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

Date:- **Thursday, 6 September 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 - 11)

7. Communications

For Discussion

8. Update on Health Village and Implementation of Integrated Locality Working (Pages 12 - 24)
   Chris Holt, TRFT to present

9. RDaSH Estate Strategy (Pages 25 - 33)
   Dianne Graham, Director of Rotherham Care Group, RDaSH, to present

10. Response to Recommendations from Scrutiny Review- Drug and Alcohol Treatment and Recovery Services (Pages 34 - 41)
    Anne Charlesworth, Public Health, to present

11. The Rotherham Foundation Trust Quality Priorities 2019-20 (Pages 42 - 48)

For Information

12. South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update (Pages 49 - 56)

13. Healthwatch Rotherham - Issues

14. Health and Wellbeing Board (Pages 57 - 64)
Minutes of meeting held on 11th July, 2018

15. Date and time of next meeting
Thursday, 18th October, 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)

Sharon Kemp.

Chief Executive.

HEALTH SELECT COMMISSION
19th July, 2018

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Jarvis, Keenan, Marriott, Rushforth, Short and Williams.

Also in attendance was Councillor Roche, Cabinet Member for Adult Social Care and Health.

Apologies for absence:- Apologies were received from Councillors Ellis and Taylor.

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

14. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

15. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

16. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 14th June, 2018.

Reference was made to Minute 6 (Director of Public Health Annual Report) and the recommendations; the detail of which had been followed up and information was attached at Pages 11 and 12 of the agenda pack, including the video clip link.

Page 11 also made reference to Treatment 2 and the percentage of patients who were treated within 62 days. Latest data available had been requested.

Minute No. 7 (Health Village Evaluation Workshop) Recommendation 2 – the issues raised by Health Select Commission for inclusion in the outcome measures had been passed to relevant officers. A response to Health Select Commission feedback and a further report on the plans for the next phase of implementation would be submitted in September, 2018.

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

17. COMMUNICATIONS

The Chair invited Councillor Jarvis from Improving Lives Select Commission to provide a brief update regarding the work currently taking place, which included:-

- Key activity and progress in relation to the provision of Domestic Abuse Services across Rotherham. The Domestic Abuse Strategy set out the collective vision for Domestic Abuse (DA) Services within Rotherham for the next three years. Important issues discussed included access to IT, informing commissioning, data quality, training and ensuring the voice of the child was heard. The referrals process was being looked at again.

- 2017/18 year-end performance under the key themes for Children and Young People's Services

- Implications for Looked After Children, previously Looked After Children and Care Leavers as a result of the Children and Social Work Act 2017 which was intended to improve the support for Looked After Children (LAC), promote the welfare and safeguarding of children and make revised provisions about the regulation of Social Workers.

18. CARERS' STRATEGY IMPLEMENTATION - UPDATE

Richard Smith and Nathan Atkinson gave the following powerpoint presentation on the Caring Together action plan:-

Caring Together Strategy Aims:-

- That every carer in Rotherham is recognised and supported to maintain their health, wellbeing and personal outcomes.
- To ensure carers are supported to maximise their financial resources.
- That carers in Rotherham are recognised and respected as partners in care.
- That carers can enjoy a life outside caring.
- That young carers in Rotherham are identified, supported and nurtured to forward plan for their own lives.
- That every young carer in Rotherham is supported to have a positive childhood where they can enjoy life and achieve good outcomes.

Six Key Themes:-

- Carers Support.
- Young Carers.
- Unknown Carers.
- Publicity and Promotion.
- Training Offer.
- Quality Assurance.

Progress:-

- Memorandum of Understanding developed.
- Bite size training modules co-produced and delivered to carers groups.
- Networking and light respite opportunities provided to support carers.
- Established a triage system through a single access point shared by Early Help and Children's Care.
- Four young carers awareness sessions delivered by Barnardos to Safeguarding Leads/Year Heads from Rotherham Schools and wider South Yorkshire School representatives.
- As part of Safeguarding Awareness Week and Open Day Safeguarding Event was held at Barnardos Headquarters on 10th July, 2018.
- Two newly qualified Rotherham G.P.s met with Rotherham Young Carers Service users and staff on 19th June, 2018 to raise their awareness of issues faced by young carers and their families in accessing healthcare.
- Sarah Champion MP met with Service users and staff from Rotherham Young Carers on 22nd March, 2018.

Future Work:-

- Partnership workshop with Carers' Forum – August, 2018.
- Review of Carers Self-Assessment process and pathway.
- Strengthen carers' voice with My Front Door.
- Communication plan for engagement and involvement of carers.
- Develop Quality Assurance Standards as part of the operational framework (to deliver Care Act responsibilities).
- CYPS Commissioning and Barnardos are exploring other ways to raise awareness with G.P.'s.
- G.P.'s have bi-monthly learning event and within schools and wider services who work with children and young people.
- New Rotherham Young Carers' Service leaflet distributed widely at events, schools and libraries.

The Carers' Strategy was very comprehensive and its implementation was ambitious and exciting moving forward. Its strategic aims recognised the work with carers and support to maintain carers' health, wellbeing and personal outcomes. Additional resources had been put into the carers' workstream with new commissioning and operational leads.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Under the key theme 3 building on the knowledge base of unknown carers and how they could be identified.

It was noted that a new joint post with the CCG recognised the need to focus on work with carers and with a model in place this would focus on the challenge for those who had not self-identified. The links with health and wider networks were very important.

- Was any work taking place in schools, particularly with learning mentors, to identify young carers?

  Work was taking place with Head Teachers and relationships with schools were positive. An all age approach was taken to identify young people with caring responsibilities.

- How was the action plan progressing and how was it monitored?

  The action plan and strategy were ambitious documents and the Council had a statutory responsibility to publish information and guidance, to provide parity of esteem for carers and to provide preventative services. Additional resources had been provided to support the action plan. A working group had been set up to oversee the action plan and an operational steering group fed back on actions.

- How did the Strategy dovetail with the Health and Wellbeing Board and was this being monitored?

  This was reflected in Aim 4 of the Health and Wellbeing Strategy which was refreshed just before Easter. A number of developments were in the pipeline to help registered carers.

Resolved:- That Richard Smith and Nathan Atkinson be thanked for their informative presentation.

19. SAVINGS FROM INTEGRATED SEXUAL HEALTH SERVICE 2019-20

Gill Harrison, Public Health Specialist, presented a report on the progress made in relation to the All Service Review (ASR) savings 2019/20 from the Integrated Sexual Health Services budget as agreed at the 28th February 2018 Council meeting (Minute No. 157 refers) which resulted in a 2.6% reduction from the overall contract value for the commissioned Integrated Sexual Health Service (ISHS).

