HEALTH SELECT COMMISSION
22nd October, 2015

Present:- Councillor Sansome (in the Chair); Councillors Ahmed, Alam, Elliot, Godfrey, Hunter, Khan, Mallinder, Price, Rose, Rushforth, John Turner and M. Vines.

Apologies for absence were received from Councillors Burton, Fleming, Parker and Smith.

36. DECLARATIONS OF INTEREST

Councillors Price and Hunter made personal Declarations of Interest.

37. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

38. COMMUNICATIONS

(1) Commissioners Working Together
The above Programme involved 8 Clinical Commissioning Groups and NHS England working collaboratively. Discussions were taking place with regard to forming a joint health scrutiny committee to scrutinise their proposals for some services in the future. Letters would be sent out by NHS England to all the relevant local authority Chief Executives.

At this stage it was now known how the new body might link in with the existing Yorkshire and Humber JHOSC due to Derbyshire and Nottinghamshire being involved.

(2) Better Care Fund
The Department of Health/Department of Communities and Local Government had issued a joint letter confirming that the Better Care Fund would continue into the 2016/17 financial year. However, details of the minimum size of the Fund would not be confirmed until after the Spending Review reports on 25th November when there would also be greater clarity on the policy framework that would underpin the Fund next year. There would still be flexibility at a local level to pool more than the mandatory amount.

In the meantime, partners would be expected to carry out an evaluation of Better Care Fund implementation to date – what had worked, what had not worked as anticipated and what could be adjusted, refined or changed moving forward.

(3) Championing Health in your Community: Elected Members Health Improvement Programme
The Local Government Association and the Royal Society for Public Health were running a series of free one day training events for Elected Members to understand health improvement issues, local and national

policy and future challenges and opportunities within the region. The nearest event was in Leeds on 11th November and would comprise discussions, case studies, guest speakers, shared learning and strategies for meeting defined health outcomes across a number of areas, including integrated working and care in the community – vanguards and co-commissioning. Janet Spurling, Scrutiny Officer, should be contacted if interested in attending.

39. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting of the Health Select Commission held on 24th September, 2015, be agreed as a correct record.

Arising from Minute No. 28(2) (Treeton GP Practice), Jacqui Tuffnell reported that the Primary Care Sub-Committee had met on 21st October. Options had been approved to retain the Treeton practice and to build a new health centre on the Waverley site. The matter would be progressed with NHS Property Services.

Arising Minute No. 29 (CAHMS Review), it was noted that the CAMHS Transformation Plan had been developed. Commissioner Newsam, at his meeting on 13th October, had requested that detail of the Plan be included in the report and would be resubmitted to his next meeting on 11th November.

Arising from Minute No. 31 (Health and Wellbeing Board), it was noted that the final version of the Health and Wellbeing Strategy was included in the Select Commission's "for information" pack. The Board had signed the Strategy off at its meeting on 30th September and reflected the feedback from the Commission. There would be opportunities for the Commission to scrutinise the actions plans as they were further developed.

Arising from Minute No. 32 (Quarterly meeting notes), a further meeting had recently taken place the notes from which would be submitted to the next meeting of the Commission. The keys points of discussion had been on the CAMHS Transformation Plan, RDaSH and financial pressures in the NHS.

Arising from Minute No. 33 (Yorkshire Ambulance Services – CQC Inspection), it was noted that the first monitoring meeting would be held on 14th January, 2016, in Wakefield.

40. ANNUAL REVIEW OF NHS ROTHERHAM CLINICAL COMMISSIONING GROUP'S COMMISSIONING PLAN

Ian Atkinson, Deputy Chief Officer, Rotherham CCG, presented the annual review of NHS Rotherham CCG's Commissioning Plan. The powerpoint informed the Commission of:-

Process for reviewing the Plan

Purpose

- To fully engage CCG member practices and stakeholders in the CCG's 2016-17 planning process through the review and refresh of the CCG's 2015-19 Commissioning Plan
- It was important to note that for 2016-17 the CCG would only refresh the Plan

