rotherham Integrated Health and Care Place Plan. Principal drivers for health and social care include reducing hospital admissions, reducing patient length of stay in hospital, and having fewer permanent admissions to residential care, through more community-based care and closer working across health and social care. Approximately 15-18% of emergency hospital admissions are from care homes, with patients also tending to have a longer length of stay in hospital, in part reflecting that these are often frail, elderly patients. Working with the care home sector, including support to train and upskill staff, is important to drive up standards for care and to try and reduce demand for secondary care.

4. Rotherham Context

RMBC contracts with 35 independent sector care homes for adults aged 65+, with 1,709 beds available for residential care and nursing care, including residential and nursing places for people with dementia. At April 2018 19 were rated as good, 14 as requires improvement, one as inadequate, with one still to be inspected by the CQC.

Rotherham has 700 more beds than comparator local authorities but most are residential beds and there is a shortage of nursing beds due to a number of homes deregistering from providing nursing care and becoming solely residential care homes. Greater availability of nursing beds could assist in reducing demand for acute services, by potentially reducing hospital admissions and facilitating discharge back to the care home after an inpatient stay once the patient was well enough.

It is cheaper to run residential care homes than nursing care homes, although fees received are higher for the latter. The national shortage of nurses compounds the problem as care homes have to go to agencies when recruiting, leading to increased costs and an impact on the quality of care through lack of care continuity and staff not knowing the residents as well as permanent staff would do. Therefore affording, attracting and retaining staff will be vital in the care home sector.

5. Findings

5.1 Key Themes

Several key themes have been identified by partners to focus on to drive improvements across the care home sector and the HSC wished to explore in more detail what was being planned to address the challenges.

Governance

A lack of governance by senior managers or care home owners often leads to a poor CQC rating on the well-led domain. Concerns in this domain would include a lack of oversight and supervision, poor processes, failure to learn from complaints or incidents and improve,

and a lack of robust audits. Good systems and processes tend to result in good quality care.

Management

The inability of some care homes to keep a Registered Manager causes instability and results in issues in care homes, especially when care is very complex.

Operational Issues

CQC inspections cover a range of care aspects including care planning and recording, assessment of risk, safe medication management, infection prevention and control, falls prevention, safeguarding, and understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staffing and training issues are often linked to failings in these areas, exacerbated by a lack of governance and/or a good manager. These are some of the areas where the Clinical Quality Advisor (CQA) and Care Home Support Service (CHSS) will work with the care homes (see 5.4).

Finances

The State of Adult Social Care Services Report published in July 2017 stated that smaller services, designed to care for fewer people, tend to be better rated than larger services. From a financial perspective, large establishments tend to be more viable but this also means a greater challenge to deal with any issues that do arise. Members asked questions about financial risk and were assured that the financial risk of providers is looked at when awarding and monitoring contracts. Some are national or international companies so it may be difficult to track their finances, but others are small local businesses. Contracts are revisited if a provider is in default, with financial information, annual accounts and credit checks all used, together with relationship management, to determine viability.

Workforce

Two issues have already been mentioned, namely problems caused by frequent turnover of Registered Managers and the shortage of nurses leading to use of agency staff to fill vacancies. Recruitment and retention of other staff with few people aged under 40 working in the sector and a lack of career progression are other matters for the sector to address. Members inquired about staffing levels in care homes and officers confirmed there were no fixed staffing ratios even when in special measures.

In terms of addressing some of the other workforce challenges, the development of new job roles including blended roles/integrated roles has led to dialogue with Rotherham College about the syllabus. Apprenticeship pathways are also under discussion. Student placements in care homes are being considered but there are questions regarding appropriateness and Disclosure and Barring Service issues.

Members probed into training for care home staff and it was clarified that providers purchase their own training from independent sources although some bespoke training can be delivered by the CQA or CHSS (see 5.4). The workforce development plan for adult social care includes the independent sector, not only RMBC staff, and has multiple levels including leadership development (more for the smaller care homes). A decent offer is in place but take up can be hit and miss and there may be operational issues if someone is released for training and backfill needed. Some training is funded by RMBC and some through third party funding. As providers are facing challenges with their revenue streams, with uplifts agreed to help offset the impact of the Living Wage, training is something else that can be offered to them.

HSC viewed staff training and implementation of that training in people's job as another key aspect in raising safety and quality standards, such as moving and handling, medication management, awareness of safeguarding, and preventing falls and pressure ulcers.

5.2 Quality Board

The multi-agency board comprising representatives from the CQC, RCCG, Safeguarding, Public Health and RMBC Strategic Commissioning has been meeting regularly since September 2017. It is a proactive forum for information sharing and collaboration, providing:

- a shared view of risks to quality through sharing intelligence
- an early warning mechanism of risk about poor quality
- opportunities to coordinate actions to drive improvement
- ongoing strategic and operational liaison between organisations
- a conduit between the statutory bodies and the provider market

Leadership Academy

In light of the issues raised above in 5.1 the Board has a strong focus on addressing governance and management issues in care homes. One of the workstreams will be the Leadership Academy, learning from the work undertaken in Leeds City Council on workforce development, which will be integral to driving improvements in the quality of services. The Quality Board will work with the sector to develop the leadership academy jointly. Activity will include:

- consultancy to identify needs and ongoing support
- masterclasses and workshops
- programmes and qualifications
- Registered Managers Network – coaching/buddying/mentoring/action learning
- resources and toolkits such as Skills for Care, e-learning

Quality Matters Initiative

This initiative has been developed by the Department of Health and the CQC with a range of partners including NHS England and Healthwatch. The intention is to promote quality, support and encourage improvement, and co-ordinate action with a focus on six priorities that will support the seven steps to improvement (see Appendix 1). The Quality Board will develop a similar initiative to the one being taken forward in Leeds, engaging with partners and providers. A time specific action plan will be developed to take forward various initiatives, but this work is still at an early stage.

In addition to the two major projects above the Board meetings include the following issues as standard agenda items:

- Contract Monitoring and enforcement action reports
- Infection Prevention and Control
- Continuing Health Care/Funded Nursing care services
- Care Quality Commission intelligence reports
- Market sustainability

5.3 RMBC Contract Compliance Team

The team is based within Commissioning in the Adult Social Care, Housing and Public Health directorate and is responsible for monitoring delivery of contractual requirements for a number of services, including care homes. They undertake routine visits to care homes annually and are usually the first officers to go into a care home if any issues emerge, including a change of manager or high level of staff turnover, so it is risk-led. They share information and local intelligence with the CQC and health partners, which may originate from frontline social workers, the public or the police. If a provider is not complying with their contract a default notice may be issued. (See also 5.4.)

Provider Risk Matrix Toolkit

This toolkit was developed in-house by RMBC and has been shared with other local authorities. It collates information from the Liquid Logic database and produces weighted scores leading to a cumulative score and red-amber-green (RAG) rating for a service provider. If a care home has several contract issues it will be rated as amber and CCT activity is then based on preventing escalation to a worse rating. A red rating means compliance issues probably already exist. This toolkit enables the service to be flexible and proactive, without duplicating the work of the CQC, adding value and being person-centred to focus on achieving good outcomes for residents.