Since 1st April, 2013, every local authority had a legal duty to protect the public's health with the Regulations stating that the Director of Public Health was responsible for ensuring that there were effective arrangements in place for preparing, planning and responding to health protection concerns. Following a tendering exercise in 2016, the contract was awarded to Rotherham NHS Foundation Trust (TRFT) with the new service, providing a broad range of contraceptive services and a comprehensive STI prevention, testing and treatment, starting on 1st April, 2017.

The savings had been profiled for 2019/20 due to the service only having recently been out to tender with a budget reduction from the original value and also due to them taking on the responsibility for the provision of contraceptive services in primary care (GPs and Pharmacy).

As part of the original tender TRFT were commissioned to provide clinics at a range of times and locations to give more opportunities to members of the public to attend clinic sessions. TRFT proposed to stop providing the newly opened Sunday clinic as it was not as well utilised as other clinics and was more expensive to run. This would result in a saving of £26,000 and the TRFT had also undertaken an equality analysis to consider the impact of the Sunday clinic cessation.

Local authorities were mandated by the Health and Social Care Act (2012) to prevent the spread of STIs including HIV prevention. Public Health had a budget of £30,000 for this work and the current contract had now come to an end. TRFT sub-contracted with a third sector organisation, Yorkshire MESMAC, who were already providing awareness raising, prevention and testing for all STIs including HIV. A contract variation had, therefore, been agreed between Public Health and TRFT to include specific HIV prevention work within their existing service. This resulted in a £30,000 saving.

The ISHS was a good service that achieved good results and had worked well with survivors of CSE.

Discussion ensued and Dr. Nadi Gupta, Lead Clinician, and colleagues, Natalie Gibbons (Lead Nurse) and Julie Bentley (Service Manager) responded on:-

- Demographics of people using the service on a Sunday.

  The service was for Under 25's, a high risk group for STIs and a targeted service. Over the past year there had been 400 attendances to the Sunday clinic, which began on 1st April, 2017 and was open to males and females. Further demographic information was not available.

- Concerns about a reduction in the service.

  Data from the Police website indicated 138 active CSE ongoing investigations and the service had active cases every month.

- Service impact of cutting out the Sunday clinic.

  The service was currently available 7 days a week Monday to Friday up to 8.00 p.m. with clinics on Saturdays and Sundays plus outreach services in various locations. The joint integrated service saw the closure of the Sunday clinic as an option having the least impact on a broad sexual health service.

- Funding arrangements moving forward, including for PrEP (pre-exposure prophylaxis) and MESMAC.

  PrEP was an anti-viral drug funded by NHS England and was currently undergoing a three year trial to see it if worked as a preventative measure. ISHS were involved in the national trial.

  MESMAC were already providing services to vulnerable people and would work in collaboration to avoid duplication to deliver those essential services of additional HIV prevention, testing and outreach to vulnerable groups.

- Was there confidence and appropriate coverage in the free emergency hormonal contraception provided by pharmacies?

  Take up had been good and work was taking place with 29 pharmacies across the borough which provided a good geographical spread.

- The new service must have identified a gap in provision which had led to the creation of the Sunday service and would there be an impact on Accident and Emergency (A&E)?

  Closure of the Sunday service would be closely monitored, but it had not been set up for a targeted need in a specific demographic. Footfall and demographics for all the clinics would be closely monitored. It was noted that no other Local Authority in the Yorkshire and Humber region had a sexual health service operating on a Sunday and Public Health England did not advise doing so. However, the value of the Sunday service was recognised at a time when many people required it. There would need to be an evaluation of the impact on A & E following cessation of the Sunday service.

- Was the Sunday service picking up any CSE cases over and above the Monday to Saturday service and were there links with CYPS to meet the needs of those young people? What systems were in place regarding repeat users of EHC who were young or vulnerable people?

  Young people in the under 16 cohort were always seen by a health adviser with a detailed assessment with information shared for any pathways of concern.

The Cabinet Member for Adult Social Care and Health pointed out that the decision to reduce the funding for this service was not taken lightly and was taken in the context of the savings required by the Council. £1 million had already been cut from the Public Health Grant overall for next year on top of further savings required by the Council.

The TRFT pointed out that the sexual health service in general received on average 350 calls per day, but would ensure with the reduced contract and robust management arrangements in place treatment would continue to be delivered at an early stage.

The TRFT were keen to point out that in Rotherham CSE remained high on the agenda and was a town where these kind of services required appropriate funding. The service remained concerned about the reduction in the contract, but the closure on a Sunday would help to make maximum savings with minimum impact on young people.

Resolved:- (1) That the impact assessment and progress made in relation to the ASR PH3 savings from the Integrated Sexual Health Service budget be noted.

(2) That an update be received on service user evaluation once collated and an evaluation provided on the impact on Accident and Emergency following cessation of the Sunday service.

20. SCRUTINY WORKSHOP - ADULT RESIDENTIAL AND NURSING CARE HOMES

The Chair reported on the main findings and recommendations arising from the Scrutiny workshop undertaken by the Select Commission in April, 2018 to consider residential and nursing care home for adults aged over 65.

The Council contracted 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. As at April, 2018, 19 were rated as Good, 14 Required Improvement, 1 was Inadequate with one still to be inspected by the CQC.

Rotherham had 700 more beds than comparator local authorities, but most were residential beds. There was 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.

The findings were set out in the report but the key themes were:-

- Governance.
- Management.
- Operational issues.
- Finances.
- Workforces.

A discussion and a question and answer question ensued with the following issues being raised:-

- Contract compliance and information sharing with individual ward councillors on care homes experiencing problems to aid queries at surgeries.

  Ward Members would be given some insight into concerns in their own areas, but the detail of concerns would remain commercially confidential and sensitive.

- Process for someone becoming a Care Home Manager and the qualifications required.

  The process was controlled by CQC and registration of Care Home Managers was their responsibility, but the Quality Board would be proactive regarding any concerns. Details of qualifications required would be subject to confirmation.

- Availability of training for staff in care homes, monitoring take up and application of the training.

  Training and workforce development for 2019/20 was currently under review. This training would be open to care homes and any adult care provider whether they were private or voluntary. There was regular liaison with managers about specific training needs and how best the training could be taken up by operational staff.

- How was take up of the Care Home Support Service and the Clinical Quality Adviser monitored?

  The service was commissioned by the CCG and overseen by key members of the Quality Board. Compliance Officers were in regular dialogue with front line staff to focus on any identified areas. Care homes need to be receptive to this service and engage. Statistics on take up would be fed back.

- How could residents and families be made aware of an expected level of care before someone went into a care home and so they recognised signs or concerns so these could be addressed and resolved quickly?

  Families were welcome to look at CQC ratings for care home who worked closely with the Council. It was important that family members visited regularly and liaised with staff. Anything of concern should be fed back to the Local Authority and CQC so that it could be screened from a safeguarding perspective. Should any Elected Member be alerted to concerns these should be fed back to the Council.

In care settings it was expected that a social worker would be providing information. Self-funding and self-selection of homes by individuals presented more of a challenge. Valuable information was available on the website along with a good mixture of signposting to other organisations and information, advice and guidance would be developed further.

