

**HEALTH SELECT COMMISSION  
3rd December, 2015**

Present:- Councillor Sansome (in the Chair); Councillors Ahmed, Alam, Burton, Elliot, Fleming, Khan, Mallinder, Parker, Rose, Smith, John Turner and M. Vines.

Apologies for absence were received from Councillors Godfrey, Hunter and Price.

**46. DECLARATIONS OF INTEREST**

Councillor Fleming declared a personal interest on the range of matters included on this meeting's agenda as he was an employee of the Sheffield Teaching Hospital Trust. He remained in the meeting and spoke and voted on the items.

Councillor Mallinder also declared a personal interest on the range of matters including on this meeting's agenda as she was the Carers Champion. She remained in the meeting and spoke and voted on the items.

**47. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**48. COMMUNICATIONS**

**(1) GP Event**

The Chairman and Councillor M. Vines had attended the recent GP event which had been based on Health, Care and the whole package around GPs in the Borough. It had been a very interesting event partly due to the individuals who had led on the event.

Councillor Vines had talked to six student doctors about their training and had found it very disappointing that only two wished to become a GP.

*Following the meeting it was established that to become a GP you needed to complete a five year degree course in medicine and a two year foundation programme of general training. You also needed specialist training in general practice which would take three years. Many foundation programmes included placements in general practice – over 40% of FY2 rotations in 2011. These provided useful and invaluable experience even for those who did not intend to train as a GP. Some but not all did 1/3 of their F2 year in general practice.*

**(2) RCCG Communication and Consultation Sub-Committee meeting**

Councillor Mallinder had attended the meeting as a substitute for the Chairman. Engagement was the priority and the CCG was very keen to know how they could engage and communicate with others. Other issues discussed included the use of bank staff and GP shortages.

Resolved:- That Councillor Mallinder prepare a report on the meeting and circulate to Select Commission Members.

**(3) CAMHS**

The Scrutiny Review response had been signed off by Commissioner Newsam and was to be discussed at the Overview and Scrutiny Management Board on 10<sup>th</sup> December. All of the twelve recommendations had been accepted and work was progressing on delivery. Some of the actions linked in with the new CAMHS Transformation Plan.

**(4) Visits**

Good practice visits had taken place to Wigan and North Lincolnshire with regard to Adult Social Care as part of the Adult Social Care Working Party.

**(5) Health and Wellbeing Board**

Councillor Roche, Advisory Cabinet Member for Adult Social Care and Health, reported that external funding had been secured from the LGA and Rotherham United for an event to share and showcase good practice that was happening in sports and health. It was to be a South Yorkshire Event held on 13<sup>th</sup> April, at the New York Stadium. There would be a key note speaker from Birmingham who had done a lot of work promoting physical activity and sport.

The Board was now moving on to developing and implementing its action plans for the Health and Wellbeing Strategy. There would be a sub-group (Engine Room) consisting of practitioners which would drive forward the key parts of the Health and Wellbeing Strategy.

There was to be a report to the February Board meeting from partners as to how they were progressing integration. The report would be submitted to the Health Select Commission.

**49. MINUTES OF THE PREVIOUS MEETING**

Resolved:- That the minutes of the previous meeting of the Health Select Commission held on 3rd December, 2015, be agreed as a correct record.

Further to Minute No. 39 (Health and Wellbeing Board), Councillor Roche, Advisory Cabinet Member for Adult Social Care and Health, reported that the Board's website was being refreshed and had its own Twitter account.

Further to Minute No. 40 (Annual Review of NHS Rotherham Clinical Commissioning Group's Commissioning Plan), it was noted that a letter had been sent to the Yorkshire Ambulance Service and the Commissioning Group highlighting Councillor Parker's concerns with regard to an incident.