5.4 Care Home Support Service

RCCG commissions this service which is delivered by The Rotherham Foundation Trust. The team consists of occupational therapists, the nursing Clinical Quality Advisor (see below) and support workers who work in partnership with a care home's GP to support the care of residents at high risk of admission or readmission to hospital. Residents who have been admitted to hospital and are awaiting discharge are also supported by the CHSS, as are patients admitted to hospital with a fragility fracture, fractured neck of femur or falls related injury. This work helps to reduce demand for secondary care as stated above in 3.2. In addition to working with these specific groups, the service is looking to improve overall care in both nursing and residential care homes and to improve end of life care.

The CHSS has provided structured education sessions for care home staff and training and awareness sessions to health and social care colleagues to raise the profile of the service and highlight the needs and challenges of those living and working in care homes.

Clinical Quality Advisor (CQA)

Members welcomed the successful appointment to the CQA role of an experienced nurse and former care home manager who facilitates liaison between other staff in the CHSS with the CCT and will escalate concerns to relevant partners. The focus of the role is to provide clinical expertise, support and assistance ensuring services are consistent and meet required standards. Where improvements are needed the CQA identifies ways of addressing this through training, action planning and organising delivery of bespoke training for care home staff. In addition to visits to care homes and carrying out safe and well checks the CQA has identified areas for improvement in care quality and documentation and has worked closely with the CCT to drive improvements.

5.5 Potential Actions with Care Homes

An adverse CQC inspection or an issue with a particular provider often results in a multi-agency response involving RMBC and health, as well as liaison with the CQC. The CQC

has statutory powers and potential actions as outlined briefly in section 3.1 and following an unsatisfactory inspection the subsequent re-inspection will often be unannounced. On extremely rare occasions a 72-hour closure notice could be issued.

In contrast, RMBC's actual powers are quite limited and mainly revolve around issuing a contract default, for failure to meet a legal commitment, which may be accompanied by a suspension (voluntary or imposed) on any new RMBC placements. Following a contract default, providers are usually given six weeks to improve. A strong evidence base would be used before terminating a contract although a provider could mount a legal challenge, sue and seek compensation.

Other potential actions include:

- Contract Compliance Officers (CCO) undertaking additional visits to care homes – these can be daily initially scaling down in frequency to weekly, fortnightly then monthly as the risk rating on the matrix reduces.
- Specific actions may be undertaken by Commissioning, Safeguarding or Independent Living Support officers as well as by CCO.
- If the care home has a special measures improvement plan the CCO will monitor this to ensure improvements to practice become embedded.
- Undertaking a dementia friendly environment assessment - resulting in an improvement plan.

Activities undertaken by health, especially by the CQA and CHSS, will include safe and well checks; providing training and support; undertaking assessments; and regular visits from the CQA, both planned and unannounced.

A provider will be expected to work on improvement action plans, their own and those of RMBC and CQC. They may also be required to produce regular quality assurance audits or clinical audits, or a health and safety inspection report, depending on the nature of the issues. Given the central role of a Care Home Manager as the nominated individual with the CQC, if a person leaves their post recruitment of a new manager should be a priority.

Members explored reasons why care homes could have been a persistent cause for concern over a period of time despite the CQC inspection regime and contract management by RMBC. This was attributed to some providers taking immediate actions to improve following an unfavourable inspection/contract default but failing to embed the changes over time and slipping back. Officers assured HSC that every effort is made to work with providers but some are more willing to engage and to sustain improvements made in the short term as an immediate response to inspection than others. Special measures improvement plan actions being carried out may lead to a default being lifted but it can drag on. RMBC also has to wait for CQC activity, including re-inspections to be completed. Following CQC action and a notice of proposal to deregister a care home there is often an appeal by providers and this adds to time delays in resolving a situation as it is quite a protracted process.

5.6 Update on Specific Care Homes

A detailed overview about the current situation (as at April 2018) regarding each of the four care homes referred to earlier was presented to HSC. This included a timeline summarising the key activities undertaken by the providers and by RMBC, CQC and health between April 2017 and March 2018. Specific detail has not been included in this

report for reasons of confidentiality, although CQC ratings and inspection reports are in the public domain on their website.

Members were reassured by the actions taken by the CQC, RMBC and health to address the issues in the care homes and to ensure the wellbeing of residents. Some of the homes had made good progress in rectifying their previous problems and achieved an improved rating in their subsequent CQC re-inspection, but the key was to ensure this was sustained and improved further over time. The Commission also felt it would be helpful if Members were briefed on issues relating to care homes in their respective wards, so they could respond to any questions from members of the public from an informed position.

6. Conclusions

Members were concerned by the fluctuating performance of providers, some over a period of time, but recognised the limitations on what could be done by RMBC until CQC activity had concluded. Any suspension of new placements, especially in nursing care providers is likely to impact on capacity in the system as nursing beds are already in short supply and may also impact on the financial viability of the provider. If a care home closes for any reason, financial or otherwise, a major piece of work results to move the residents to alternative care homes, which for frail and elderly people would be a major upheaval.

With the focus on reducing hospital admissions and reducing lengths of stay by enabling people to be discharged once medically well enough, it is vital that Rotherham's residential and nursing care provision is safe, well managed and with a competent, skilled workforce. The Care Home Support Service and expertise of the Clinical Quality Advisor are already starting to drive up standards and Members anticipate this will lead to further improvements across the sector.

The work of the Quality Board to drive improvements and its intentions around participation in the Quality Matters initiative and development of the Leadership Academy, learning from good practice elsewhere, will tackle the absence of governance and leadership. In particular being able to retain experienced and suitable Registered Managers in care homes and reducing turnover is critical.

Positive partnership working is the key with a need to involve providers as well as other agencies to gain commitment and buy-in.

7. Recommendations

HSC members to add to these already discussed.

- 1) That briefings should be provided for ward members on issues relating to any care home in their ward at an early stage.
- 2) That Rotherham MBC Officers liaise with the Care Quality Commission regularly around Registered Managers in care homes to identify any potential concerns.