The Chair asked the Health Select Commission if there were any additional recommendations the Commission wished to make and there were two with regard to training and to support from the Care Home Support Service and Clinical Quality Adviser.

Resolved:- (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.

(3) That all care homes be encouraged to work with the Care Home Support Service and Clinical Quality Adviser.

(4) That all care home staff be encouraged to attend organised training sessions and that the take up and impact of the training be monitored.
(5) That the final report be submitted to the Overview and Scrutiny Management Board for consideration.

21. HEALTH SELECT COMMISSION DRAFT WORK PROGRAMME

Janet Spurling, Scrutiny Officer, submitted the final draft of the Select Commission's work programme for 2018/19 Municipal Year.

The overall priorities for the Select Commission for 2018/19 included:-

- 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)

Appendix 2 of the report submitted set out the proposed membership for each of the NHS Trust Quality Account Sub Groups for consideration. The membership was based on the previous year's membership to retain the knowledge developed by Members of those health partners' services.

It also included the proposed membership for the new Performance Sub-Group that would meet quarterly to consider performance issues particularly where requested by the Overview and Scrutiny Management Board.

Discussion ensued on the detail and it was noted that the reducing health inequalities work may link in with the work by the Overview and Scrutiny Management Board on the roll out of universal credit and poverty flow which was still to be fully determined.

Sub-group memberships had been drafted and any Member unable to commit should contact the Chair.

Resolved:- (1) That the draft work programme for the 2018/19 Municipal year be approved.

(2) That the proposed membership for the Quality Account Sub-Groups and Performance Sub-Group for 2018/19 be as follows:-

RDaSH	Councillor Evans (Chair) Councillors Andrews, Ellis, Jarvis, Marriott and Rushforth
Rotherham Hospital	Councillor Short (Chair) Councillors Albiston, Bird, Cooksey, R. Elliott and Williams
Yorkshire Ambulance Service	Councillor Evans (Chair) Councillors Keenan, Short, Taylor and Wilson
Performance	Chair – to be confirmed Councillors Andrew (to be confirmed), Bird, R. Elliott, Ellis and Jarvis

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

22. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

If anyone required a copy of the Annual Report if they contacted the Chair he would arrange for one to be circulated after the meeting.

23. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

The Chair gave an update for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee (JHOSC) by confirming:-

- The Governing Bodies of the CCGs were currently considering the hospital services review report.
- Information was also awaited on the timelines from NHS colleagues to develop the JHOSC work programme for the year.
- The Judicial Review appeal regarding the hyper-acute stroke service changes had been rejected so health partners were proceeding to implementation of the decision as soon as possible.

Resolved:- That the information be noted.

24. HEALTH AND WELLBEING BOARD

Consideration was given to the submitted minutes of the Health and Wellbeing Board held on 14th March and 16th May, 2018.

Reference was made to consultation on the proposals for the Children's Ward at Rotherham and for a regular update to be provided to the Health Select Commission.

The Cabinet Member for Adult Social Care and Health confirmed his concerns about the consultation with Councils and the need for more detail arising from the review.

Resolved:- That the minutes of the Health and Wellbeing Board held on 14th March and 16th May, 2018, be noted.

25. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 6th September, 2018, commencing at 10.00 a.m.

Update on Integrated Working in Rotherham

Health Select Commission

Thursday 6 September 2018

Place Plan - Urgent and Community Transformation Workstream

Key Activity Under Development

1. Integrated Point of Contact
2. Integrated Discharge Team
3. Intermediate Care and Reablement
4. Integrated Rapid Response
5. Integrated Care Home Support
6. Developing Integrated Pathways as the default

What is working well?

* Clear priorities and vision, agreed by all partners
* Shared agenda's and the 'right conversations' taking place
* Governance framework in place
* Momentum building in a number of areas
* Changes happening on the ground (Single Point of Access, Care Co-ordination Centre, Integrated Discharge Teams, Integrated Rapid Response)
* Technology

What are we worried about?

* Balancing (often competing) priorities
* Capacity to deliver – balance of new vs existing
* Engagement, communications and language
* Organisational Development across all parties
* Capturing key milestones and measures from a very comprehensive data set across the system

What needs to happen next

* Continue to develop areas of practice where joint outcomes can be achieved
* Develop an Unplanned Care Team
* Focus on *Home First* and new delivery models
* Preparation as a system for Winter Plan requirements to meet NHS England requirements and applying learning from 2017/18 plan outcomes

Progress Report

Locality Working

Chris Holt
Director of Strategy and Transformation

The Rotherham NHS
NHS Foundation Trust

Place Plan Priorities

1. Integrated Point of Contact
2. Integrated Discharge Team
3. Intermediate Care and Reablement
4. Integrated Rapid Response
5. Integrated Localities
6. Integrated Care Home Support

The Rotherham NHS
NHS Foundation Trust

What have we learned about Locality Working?

- The Health Village Pilot was a great start
- There is evidence of a positive impact on emergency admissions from locality working.
- All localities saw an **increase of 0.7%** in emergency admissions between 15/16 to 16/17, excluding the health village. The **health village saw a 2.1% decrease** however between these periods.
- All localities excluding the health village, seeing a **3.5% and 11% increase in 65+ and 85+ respectively**. Emergency admissions from the health village locality however saw lower increases, **1.8% (65+) and 9.6% (85+).**

How will Integrated Locality working look?

The Rotherham NHS
NHS Foundation Trust

The Rotherham NHS
NHS Foundation Trust

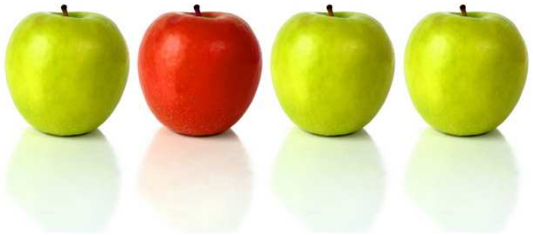
The Emerging Model

- Re-alignment of GP practices across 7 Localities
- Localities split into 3 partnership areas
- Community Nursing working directly into 7 Localities
- Adult Social Care and Community Health Teams (inc Mental Health) working across 3 partnerships North, Central and South
- Information sharing via Rotherham Health Record
- Integrated Management (Partnership level)
- Integrated MDT approach

The Rotherham NHS
NHS Foundation Trust

What Will Be Different

- Develop a joint culture of prevention
- 'Blurring' of professional boundaries
- Develop new ways of supporting Primary Care
- Enhanced Social Care Assessment and Care management
- Management of Long term Conditions
- Focus on the needs of Physical and Mental Health
- Work into hospital based services to reduce LOS
- Improved opportunities for post discharge follow up



