

**HEALTH SELECT COMMISSION
11th April, 2019**

Present:- Councillor Evans (in the Chair); Councillors Cooksey, R. Elliott, Ellis, Jarvis, Keenan, Rushforth, Short, Williams and Wilson.

Tony Clabby, Healthwatch Rotherham, was in attendance.

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

Apologies for absence were received from Councillors Andrews, Bird and Taylor.

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

79. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

80. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

81. MINUTES OF MEETING HELD ON 28TH FEBRUARY, 2019

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 28th February, 2019.

Resolved:- That the minutes of the previous meeting held on 28th February, 2019, be approved as a correct record.

Arising from Minute No. 72 (Integrated Place Plan), it was noted that a response was awaited on one query which would be circulated when received.

Arising from Minute No. 73 (CQC Inspection of The Rotherham Hospital Trust) (TRFT), it was noted that the Safe and Sound framework was to be discussed at the Quality Sub-Group on 12th April.

With regard to feedback on the delivery of the action plan, it had been agreed that a report would be submitted to the September meeting of the Select Commission after all the actions relating to the UECC had been completed. However, due to the Commission meeting on 5th September, the Chair proposed that it be submitted to the October meeting.

The CQC had fully accepted the action plan developed by TRFT in response to the re-inspection with no amendments. This was quite unusual and, therefore, provided some reassurance that the Trust had

captured all the actions required to make improvements following the findings.

The presentation on the workforce mix and Nursing Associates would be submitted to the October meeting.

Arising from Minute No. 77 (Health and Wellbeing Board), it was noted that Councillor Roche had circulated responses to Select Commission Member questions.

82. COMMUNICATIONS

Information Pack

Contained within the information pack were the notes from the ASCOF Sub-Group, quarterly briefing with health partners together with the slides from the recent NHS Long Term Plan Members Seminar.

Quality Account Sub-Group Meetings

TRFT	12 th April
YAS	16 th April
RDaSH	17 th April

Improving Lives Select Commission

Councillor Jarvis provided details of the issues discussed at the recent Improving Lives Select Commission meeting which included:-

- Feedback from Barnardos regarding the multi-agency project that they had been working on
- Early Help Strategy Phases 2 and 3
- Ofsted Annual Conversation
- Looked After Children/Sufficiency Strategy
- Feedback on the Peer Review of Looked After Children Services

83. INTERMEDIATE CARE AND RE-ABLEMENT PROJECT

Councillor Roche, Cabinet Member, Adult Social Care and Health, stated that Intermediate Care and Re-ablement were a key, essential feature of the vision and way forward as they related to independence, choice and living at home. Re-ablement would be the prime vehicle for moving forward with the approach to localities as it was felt to be the most effective way for services and people. He introduced Anne Marie Lubanski, Strategic Director Adult Care, Housing and Public Health, and Chris Holt, Deputy Chief Executive TRFT, who gave the following powerpoint presentation on the development of the Intermediate Care and Reablement Outline Business Case:-

What do we mean by Intermediate Care and Reablement – Health and Social Care Services Providing:-

- Fast Response
Where there was an urgent increase in Health or Social Care needs which could be safely supported at home
Typically 48 hours but may be up to 7 days
- Home-based Intermediate Care
Including therapies, nursing, equipment and Social Care to support rehabilitation and recovery
- Bed-based Intermediate Care
Where needs were greater than could be delivered at home but consultant-led care was not needed
- Reablement
To help with learning/re-learning skills for every day living, delivered at home

Why Change?

- People have told us
They would like to be at home wherever possible
They would like to regain their independence
Current services were disjointed and could be hard to navigate
- Care Quality
Evidence shows people did better at home
We know that a large number of people received care in a community bed when they could have gone home with the right support
Rotherham had significantly more community beds than other similar areas
Current services were focussed on older people and their physical needs
Through changing the way we worked, more people were going home and our community beds were not fully utilised

Current Services

- Community-based Services
Integrated Rapid Response (TRFT)
Community Locality Therapy – urgent (TRFT)
Independent and Active at Home Team (TRFT and RMBC)
Reablement (RMBC)
- Bed-based Services
Intermediate care at Davies Court and Lordy Hardy Court (RMBC and TRFT)
Oakwood Community Unit (TRFT)
Waterside Grange (Independent Sector)
- Services currently provided by a range of teams and bed-based sites
- In addition, several teams of Social Workers and therapists working into the bed-based provision
- People moved through multiple services rather than an integrated pathway
- Significant duplication and some capacity issues in a number of services