## 50. DEVELOPING THE ROTHERHAM CARERS STRATEGY

Sarah Farragher, Change Leader, Adult Social Care, gave the following powerpoint presentation:-

What do we need to do

- The Care Act has a strong focus on carers, recognising the caring role as fundamental to the whole adult social care system. Carers have increased rights and status within the Act with enhanced rights to promotion of wellbeing, earlier support and personalised support

In Rotherham

- We have a mixed picture of carer involvement and support. We need to build stronger collaboration between carers, the Council and other partners
- We want to lay the foundations for achieving these partnerships and set the intention for future working arrangements
- We want to do something that makes a difference now whilst setting up the right co-produced options for the future

Progress to date and timescales

- This is a Rotherham Carers Strategy not a Rotherham Council Carers Strategy. It is a partnership plan
- Hopefully will be taken through the Health and Wellbeing Board

Progress to date and timescales

- The Group has met three times and the first draft of the Strategy has been circulated and comments made. Second draft to be worked up following Carers Rights Day  
Further work being undertaken to strengthen the voice of young carers  
Asking carers "what three things would make a positive difference?" through Crossroads AGM, at Carers Rights Day and through volunteer sector forums

Strategy based around three outcomes

- Outcome One – Carers in Rotherham are resilient
- Outcome Two – The caring role is manageable and sustainable
- Outcome Three – Carers in Rotherham should have their needs understood and their wellbeing promoted

What do we need to do to achieve these outcomes?

- We need to strengthen some things that are already in place to increase the reach and get parts of the system working together better
- We need to view carers as partners when making decisions about care (without losing the voice of the cared for person)
- We need more people doing Carers Assessments including partners in the independent and voluntary sector

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- Need to develop a Carers Wellbeing budget and Allocation System (RAS)
- We need whole family assessments to stop duplication of assessments
- We need to target services better and understand who our carers are and what they need
- We need to provide reassurance for carers that a back up is there when they cannot provide the usual care

### What three things?

- Information and advice
- A voice
- Consistent support
- Valued
- Time for me
- Involved
- Quality care
- A break
- Financial help
- Understanding

### Strategy – who is involved

- Currently being developed through a working group of partner agencies – outcomes came from group and were part of consultation
- Hope was to get some carers onto the group (thirty people expressed an interest at Carers Rights Day event)

### Consultation and Engagement

- Carers Forum – event end January/beginning of February organised by Councillor Mallinder
- Plan to do something every four-six months – format to be agreed

### Measures and Accountability

- Strategy group will have responsibility for delivery
- There will also be a commissioning plan with specific actions, timescales following on from Strategy

### More information about what is going on in Rotherham

- Carers Forum – currently being redeveloped
- Care4Carers – very strong and active as a group
- Alzheimers Café – demand outstripping supply over 200 carers attend four cafes
- Carers Resilience Service – pilot project based in GP surgeries
- Social Prescribing – identifies carers and refers through for support as well as “patient”
- Carers Emergency Scheme – over 1,000 carers registered

### What is happening in Rotherham

- Approximately 2,000 hours a month of homecare were provided through the carer specific schemes
- So far thirteen carers have received Care Act assess support as a carer ... more to be done

What is going well?

- Good partnership commitment
- Social Workers and Carers Support Officers were meeting carers at the Carers Corner to complete the assessments
- Mental Health Carers Services very strong – craft groups, resilience training etc.
- Increase in referrals to Carers Corner following pro active work with GPs

What is not working well

- Carers Corner out of the way – difficult to find. Footfall at the Centre is low (even after the work)
- Plan to change building name meant difficult to advertise as the information would go out-of-date
- Carers Emergency Scheme was not working for carers of people with mental health difficulties – IT issues
- Generally, services were fragmented based on client groups rather than based on carers – not making the best use of our resources

Information and Advice

- Training for Carers – new training booklet was re-printed by Direction Team and was on display at Carers Corner
- Carers directory was being printed in the New Year (free and would be updated regularly) and also available on Connect to Support
- Voluntary and Community Services directory almost complete – would be put on Connect to Support and printed on request