8. Background papers

Notes and presentations from HSC spotlight session held in April 2018
Presentation from Member Seminar in July 2017
Information from Care Quality Commission website www.cqc.org.uk
Rotherham Integrated Health and Care Place Plan
HSC minutes September 2016
Adult Social Care Quality Matters
www.gov.uk/government/publications/adult-social-care-quality-matters

Glossary

CCO	Contract Compliance Officer
CCT	Contract Compliance Team
CHSS	Care Home Support Service
CQA	Care Quality Advisor
CQC	Care Quality Commission
HSC	Health Select Commission
RCCG	Rotherham Clinical Commissioning Group
RMBC	Rotherham Metropolitan Borough Council

Contact

Janet Spurling, Scrutiny Officer, RMBC
janet.spurling@rotherham.gov.uk

Six Priorities

1. Acting on feedback, concerns and compliments
2. Measuring, collecting and using data more effectively
3. Commissioning for better outcomes
4. Better support for improvement
5. Shared focus areas for improvement
6. Improving the profile of adult social care

Seven Steps for the Quality Board and Providers

1. Setting clear direction and priorities based on evidence including the views of people using services, their families, carers and staff
2. Bringing clarity to quality, setting standards for what high quality care looks like across all health and care settings
3. Measuring and publishing quality, harnessing information to improve the quality of care through performance and quality reporting systems
4. Recognising and rewarding quality by celebrating and sharing good and outstanding care
5. Maintaining and safeguarding quality by working together to sustain good quality care, reduce risk and protect people from harm
6. Building capability by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement
7. Staying ahead, by developing research, innovation and planning to provide progressive, high-quality care

Adult Social Care Quality Matters

www.gov.uk/government/publications/adult-social-care-quality-matters

Summary Sheet

Council Report

Health Select Commission – 19 July 2018

Title

Health Select Commission Work Programme 2018-19

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

No

Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Report Author(s)

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Ward(s) Affected

All

Executive Summary

This report presents the final draft of the work programme for 2018-19 for Health Select Commission members to consider and agree following a presentation and discussion at the meeting on 14 June 2018.

Recommendations

That the Health Select Commission:

- 1 Receive and approve the draft work programme for 2018-19.
- 2 Consider and approve the proposed membership for the quality account sub-groups and performance sub-group for 2018-19.
- 3 Note that if any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

List of Appendices Included

Appendix 1 – Draft HSC Work Programme 2018-19

Appendix 2 – Draft Quality Account and Performance sub group memberships

Background Papers

Council Constitution

Minutes of HSC meetings during 2017-18 and June 2018-19.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overall scrutiny work programme at Overview and Scrutiny Management Board.

Council Approval Required

No

Exempt from the Press and Public

No

Health Select Commission Work Programme 2018-19

1. Recommendations

That the Health Select Commission:

- 1.1 Receive and approve the draft work programme for 2018-19.
- 1.2 Consider and approve the proposed membership for the quality account sub-groups and performance sub-group for 2018-19.
- 1.3 Note that if any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

2. Background

- 2.1 Health and social care services continue to go through transformation and more integrated working through joint commissioning, locality working, more co-location and multi-disciplinary teams. This work is an important long term programme that the Health Select Commission has been scrutinising since 2015-16 and is likely to endure over the next two to three years.
- 2.2 Overall performance of health partners is scrutinised through their quality accounts, with three sub-groups formed for this purpose. Their work will 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.
- 2.3 Another significant ongoing piece of work is scrutiny of any major changes to NHS services across South Yorkshire and Bassetlaw, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the Health Select Commission (HSC) in the Constitution.

3. Key Issues

- 3.1 The proposed work programme in Appendix 1 addresses key policy and performance agendas aligned to the priorities in the Council Plan, with a clear focus on adding value.
- 3.2 The overall priorities for HSC this year include:
 - Rotherham Integrated Health and Social Care Place Plan
 - Adult Social Care, including Carers
 - Autism Strategy
 - Health and Wellbeing Strategy implementation
 - Social and Emotional Mental Health
 - South Yorkshire and Bassetlaw Integrated Care System (Joint Health Overview and Scrutiny Committee)
- 3.3 It was agreed in June that part of the work programme this year would be to continue to monitor work scrutinised at previous meetings. This will ensure members retain a

clear overview of progress made through transformation and integration, especially in terms of improvements to services and achieving better outcomes.

- 3.4 The intention is that the Commission will use a range of approaches in its scrutiny work, including visits and service user feedback to supplement reports, presentations and performance information.
- 3.5 From the June meeting there are some potential items which could be the subject of spotlight reviews, including respiratory services and Rotherham Doncaster and South Humber NHS Foundation Trust estate strategy review.

4. Options considered and recommended proposal

- 4.1 This report presents the final draft of the Health Select Commission work programme for 2018-19 for members to consider and approve. Agenda items from June and July have been included so HSC members have the full programme in one document.
- 4.2 Appendix 2 sets out the proposed membership for each of the NHS trust quality account sub-groups for consideration, mainly based on last year's membership to retain the knowledge Members have developed of those health partners' services.
- 4.3 It also includes the proposed membership for the new performance sub-group that will meet quarterly to look at performance issues, particularly where requested by Overview and Scrutiny Management Board.

5. Consultation

- 5.1 Not applicable.

6. Timetable and Accountability for Implementing this Decision

- 6.1 Scheduling of agenda items is detailed in Appendix 1.

7. Financial and Procurement Implications

- 7.1 None arising from this report.

8. Legal Implications

- 8.1 There are no direct legal implications from this report, although the work programme of OSMB and the Select Commissions encompasses statutory duties of the Council.

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 work of the Health Select Commission includes services and support for children, young people and adults, with a specific focus on mental health service transformation and the adult social care development programme.

10.2 Some Members sit on both the Health and Improving Lives Select Commissions, which facilitates information sharing and feedback on relevant issues for children and young people between the two commissions.

11. Equalities and Human Rights Implications

11.1 Scrutiny focuses on promoting equality through improving access to service and support for all and ensuring the needs of groups sharing an equality protected characteristic are taken into account.

12. Implications for Partners and Other Directorates

12.1 The work programme primarily focuses on the Adult Social Care, Housing and Public Health directorate and partner agencies across the local health economy, including Rotherham Clinical Commissioning Group, The Rotherham NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust.

13. Risks and Mitigation

13.1 The development of a clear work programme maximises the potential for the scrutiny function to have an impact and mitigates against the risk of using resources with little impact or outcome.

13.2 The programme does need to maintain flexibility to accommodate additional or urgent items that may emerge during the year, for example resulting from OSMB pre-decision or Council Plan performance scrutiny. If items are added, this may necessitate a review and re-prioritisation of the work programme.

14. Accountable Officer(s)

James McLaughlin, Democratic Services Manager

This report is published on the Council's website or can be found at:-
<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Main items in the programme:

- Rotherham Integrated Health and Care Place Plan (RIHCPP) – health and social care integrated working
- Adult Social Care - services and development
- Carers' Strategy
- Social, Emotional and Mental Health
- Autism Strategy
- Health and Wellbeing Strategy – implementation
- Director of Public Health Annual Report
- Monitoring past review – Drug and Alcohol Treatment and Recovery Services
- Primary Care and Implementation of GP Forward View
- Possible spotlight reviews
 - RDaSH estate – links to locality working
 - Breathing Space – respiratory services
- South Yorkshire and Bassetlaw Integrated Care System - NHS (Joint Health Overview and Scrutiny Committee)