Process

- Locality members and stakeholders were asked to review the identified key priorities within the 2015-19 Commissioning Plan, ratify the Plan and suggest any amendments for 2016-17
- Stakeholders would receive the first draft version of the Plan for comment in mid-December, Plan signed off in February

2015-19 Strategic Direction

- The CCG strategic aims sought to address all six Health and Wellbeing Strategic aims across all life stages and for all communities both geographical and communities of interest:-
  - Unscheduled Care (unplanned care) – Emergency Centre, GP Case Management, 7 day working, enhanced care co-ordination centre
  - Clinical Referrals (planned care) – improving care pathways so patients get the right care at the right time including reducing the number of hospital follow-ups
  - Mental Health – delivery Adults and CAMHS transformation plans including Adult Mental Health Liaison and Parity of Esteem
  - Rotherham Partnerships – to deliver the Better Care Fund and the joint children's agenda with RMBC
  - Transforming Community Services – Locality-based nursing, safer discharge, admissions prevention, integrated out of hours
  - Medicines Management – increase quality, efficiency, reduce variation and waste across thirty-six practices, six service redesign projects
  - Developing General Practice – delegated responsibility for commissioning general practice and co-commissioning of Primary Care and Specialised Services
  - Regional Partnerships – deliver the 'Working Together Collaboration' with other CCGs across South Yorkshire

Financial Challenge

- Rotherham has a £75M financial efficiency challenge over the 5 year period 2014-2019
- In 2015-16 providers of health care would receive around 2% less for providing the same service
- Rotherham Hospital has an Efficiency Plan of £12.5M in 2015-16
- Increased costs and activity meant that Health Services would need an extra 6% in the budget each year just to stay still. Budgets were increasing at around 1-2%

2016-17 Refresh of the Plan

- CCG Governing Body, Strategic Clinical Executive Members and RMBC representatives had already reviewed the current Plan (2nd September) and had identified the following key elements for specific discussion and feedback:-
  - Approach to joint commissioning with RMBC including Better Care Fund
  - Commissioning of Children's Services
  - Response to Child Sexual Exploitation (CSE)
  - Hospital and Community Services
  - Mental Health Services (including Learning Disability)
  - Primary Care

Joint Commission with RMBC including the Better Care Fund

- Current Plan states
  - In 2015-16 we will Consolidate the Better Care Fund plan
- 2016-17 propose to include
  - Review of the current Better Care Fund initiatives
  - Explore opportunity for future joint commissioning in the following areas:-
    Children
    Learning Disabilities
    Continuing Health Care
    Mental Health
    Social Care

Commissioning of Children's Services

- Current Plan states
  - Focus on Integration of the Rotherham Foundation Trust (TRFT) Acute and Community Children's Services
  - Collaboration between South Yorkshire Hospitals Children's Services (Working Together)
- 2016-17 propose to include
  - The development of a Children's Joint Commissioning Strategy
    Children and Adolescent Mental Health Services (CAMHS)
    0-5 year olds
    Special Educational Needs and Disability
    CSE post support
    Looked After Children
    Early Help (Children's Centres)
  - Delivery of Care Quality Commission (CQC) action plans affecting children (TRFT and Rotherham Looked After Children and Safeguarding)
  - Focus on efficiency with the Hospital (number of beds, assessment beds and rapid assessments)
  - Explore potential for locality working

Response to Child Sexual Exploitation (CSE)

- Current Plan states
  - We will work with partners to address all issues that arise from the Jay and Casey Reports into CSE
- 2016-17 propose to include
  - Delivery of Child Sexual Exploitation Strategy (Evolve)
    Prevent
    Pursue
    Victim Support