The Rotherham NHS
NHS Foundation Trust

Joint Outcomes Framework

No.	Description	Strategic Relevance		Trajectory
		Health	Social Service	
1	Average cost of care home package		✓	↓
2	Total cost of home care to RMBC		✓	↓
3	No. of new home care packages commissioned		✓	↓
4	No. of adult social care customers / 10k population		✓	↓
5	No. of residential / nursing placements per 100k population		✓	↓
6	% on supported discharge who enter long term care		✓	↓
7	Total weekly adult care spend	✓	✓	↓
8	Admissions to intermediate care beds	✓	✓	↓
9	No. of home based reablement packages commissioned		✓	↑
10	Admissions into hospital	✓		↓
11	Admissions from care homes	✓		↓
12	Total number of non-elective bed days	✓		↓

The Rotherham NHS
NHS Foundation Trust

Timelines and Implementation

0 to 6 Months	6 to 24 months	> 24 months
• Teams aligned / co-located • Baselines agreed • Outcome framework agreed • Joint case-loads developed • Ways of working outlined • Team configuration defined • Leadership team in place • 1 Partnership / 2-3 localities model 'operational'	• Pooled budget principles agreed • Outcomes being 'realised' • Outlying performance addressed • Transition model (Phase 3) being defined • 3 Partnerships / 7 localities 'operational'	• New models and transition defined • Organisational alignment clear • Integration of teams • Pooled budgets and investment

NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

Rotherham Health Select Commission

Dianne Graham, Rotherham Care Group Director

RDaSH leading the way with care

Rotherham estates consultation

Rotherham Doncaster and South Humber NHS Foundation Trust

- Aim:

"To seek stakeholder views on the two preferred options within the estates transformation plans"

Part of wider consultation, 700 staff, service users, other stakeholders events.

Outcomes

Rotherham Doncaster and South Humber NHS Foundation Trust

- Improved access for local people
- Aligned to GP surgeries
- Part of place based plans
- Integrated mental health, all age, LD services
- Town centre facility
- More efficient use of resources

Present estates

- Badsley Moore Lane- Learning disability services
- Ferham Clinic- Adult Mental Health
- Clifton Lane- IAPT
- Howarth House- OPMH and dementia clinics
- Swallownest Court- AMH inpatient/community
- Woodlands- OPMH inpatient

Proposed estates

Rotherham Doncaster and South Humber NHS Foundation Trust

- Swallownest court- South services
- Woodlands- Borough wide/front end services
- Clearways- Town Centre facility/clinics

Then:

North services

Option 4- BML (plus Ferham annex)

Option 5- Ferham (plus Ferham annex)

Buildings we will no longer require

- Reduce buildings from 6 to 4
- No longer require Clifton lane (IAPT)
- No longer require Howarth House (OPMH)
- Impact of agile working

Options considered

Rotherham Doncaster and South Humber NHS Foundation Trust

- Riverside (local authority building)
- The Bank
- Rawmarsh Health Centre
- Maintain Status Quo

Key messages:

Rotherham Doncaster and South Humber NHS Foundation Trust

- Best use of Rotherham pound
- Best value out of estates
- Reducing from 6 to 4 buildings
- Providing town centre clinic based services
- Services will continue to be delivered

Rotherham Doncaster and South Humber NHS Foundation Trust

- Thank you
- Any questions???

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Summary Sheet

Council Report
Health Select Commission – 6th September 2018

Report Title
Cabinet Response to Recommendations from Scrutiny review - Drug and Alcohol Treatment and Recovery Services

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

Strategic Director Approving Submission of the Report
Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Anne Charlesworth, Head of Public Health Commissioning
anne.charlesworth@rotherham.gov.uk / 01709 855851

Ward(s) Affected
All wards

Summary

Following discussions between Members, officers and health partners about current substance misuse service provision, and with a new contract commencing in April 2018, the Health Select Commission (HSC) decided to undertake a short review (Spotlight Review). The purpose was to ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract.

The review process was undertaken in the autumn of 2017, and a final report was submitted to Council on 23rd May 2018.

Under the Overview and Scrutiny Procedure rules, the Cabinet is required to respond to any recommendations made by scrutiny and this report is submitted to meet that requirement.

Recommendations

That the response to the recommendations of the Scrutiny Review of Drug and Alcohol Treatment and Recovery Services (as set out in Appendix A) be approved.

List of Appendices Included
Appendix A - Cabinet's Response to Scrutiny Review: Drug and Alcohol Treatment and Recovery Services

Background Papers
None

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Cabinet and Commissioners Decision Making Meeting - 6th August 2018

Council Approval Required
No

Exempt from the Press and Public
No

Title: Cabinet Response to Recommendations from Scrutiny review - Drug and Alcohol Treatment and Recovery Services

1. Recommendations

1.1 That the response to the recommendations of the Scrutiny Review of Drug and Alcohol Treatment and Recovery Services (as set out in Appendix A) be approved.

2. Background

2.1 Following discussions between Members, officers and health partners about current service provision, and with a new contract commencing in April 2018, the Health Select Commission (HSC) decided to undertake a short review (Spotlight Review). The purpose was to ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract.

2.2 The six main objectives of the review were to:

- ascertain the prevalence of people with substance misuse issues in Rotherham
- understand the new service specification and budget
- understand the procurement process undertaken for the new contract
- clarify the key factors in a safe drug and alcohol service
- determine how effective support for people misusing drugs and alcohol is provided, taking account of the diverse needs of service users
- identify how performance is measured and good outcomes achieved

2.3 As a result of a recent spike in deaths by suicide or suspected suicide of people known to the Rotherham Drug and Alcohol Service, Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH) have undertaken an in depth analysis to identify any themes or trends, to inform future work on suicide prevention through the multi-agency group. Members also decided to consider these findings as part of their spot light review.

3. Key Issues

3.1 The review has produced 8 key recommendations, listed in Appendix A, which are accepted by Public Health and will be implemented to the timetable indicated.

3.2 Members should note that recommendation 3 is subject to availability of funding.

4. Options considered and recommended proposal

4.1 The recommendations and corresponding actions are designed to ensure that despite reduced budgets and a new provider the drugs and alcohol service commissioned by Public Health continues to be a safe, effective and quality service.

5. Consultation

5.1 The recommendations and action plan at Appendix A has been shared with RDaSH and Change, Grow, Live (CGL) Rotherham's new Adult Substance Misuse provider (1st April 2018) to ensure their support with implementation.

6. Timetable and Accountability for Implementing this Decision

6.1 The timetable for implementing the recommended actions is set out in the attached schedule (Appendix A).

7. Financial and Procurement Implications

7.1 Recommendation 3 would require identifying additional funding if the suicide prevention and awareness raising work was extended to other areas of the borough.

8. Legal Implications

8.1 There are no direct legal implications arising from this report.

9. Human Resources Implications

9.1 Officer time needed to implement actions, there are no further implications arising from this report.

10. Implications for Children and Young People and Vulnerable Adults

10.1 These actions relate to vulnerable adults and Adults Safeguarding Board, actions for which are detailed in appendix A.