Meeting Date	Activity and expectations from the meeting	Follow on work from 2017-18	Suggested method
14 June 2018	<p>Public Health annual report</p> <ul style="list-style-type: none"> - Clear understanding of key issues, inequalities and challenges regarding the health of working age adults (aged 18-64) in Rotherham. - Overview of progress on last year's actions for older people. - Information on Making Every Contact Count (c/f RIHCPP). - HSC support for the recommendations. <p><i>Follow up action:</i> HSC to receive follow up information in July and next annual report in 2019.</p>	Annual	Report and presentation
	<p>Health Village integrated locality pilot – evaluation and next steps</p> <ul style="list-style-type: none"> - Discussion of notes from sub group that considered final evaluation report. - HSC to make recommendations regarding outcomes and measures for roll out. <p><i>Follow up action:</i> Response to recommendations and progress on Health Village/wider roll out scheduled for Sept.</p>	✓ RIHCPP	Report Visit 2018-19
	<p>HSC Work Programme</p> <ul style="list-style-type: none"> - Discussion on potential content and to consider approaches to scrutinising the agenda items. <p><i>Follow up action:</i> HSC members asked to submit further comments/suggestions for final draft in July.</p>	New each year	Presentation
19 July 2018	<p>Carers Strategy implementation – links to Adult Social Care development programme</p> <ul style="list-style-type: none"> - Update on delivery as several actions were due for completion by June 2018 - Focus on impact and difference made for carers. <p><i>Follow up action:</i> Any other actions TBC by HSC e.g. another monitoring report, area to probe.</p>	✓	Report or presentation
	<p>Sexual Health Service – savings proposal</p> <ul style="list-style-type: none"> - Referred from OSMB budget scrutiny to seek assurance about the impact of the proposal. <p><i>Follow up action:</i> To report back to OSMB under Chair's update.</p>		Report or presentation

Meeting Date	Activity and expectations from the meeting	Follow on work from 2017-18	Suggested method
	<p>Care Homes</p> <ul style="list-style-type: none"> - Following workshop session held in April, discussion of findings and agreement of recommendations. <p><i>Follow up action:</i> HSC to receive response to recommendations. Any other actions TBC by HSC.</p>	✓	Report
	<p>HSC Work Programme</p> <p>Final content and possible methods/approaches to agree. Sub-groups for quality accounts and performance to agree.</p>	New each year	N/A
6 Sept 2018	<p>Autism Strategy (pre-decision scrutiny)</p> <ul style="list-style-type: none"> - Opportunity to consider new strategy and make any additional recommendations to Cabinet <p><i>Follow up action:</i> HSC to receive next annual report in 2019 and follow up information in July.</p>	✓	TBC
	<p>Response to Drug and Alcohol Scrutiny Review (TBC)</p> <ul style="list-style-type: none"> - Formal response to scrutiny review recommendations reported back. <p><i>Follow up action:</i> Further update with Quarter 1 and 2 data scheduled for November meeting.</p>	✓	Report
	<p>Update on Health Village and next phase</p> <ul style="list-style-type: none"> - Response to recommendations made in June and progress update. <p><i>Follow up action:</i> Any other actions TBC by HSC.</p>	✓	Report or presentation
18 Oct 2018	<p>Adult Social Care update, including integrated working</p> <ul style="list-style-type: none"> - focus to be determined by HSC, could be general overview or more specific themes in depth 	✓	TBC
	<p>Social, Emotional and Mental Health Strategy (TBC)</p> <ul style="list-style-type: none"> - To see the impact of the strategy on improving health and wellbeing of young people. 	✓	TBC

Meeting Date	Activity and expectations from the meeting	Follow on work from 2017-18	Suggested method
	<p><i>Follow up action:</i> Any other actions TBC by HSC.</p> <p>Scrutiny review update - Child and Adolescent Mental Health Services (CAMHS)</p> <ul style="list-style-type: none"> - Agencies to provide performance data and evidence of improving outcomes. - Update on development of locality working and work with Early Help. <p><i>Follow up action:</i> Any other actions TBC by HSC.</p>		
29 Nov 2018	<p>Progress on Rotherham Integrated Health and Care Place Plan (TBC)</p> <ul style="list-style-type: none"> - Overview of plans and opportunity to comment on suggested priorities for 2019-20. <p><i>Follow up action:</i> Any other actions TBC by HSC.</p>		TBC
	<p>Update on progress with new Drug and Alcohol Treatment and Recovery Service</p> <ul style="list-style-type: none"> - Overview of how the new service is progressing, including progress on the key performance indicators. <p><i>Follow up action:</i> Any other actions TBC by HSC including any future monitoring.</p>	Review	Report
	<p>Sexual Health Strategy</p> <ul style="list-style-type: none"> - Overview of the refreshed strategy and action plan - Learning disability had come up in discussion on DPH annual report – show how embedded needs of particular cohorts in the strategy <p><i>Follow up action:</i> Any other actions TBC by HSC.</p>		Report
Nov/ Dec	<ul style="list-style-type: none"> • The Rotherham NHS Foundation Trust (TRFT) • Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) 	Annual	Sub groups - presentation followed by

Meeting Date	Activity and expectations from the meeting	Follow on work from 2017-18	Suggested method
Dates tbc	<p>Sub-group sessions for half year progress on NHS Quality Account/Rotherham Dashboard</p> <ul style="list-style-type: none"> Overview of performance in quarters 1 and 2 on national measures, local quality priorities for 2018-19 and actions from any CQC inspections. <p><i>Follow up action:</i></p> <ul style="list-style-type: none"> HSC to feed in key information to focus on for year-end updates. 		Q&A
17 Jan 2019	<p>Health and Wellbeing Strategy implementation</p> <ul style="list-style-type: none"> Overview of how the strategy is being delivered and making a difference. <p><i>Follow up action:</i></p> <p>Any other actions TBC by HSC including any future monitoring.</p> <p><i>To add</i></p>	✓	To be discussed
28 Feb 2019	<p>Primary Care and Implementation of GP Forward View</p> <ul style="list-style-type: none"> Overview of implementation and progress on key outcomes and new models of care. Opportunity to explore links to prevention/self-management themes. <p><i>Follow up action:</i></p> <p>Any other actions TBC by HSC</p> <p><i>To add</i></p>	Annual	Presentation and supporting information
March/ April 2019 Dates tbc	<ul style="list-style-type: none"> TRFT RDASH Yorkshire Ambulance Service <p>Sub-group sessions for year-end progress on NHS Quality Account/Dashboard</p> <ul style="list-style-type: none"> Overview of performance for 2018-19 and discussion on the local priorities for 2019-20. Final draft quality accounts circulated for consideration and comment, including on the local quality priorities for 2019-20, in March/April. 	Annual	Sub groups - presentation followed by Q&A

Meeting Date	Activity and expectations from the meeting	Follow on work from 2017-18	Suggested method
	<p><i>Follow up action:</i> HSC to submit statements for inclusion in the published accounts.</p>		
11 April 2019	<p>Leave clear for spotlight – theme to be determined by HSC</p>		<p>Spotlight review</p>

Notes:

1. Items still to be scheduled

- Performance sub-group meetings
- Updates on implementation of the learning disability offer and changes to intermediate care (in conjunction with OSMB)
- Respiratory services – probably early 2019
- RDaSH estate review – timescale tbc
- Re-ablement (part of RIHCPP)

2. SY&B Integrated Care System

- As last year, scrutiny arrangements will be based on whether any proposals are Rotherham-specific or broader affecting more than one local authority, which would involve the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee (JHOSC). Standard HSC agenda item for discussion, updates and feeding into JHOSC.