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Project Aim

- Referrals
- Co-ordination
- Integrated Intermediate Care and Reablement Service
 - Pathway 1: Integrated Urgent Response
 - Pathway 2: Integrated Home-based Rehab/Reablement
 - Pathway 3: Integrated Bed-based Rehab/Reablement
- To simplify current provision to provide an integrated, multi-disciplinary approach to support individual needs across Health and Social Care
- To re-align resource to increase support at home, reducing reliance on bed-based care

Future Services

Community-based Pathways	Bed-based Pathway
1. Urgent response (integrated team)	3. Community bed-base – rehabilitation and reablement without nursing (integrated team)
2. Home-based reablement and rehabilitation (integrated team)	3. Community bed-base rehabilitation and reablement with nursing (integrated team)

- 3 core integrated pathways
- Services aligned to work as a single team to provide the 3 pathways
- Increase in community capacity to meet the demand to support people at home (urgent response or rehabilitation/reablement)
- Reduction in community bed-base (phased and double-running for a period with increased community capacity)
- Integrating processes for triage and co-ordination to ensure people get the right support
- Reduction in duplication

Benefits

Patients and Carers	Commissioners (CCG and RMBC)	RMBC (Service delivery)	TRFT
Improved experience of services Telling story once Reduced duplication and hand-offs Improved outcomes More people able to be supported at home	Supports Rotherham Plan for 'Home First' and integration of Service delivery Reduces over reliance on bed base where Rotherham was an outlier More cost effective model	Supports delivery of the Council's target operating model and future sustainability Improving flow through the Social Care system	Supports the Trust's wider plans for bed configuration/estate moves Improving flow through the Hospital and Community Services

Timeline

- January, 2019 – Scoping
- February, 2019 – Develop proposal/engagement
- March, 2019 – Develop and draft proposal
- April/May, 2019 – Finalise and approvals
- May/June, 2019 – Approvals
- June/July, 2019 – Engagement, detailed proposals and implementation

Discussion ensued with the following issues raised/clarified:-

- Intermediate Care and Reablement was one of the priorities of the Urgent and Community Care Transformation Group, which was jointly chaired by Chris and Anne Marie giving a fully joined up Health and Social Care oversight
- It was envisaged that as the Service was developed it would be for people 18+ years of age
- More people chose to go home and the community beds were not fully utilised
- The services that existed were good; it was not because they were bad that they were being changed. There was a lot of skill and capacity in the system but the aim was to try to create more capacity and by getting the right pathways; there was confidence that it would deliver the right thing for individuals. The co-ordinating and alignment of the teams was critical and the right ethos. There were good

services but slightly disjointed in how they operated across Health and Social Care.

- In terms of GPs within the model, the Urgent Response Team would have a direct line and communication link to GPs. The Intermediate Care bed base model would be supported by GPs as it was today but, when aligned, there would be GP input and medical leadership from GPs. There would be greater clarity on step up and down with GPs having more options to avoid sending people to the Emergency Department. Through the Transformation Group there was strong GP representation on the model who were supportive of the business case and approach being taken
- Increased Community capacity would consist of additional Reablement Officers and changing the way people worked, with a focus on therapy rather than rotas and optimising digital. Additional staff would be required whilst the pathways matured and the first year would be very much one of proof of concept.
- The business case was still in draft form; until it was signed off responses could not be given to the detail of the project and the presentation was on the direction of travel.
- Re-admission rates were tracked and Rotherham was in the upper quartile of getting patients back into the right location. The Integrated Discharge Team, consisting of Health and Social Care teams and therapists, were the gate keepers of anyone leaving hospital as to where they would go. The development of that Team was one of the enablers to seeing more people getting back home. The Team had been shortlisted for a national award for the work they had carried out
- It was not just a hospital pathway and about someone leaving hospital but about people having a change in their life at home and reablement and intermediate care may be appropriate for them.
- In terms of patient/carer voice in decisions about care, staff would ascertain people's outcomes of what they wanted to achieve by the intervention. A lot of the principles that were built into the new proposal were based on the recovery from mental health and the principles tied into that; there was strong evidence in terms of people believing that they could recover
- Reablement linked in with use of technology/equipment rather than providing care and it was a question of developing confidence and changing the mindset and expectation of people. It was a journey for people, including for health and social care staff.