11 Equalities and Human Rights Implications

11.1 There are no direct equalities or human rights implications arising from this report.

12. Implications for Partners and Other Directorates

12.1 Adults Safeguarding Board, and the Suicide Prevention and Self – Harm Group have actions arising from this review.

13. Risks and Mitigation

13.1 The purpose of the review was to ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract, the recommendations which are accepted are designed to mitigate that risk.

14. Accountable Officer(s)

Teresa Roche, Director of Public Health
Anne Charlesworth, Head of Public Health Commissioning
Officers named in Appendix A for specific actions

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:-
Director of Legal Services:-
Head of Procurement (if appropriate):-

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

Cabinet's Response to Scrutiny Review: Drug and Alcohol Treatment and Recovery Services

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by** ***(Date)***
1) That Public Health and Change, Grow, Live (CGL) presents an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.	Accepted.	Information on service performance is reported onto National Drug Treatment Monitoring System (NDTMS). Clear progress on outcomes will be reported on in the Autumn.	Lucy Harrison Change, Grow. Live Anne Charlesworth RMBC	End November 2018
2) That Public Health ensures robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).	Accepted.	The new service reports on a performance template to RMBC on a monthly basis and reviewed at Public Health Governance on a monthly basis. These figures are then verified where possible against the NDTMS system. A mid contract review will take place in Autumn 2019.	Anne Charlesworth RMBC	May 2019
3) That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.	Accepted.	Rotherham Suicide Prevention and Self-Harm Group is refreshing the action plan which will incorporate real time surveillance and subsequent actions in response to high risk groups and high risk geographical area. The refresh is expected to be completed by September. The prevention and awareness raising activity was funded by Wentworth Valley Area Assembly so further work of this nature would be subject to available funding which members may wish to consider through their Community Leadership fund.	Ruth Fletcher-Brown RMBC	September 2018 As required

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by** ***(Date)***
4) That Public Health considers strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.	Accepted.	The current Making Every Contact Count (MECC) training focuses on tobacco and alcohol. Messages are given on the dangers of drinking at unsafe levels and the notion of drinking within recommended guidelines is well promoted. To date 139 individuals have attended the train the trainer sessions, these individuals are then tasked with cascading this training to their individual teams. On the training it is made clear where to go for help around these and other lifestyle issues, and the MECC link website is promoted. MECC link is a tool that shows local and national contact details for help around a range of lifestyle issues. Online training is also available through Directions and the plan is to make this e-learning mandatory for all staff. Anyone wishing to access MECC link can do so by using the following link. www.mecclink.co.uk	Phillip Spencer RMBC	Complete
5) That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.	Accepted.	This is good practice in all commissioning activity and for the drugs and alcohol service tender extensive market testing took place. The Adult Care Housing & Public Health Commissioning Team take on the recommendation and will ensure appropriate engagement with providers/potential providers in advance of going out to tender.	Nathan Atkinson RMBC	Completed/ Ongoing

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by** ***(Date)***
6) That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.	Accepted.	The new CGL service is now advertising their services widely across the borough, including a new website. www.changegrowlive.org CGL will report Serious Incidents, which includes deaths both to Commissioning and to Andrew Wells (Head of Service-Safeguarding) to be escalated to Adults Safeguarding Board. Nathan Atkinson (Assistant Director Strategic Commissioning) now also sits on the Board to ensure that lessons learned are fed back into the Adults commissioning process. A new Pathway between CGL and RDaSH is being developed to ensure that service users who need to use both services can do so effectively.	Anne Charlesworth RMBC Lucy Harrison CGL Dianne Graham RDaSH	September 2018
7) That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides, from April 2018.	Accepted.	The RDASH analysis will be shared with CGL to ensure that these risk factors are considered. This will be included in the assessment process.	Anne Charlesworth RMBC	September 2018
8) Public Health and CGL continue to take a proactive approach to safety in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.	Accepted.	The new links with Adults Safeguarding will enable lessons learned to be considered at the regular monthly meetings, where Serious Incidents are now a standing agenda item.	Anne Charlesworth RMBC	Review with annual service review as above May 2019.

Quality Priorities 2019/20

Together we can

Quality Improvement Priorities

The Rotherham NHS Foundation Trust

- Every year The Rotherham NHS Foundation Trust develops a set of Quality Improvement Priorities for the year ahead.
- These priorities help ensure that there is a continuous drive to improve the quality of care provided for patients.
- Each of these priorities has a lead who develops the details for each and what the aims, objectives and measures will be.

Reminder of 2018/19 Priorities

The Rotherham NHS Foundation Trust

Patient Safety

- Missed or Delayed Diagnosis
- Deteriorating Patient (including Sepsis) (new focus)
- Medication Safety

Patient Experience

- End of Life Care
- Discharge
- Learning from the views of Inpatients (new)

Clinical Effectiveness

- Improving the quality of services provided through preparing for CQC Inspection (new)
- Mental Capacity Act (Increasing Staff Knowledge and Awareness)
- Effective outcomes for women and baby (new)

Initial Quality Priorities for 2019/20

The Rotherham NHS Foundation Trust

- **Patient Safety**
  - Embedding the use of the National Early Warning Score (NEWS2)
  - Improving the assurance regarding the implementation of national safety alerts
  - Improving the learning and changes in practice arising from action plans from Serious Incidents and Inquests
  - Improving the safety of care provided to patients requiring respiratory support
  - Embedding the ambition of zero avoidable pressure ulcers

Initial Quality Priorities for 2019/20

The Rotherham NHS Foundation Trust

- **Patient Experience**
  - Improvement in Patient and Public Involvement and Engagement
  - Improving the experience of children receiving care in non-paediatric focused services
  - Embedding the treatment of all patients in an equal and diverse manner
  - Improving the experience of patients transitioning from children to adult services
  - To be identified following the outcome of the Patient Experience Framework (NHS Improvement June 2018) and Trust Wide Diagnostics

Initial Quality Priorities for 2019/20

The Rotherham NHS Foundation Trust

- **Clinical Effectiveness**
  - Improving the quality of services provided through implementing the findings from the Care Quality Commission (CQC) Inspection
  - Effective outcomes for women and babies
  - Improving conversations about public health matters
  - Improving the outcomes from the Sentinel Stroke National Audit Programme (SSNAP)
  - Improving the outcomes from a National Audit (exact audit to be confirmed)

NHS
The Rotherham
NHS Foundation Trust

Any questions or feedback?

Joint Health Overview and Scrutiny Committee
The South Yorkshire and Bassetlaw Integrated Care System and potential areas of scrutiny

1. Introduction

The South Yorkshire and Bassetlaw Integrated Care System has a shared responsibility for the way health and care services are run and delivered to the 1.5 million people in the region. Made up of health and care organisations, it has more local ownership over local services to ensure the continued provision of services that our populations really need and deserve.