- The current workstreams are implementation of changes agreed last year to hyper acute stroke and unplanned out of hours children’s surgery and anaesthesia, and the Hospital Services Review.

3. Underpinning themes

- Impact on service user/patient experience
- Reducing health inequalities
- Ensuring services take account of the Director of Public Health Annual Report in service planning and delivery
- Ensuring partners are supporting prevention, self-management, education and early intervention (c/f RIHCPP)

Appendix 2

Draft membership of NHS Quality Account and Performance sub-groups

	RDaSH	Rotherham Hospital	Yorkshire Ambulance Service	Performance
Chair	Cllr Evans	Cllr Short	Cllr Evans	tbc
Members	Cllr Andrews	Cllr Albiston	Cllr Keenan	Cllr Andrews tbc
	Cllr Ellis	Cllr Bird	Cllr Short	Cllr Bird
	Cllr Jarvis	Cllr Cooksey	Cllr Taylor	Cllr R Elliott
	Cllr Marriott	Cllr R Elliott	Cllr Wilson	Cllr Ellis
	Cllr Rushforth	Cllr Williams		Cllr Jarvis

HEALTH AND WELLBEING BOARD
14th March, 2018

Present:-

Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG (in the Chair)
Rebecca Chapman	South Yorkshire Police (representing Rob O'Dell)
Tony Clabby	Healthwatch Rotherham
Phyll Cole	NHS England (representing Carole Lavelle)
Chris Edwards	Chief Operating Officer, Rotherham CCG
AnneMarie Lubanski	Strategic Director, Adult Care, Housing and Public Health
Councillor Mallinder	Chair, Improving Places Select Commission
Chris Morley	Rotherham Foundation Trust (representing Louise Barnett)
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Kathryn Singh	Chief Executive, RDaSH
Ian Thomas	Strategic Director, Children and Young Peoples' Services
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Also Present:-

Steve Hallsworth	Regeneration and Environment, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG
Councillor Short	Vice-Chair, Health Select Commission

Report Presenter:-

Steve Turnbull	Public Health
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Apologies for absence were submitted from Louise Barnett (Rotherham Foundation Trust), Kate Green (Policy and Partnership Officer, RMBC), Sharon Kemp (Chief Executive, RMBC), Rob O'Dell (District Commander, South Yorkshire Police) and Councillors Roche (Cabinet Member, Adult Social Care and Health) and Watson (Deputy Leader).

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 or press present at the meeting.

62. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 10th January, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 10th January, 2018, be approved as a correct record.

Further to Minute No. 56 (Health and Wellbeing Strategy Refresh) it was noted that all points raised had been incorporated into the final draft.

Further to Minute No. 57(2) (Rotherham Safeguarding Adults Board Annual Report), the issue of an event being held during Safeguarding Week was to be discussed at the Chief Executives' Group of the Rotherham Together Partnership.

63. COMMUNICATIONS

There were no communications to report.

64. FORMAL SIGN-OFF OF THE HEALTH AND WELLBEING STRATEGY 2018-2025

Refreshed from 2015 Version

- National and local strategic drivers influencing role of Health and Wellbeing Boards
- Need to ensure it remained fit for purpose and strengthened the Board's role in
 - Setting strategic vision
 - Collaborative working
 - High level assurance
 - Holding partners to account
 - Influencing commissioning across the health and social care system as well as wider determinants of health
 - Reducing health inequalities
 - Promoting a greater focus on prevention

Health and Wellbeing Strategy Principles

- Provide accessible services
- Reduce health inequalities
- Prevent physical and mental ill health
- Integrate commissioning of services
- Ensure pathways were robust
- Promote resilience and independence

Journey to 2018

- Local Government Association support to the Board
 - Self-assessment July 2016
 - Stepping Up To The Place workshop September 2016
- Positive feedback given about the Board's foundation and good partnership working
- The current Strategy was published quickly after the Board was refreshed (September 2015)
- Now in stronger position to set the right strategic vision and priorities for Rotherham

What the data tells us

The Joint Strategic Needs Assessment tells us about the current and emerging issues we need to focus on:

- Ageing population – rising demand for health and social care services
- More people aged 75+ living alone, vulnerable to isolation
- High rates of disability, long term sickness (more mental health conditions) and long term health conditions e.g. Dementia
- Need for care rising faster than unpaid carer capacity
- High rates of smoking and alcohol abuse, low physical activity and low breastfeeding
- Rising need for Children’s Social Care especially related to Safeguarding
- Relatively high levels of learning disability
- Growing ethnic diversity especially in younger population with new migrant communities
- Growing inequalities, long term social polarisation
- High levels of poverty including food and fuel poverty, debt and financial exclusion

Health and Wellbeing Strategy 2018-2025

- Sets strategic vision for the Board – not everything all partners do but what partners can do better together
- Includes 4 strategic ‘aims’ – shared by all Board partners
- Each aim includes small set of high level shared priorities
- Which the Integrated Health and Social Care Place Plan ‘system’ priorities will align to

Strategic Aims

Aim 1 – All children get the best start in life and go on to achieve their potential

Aim 2 – All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Aim 3 – All Rotherham people live well for longer

Aim 4 – All Rotherham people live in healthy, safe and resilient communities

Consultation and Engagement

- Consultation on refreshed Strategy took place with key stakeholders including:-
 - All Health and Wellbeing Board partners
 - Health Select Commission (Scrutiny)
 - Voluntary and community sector
 - To the public via public meetings of the Board and CCG

Implementation and Monitoring

- Strategy signed-off and published March 2018
- Officer leads identified and work progressing to develop a set of action plans for each aim

HEALTH AND WELLBEING BOARD - 14/03/18

- Includes the priorities set by the Place Plan workstream groups (aligned to Strategy)
- Action plans to include a set of indicators to measure performance
- Board sponsors for each aim to present their plan and a progress report periodically to the Board

It was noted that the Strategy had been considered by all the organisations present at the meeting and formally endorsed.

Resolved:- (1) That the stakeholder consultation that had taken place and how comments had been incorporated into the Strategy, where appropriate, be noted.

(2) That the endorsement of the refreshed Health and Wellbeing Strategy 2018-2025 by the Council's Cabinet and Clinical Commissioning Group Governing Body be noted.

(3) That the refreshed Health and Wellbeing Strategy 2018-2025 be formally signed-off.

65. INTEGRATED CARE PARTNERSHIP PLACE PLAN REFRESH

Chris Edwards, Chief Operating Officer RCCG, gave a verbal report on the refresh of the Integrated Care Partnership Place Plan.

The Partnership had agreed that it would produce an operational plan setting out how it would deliver the ambitions of the Health and Wellbeing Strategy and submit to the April meeting of the Place Board.