Other Information

- So far not seen an increase in assessments (was predicted up to 5,357 carers)
- Assessment/recording tracking of carers would be through Liquid Logic (from mid next year) – still to be worked through
- Delegated Carers budget based on RAS (this was a budget pressure) – work to be undertaken on this
- 5,627 clients on Service and 3,192 had an NHS number recorded

Discussion ensued with the following issues raised/clarified:-

- That the recommendations from the Scrutiny Review of Support for Carers will feed in to the development of the Carers Strategy
- Consultation and engagement would take place every 4-6 months to track progress of the Strategy. Once embedded the feedback would be used to ascertain if it was making a difference

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- More work was required on the Carers Emergency Scheme as to how carers who had used it were finding the Scheme. It was suggested that a covering letter could be included from RDaSH asking if a carer wanted to join the Council's Scheme
- In terms of how the agencies were joined up, a meeting had taken place recently with the Carers Worker for Mental Health. More work was required to understand what the problem was
- There was a lot of mistrust of the Council and statutory bodies generally by carers especially by those that had fought the system all their lives. However, if a carer trusted a particular organisation and they were able to carry out the assessment and draw down the resources on the back of it, that would increase the numbers. Where there were carers who did not want an assessment, a whole family assessment would pick up on the needs/requirements of the carer
- Work was ongoing to develop a Health and Social Care Portal for Rotherham in terms of getting the different areas and systems working together. At the moment it very much concentrated upon the Foundation Trust systems so the question had been asked about integrating it with the Social Care and RDaSH systems. The plan was to look at it but as there was to be a move to the new Social Care system it was not appropriate to do so at the current time. There had been a discussion regarding the recording of Mental Health data more generally onto Social Care systems; Liquid Logic had been requested to ascertain how other authorities record such information
- There was a section within the Strategy on young carers. The Strategy would focus on people who were caring for an adult regardless of the age of that person doing the caring. It was not looking at parent/carers at the moment to keep it reasonably defined
- The long term view would be holistic family assessment but would start with family assessments for adults and would include young carers
- There would be a separate consultation with young carers as much of the support networks were around adult carers and older persons carers
- The Mental Health Carers Worker had carried out a lot of work going around the Teams and Hospital Wards promoting the work of carers. The idea of Carers Corner had always been to be the central point for all carers in Rotherham and, if that was right, everybody would know about it and have access to the information for all groups

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- The Carers Resilience Service, a pilot service, had just started to work in GP practices to provide information from the practice. It was part of the Strategy to get to as many places as possible where people might access the Service
- Liquid Logic would enable members of the public to self-assess and self-provide the information. It was felt that the Liquid Logic portal was the appropriate place as it was a public portal and the information could be fed through to the statistical returns
- Other areas of the country had set up Service Level Agreements to pay other organisations to carry out carers assessments.
- Outreach work would be part of the ongoing work. All the issues with regard to accessing hard to reach groups, engagement, promotion would form part of the regular engagement sessions within the implementation part of the Strategy.
- The Council was now committed to working with carers
- Adult Social Care in Rotherham was not where it should be generally. In terms of implementation of the Care Act, there was a development programme around the need to change Adult Social Care which carers were part of. The Liquid Logic changes were something that had come off the back of the review of Children's Services, which Adult Services had then come on board, and having the one system for the whole Council. The implementation date was July; the existing system was not sufficiently flexible. Carers had been flagged in terms of the Resource Allocation System but care packages would be looked at first and then carers
- Work was also taking place on how the customer journey could be improved with the development of a single point of access for Rotherham – not just for carers but a single number for all Social Care in Rotherham. An initial meeting had taken place with officers from the Council, Foundation Trust, CCG and RDaSH (both Learning Disability and Mental Health) to discuss, in principle, a single point of access for Rotherham. There were different interpretations of a "single point of access" and the meeting had discussed a shared understanding of what it was. The development group would meet again in January, 2016, to work up, ascertain the appetite for and how it might work for a single access point. It would have a positive impact on carers
- The current carers' budget covered Carers Officers who were in Mental Health, the Team at Carers Corner, the building costs of Carers Corner as well as carers' monies that came out of the General Purchasing budget which included items such as home care for carers, Carers Emergency Scheme etc. There was no specific carers' budget. When developing the Resource Allocation System it was one