Hospital and Community Care

- Current Plan states
  - Unscheduled Care – Commission New Emergency Centre (Spring 2017)
  - Elective Care – focus on pathway work to manage demand
  - Commission 7 day Hospital services working
  - Quality:
    Care Quality Commission (CQC) action plan
    Stroke action plan
    Commissioning for Quality and Innovation (CQUIN)/local outcome framework
  - QIPP
    3.5% year on year efficiency
    Non-elective activity to flat line
    Follow-ups reduce by 8%
- 2016-17 propose to include
  - Focus on the Development of Information Technology interoperability
  - Working together (including implementing regular Ward rounds and including RMBC)
  - Sustainability review and consider Integrated models spanning organisational boundaries/Acute Care collaboration with Federation Board
- Community Transformation Phase 1
  - Community nursing – invest, reconfigure and distribute according to need
  - Care Co-ordination Centre
  - Community Unit
  - Falls and Bone health
  - Neuro-rehabilitation
- 2016-17 propose to include
  - Community Transformation Phase 2
    Realign Intermediate Care
    Integrated rapid response
    Reduce delayed transfers of care
    Further develop Care Co-ordination Centre
    Joint protocols with Social Care and Rotherham Doncaster and South Humber NHS Trust (RDaSH)
    Review of respiratory pathway

Primary Care

- Quality driven services
  - Four year investment plan – needed to stabilise practices
  - Benchmarking e.g. staffing
  - New models of delivery - primary/community-led services
  - Quality and Outcomes
- Services as local as possible
  - Telephone consultations, skype
  - Wider use of workforce
  - Integrating Out of Hours and Urgent Care
  - Estates review – Rotherham CCG Strategy
- Equality of Service provision
  - Explore opportunity to develop a basket of enhanced services
  - Review opportunity for Primary Care to work jointly to deliver Borough-wide coverage of provision
- Increasing appropriate capacity and capability
  - Develop Workforce plan
  - Explore new workforce models given difficulty in recruitment
  - Recruitment Strategy
- Access
  - Weekend/Bank Holiday pilot
  - Provision of wrap-around services to support pilot
- New models of care
  - Collaborating practices to deliver care in the community
- Self-care
  - Social prescribing – extension
  - Technology assisted
  - Case management
  - Improved patient education – this was felt to be fundamental – where to go, who to see, how we handle 'dissatisfaction'
- Robust performance management
  - Performance dashboard to support consistency
  - Use of RAIDR (Reporting Analysis and Intelligence Delivering Results)
- Continued improvements to Medicines Management
  - Waste scheme
  - Prescribing Local Incentive Scheme
  - Minor ailments – out of practice and into pharmacy
- Engaging patients to optimise patient pathways
  - Reinvigoration of Practice Participation Groups
  - Condition specific focus groups

Mental Health, CAMHS and Learning Disabilities

Current Plan states

- Parity of Esteem/Crisis Care Concordat
- Quality Innovation Productivity and Prevention (QIPP) – 3.5% year on year efficiency for RDASH but re-invested in Mental Health e.g.

voluntary sector or Primary Care mental health
- Quality agenda (nb CCG and RDaSH CQC reports)
- Support to historical victims of child abuse and ensure Safeguarding arrangements are fit for purpose
- Reducing delayed transfers of care

2016-17 proposal
- National waiting time targets – Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis
- CAMHS Transformation Plan – 5 year plan
- National programmes to improve perinatal mental health and eating disorders
- Winterbourne and new commissioning models for Learning Disability

Adult and Older People's Mental Health Transformation Plan
- Adult Mental Health Liaison (Better Care Fund – better reporting on outcomes
- Improving access to Psychological Therapies (IAPT) – single of access, reduce Did Not Attend (DNA) rates, reduce waiting times and improve recovery
- Dementia Carer Resilience and Mental Health Social Prescribing Pathways – provide GP link workers in practices, support locality working and improve recovery
- Dementia (including GP Local Enhanced Services) – emphasis on prevention, reduce waiting times, recovery and locality focus
- Learning Disabilities – new community investment, Assessment and Treatment Unit future plan and moves towards joint commission with RMBC
- CAMHS Transformation Plan – universal services, review efficiency of existing service, getting best value for CCG 20% additional investment and review pressures on the system Tier 3/4 interface and impact on Adult Wards

Discussion ensued with the following issues raised/clarified:-

- Hospital Trusts had been nationally mandated that there would be limits put upon the amount of spend they and local providers could spend on agency costs. Within the next 2-3 years there would be new minimums which would maintain the costs that agencies could charge Trusts. The Trust was required by the CCG to have safe staffing levels on the Wards but in order to meet those levels, agencies would be used. In terms of agency staff levels at the moment, the programme was unaffordable and significant pressure would also be faced in delivering a CIP Programme which would be at a similar level of challenge for the Trust. The challenge Rotherham had at the moment was to reduce expenditure on agency staff by 8%. Currently Rotherham was ranked in band 6 out of 8 (8 being the highest)