Although there were strong plans in terms of integration there was a need for a more encompassing plan as a Rotherham Health and Social Care system i.e. how did Rotherham deal with everything and how it integrated with the South Yorkshire and Bassetlaw arrangements.

The Integrated Care Partnership would meet in public for the first time in April. It would receive the full plan in May and then be submitted to the Health and Wellbeing Board in July.

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

(2) That work take place with partners to develop a Rotherham Integrated Health and Social Care Place Plan and submit to the July meeting of the Health and Wellbeing Board.

Action: Chris Edwards

66. HEALTH AND WELLBEING STRATEGY - UPDATE FROM AIM 2 (MENTAL HEALTH AND WELLBEING)

Kathryn Singh, RDaSH, gave the following powerpoint presentation:-

Adult Mental Health and Learning Disability Transformation

1. Deliver improved outcomes and performance in the Improving Access to Psychological Therapies Service
2. Improve Dementia diagnosis and support – continued focus on community
3. Delivery CORE 24 Mental Health Liaison Services
4. Transformation of the Woodlands inpatient 'Ferns' ward
5. Improve Community Crisis and Home Treatment response and intervention in Mental Health
6. Oversee Delivery of Learning Disability Transforming Care
7. Support the development of Autism Strategy
8. Support work of Public Mental Health Strategy including Suicide Prevention

What is working well?

- Clear priorities for Service improvement and delivery in 2017/18 and 2018/19 which are achievable
- Excellent place working across all the organisations e.g. Ferns, Core 24, Community Crisis
- Moving from planning to delivery, CORE24, IAPT, Ferns (Phase 2), LDTCP
- Planning for Community Crisis and Community Dementia follow-up
- Joining up agendas e.g. CORE fidelity review with social care review of mental health Services
- Clarity on oversight and assurance roles for work delivered through other structures e.g. TCP, Autism Partnership Board

What are our challenges?

- Ensuring we remain focused on pathways transformation as well as Service transformation
- Supporting the TCP with expected transfer of high cost LD Service users from NHSE commissioning to Rotherham – possible impact on budgets and available services
- Ensuring project interdependencies are managed within the transformation group's remit and within the wider Rotherham Place priorities and governance

What needs to happen (and by when)?

- Ensure regional/ICS level funding flows into Rotherham priorities e.g. suicide prevention (Q1 2018/19)
- Delivery of a 24/7 CORE24 liaison service (Q1 2018/19)
- Completion of the CORE fidelity review and recommendations (Q4 2017/18)
- To work with GPs and providers to raise awareness (and increase uptake) of health checks for learning disabled people (Q1 2018/19)
- Agree the Ferns model and funding for 2018/19 (Q4 2017/18)
- Agree post-diagnostic follow up for Dementia in primary care through the LES (Q4 2017/18)
- Agree IAPT plan and trajectory (Q4 2017/18)

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- Continue to provide input, oversight and assurance to TCP, Autism and LD Strategy development

Focus on CAMHS – Working Well?

- New 'Advice and Consultation' Service through the Single Point of Access (SPA) providing quicker and more focussed access to RDaSH CAMHS
- Prioritisation of LAC referred to the CAMHS Service and close working with LAC Therapeutic Team
- Locality Mental Health Workers who link directly with GP practices, schools, Early Help and Social Care Teams
- CCG funding of 2 'Children's Wellbeing Practitioners' to provide early intervention for lower level issues
- Nationally recognised Rotherham Parent Carers Forum (RPCF) providing direct support to families and co-production approach
- Regular inter-agency dialogue between RDaSH, RPCF and Healthwatch, providing constructive dialogue for service development/improvement
- Better support for children and young people diagnosed with Autism
- CCG part funding of schools 'CAMHS' worker pilot
- New initiative to roll out 'whole school' approach to primary schools
- RCGG continues to fund year-on-year increase in CAMHS provision

Focus on CAMHS – Impact on Performance

Significantly reduced waiting times for children and young people

- Assessment
 - September 2016 182 waiting and 30% seen in 6 weeks
 - November 2017 14 waiting and 100% seen in 6 weeks (93% in 3 weeks)
- Treatment
 - September 2016 42% waiting less than 8 weeks and 73% less than 18 weeks
 - November 2017 84% waiting less than 8 weeks and 97% less than 18 weeks
 - Numbers waiting reduced from 376 (September 2016) to 38 (November 2017)
- High proportion of young people have 'goal set' on entering service 94% report improving against goal

Focus on CAMHS – Next steps for Rotherham

- Extension of Intensive Community support 8.00 a.m. to 8.00 p.m.
- Integration of Crisis Service with Adult Crisis Team
- Closer working between the CAMHS SPA and RMBC Early Help Service
- Reducing waiting times for ASD and ADHD assessments and consultation with Parent Carers Forum/Healthwatch
- Further development of outcomes monitoring

Discussion ensued with the following issues raised/clarified:-

- The work across the whole system had been really positive. The aim was to ensure there were links across the Integrated Rotherham Place Plan and the Health and Wellbeing Board with all the aspects of mental health being discussed
- All targets were being hit with regard to the Improving Access to Psychological Therapies Service
- 'Ferns' Ward had opened and proving very successful. This was about working as a partnership between the TRFT, Social Care and RDaSH making sure that people with Dementia/Delirium who required support got the support they needed in the right setting. It was focussed around the needs of people with Dementia/Delirium that took them from the acute sector when medically fit and stable but still needed the help of enablement and reablement
- The fact that there was the opportunity for all partners to take their share of responsibility for mental health was really important. Mental Health was about good Mental Health as well as poor Mental Health
- RDaSH was to have a Mental Health Worker in the Access Team one day a week which would make a real difference
- Over the last 2 years there had been a change in the approach to Mental Health looking at the whole person and not a person with Mental Health
- The link with Social Prescribing was important. The evidence for the second year was again showing over 50% of Service users were eligible for discharge. If it could be used to stop people from going into Service in the first place by way of low level interventions it would prevent high cost interventions
- Was there something omitted from the Strategy with regard to the learning from deaths? There was reference within Aim 2 of the physical health needs of people with Learning Disabilities but was there action where someone with Learning Disabilities prematurely died and whether it could be demonstrated that everything possible had been done and had not been penalised because of their disabilities. It was felt that there was the opportunity in the Lead Programme to work on local delivery
- Significant funding had been received via the CCG and National Crime Agency with regard to adult survivors of CSE involved in Operation Stovewood. RDaSH were working with the CCG to put together a proposal on how they would support adult survivors going through the Court system