It was noted that Anne Marie and Chris were meeting with the Rotherham Clinical Commissioning Group (RCCG) later that day to consider the next draft of the business case. It was hoped by the end of May 2019 it would be signed off.

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

(2) That the principles of the final business case be submitted to the June meeting of the Select Commission.

84. MY FRONT DOOR - UPDATE

Councillor Roche, Cabinet Member for Adult Social Care and Health, reported that the project was now on track to meet the timetable including assessments. This was despite a lack of capacity at times due to difficulties of filling some vacancies and needing to move staff into other work areas. The key was the impact on people in real life and the case studies were now showing some examples. It was hoped to hold an All Member Seminar on the lessons learnt so far and what the next steps were.

He introduced Anne Marie Lubanski, Strategic Director Adult Care, Housing and Public Health, and Jenny Anderton, Transformation Lead, who gave the following powerpoint presentation on My Front Door:-

My Front Door

- Was the vehicle for communication and engagement with all our key stakeholders
- Built on the Learning Disability Strategy and Adult Social Care Vision ensuring the information was accessible and relatable to individual, carers and families
- Supported potential providers to “buy into” our Learning Disability Transformation Programme by pitching their services in real-life ways
- Was our personalised approach to our Learning Disability Transformation Programme moving hearts and minds towards a positive future
- Ensured person-centred planning and enabled our practitioners to engage with people in a new and different way
- Created a narrative that changed all our thinking from a focus on decommissioning services to a focus on the real alternatives and opportunities available for individuals
- Would have engagement activities that were co-produced with individuals and would enable further consultation on new opportunities

Workstreams

- Assessments
- Commissioned Solutions
- Carers Support

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- Accommodation
- Community Catalyst
- Shared Lives
- Transforming Care
- Communications and Engagement
- Health

The MFD Team

- The initial staffing agreement for My Front Door Team was 10 full-time assessing staff plus 2 Workers from Oaks
- 7.8 FTE from 1st April, 2019
- Recruitment was underway with interviews planned
- Team average caseload was 17.52

Employment

- Employment Co-ordinators were facilitating a number of people to access different types of employment/job-based support
 - 10 people were accessing voluntary opportunities (organisations included St. Vincent's, Salvation Army, RSPB, Barnardo's)
 - 19 people were accessing work experience (organisation included RMBC, BA components, Costa, Pound Land, Riverside Café, Mears, Life Wise)
 - 23 people were accessing paid work (organisation/employers included dog walking, Premier Inn, Asda, RMBC, Partech, McDonalds, Broad Horizons)
 - 6 people were paid by BA components
- A piece of work was taking place to validate figures and develop a Project Search offer with the schools and colleges
- There had been a successful bid into European Social Fund which would help us to expand the employment offer

Discussion ensued with the following issues raised/clarified:-

- Voluntary Action Rotherham (VAR) had been really helpful working with the enterprises with regard to developing business models and working with them in partnership
- The work was ongoing about changing the ways of working
- The contract had not changed with VAR as there was no need. What they did within their infrastructure was appropriate in terms of the work of My Front Door
- The project had grown in confidence and more providers were beginning to contact the authority. People were now beginning to see from the learning disability and autism perspective that Rotherham was in a different place. It was a positive evolving journey but would take time

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- The successful European Social Fund joint bid was part of the Employment Pathway to get more people ready for work and into jobs. The funding was across Adults and Children so would involve working with those in transition. A meeting was to be held with Sheffield Council in the near future to work through the detail of the funding
- With regard to how many people were waiting for an assessment, the Transformation Lead had a plan to work through the Oaks and that plan was on schedule; everyone was allocated in terms of the assessment pathway within Oaks. Part of the sophistication of the assessments was about confidence and in terms of when the work had started (95 people attending Oaks) now stood at 28
- Mental capacity was a legal requirement of the local authority and had to ensure that the assessment was done correctly. Everyone had been allocated an assessment at Oaks but would be at different stages of their journey due to their own personal complexities. Every individual would have a different pathway and timescale
- Shared Lives was a service that would grow. A number of people had come forward that wanted to be Shared Lives carers and a number of people that wanted to access the Shared Lives Service. Work sometimes took a while to get a suitable match
- There had been no complaints from carers about the work that had taken place and work was taking place with them as part of the Person Centred Plan. Efforts were being made to make sure carers were offered a Carers Assessment
- There was no target for caseload numbers for the MFD Team as the client audience was very complex and some may need a longer period of time than others. The ambition was to meet the requirements as set out in the Cabinet report and was on track to do so. The Social Work Team would increase, however, they were meeting all their targets at the moment
- More and more case studies were emerging. The stories would grow but there were some teething problems. An evaluation would be carried out of the first stage to look at the things that could have been done better and would be submitted to the Select Commission
- Providers were interested in what was happening in Rotherham but because some of the work took time and confidence to build up capacity in the provider, the service was having to work closely with providers because they would not have a whole raft of people going to their service at the beginning. Part of the learning was in terms of how the Services worked with the providers to be sustainable whilst the confidence grew so the transformation could continue