- The overall contract value for Acute and Mental Health Services was 224.2M, £160M with TRFT - £130M on Acute and Hospital Services and £30M for Community Services (District Nurses, Physiotherapy,

Occupational Therapy). Mental Health spend with RDaSH was £30M for both Acute and Inpatient and Community Services. Also the CCG spent money with the Sheffield Teaching Hospitals and Sheffield Children's Hospital to the value of £20M for Acute Services. Members requested a more detailed breakdown of spending

- Medicine management and waste medicine within the community was high on the CCG's agenda. There was an awareness raising campaign starting next week on the issue and where GP practices could take on new ways of working to reduce waste in terms of prescribing. The system of automatic repeat prescriptions would also be included. It was a big opportunity to save money as well as a safety issue. The CCG would forward more information about the campaign to the Select Commission

- As yet there had been no decision or discussion on who would take the lead on future joint commissioning between the Council and the CCG. The CCG had stated what their direction of travel and aspiration was and the Council was developing its vision for Social Care

- With regard to the inter-operability of IT, the CCG was required to submit a digital roadmap by the end of the month but was very clear in its intention of having systems that worked together by 2020. Great strides had been made in Rotherham over the last 6-12 months and work on the joint vision commenced. The Council was currently in the process of procuring a new Social Care system and already bringing NHS numbers across into the Swift system. It would also include the Mental Health system. The aspiration was that a client would only have to "tell their story" once and all health professionals would have access to records

- As part of the development of a Children's Joint Commissioning Strategy, the CCG wanted to have specific discussions around Children's Centres. Although part of the same overarching strategy they were seen as a separate workstream to that of 0-5s.

- Wherever possible, working with the Hospital, they would move pathways and the wider workforce into the community

- There was funding of £23M within the Better Care Fund; £19M was Health funding and £3-4M from the Council. However, the Fund could be as large as it needed to be with further integration and pooling of resources

- A range of services were commissioned from RDaSH by the CCG and Council. There could be efficiencies and improvement in the pathways for patients and members of the public if the services were jointly commissioned. It also crossed over into the Social Care agenda where it was known that members of the public were being

referred into Mental Health Services and also needed Social Care support

- There had been no detailed discussion as to how Children's joint commissioning (0-25) would link in with the provision of Adult Services. However, young people did not stop being young people at the age of 18; they still had needs that had to be met. Further discussion about pathways was required

- There was a parking strategy associated with the new Emergency Centre. Additional spaces had been agreed and already generated as well as one of the car parks being resurfaced. The situation would continue to be reviewed and ways to improve considered

- The CCG was currently engaged in discussion with the Council regarding the development of a wider strategy for Intermediate Care in the future. It would be an ongoing priority

- With regard to support for victims of CSE, there was a helpline and current patients were accessing counselling services and signposted to other services. Over the last 6-12 months' work had taken place on enhancing the provision to support professionals in specific services such as Alcohol Abuse Services. Public Health commissioned a number of substance misuse services. All the pathways needed to be accessible to those who needed them. It was about building resilience for them to be able to adapt and rebuild their lives

- Families were frustrated with the conflicting messages of support available and what was actually provided and became disengaged. There needed to be clear pathways and processes for what psychological services were available.