Working with the growing partnerships in each of the 'places' within the region, the ICS's aim is to:

- Support the coordination of services, with a particular focus on those at risk of developing acute illness and being hospitalised
- Provide more care in a community- and home-based setting, including in partnership with council social care, and the voluntary and community sector
- Ensure a greater focus on population health and preventing ill health
- Allow systems to take collective responsibility for how they best use resources to improve health results and quality of care, including through agreed cross-system spending totals

The ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations. It is simply an agreement to work together better. The partnership includes:

Commissioners:

- NHS Bassetlaw Clinical Commissioning Group
- NHS Barnsley Clinical Commissioning Group
- NHS England
- NHS Doncaster Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group

Healthcare providers

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Rotherham, Doncaster, South Humber NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

Heath Regulator, Assurer, Education and Training:

- NHS England

- NHS Improvement
- Health Education England
- Public Health England

Local Authorities:

- Barnsley Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- Nottinghamshire County Council / Bassetlaw District Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council

2. Areas we are working on:

There are 15 areas of focus:

- Primary care
- Urgent and emergency care
- Cancer
- Mental health and learning disabilities
- Living well and prevention
- Elective and diagnostics
- Children's and maternity
- Digital and IT
- Medicines optimisation
- Workforce
- Corporate services
- One public estate
- Finance
- Communications and engagement
- Leadership and organisational development

And two reviews:

- Hospital Services Review
- Future of commissioning

The Hospital Services Review, which was carried out independently, made a series of recommendations in a report recently published. The JHOSC was updated on the findings in June 2018.

The review team spent ten months looking closely at hospital data, patient outcomes and experience, had in-depth conversations with the staff who run the services, the patients who use them and also the wider public.

The services reviewed were:

- Urgent and emergency care
- Acute stroke (including rehabilitation and early supported discharge)
- Maternity
- Care for the acutely ill child
- Gastroenterology and endoscopy

The Report made several recommendations:

- The majority of services should remain in local hospitals
- All seven emergency departments should remain
- Hospitals should develop, “networks of care” with each one taking responsibility for one of the reviewed services
- There should be an expansion of services for children in the community and short stay units, meaning less need for longer stay inpatient wards and partners should consider further work to think about a small reduction in the number of inpatient paediatric units
- Women should have more choice over their maternity care and healthcare partners should explore further options for developing maternity care in the community and at home
- A Health and Care Institute and an Innovation Hub should be developed, linked with universities, colleges and schools to develop and support the workforce while also researching new developments and technologies

3. Areas of work the JHOSC will want to scrutinise

The recommendations within the Hospital Services Review focus on transformation and, if agreed, some reconfiguration across Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. The services that members of the JHOSC will want to be kept fully abreast of and where public consultation might be needed are:

- **Maternity**, specifically any proposals that look at developing maternity care in the community and at home which could lead to a change in the number of consultant led units in the region
- **Care for the acutely ill child**, specifically any proposals that look at a small reduction in the number of inpatient paediatric units in the region
- **Acute stroke**, specifically any proposals that look to standardise rehabilitation access and service offer across the region
- **Gastroenterology**, specifically any proposals to reduce the number of sites where overnight and weekend emergency gastrointestinal bleeds are treated

If all Boards and Governing Bodies of the partners in the ICS agree that the Report recommendations should be taken forward, a next phase of ‘modelling’ how services could be reconfigured across the hospitals in the region in the future would take place. At the conclusion of this phase, options for how the above services could be delivered in future will be clear. This may or may not have implications for elective services and the JHOSC will be kept fully up to date once the modelling work is complete.

3.1 Timescale

The following timeline is indicative and subject to change.

4. Conclusion

The JHOSC is invited to comment and give their views on the areas of scrutiny and the indicative timeline and to make recommendations or suggestions on how members would like to be kept involved and updated during the next phase.

South and Mid Yorkshire Bassetlaw and North Derbyshire (SMYBND)
Children's Surgery and Anaesthesia Managed Clinical Network

Children's Surgery Designation Process

Summary Paper for the JHOSC

Purpose

This report has been compiled to give assurance to the Joint Health Overview Scrutiny Committee of the designation process undertaken by the Children's Surgery and Anaesthesia Managed Clinical Network (MCN) on behalf of the South Yorkshire and Bassetlaw Integrated Care System and associated outcomes in relation to the implementation of the new model of care for Out of Hours Children's Surgery and Anaesthesia.

Background

In June 2017 the JCCCG approved a business case recommending the implementation of a new model of care for Children's Surgery and Anaesthesia, Out of Hours for children living within the South and Mid Yorkshire and Bassetlaw and North Derbyshire area. As part of the approval the Children's Surgery and Anaesthesia Managed Clinical Network was asked to undertake a designation process to assure the JCCCG of the trusts readiness to implement.

Process

The designation process was developed using a similar model to the one used by the East Midlands Surgical Network. Each trust was visited by a panel of 8-10 people which included:

The Network Clinical Lead
The Network Manager
A Surgeon
An Anaesthetist
A Paediatrician
A Nurse
A commissioner
An independent chair (unfortunately due to sickness our independent chair was only able to attend 2 of the visits)
A General Manger

Visits to each of the trusts across the footprint were undertaken between the 15 November 2017 and the 7 February 2018. They lasted for half a day and centred around a self-declaration form, which was updated to take any progress into account. It was based on the surgical standards and service specification developed and agreed by the Y&H Children's Surgery and Anaesthesia Task and Finish Group in 2016. An example agenda for the visits can be found in Appendix A. The agenda allowed for visits to the various relevant departments, for the visiting team to review the findings and an opportunity for Q&A.

Following the visits to the trusts, the findings from each of the visits were collated and reviewed by the clinical lead and network manager and correspondence and associated action plans were developed and circulated to the trusts.

Designation Outcome

Following the designation visits, the decision of the MCN was that it was unable to designate all the hub hospitals at that time. The MCN sought a six month pause to allow for DBH NHSFT to develop an action plan to meet the required standards.

The findings of the designation process can be summarised as follows:

Hubs

- SCH - Designated Tier 3 (tertiary centre)
- Mid Yorks - Designated Tier 2B
- Doncaster - Unable to designate – further work required to designate

Spokes

- Barnsley - Designated Tier 2A
- Chesterfield - Designated Tier 2A
- Rotherham - Designated Tier 2A

The recommendations of the visits were specific for each area. For ENT it was recommended that the current model with existing flows continues to operate. For Orthopaedics it was recommended that the current model continues with transfer to Sheffield Childrens Hospital as appropriate. A 3 hub model was recommended for Opthalmology with patients referred to the most appropriate hub depending on their postcode. For oral and maxillofacial surgery (OMFS) it was recommended to continue the service as currently delivered with discussion around moving the on call rota to Sheffield as a base for the whole of South Yorkshire to aid sustainability. For the acute abdomen it was identified that further work was required with Doncaster Hospital to enable delivery of the new model with a hub approach. This is now underway. There is also further work ongoing to progress the most appropriate model for testicular torsions. The designation process has indicated that the number of children likely to be transferred for urgent surgery out of hours will as anticipated at this point continue to be small. The process has also highlighted the need to ensure a robust transport plan is in place and work is currently underway on this.