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- Community catalysts were a provider who had been commissioned by the Service to conduct a piece of work looking at Rotherham and those that wanted to set up businesses and work with the Service, to ensure they had the right ethos and values and to support them to make that happen. Members were also asked to forward information on anything happening in their wards that might link in with MFD.
- Shared Lives was part of the assessment process to look at people's outcomes and what they wanted to achieve. If, through the support plan Shared Lives was one of the options desired, a referral would be made. It was offered to everyone that wanted it
- In terms of overall quality assurance, as part of the review, some service users with learning disabilities would be asked to quality assure some of the enterprises/new services to make sure they were correct. Also the Contract Compliance Team would pick up on any contracting issues
- It would be difficult to have one quality assurance format that would suit every provider e.g. a day service did not fit within the regulation of CQC. Part of the assessment process was also about checking Safeguarding and the associated risks and that was where a lot of the micro assurance would come from. In terms of wider commissioned providers, the Contract Team would be able to provide information on their contract compliance visits
- It was noted that additional information showing some of the learning from a wider range of case studies and details on the timescales to undertake this transformation work would be useful to inform Members and to help in managing expectations.

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

(2) That an All Member seminar be arranged on Shared Lives and a progress report submitted to the Health Select Commission.

85. IMPLEMENTATION OF THE HEALTH AND WELLBEING STRATEGY 2018-25 - UPDATE

Councillor Roche, Cabinet Member for Adult Social Care and Health, reported that the Health and Wellbeing Strategy was a living document and was a Rotherham success story.

The Rotherham Health and Wellbeing Board was recognised by the Local Government Association as one of the 10 best Boards in the country and been part of a case study last year. Rotherham had been asked to take part again this year. A presentation had been made recently at a conference in London by Inside Government on Rotherham's journey.

Rotherham was one of the few that had taken on board including the Place Plan under the remit of the Health and Wellbeing Board which allowed accountability. It had also added loneliness to its Aims in 2018 and recently added Addictive Gambling to Aim 4.

The Strategy and Place Plan would need to be refreshed to take account of the NHS 10 Year Plan once the detail was known.

Terri Roche, Director of Public Health, and Becky Woolley, Policy and Partnerships Officer, gave the following powerpoint presentation:-

Health and Wellbeing Strategy

- Aim 1
All children get the best start in life and go on to achieve their full potential
Sponsors:- Jon Stonehouse (RMBC) and Dr. Jason Page (RCCG)
- Aim 2
All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of live
Sponsor: Kathryn Singh (RDaSH)
- Aim 3
All Rotherham people live well or longer
Sponsors: Sharon Kemp (RMBC) and Louise Barnett (TRFT)
- Aim 4
All Rotherham people live in healthy, safe and resilient communities
Sponsors: Steve Chapman (SYP) and Paul Woodcock (RMBC)

Aim 1: All children get the best start in life

Key progress has included:-

- New weight management service for children and young people currently being finalised which will be delivered by the 0-19 Service and aligned closely with the National Child Measurement Programme (NCMP) (links also to Healthy Weight for All Plan in Aim 3)
- Implementation of Phase Two and Phase Three of the Early Help Strategy
- The development of a Smoking in Pregnancy Pathway
- Enhancing the use of evidence-based programmes to reduce health and wellbeing inequalities such as sleep programmes, introducing solid foods, Talking Tables, Baby Box University and Bookstart
- Ensuring the effective implementation of the 'Rotherham Family Approach' (Signs of Safety, Restorative Approaches and Social pedagogy) across the wider Children's workforce
- The development of a Draft SEND Sufficiency Strategy
- Supporting young people to be ready for the world of work through a number of programmes – achieved the combined 2018/19 NEET/Not Known Target: 5.8%