- Rotherham was challenged in terms of the number of Rotherham residents that were currently referred into the IAPT (Improving Access to Psychological Therapies) against available capacity. There were significantly long waiting times in certain parts of the Borough. The Service had been reconfigured in the last 6 months to try and address some of that inequality but it was still a challenge. Additional money was to be put into the Service to get over the waiting time issue. It was an absolute priority for the CCG at the moment in terms of working with the existing provider in order to improve the waiting times. In the short term there was a need to look at other opportunities and different providers

- Members of the public with Learning Disabilities needed to be engaged in the commissioning process

- Any service development was subject to an Equality Impact Assessment by the CCG and formed a key part of the processes

- A scheme was under development utilising the skills in Acute in the Community settling and having the expertise available in the Community to prevent hospital admission. It was work in partnership with Mental Health and Community Care so a person's needs could be considered before their admission. It was really important that there was a balance of skills across all the teams. The piece of work commissioned to support the Acute transformation was to enhance the locality-based model so there were multi-disciplinary teams working in the community that could draw upon any experience required to meet the patients at source

- NHS England was responsible for inpatient CAMHS, not the CCG, and there was work being carried out nationally on Tier 4. It was looking to enhance the existing Tier 3 service as part of the CAMHS Transformation Plan. The aspiration would be that a service be commissioned where there was young person in crisis that allowed intense resources to go into the home setting to support the family, young person and carer to prevent them becoming an inpatient.

- If there was no provision for Tier 4 service in terms of hospital admission, as part of the CAMHS Transformation Plan, the aspiration would be that a service be commissioned where there was a young person in crisis that allowed intense resources to go into the home setting to support the family, young person and carer to prevent them becoming an inpatient

- The CCG's strategy around Dementia, in an attempt to provide additional resources and resilience in Primary Care, was to commission a Primary Care Enhanced Service. This would offer additional resources into Primary Care to both identify members of the public with Dementia and support them and their families in the community setting and alleviate the pressure in Secondary Care in terms of waiting time. It would bring its own challenges in terms of Primary Care capacity and consistency but the CCG felt it was their responsibility and how they would look to take it forward

Councillor Parker had submitted a question in relation to the Yorkshire Ambulance Service regarding a recent experience. Details of the incident would be forwarded to Ian and to YAS.

Scrutiny of health partners' delivery of the action plans in response to CSE was discussed as the Improving Lives Select Commission was leading on scrutiny of CSE.

Resolved:- (1) That the proposed priorities for the refresh plan for 2015 be noted.

(2) That the draft plan be circulated to the Select Commission for final comments in December, 2015.

(3) That Councillors Ahmed, Rose and M. Vines, report back to the Select Commission on the work of the Improving Lives Select Commission in respect of CSE.

41. INTERIM GP STRATEGY

Jacqui Tuffnell, Head of Co-Commissioning, Rotherham CCG, presented the Interim GP Strategy which set out how the CCG would work with practices to transform services over the next five years. The ten key strategic aims identified the key issues for general practices and how it was proposed that they be addressed.

An update on the re-procurement of the Chantry Bridge and Gateway contracts was also included in Appendix 2 of the report submitted.

The ten key strategic aims were:-

- Quality driven services
- Services as local as possible
- Equality of service provision
- Increasing appropriate capacity and capability
- Primary Care access arrangements
- New models of care
- Self-care
- Robust performance management
- Continued improvements to medicines management
- Engaging patients to ensure patient pathways are optimised

Engagement and consultation had taken place with GPs, patients and carers via events. The draft key strategic aims and proposals had been discussed with the Select Commission previously. GPs had a nationally agreed contract that the CCG could not influence but there were opportunities through enhanced services.

Discussion ensued with the following issues raised/clarified:-

- Telephone consultations had been in use by practices for 5-6 years with a number of internal governance issues worked through during that period. The GP Committee supported the model and practices in using the method of consultation. It had been found that some elderly clients really appreciated the telephone call rather than going to the surgery; if that could not happen they received an appointment for that same day. It was a GP that would make the call so could make a decision as to whether an appointment was required or not, including triage to a more appropriate person in the practice.

- Some surgeries had been surprised at the take-up of the telephone consultation particularly within the elderly population. It was just one element of how the service could be accessed.