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- CAMHS had undergone a massive improvement journey over the past 2 years and had changed the way it delivered its services. It had worked really well with consistency of approach for the organisation and very specific according to place. One of the major achievements in Rotherham was that, where it used to take months in terms of the transition from CAHMS into Adult Services, a transition service was now delivered within 3 weeks
- Work was being carried out with Service users and parents, Healthwatch Rotherham, voluntary sector and the Rotherham Parents Forum in terms of the kind of support and commitment given in terms of looking at the CAMHS pathways and trying to do something different
- CAMHS now had an Advice and Consultation Service; a single point of approach meant not only seeing the right children but seeing them very quickly
- There had been recent consultation on the Green Paper around Schools and the role of the Medical Practitioner in Schools. There had been a real positive change in RDaSH's relationship with Schools and regularly met with the Head Teachers to look at new ways of working
- Healthwatch Rotherham had been commissioned to carry out a further piece of work looking at the improvement journey to ascertain if the changes RDaSH felt it had made were coming through
- There had been much improvement but there was still work to do with regard to Pathways
- RDaSH provided an Advocacy Service around CAHMS and was the main issue that members of the Public contacted Healthwatch Rotherham with regard to
- With regard to prevention, there were areas within Aims 1 and 2 as well as the Green Paper referring to working with Schools in a much more co-ordinated way. The Service was seeing a number of children that had been affected through cyber bullying and the need for discussions between organisations as to the role of the School Nurse and the first tier of intervention about positive Mental Health, what was and was not acceptable and start to build children's resilience to some of the issues
- The My Mind Matters website was available for young people and parents to access good quality information

Phyll Cole, NGHS England, reported that there was to be a Yorkshire and Humber event looking at feedback from NHS England's Leder Programme hosted by England North. They would be particularly interested in

feedback on case studies around mortality reports and would welcome representation from Rotherham.

Resolved:- That the update be noted.

67. WINTER PLAN - UPDATE

Chris Edwards, Chief Operating Officer Rotherham CCG gave a verbal update on the Winter Plan.

Rotherham had not met the 95% national target but had been the highest performer in South Yorkshire – ranked 24th out of 130 nationally.

The Hospital had reported internal issues with the workforce, bed pressures, a busy flu season, Norovirus and the adverse weather conditions. However, despite all the afore-mentioned, the Emergency Care Centre had performed at least comparable with other areas in South Yorkshire.

The next step was the Easter Plan for which a very similar approach was being taken. There were still issues around the medical workforce in the Hospital and work was taking place with GPs to hopefully achieve a solution. Although technically the flu season had ended, there were still high numbers being seen with flu-related infections i.e. chest and respiratory.

The new Emergency Care Centre had opened in July; evidence suggested that it took 6 months to settle down and there had been existing workforce pressures when the Trust had moved into the new system. Between July and November 2017 performance had been extremely challenging but since November had improved with patients having a better understanding as to how to access the service and better engaged by the GPs with the service.

There was a lot of positivity around the Centre; the environment was significantly better and the medical professionals thought that it worked better. Actual access performance had significantly improved from December 2017 to January 2018.

Resolved:- That the update be noted.

68. PHARMACEUTICAL NEEDS ASSESSMENT

In accordance with Minute No. 47 of the meeting held on 15th November, 2017, Steve Turnbull, Public Health, presented the final draft of the Rotherham Pharmaceutical Needs Assessment (PNA) for approval and publication by 1st April, 2018.

The formal consultation period had run from 15th December, 2017 to 16th February, 2018, with consultees sent a copy of the draft PNA by email together with a brief questionnaire.

The conclusion of the PNA was that the population of Rotherham had sufficient service provision to meet their pharmaceutical needs. It was well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people. 95% of residents were within a 1 mile walk and 100% within a 10 minute drive of a community pharmacy. They were accessible and offered extended opening times to suit patients and consumers including 100-hour pharmacies that gave good geographical cover.

Rotherham also had good coverage of advanced services e.g. Medicine Use Reviews.

Resolved:- That the publication of the Rotherham Pharmaceutical Needs Assessment 2018-2021 be approved for publication.

69. MEETING DATES FOR 2018/19

Resolved:- That meetings be held as follows during the 2018/19 Municipal year commencing at 9.00 a.m. venues to be confirmed:-

Wednesday, 16th May, 2018

11th July

19th September

21st November

23rd January, 2019

20th March

29th May

70. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 16th May, 2019, commencing at 9.00 a.m.

HEALTH AND WELLBEING BOARD
16th May, 2018

Present:-

Councillor David Roche	Cabinet Member, Adult Social and Health (in the Chair for Minutes Nos. 71-77)
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG (in the Chair for Minutes Nos. 78-80)
Helen Dobson	Chief Nurse, The Rotherham Foundation Trust (representing Louise Barnett)
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Care, Housing and Public Health
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health, RMBC
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Also Present:-

Steve Adams	South Yorkshire Fire and Rescue Service
Kate Green	Policy and Partnership Officer, RMBC
Polly Hamilton	Assistant Director Culture Sport and Tourism
Gordon Laidlaw	Communications Lead, Rotherham CCG
Steve Turnbull	Public Health, RMBC
3 Members of the Public	

Report Presenter:-

Richard Hart	Health Protection Principal, RMBC
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Observers:-

Julie Dale	Rotherham CCG
Becky Hall	Adult Social Care

Apologies for absence were submitted from Louise Barnett (TRFT), Tony Clabby (Healthwatch Rotherham), Councillor Mallinder (Chair Improving Places Select Commission), Mel Meggs (Strategic Director Children and Young People's Services), Kathryn Singh (RDaSH), Councillor Short (Vice-Chair Health Select Commission) and Councillor Watson (Deputy Leader).

71. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

72. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public asked if Rotherham was doing anything to celebrate the 70th Anniversary of the NHS?

The Rotherham Clinical Commissioning Group's Annual General Meeting was to be held on the 4th July at the New York Stadium. There was a full day planned involving the Youth Cabinet and looking back at the NHS successes.

A member of the public stated that the NHS had been under severe pressure from the cuts and Rotherham had lost its Stroke Unit and Netherfield Court which was a great service. What consultation had been carried out with the public regarding these cuts?

The Chair reported that he was extremely pleased to be able to report that there was nothing within the Hospital Review that the public of Rotherham should be concerned about. All the hospitals within the area were going to stay as full hospitals with every single one having an A&E.

The decision with regard to the Stroke Unit was not a budget cut but rather an investment in service which would see an improvement in the outcomes for Rotherham people. There were 5 Hyper Acute Stroke Units in South Yorkshire and Bassetlaw with Rotherham and Barnsley's staffed by locums and resulted in patients being diverted to other facilities. It had been decided, as a long term plan, to centralise 3 Hyper Acute Units. A Rotherham resident suffering a stroke would now receive the first part of their treatment in a specialist hospital and then return to Rotherham's Stroke Unit.

A full public consultation had taken place using all the traditional methods of consultation. Healthwatch Rotherham had also been tasked to run some public events in Rotherham.

The members of the public's feedback would be appreciated.

Dr. Richard Cullen reported that his practice had provided the medical services to Netherfield Court and still did; the rehabilitation service was still provided but in a different location.

73. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 14th March, 2018, were considered.

Arising from Minute No. 66 (Update from Aim 2), it was noted that the Ferns Ward had been nominated for a Parliamentary Award.

It was reported that Voluntary Action Rotherham's Social Prescribing had also been nominated.

Resolved:- That the minutes of the previous meeting held on 14th March, 2018, be approved as a correct record.