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

Key progress has included:

- The rollout of the Five Ways to Wellbeing campaign across the partnership
- Promotion of workplace wellbeing, including through the launch of the South Yorkshire Workplace Wellbeing Award
- The CORE 24 (Mental Health and Liaison Service) went live from January 2019 with positive joint working in place with other teams including the Alcohol Liaison Team
- Clinically-led review of Rotherham Dementia Care Pathway commenced with consideration of new NICE guidelines – Rotherham has one of the highest rates of dementia diagnosis in Yorkshire and the Humber
- A draft Autism Strategy has been developed. This has been co-produced with people (including young people) with autism, professionals, parents, families, carers and local businesses

Aim 3: All Rotherham people live well or longer

Key progress has included:

- Making Every Contact Count training on smoking and alcohol delivered to over 300 frontline staff across the partnership
- Embedding the QUIT programme for smoking across Rotherham and South Yorkshire
- Rotherham's award winning approach to social prescribing was featured within the national NHS Prevention Vision
- Mapping is underway to develop a Rotherham-wide 'Healthy Weight for All' plan using a whole-system approach to reducing the rise in excess weight and obesity – this will include working towards adopting the Local Authority Declaration on Healthy Weight
- The assurance process for health checks and screenings for cardiovascular risks is currently being reviewed
- Rotherham Activity Partnership established, involving a range of partners, to plan and promote physical activity and sport across the Borough, with a particular focus on children and young people and the least active

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

Key progress has included:

- Worked closely with Safer Rotherham Partnership to influence the priority-setting process and to ensure that the impact on health and wellbeing was considered
- SRP funded mental health triage car operational over Christmas period supporting the diversion of punitive action
- Programmes underway with a focus on healthy, sustainable employment for local people
- Links established with the Thriving Neighbourhoods programme to help build resilience in communities

- Piloting the Housing First model in partnership with South Yorkshire Housing Association
- A new Equal and Healthy Communities Supplementary Planning Document is in development
- The pilot of the MECC Loneliness training has commenced in the south of the Borough

What are we worried about

- Life expectancy for both men and women in Rotherham was lower than the England average
- Inequalities in health outcomes between our most and least deprived neighbourhoods were increasing
- Specific concerns that have been raised by partners at the Health and Wellbeing Board included:-
 - Obesity including childhood obesity
 - Chaotic lifestyles
 - The impact of austerity

What needs to happen

- Explore opportunities within local and national policy developments to address health inequalities
- Ensure that across partners plans have a focus on upstream prevention and early intervention
- Specific work was being undertaken to address concerns raised:-
 - Development of a 'Healthy Weight for all Plan' with a particular focus on children and young people
 - Exploring opportunities to support those with chaotic lifestyles in a more co-ordinated way

Performance Framework

- The Health and Wellbeing Board has approved a performance framework to measure the impact of the Health and Wellbeing Strategy
- This framework seeks to provide a high level and outcomes-focussed overview of performance complimented by other sources such as JSNA and quarterly performance reports on the Place Plan
- This does not seek to capture all of the indicators that the Strategy sought to impact upon rather partners have agreed a number of priority indicators that require a partnership focus

Discussion ensued with the following issues raised/clarified;-

- Concern regarding the phrase “punitive action” when referring to the SRP mental health triage car and agreement that the wording would be changed
- Rotherham’s social prescribing was award winning. It was mostly funded by RCCG and the contract was with VAR. As far as it was understood at the moment, but further detail was awaited in the NHS

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10 Year Plan, GPs would be funded up to 100% for signposting through link workers. That was positive because it meant there was money in the system but also a negative because there was already a very good model in Rotherham. There was the threat that there was no money in the system within the Long Term Plan to support the voluntary and community sector