of the things required but not simple to do. Carers would still potentially need support and breaks for the person they cared for and it was hoped to have a separate Wellbeing budget. It had been flagged in the Adult Social Care internal budget strategy group that it needed to be included as a pressure. It was an invest to save because if a carer was supported to care for longer than would have then it would have a knock on effect on other budgets

- It would be a decision for the Council as to whether to apply the 2% precept increase to support Adult Social Care. The final details were still awaited for analysis

Sarah was thanked for her presentation.

Resolved:- (1) That the information provided about the development of a new Carers Strategy be noted.

(2) That the draft Strategy be submitted to a future meeting of the Health Select Commission.

(3) That further information be submitted before the 17<sup>th</sup> December, 2015, Select Commission meeting.

**51. BETTER CARE FUND UPDATE/IMPLICATIONS OF THE AUTUMN STATEMENT FOR SOCIAL CARE AND THE BETTER CARE FUND**

Jon Tomlinson, Interim Assistant Director of Adult Commissioning, gave the following powerpoint presentation:-

**Better Care Fund Update**

- Building on previous presentations – good progress around integration continues to be made
- Robust governance and reporting has enabled Rotherham to comply with national requirement to submit information about progress
- Latest quarterly return (27<sup>th</sup> November, 2015) approved by Health and Wellbeing Board and submitted
- Regional feedback has been received on the Quarter One Return

**Main points from Feedback**

- Rotherham is not an outlier in any areas of the BCF
- We are still working towards meeting two of the national conditions:-
  - Implementing 7 day working
    - Pilot commenced 1<sup>st</sup> December
    - Hospital Discharge Team
  - NHS Identifier
    - In scope cohort of adults records should be matched by the end of 2015



### Moving Forward

- Key lines of enquiry for NHS England for future BCF Integration
- Changing format shifting focus from compliance with national conditions to strategy, pace and development of integration
- Personal health budgets, preventative care and use of integrated records across Health and Social Care are now integration metrics
- Work to rigorously review current projects has been completed
- Clearly the BCF remains a key driver for integration of Health and Social Care
- Target dates and resources have been included within the spending review
- Senior officers will be meeting on 7<sup>th</sup> December to review the strategic vision and priorities
- A new proposed model at an individual, family and community level will be considered
- This will feed into and inform the review that has been undertaken

Discussion ensued with the followings issues raised/clarified:-

- There was massive pressure on the Council to provide services to help the vision become reality. The Authority needed to ensure that the money was in the right place which was where commissioning and joint commissioning came into its own. There were probably areas that needed careful consideration and redistribution of the resources into the correct places which would then feed into the agenda of prevention and supporting people into not coming into Social Care as a statutory service. The challenge was huge but no different to anywhere else in the country.
- Integration was the first step and critical. Agencies in Rotherham were very close to being on the same page with regard to integration and looking to do the same things i.e. provide the best possible care and outcomes for the citizens of Rotherham
- Joint commissioning was the way forward for Social Care as it reduced duplication and the opportunity for varying rates. Value for money was vital. The citizens would be best placed to determine value for money with the drive to personalisation, personal budgets and individuals buying their own services.
- In terms of commissioning, the Authority had the responsibility for the overall contracting and management of the market and benchmarking would give an indication of whether it was a reasonable rate being charged. The contracting arrangements, reviewing and monitoring what the Authority received for its money ensured it got best value
- Benchmarking was just one discipline that could be used to get a sense of whether the charge was consistent or not. An exercise was currently being undertaken to get an absolute position on what the