Next Steps

The JCCCG granted a six month pause to implementation on 28 March 2018. The MCN is now in receipt of two of the three action plans and is comfortable that the work being undertaken by those trusts will allow for designation to be granted. A further update was given to the JCCCG on 27 June 2018 and the MCN sought support from the JCCCG in obtaining the action plan from MYH NHSFT and are awaiting further information.

Work is progressing to finalise pathways and protocols for the conditions likely to require transfer to a hub hospital. These are being developed to ensure that children receive surgery as close to their home as possible and only transferring those children who absolutely require surgery out of hours.

Further updates will be brought to the JCCCG in advance of the service commencing and where required the JHOSC.

Report Compiled by

Emma Andrews — **Interim Network Manager**

Ian Carmichael — **Interim Clinical Lead**

Appendix A

South and Mid Yorkshire Bassetlaw and North Derbyshire (SMYBND)
Children's Surgery and Anaesthesia Managed Clinical Network

Sheffield Children's Hospital NHS FT
Children's Surgery and Anaesthesia Network
Designation Visit
Time: 9.30 to 1.30pm
Date: 5 December 2017

AGENDA

Review Team:

Independent Clinical Chair (Lead)- Fiona Campbell
Interim Network Clinical Lead – Mr Ian Carmichael
Surgeon – Mr Ronald Lee
Patient/Patient/Carer Representative (TBC) -
Anaesthetic Representative – Dr Chris Medd
Paediatrician – Dr Anuja Natarajan
Nurse Representative – Tracy Barker
CCG Commissioner – Kate Laurance
Manager – Karen McAlpine
Network Manager – Emma Andrews

Time	ITEM		Responsibility/Lead by
15mins	Introduction & Review Aims and Process		Fiona Campbell
75mins	Walk the patient pathway to include:		Trust Service Team to guide and support
	20mins	A&E	Review team divide into two groups and start in different locations guided by relevant member(s) of the local service
	20mins	Admissions Unit/Ward	
	20mins	Theatre and Recovery Area	
	15mins	Discharge arrangements/follow up	
	15mins travel time and flexibility		
60mins	• Review evidence of self-assessment, activity data And Walk through Observations		Review Team Only
45 mins	• General discussion of achievements, issues and areas for development/support • Plans for improvement and support required where appropriate		Trust Service Team & Review Team
15mins	Next Steps		Review Team

Confirmation of attendance and apologies to:
Muhammad Khan Surgery& Anaesthesia Network Administration Assistant
Muhammad.Khan@sch.nhs.uk. Tel: 01143053609

HEALTH AND WELLBEING BOARD
11th July, 2018

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Ian Atkinson	Rotherham CCG (representing Chris Edwards)
Tony Clabby	Healthwatch Rotherham
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
Councillor Janette Mallinder	Chair, Improving Places Select Commission
David McWilliams	Assistant Director, Early Help and Family Engagement (representing Mel Meggs)
Chris Morley	Chief Nurse, TRFT (representing Louise Barnett)
Robert O'Dell	District Commander, South Yorkshire Police
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Also Present:-

Steve Adams	South Yorkshire Fire and Rescue Service
Lydia George	RCCG
Kate Green	Policy and Partnership Officer, RMBC
Polly Hamilton	Assistant Director, Culture Sport and Tourism
Janet Spurling	Scrutiny Adviser to Health Select Commission
2 Members of the Public	

Apologies for absence were submitted from Louise Barnett (TRFT), Dr. Richard Cullen (RCCG), Chris Edwards, (RCCG), AnneMarie Lubanski (RMBC), Mel Meggs (Interim Strategic Director Children and Young People's Services), Councillor Short (Vice-Chair, Health Select Commission), Kathryn Singh (RDaSH) and Councillor Gordon Watson (Deputy Leader).

1. KATE GREEN

The Chair reported that, due to Kate taking up a post within Public Health, this was to be her last Board meeting.

On behalf of the Board, he thanked Kate for all the support she had provided to the Board and wished her well in her future position.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

How could Learning Disability Service users be confident they would have an individual care assessment, before their services were withdrawn, as promised with the Council's track record of conducting assessments so far? How sensible was it to agree the closure of the Centres and Respite Service before the assessments had been done?

In terms of strategic priorities, you talk about how social isolation and the lack of social communication is as a prelevant risk factor for early death as smoking 15 cigarettes a day and well known risk factors such as Obesity and inactivity. When talking about people with Learning Disabilities in terms of their ability to get out and see people in their community they are the most vulnerable so where do they come together for social interaction if you are shutting the day centres?

The Chair stated that the Board had the overall remit of health and wellbeing; the Day Centres came within the Council's responsibility. He had questioned the Services in detail about assessments and was very confident that the resources were in place to ensure that all the assessments took place.

Social isolation was important and why it was one of the new priorities of the Board as well as 3 officers of the Council looking at the overall integration plan for loneliness to present to the Board sometime in the future. There were 3 main ways of moving forward - firstly Shared Lives, secondly Direct Payments and thirdly through a number of organisations that people with Learning Disabilities and their carers could access if they so wished.

In terms of the Health Service Review, I went to 2 meetings one of which was the Scrutiny Panel in Wakefield where the Chair of the Scrutiny Panel questioned the CCG on the consultation process and its depth and gave them a few ideas of how they should widen the consultation. I also attended the Judicial Review in Leeds and the Judge, in her remarks afterwards to the barrister, had made the point that in terms of the consultation process with the Scrutiny Panels it had perhaps fallen short.

In terms of the Hospital Services Review have we done the job in terms of letting people know what is happening? The videos I have seen were quite worrying in that they were rather bland. You would think from it that there were no problems from the Health Service.

The Chair stated that, in terms of the Independent Hospital Review, he had expressed his own concern about the process. He could not answer for the Scrutiny Panel but from looking at what was in the report at this stage it was very bland with not much detail and as such the Council response stated that it would like to see more information and detail about what might be coming down the road and making sure Rotherham got its

fair share of the hubs. We do have concerns about the lack of consultation. We know there have been events but are concerned about the lack of consultation with the Council and Members. We have made that point in our response.

There was a commitment at the moment that all the local hospitals and A&Es would remain as they were.

Janet Spurling, Scrutiny Adviser to the Health Select Commission, stated that the Select Commission had been updated on the key points from the initial report but obviously, as all the local boards were looking at the report now and giving their feedback, there would be time to look again once there was something more concrete going forward. That would be scrutinised in depth where appropriate.

Dr. Jason Page reported that his practice had been approached by a team of people who would be carrying out more public consultation. One of the things they would be doing was attending GP surgeries and talking to patients so there was another layer of public consultation being organised. They would only do that once they had something to discuss.