- Social prescribing was being extended to include mental health social prescribing
- It was understood that the Autism Strategy was completed and just waiting on the action plan
- Planning decisions were crosscutting and if they had an impact on people's health and wellbeing it would impact on the other indicators. An indicator would be developed following publication of the Equal and Healthy Communities Supplementary Planning Guidance
- The wording of Aim 4 "number of repeat victims of anti-social behaviour" was aligned with the Safer Rotherham Partnership performance framework. The reason why anti-social behaviour in particular had been stated was because public perception of anti-social behaviour in Rotherham was currently very high but mismatched with recorded incidents of anti-social behaviour. Perception was having an impact on how people felt in their communities
- Having said that there was a mismatch between reality and the numbers, it was known that anti-social behaviour figures were probably different to those being recorded because of the problem with the 101 telephone line and the number of abandoned calls (in excess of 30% in November 2018). The Aim spoke about the perception and numbers and yet the indicator was the number of repeat victims, therefore, based all on the numbers when it was known that there was a mismatch. Was that really the right indicator or should it be about whether people felt safe?
- Aim 4 had been developed over the last few months with senior planning officers invited to the Board when planning was discussed. A workshop was to be held shortly on Aim 4. There were national guidelines as to the percentage of green space per new planning development. The Board needed to ask Planning to make sure that always happened
- The Board was a broad umbrella that partners reported to and it was not necessarily involved in the operational difficulties. The performance framework indicators were the priority indicators for partners but did not prevent exploration of other indicators

- Addictive gaming and the effect on children's health – was that something the Board could look at?
- Rotherham Public Health was one of the first to access the free training offered on gambling. The Long Term Plan would provide additional funding to provide appropriate services to support people with addictions
- Reducing the number of children who experienced neglect and abuse was an attempt to catch people/families much earlier and offer them Early Help support; it was not avoiding making children the subject of a Child Protection Plan. It was about supporting families much earlier and recognising neglect
- Currently the training on gambling was aimed at statutory front line staff and not those that worked in a shop e.g. bookmakers. Consideration would be given as to whether an invitation could be extended to such operatives
- Meetings were taking place with carers but, due to the Judicial Review, caution had to be taken as to what was and was not said. The Strategy was being renewed and refreshed and when complete could be submitted to the Commission

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

(2) That the Select Commission participate in an annual performance session.

(3) That when completed the Autism Strategy be submitted to the Select Commission.

(4) That the Carers strategy be submitted to the Select Commission.

86. OUTCOMES FROM JOINT SCRUTINY WORKSHOP - TRANSITION FROM CHILDREN'S TO ADULT SERVICES

Councillor Evans, Chair, presented the outcomes of a workshop held by members of the Health Select Commission and the Improving Lives Select Commission on 19th March, 2019.

The purpose of the workshop was to seek assurance that young people and their families/carers would have a positive transition from Children's to Adult Services, through clear pathways and a strength based approach that sought to maximise independence and inclusion.

Evidence comprised of briefing papers, case studies, a presentation and the refreshed draft Education, Health and Care Plan.

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Membership of the sub-group included Councillors Evans (Chair), Cusworth, Elliot, Jarvis, Keenan and Short.

The findings were set out in the report and fell within the following headings:-

- Understanding the cohort – numbers and main presenting needs of the children and young people
- Strategic alignment
- Voice and influence
- Shared approach to assessment and strength-based practice
- Demonstrating outcomes – short and long term

It was noted that the follow-up actions for scrutiny outlined in Section 10 would be considered in the work programme for the new municipal year.

Resolved:- That the report be noted and the following recommendations be forwarded for consideration:-

(1) That the PfA (Preparing for Adulthood) Board develop a range of outcome measures during 2019-20 to supplement output measures such as the number of EHCPs completed in time in order to:

- Understand the impact of the new pathway
- Capture achievement of individual aspirations in EHCPs and in the longer term

(2) That the PfA Board develop measures of satisfaction during 2019-20 for young people and families/carers with regard to the transition/PfA process and new pathways.

(3) That quality assurance processes are in place to monitor the consistency and quality of EHCPs when the new template is introduced.

(4) That Adult Social Care continue to develop its Information, Advice and Guidance offer in 2019-20 for all customer cohorts including young people transitioning from Children and Young People's Services and for people aged 25 who may face a second phase of transition.

(5) That training and workforce development continues to embed taking a strengths-based approach fully with staff across Children and Young People's Services and Adult Care, Housing and Public Health, and with health partners.

(6) That representatives from the PfA Board, including Rotherham Parent Carers Forum, provide Scrutiny with a further progress update during 2019-20.

87. HEALTH SELECT COMMISSION WORK PROGRAMME

Janet Spurling, Scrutiny Officer, gave the following powerpoint presentation on the suggested 2019-20 Work Programme for the Select Commission.