- Self-care results in contact from the GP practice if there were any issues with the monitoring readings

- There were variations between practices regarding the issue of GP recruitment. It was hoped that the Limited Liability Partnership of GPs would start to mobilise itself and collaborate with resources and work towards what it wanted to happen e.g. establishment of a locum bank. It was known that 50% of the GPs that completed their training within Rotherham stayed in Rotherham and it was about supporting them to stay. Registrars could work across the borough rather than just with one practice. The aim was to have a community provider model with GPs at the hub

- The wider workforce in practices was important e.g. clinical pharmacists in practices for advice on medication reviews and reducing medicines waste, as well as therapists. There was also a shortage of practice nurses and advanced nurse practitioners

- The practice-based Patient Participation Groups had been discussing whether to become locality based but the preference was for practice-based. The Rotherham-based wider patient participation network, with reps from all the PPGs,was more strategic. Healthwatch Rotherham was now involved with practices that had been struggling with their PPG engagement. Leads of those that were successful were being used to mentor the others and to give support

- All GP practices had access to the same standardised processes, policies and procedures for referrals on their systems

- There was a 2 years training programme for Associate Physicians which had commenced in Sheffield in September, 2015. They would do their training within Rotherham practices supporting their training programme. Practices were encouraged to take part in the hope they decided to stay in the area. It was known that the place GPs chose to work had the infrastructure to support them as well as the technology. Work was now taking place with practices and the LLP to facilitate this in an attempt to attract/retain GPs

Resolved:- (1) That the Interim GP Strategy be noted.

(2) That the approach to re-procurement of the contracts be noted.

42. ACCESS TO GPS SCRUTINY REVIEW - HEALTH AND WELLBEING BOARD RESPONSE

Michael Holmes, Policy Officer, presented an update on the above Scrutiny Review.

Three of the Review's recommendation had been directed to the Health and Wellbeing Board. The Board's response was as follows:-

Improving information for patients

- The Health and Wellbeing Board should consider developing a borough wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments

  A text messaging reminder service was provided for patients although it did rely upon patients signing up for such a service. It was also noted that a significant number of appointments made on the day were missed

  Screens and posters in GP practices would promote messages asking patients to cancel unneeded appointments with the intention that a practice would maintain and publicise a running total of appointments missed and hours lost. Similar messages would be included in staff bulletins and could include Rotherham Chamber pushing the messages out through their member employers. Within the Council, staff awareness could be raised via the Managing Director's briefing, Friday Factfile and Take 5 staff newsletter including a request to spread the word amongst family and friends

- The Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations

  The Choose Well campaign had been superseded by "right care first time" which had a similar focus on changing behaviour and encouraging people to use options such as Pharmacy First or self-care rather than a GP or NHS111 before attending A&E. This would tie in with national campaigns

  The CCG had now produced a winter communications action plan focussing on four key steps – self-care, Pharmacy First, NHS111 and GP or walk-in centre

Capacity to deliver primary care

- In light of the future challenges for Rotherham outlined in the (review) report, the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care

  The Board would have a role in bringing partners together to ensure consistent messages were delivered though it would not lead on any campaigns. It would also take a wider perspective, working with the new Rotherham Together Partners, in promoting Rotherham as a destination and highlighting local health and wellbeing initiatives

  There would be a revamped website, Twitter account and quarterly newsletter to raise awareness of partners' activity and disseminate important messages

Discussion ensued on the response with the following raised/clarified:-

- Work with large size employers on how to get the message across to their employees

- Although national research showed that there was a relationship between longer waiting times and missed appointments, and certainly was with hospital appointments, often patients still did not attend if the appointment had been made the same day. Feedback from GP practices on DNAs was not part of the national contracts but this was something that would hopefully be targeted. The texting system worked well but there need to be more patients' numbers on the system

- The cost of missed appointments needed to be raised and the fact that another patient could have had that slot. The voluntary sector, faith groups, disability organisations etc. should be used to spread the message

Resolved:- (1) That the action being taken in relation to the access of GPs Review's specific recommendations directed to the Health and Wellbeing Board be noted.

(2) That a report is scheduled in 6 months time with a final update on all the 12 recommendations from the Access to GPs Scrutiny Review, incorporating progress on delivering the interim GP strategy.

43. ADULT SOCIAL CARE IN ROTHERHAM - A VISION AND STRATEGY

Professor Graeme Betts, Interim Director of Adult Services, gave a presentation on the Vision and Strategy for Adult Social Care in Rotherham.