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cost of care in Rotherham was. That required a proper relationship with the market providers to look at those costs together. That work was in its infancy and was hoped to bring to a conclusion over the next six months

- The Trust was absolutely in tune with the Authority in terms of facing the financial challenges but also in providing first class patient care. The Trust realised that to deliver what it needed to do it had to do something differently and supported what BCF was trying to do
- There were ongoing discussions with NHS England in trying to reduce the tick box matrix that had to be completed. Reports were to be submitted to the Health and Wellbeing Board explaining what was behind the numbers in real terms
- Work was taking place on a proposal to purchase properties into which patients, who no longer required to be in hospital but could not return to their own home, would move into temporarily. A meeting was to take place with the Foundation Trust Chief Executive to further explore the option
- Work and a development programme were underway on how to get Social Workers to think differently and changing the message so that every review should make a difference to someone's life. The professional standards lead was working with the region and the universities about producing academically qualified Social Workers that were fit to practice, as it had been found over the years, and not just in Rotherham, that students coming out of university had the theory but were less well equipped to work with people in reality. The Authority was working with universities to ensure the Social Worker training course was fit for purpose
- The Social Worker training was now generic for both Adults and Children
- The vision would make it clear that absolute integration was the aim but would at least be meeting what was expected nationally

Jon was thanked for his presentation.

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

(2) That the BCF return report be submitted to the Health Select Commission once it had been considered by the Health and Wellbeing Board.

(3) That a report be submitted to the January meeting of the Commission.

**52. IMPLICATIONS OF THE AUTUMN STATEMENT FOR SOCIAL CARE AND THE BETTER CARE FUND**

This was combined with Minute No. 51 above.

**53. UPDATES FROM IMPROVING LIVES SELECT COMMISSION**

Councillor Ahmed gave the following verbal report on the work of the Improving Lives Select Commission:-

- In terms of work with CSE, we were looking at meeting some CSE survivors in December. However, that was to be arranged to ensure that there was a clear process of conducting ourselves and not overloading/overburdening survivors with questions. Hopefully, a further update would be given to the next meeting.
- The Select Commission had had CSE updates from the Police and different partners. There appeared to be a robust system in place within the MASH hub and progress was being made. In a couple of years Rotherham would hope to be seen as one of the best local authorities in providing the most appropriate support for CSE survivors
- A lot of work been done by the newly established Early Help Group which had met in November and was to meet again on 8<sup>th</sup> December where the Assistant Director was the lead. The Group was considering how the Authority could look at early help and intervention, to intervene at an early stage and prevent any young person becoming a victim of CSE. This included looking at localities, how they were based in schools, how Universal Services would play a far more proactive role in completing FCAFs to provide the assessment opportunity and asking Universal Services to take some responsibility. There would be a lot of emphasis on looked after children which was a key priority in Jay report
- Other potential work could include further audit work to identify specific themes and ensure ongoing good social work practice. Also missing young people, including those missing from the school roll
- It was important to be mindful of looking at things from the whole family perspective and what therapeutic services were in place, from the Health Select Commission point of view - looking at what gaps there were still in terms of support that the whole family can receive and the CAHMS element of it

Councillor Ahmed informed the Commission that the Corporate Parenting Panel had also discussed work that was going on in terms of CSE and a lot of excellent work that was taking place at the moment with the CSE teams and the survivors to look at preventing any young person becoming a victim.

Councillor Rose reported that she had attended a RDaSH meeting as a Governor. They were appointing a full-time CSE Worker and taking every item of any concern very seriously. She had felt very reassured that RDaSH were moving with the Authority on this issue.

**54. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

**55. DATES OF FUTURE MEETINGS**

Resolved:- That meetings be held as follows:-

Thursday, 17<sup>th</sup> December, 2015 at 9.30 a.m.  
21<sup>st</sup> January, 2016 at 3.00 p.m.  
17<sup>th</sup> March at 9.30 a.m.  
14<sup>th</sup> April at 9.30 a.m.