Ian Atkinson, CCG, reported that it was an independent report into the Health system which partners had been asked to comment on by 12th July in terms of the recommendations. The views of partners had not been sought previously, so this would start to develop potential recommendations in each workstream when a view would be able to be taken as to how it would then impact on local systems. It might impact in different ways so each discrete area may need its own consultation.

I went into some of your documents about what affects people's health and one of the key factors was of course the workplace and stresses from the workplace. I recognise and know the CCG must be putting significant pressure on the hospital to form subsidiaries which is very worrying for the workforce. Campaigners had noted that other authorities were starting to pull away from wholly owned subsidiaries. Is this Board able to pass comment or put some pressure on the stemming of this process?

The Chair agreed that health and the workplace was very important. There was a Healthy Workplace Charter, including Mental Health, which the South Yorkshire authorities had pulled together and was to be piloted in 10 organisations in the near future.

The Place Plan had quite deliberately been included in the remit of the Board in order that the Rotherham Integrated Care Partnership reported into it. There was a Place Board Executive under it which was responsible for the day-to-day work of the Place Board. Currently the Place Board was focussed on positive things to improve the health of Rotherham. In terms of pressure, it would be up to the Board to decide when it affected the health of Rotherham people to start thinking about what our reaction would be but as at the moment there was no talk

whatsoever of anything like a wholly owned subsidiary coming into Rotherham.

Chris Morley, TRFT, confirmed that a wholly owned subsidiary was being considered by TRFT but no decision had been made as yet. It would be a company owned by the NHS so would still report into the TRFT Board.

Ian Atkinson, CCG, clarified that it was not the case that the CCG were putting significant pressure on the TRFT around wholly owned subsidiary.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the previous meeting of the Health and Wellbeing Board held on 16th May, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 16th May, 2908, be approved as a correct record.

5. COMMUNICATIONS

A. The Chair reported that the Kings Fund had recently published a document, undertaken by researchers from the University of Durham, about health and wellbeing boards and what they had achieved.

A copy of the document would be circulated to Board members.
Action: Kate Green

B. The latest report in a series of reports undertaken on behalf of the Local Government Association was now available and would be circulated to Board members.
Action: Kate Green

6. HEALTH AND WELLBEING STRATEGY: ACTION PLANS AIMS 1-4

Further to Minute No. 75 of the previous meeting, the Board sponsors presented the final versions of 4 action plan aims.

Whilst the plans were submitted as final versions, they would continue to be live documents, being updated as required. Although the Strategy was agreed for a 7 year period, the action plans would be presented as 2 year plans and, therefore, not all activity would be included or completed in each 2 year cycle.

Discussion ensued with the following issues raised/clarified:-

Aim 1

David McWilliams reported on behalf of Mel Meggs

- Acknowledgement that there was more work to be done under all 4 aims including selecting a number of meaningful Key Performance Indicators that could be reported to the Board. A highlight report should then be submitted highlighting the exceptions

- Current performance should include numbers where applicable to enable comparisons to be made

Aim 2

Ian Atkinson reported on behalf of Kathryn Singh

- The roll out of 5 Ways to Wellbeing had been successful to date

- 500K funding from South Yorkshire and Bassetlaw Integrated Care System had been secured to assist with suicide prevention work. Notification was awaited of Rotherham's portion of the funding

- Real improvement on IAPT target which was consistently in the top 25%

- Quarter 3 assessment received for CAMHS which showed real progress had been made, however, the challenges continued

- Rotherham was now the highest in Yorkshire and the Humber for Dementia diagnosis

- Rotherham would receive additional resources this financial year over and above the CCG allocation for CORE 24

- The Autism Strategy was expected shortly

- The disparity of women's life expectancy compared to men's was not included within the action plan

Aim 3

- More work was required in general on this Aim

- It was noted that more GP Practices were needed to volunteer to trial the the clinical pad, which was about encouraging more people to be physically active

- The training for MECC was quite narrow but work was taking place with different groups of professionals to make it more relevant to their work

Aim 4

Rob O'Dell reported supported by Polly Hamilton

- Aim 4 encompassed the environment in its widest sense and, therefore, would take a number of years for things to happen

- There was a cross over with the Safer Rotherham Partnership – not to replace the actions but to look across both Boards and ascertain what contribution could be made

- It was the intention to recruit a Public Health Registrar/student to deliver a piece of work reviewing the Local Plan and how its policies impacted upon health and wellbeing

- Priority 4's wording had been changed to reflect all culture/leisure activity and not just green spaces

- A draft of the Cultural Strategy was to be launched at the Rotherham Show in September 2018

- Active Dearne project – in collaboration with Barnsley and Doncaster Councils and Yorkshire Sports. The proposed pilot would focus on Swinton

- The Selective Licensing Scheme had been very successful in Eastwood and was to be extended into other areas of Rotherham

General

- Evidence showed that Social Prescribing consistently had positive effects on health and wellbeing

- The Government was to announce funding around loneliness. A conversation was required on how bidding to the fund would be tackled in Rotherham and whether there should be one co-ordinated bid rather than multiple bids

- The need to work with the Building Stronger Communities Board

- The Council was about to appoint the company who would be taking forward the Town Centre Master Plan

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

(2) That the amended wording for Aim 4 Priority 4 be approved to read "increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing".

(3) That updates on each individual aim be submitted to future Board meetings.

(4) That work on identifying the reasons for the disparity between males and females' life expectancy be included within aim 3.

ACTION:-

That David McWilliams be the lead for Children and Young People's Services with regard to Aim 1 outcomes

That Board Sponsors to identify 2 -3 Key Performance Indicators to reflect the aim and finalise their action plans.

7. INTEGRATED CARE PARTNERSHIP PLACE PLAN

Ian Atkinson, RCCG, gave a brief verbal update on the Integrated Care Partnership Place Plan.

There had been significant progress with the final Plan being submitted to the Integrated Care Partnership Board in September and then the Health and Wellbeing Board in terms of governance.

There were 4 key changes in the narrative:-

Workforce and organisational development
Enhanced finance aspect
Enhance estate dialogue
Digital agenda

Resolved:- That the update be noted.

8. HOSPITAL REVIEW

The Board considered the slides included within the agenda pack.

The Chair commented that no other organisation other than the RCCG had provided any comments on the Review. It had been agreed at the Integrated Health and Social Care Place Board that all partner organisations would individually provide written comments that would be incorporated into a collective response.

Ian Atkinson, RCCG, reported that the next stage would be, subject to the feedback, production of an outline business case to be considered against the objectives. There would be consultation and further engagement.

It was pointed out that the Review covered the health system and not health and social care. The Council was informed but not part of the consultation.

9. ROTHERHAM INTEGRATED CARE PARTNERSHIP PLACE BOARD

The notes of the minutes of the Rotherham Integrated Care Partnership Place Board held on 4th April and 2nd May, 2018, were noted.

10. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 19th September, 2018, commencing at 9.00 a.m. in the Rotherham Town Hall.