Adult Social Care

- Provision of Social Care for adults had undergone enormous change over the past generation with the pace of change accelerating over recent years as the demand for more personalised services continued to grow and traditional models of care seem to be outdated

- The approach was increasingly based on an asset model i.e. identifying with the person what they could do, what they had, who they knew and which community groups they were linked into, what their family and friends could do as carers and what the wider communities could offer

- Improving the help and support for individuals who needed it at any specific time benefited the whole community as they were likely to be family and friends of people requiring support or who may come to need it

- The changes had been reinforced by the introduction of the Care Act. There had been an increasing development of care based on a personalised model with people enabled to live in their own homes and to access services, facilities and buildings as part of the wider community

- The role of Adult Social Care had accordingly had to change and develop a strong partnership and influencing role.

Vision

- The ambition in Rotherham was that adults with disabilities, older people and their carers were supported to be independent and resilient with the desired outcomes, that they lived good quality lives and their health and wellbeing was maximised

- It was essential to recognise that during the course of someone's live there may be times when they required support and care and health services needed to be prepared to intervene on those occasions

- The aim should be to intervene appropriately to provide minimal support to enable the client to maintain their independence.

Strategy

- In order to achieve the vision it was fundamental that a network of support be created including Council services, health services, private and third sector services and voluntary, community and faith groups, as well as friends, family and neighbours

- Must recognise that the network of community resources needed development and investment and best delivered through a partnership with the third sector

- Need to ensure that there was a "front door" which listened and addressed what people were requesting in a way which would support them to take control of the situation for themselves e.g. provision of information/advice, equipment or undertaking of a self-assessment

- Aim of assessment to support the client to develop a solution which maximised them taking control and minimised interventions from the formal care sector

- Focus on building prevention, rehabilitation and enablement throughout the system as well as one-off interventions such as telecare to give people back control and independence

- Develop alternatives to traditional services e.g. promotion of Shared Lives, supported living, extracare schemes, homes suitable for older people, key ring schemes

- Seek to minimise the use of residential and nursing care whilst recognising that there was a place for it in a care and health economy

- Promote personalised services as alternatives to day services

- Promote the development of integrated commissioning and delivery of services

- Wide range of preventive services to reduce the need for intensive services plus investment in extra care and shared lives

Delivering the Strategy

- Need for a series of inter-related commissioning strategies to be developed involving Council services (especially Adults, Children's, Housing as well as Community Development and Community Safety), Health Services and other organisations where appropriate such as the Police

- The Health and Wellbeing and Adult Safeguarding Boards would own the Strategy and delivered through a range of Boards and groups

- The Department of Adult Social Services, as Statutory Office, would have responsibility for developing the Strategy and ensuring its delivery

Currently less than 10% of the population have input from Adult Social Care services and 22% of people over 85. Only a small percentage will need residential care but even so they should be as independent as possible and still engaging with the wider community.

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

- The Care Act had reinforced undertaking of full family assessments. Although it was not stipulated in great detail due to it being a broad vision, that would be the direction of travel. Discussion had taken place with the Interim Strategic Director of Children and Young Peoples' Services and the Authority had signed up to the Memorandum of Understanding as children as carers. Although the detail was not set out the whole ethos was there in the vision

- It was the intention that the "front door" would provide everything that the client would need but Social Workers would also be part of the package. They had the experience and knowledge and would be able to ascertain if a Health and Social Care Assessment was required

- There was a recruitment campaign at the moment for the Shared Lives scheme with new promotional material available. Getting the right people was critical and they were subject to thorough vetting. It was hoped to double the size of the scheme

- The Key Ring Scheme in Rotherham for people with learning disabilities worked really well. In other parts of the country it had been developed for those with Mental Health issues and there was a keenness for that to happen in Rotherham. Discussions had taken place with Housing colleagues on how to develop the scheme further

- The new vision and strategy necessitated a culture change, including staff, with the focus on outcomes for the individual.

Resolved:- (1) That the reports discussed at the last Select Commission be circulated to Members by the end of October.

(2) That liaison takes place with lead officers to determine the information required for the HSC meetings in December.

44. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

45. DATE OF FUTURE MEETINGS

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 3rd December, 2015, commencing at 9.30 a.m.