Recap from 2018-19 of longer term issues

- Rotherham Integrated Health and Social Care Place Plan
- Adult Social Care (development/performance)
- Mental Health (especially child and adolescent)
- Quality Improvement – NHS Trusts
- Joint Health Scrutiny – NHS Transformation

Long term issues for 2019-20

- Adult Social Care (development/performance)
 - ASCOF measures
 - Enablement
 - Carers' Strategy implementation
 - Information, Advice and Guidance
 - Delegated from OSMB for ongoing scrutiny
 - Learning Disability
 - Intermediate Care
 - "right sizing" care packages
 - Home care
 - Target Operating Model
- Rotherham Integrated Care Place Plan
 - Ongoing monitoring
 - Performance reports (light touch)
 - Integrated locality implementation?
 - Maternity?
- Mental Health and Wellbeing
 - Trailblazer project
 - Child and Adolescent Mental Health Services
 - Social and Emotional Mental Health Strategy?
- Joint Scrutiny – NHS Transformation
 - Implementation of service changes
 - Children's Surgery and Anaesthesia
 - Hyper Acute Stroke
 - Hospital Services Programme – 5 specialties
 - South Yorkshire and Bassetlaw response to NHS long-term plan

Carried forward from 2018-19

- Autism Strategy
- Suicide Prevention and Self-Harm Action Plan
- The Rotherham Foundation Trust – CQC inspection action plan progress
- Joint Strategic Needs Assessment refresh update

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- Quality Reports NHS providers (annual x 3)
- Rotherham Community Health Centre

Coming up in June-July

- Sexual Health Strategy
- Director of Public Health Annual Report
- Drug and Alcohol Service Update
- Response to Care Homes Workshop
- Review of Respiratory Services
- Primary Care – new guidance/GP contract

In light of the discussion earlier in the agenda, it was suggested that Gaming/Gambling be also included in the work programme.

Resolved:- (1) That the proposed 2019/20 Work Programme be noted.

(2) That any suggested items for inclusion be forwarded to Janet Spurling, Scrutiny Officer.

88. HEALTHWATCH ROTHERHAM

Tony Clabby, Healthwatch Rotherham, reported on the following:-

Maternity Services

Healthwatch Rotherham had recently picked up a cluster of 8 complaints around Maternity and Gynaecology Services in Rotherham. All were very different complaints and all were proceeding through the Complaints Procedure. Feedback would be submitted in due course.

It was queried whether Maternity and Better Births could be given higher priority from that presently stated on the draft work programme given the complaints received. It was noted that liaison was taking place with the CCG on the draft maternity plan.

NHS 10 Year Plan

Healthwatch Rotherham had been requested to carry out engagement work on this matter which included the sharing of an online survey with Rotherham residents. The link would be sent to Janet Spurling, Scrutiny Officer, to forward to members.

Autism Strategy

Tony was a member of the Autism Partnership Board. The Strategy was ready but was missing the “how and who” with work was taking place on this aspect.

Access to GP Surgeries

Given the discussion at the previous meeting, it was queried whether access had been raised as a concern with Healthwatch.

Tony agreed to provide the data that Healthwatch had on this matter.

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

Janet Spurling, Scrutiny Officer, reported on the meeting held on 19th March where the following updates had been provided:-

- South Yorkshire and Bassetlaw ICS governance arrangements
- Transformation and progress on hosted network development under the Hospital Services Programme
- NHS Long Term Plan and developing the South Yorkshire and Bassetlaw response

Members had requested:-

- Further work on myth busting around the ICS and how it worked so that it was clearer to the public
- More detail on the communication and engagement plan for the South Yorkshire and Bassetlaw NHS Long Term Plan and then details of the engagement undertaken and emergent themes
- A future item on resources and capacity in the voluntary and community to deliver work on prevention.

90. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the Health and Wellbeing Board held on 20th March, 2019.

Resolved:- That the minutes of the Health and Wellbeing Board held on 20th March, 2019, be noted.

91. DATE AND TIME OF NEXT MEETING

Resolved:- That meetings of the Health Select Commission be held during 2019/20 as follows:-

Thursday, 13th June, 2019
11th July
5th September
17th October
28th November
9th January, 2020
20th February
26th March

all commencing at 10.00 a.m.