74. COMMUNICATIONS

The Chair reported that the Health and Wellbeing Board would feature as a case study of good practice by the Local Government Association (LGA).

Representatives of the LGA would be in Rotherham on 22nd May to carry out interviews.

75. DRAFT HEALTH AND WELLBEING STRATEGY ACTION PLANS

Kate Green, Policy and Partnership Officer, presented the first draft of the action plans which were being developed to demonstrate the activities that would take place contributing to achieving the priorities under each Aim.

Work would be undertaken to develop the plans further including other activity that would take place, timescales, milestones and indicators with a further report submitted to the July Board meeting.

Discussion ensued on each of the Aims with the following comments made:-

Aim 1 All Children get the best start in life and go on to achieve their potential

- Consideration of including Signs of Safety training and rollout – this was mentioned under Priority 3
- Inclusion of glossary

Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

- Update Priority 1 to reflect that 5 Ways to Wellbeing Campaign had been launched on 14th May – change of word “launch” to “implement”
- Discussions had taken place between Polly Hamilton and Ruth Fletcher-Brown with regard to the connection of the Culture Strategy to the 5 Ways to Wellbeing Campaign
- Priority 4 – Amend to read “Local All Age Autism Strategy” and separate line for “Adult Learning Disability Strategy”

Aim 3 All Rotherham people live well for longer

- Some may be operational issues and not for the Board
- Priority 4 – pleased to see that carers now had their own Aim

Aim 4 All Rotherham people live in healthy, safe and resilient communities

- Priority 1 – inclusion of all workforces becoming part of the Workplace Wellbeing Charter and encouraging healthy workforces
- Priority 4 – amend to “green spaces, leisure and culture assets”
- Priority 4 – ‘daily mile’ was an ambition of Ray Matthews to get all the schools signed up
- Priority 5 – should it also include “use of community buildings” rather than “how libraries can be best utilised within local communities in tackling loneliness”?

Resolved:- (1) That the high level activity identified as contributing towards the Strategy priorities be noted.

(2) That the comments above be incorporated into the revised plans.

(3) That Polly Hamilton, Assistant Director Culture Sport and Tourism, revisit the connections between the Aims.

ACTION:- Polly Hamilton

(4) That the full plans be submitted to the July Board meeting, together with the attendance of each Aim sponsor, followed by each individual Aim plan submitted to subsequent Board meetings.

ACTION:- Kate Green/Terri Roche

76. INTEGRATED CARE PARTNERSHIP AND PLACE PLAN

Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Chief Operating Officer RCCG, presented an update on Integrated Care.

A presentation on Integrated Care had been made to an All Members on 20th April, 2018.

The presentation had highlighted:-

- Development of integrated care in South Yorkshire and Bassetlaw particularly in Rotherham
- Integrated Care System ICS context
- Current position in South Yorkshire and Bassetlaw
- National direction of travel
- What ICSs were expected to do
- Rotherham’s Integrated Care Partnership (Place)
- The journey so far – governance, principles
- What is/will be different
- How could we work differently
- Issues to consider

Discussion ensued with the following issues raised/clarified:-

- The Integrated Care Plan was a positive way forward to ensure full integration of all the areas that were of importance e.g. Social Prescribing, Health Villages, Walk-in Emergency Care Centre, with the respective organisations working together in partnership
- All partners had signed up to the Partnership and engaged
- What happened at South Yorkshire and Bassetlaw level was different to what happened at local level
- Regardless of Legislation/Policy, working together at local level provided residents with a better experience and simpler pathways/access to the services they needed within the Borough
- Integration was making the best use of the resources available
- Need to ensure members of the public were fully aware

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

(2) That the Place Board minutes be included on future agendas for information.

Action: Kate Green

77. ROTHERHAM INTERMEDIATE CARE CENTRE

AnneMarie Lubanski, Strategic Director of Adult Care, Housing and Public Health, presented a report giving a strategic overview of the proposals relating to the reconfiguration of the Rotherham Intermediate Care Centre, a day rehabilitation service provided by the Council and The Rotherham Foundation Trust.

The primary driver was in terms of people getting the right service enablement at home where it was known that patients recovery improved. The service was not changing; most of the staff would move with the service into the community.

Resolved:- That the report be noted and the approach taken endorsed.

The Chair left the meeting at this point in the agenda.

Dr. Richard Cullen assumed the Chair.

Dr. Cullen in the Chair.

78. HEALTH PROTECTION ANNUAL REPORT

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2017 which highlighted the joint successes and challenges over the year as identified by the Health Protection Committee.

The organisations represented on the Health Protection Committee collectively acted to prevent or reduce the harm or impact on the health of the local population caused by infectious disease or environmental hazards, major incidents and other threats.

The Health Protection Committee, on behalf of the Director of Public Health, would continue to meet on a quarterly basis to oversee and discharge the Council's Health Protection duties.

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

- The incidence of Diphtheria had occurred this year so would feature in next year's annual report. The mass immunisation outbreak plan had been applied very successfully. No source had been identified. A debrief had been held to share learning
- The logos on the covering page did not include that of The Rotherham Foundation Trust

Resolved:- That, subject to the inclusion of The Rotherham Foundation Trust logo, the report be noted.

ACTION:- Richard Hart

79. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2017 independent annual report. The 2015 and 2016 annual reports had been the first 2 in a series of 3 planned annual reports that worked through the life course, focussing on key health issues at different stages of life.

Living well was important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life could increase life expectancy and making the right life choices could reduce the likelihood of premature death and suffering certain long term conditions.

The 2017 annual report focussed on living and working well and was broken down into chapters on:-

- Mental Health, Wellbeing and Loneliness
- Dealing with Drug and Alcohol Misuse
- Tackling the Issue of Domestic Abuse
- Looking after Sexual Health
- Towards a Smoke-free Generation
- Addressing Obesity
- Physical Activity
- Long Term Conditions
- Environments and Health

- Cancer Screening
- Flu Vaccination
- Making Every Contact Count
- Work and Health

The key recommendations in the report were:-

- Work and health in partnership – to help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work
- Making Every Contact Count (MECC) – working with partners to deliver MECC (Healthy Chats) which was a key component of the Rotherham Integrated Health and Social Care Strategy
- Mental Health – Public Health to lead on the implementation of the Better Mental Health For All Strategy with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing
- Physical Activity – Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as the Authority's award winning parks (green spaces), promoting active travel and working the Planning Department to develop obesogenic environments
- Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the Health and Social Care Plan

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

- Further work was required to understand the reasons why healthy life expectancy in women had consistently deteriorated compared to men
- The age range of 25 to 69 years for the diagnosis of new cancer cases was a national data set
- It was a public facing document and would be distributed to key stakeholders. The document would be presented to Voluntary Action Rotherham for discussion
- The document was disseminated within Council Directorates to discuss how they could help delivery

Resolved:- That the report be noted.

80. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 11th July, 2018, commencing at 9.00 a.m. to be held at The Spectrum, Voluntary Action Rotherham.