HEALTH SELECT COMMISSION
17th December, 2015

Present:- Councillor Sansome (in the Chair); Councillors Ahmed, Khan, Mallinder, Parker and M. Vines and Vicky Farnsworth (Speakup)

Councillor Roche, Advisory Cabinet Member, Adult Social Care and Health, was in attendance at the invitation of the Chairman.

Apologies for absence were received from Councillors Elliot, Godfrey, Hunter, Price, Rose, Rushforth, John Turner and Robert Parkin (Speakup).

56. DECLARATIONS OF INTEREST

Vicky Farnsworth declared a personal interest in Minute No. 64 (Developing a Model for the Enabling Service for Older People and Adults with Disabilities in Rotherham) as a user of the Service.

57. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

58. PROPOSED JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR SOUTH AND MID-YORKSHIRE, NOTTINGHAMSHIRE AND DERBYSHIRE

The Chair reported that the next phase of the Commissioners Working Together Programme for Health Services across South and Mid-Yorkshire, Nottinghamshire and Derbyshire would include public consultation. As part of informing the work, NHS England were proposing to set up a JHOSC. Members' opinion was sought as to whether the Council should be represented on the Committee.

Resolved:- That Commissioner Manzie be informed that the Health Select Commission felt that Rotherham should be represented on the proposed Joint Health Overview and Scrutiny Committee by the Chair and Vice-Chair as substitute as and when required.

(The Chair authorised consideration of the above item to enable the necessary arrangements to be made.)

59. COMMUNICATIONS

(1) Councillor Alam

The Chairman thanked Councillor Alam for his work during his membership of the Select Commission and wished him well in his new role as Advisory Cabinet Member.

(2) Rotherham Foundation Trust Quality Account

Councillor Mallinder gave a brief verbal report on the meeting held on 3rd December, 2015, to discuss the above which included:-

Quality Ambitions

- Harm Free "Stop Pressure" initiative to reduce pressure sores and ulcers
- Using Dr. Foster to compare performance with other Trusts on mortality indicators
- Clinically led task group looking at missed and delayed diagnosis
- Friends and Family response gathered on line on the Ward and A&E
- "Must Nutrition Score" Food Hostess to monitor food and beakers in a different colour to identify at risk patients

Quality Improvements

- Dementia Care Training is done in-house
- Stroke patients should be at 50% for a scan within 1 hour
- Appropriate training to be delivered on all Wards as identified
- There had been an increase in complaints against Doctors
- Nursing nationally is 1 nurse to 8 patients - in Rotherham it is approximately 1 nurse to 6-7 patients. There are 50,000 nursing vacancies nationally

How are we doing?

- There has been a spike in death rates nationally which is being looked at further
- Discharges are being analysed to see how it is working in Health and Social Care
- MRSA – 0
- CDIF- nationally 24 – Rotherham 14 to date

Discussion ensued on the nursing situation nationally. There were a high number of applications but not enough training places were commissioned by NHS England. Universities were given funding for the number of nursing students they could enrol but the funding was cut which impacted upon the number of places that could be offered.

Resolved:- That the issue of nurses and vacancies be raised with the Foundation Trust with regard to the number of applications for nursing posts in Rotherham to gain an understanding of the number of positions available compared to the number of vacancies.

(4) CAMHS Scrutiny Review

The Overview and Scrutiny Management Board had accepted all of the Scrutiny Review recommendations at its meeting on 11th December, 2015. The Board would be working with the Rotherham Youth Cabinet on the Children's Commissioner Take Over Challenge.

Janet Spurling, Scrutiny Officer, would be speaking with RDaSH colleagues in the CAMHS Service with regard to their involvement in the event.

The CQC Quality Summit would take place on 3rd February, 2016.

(5) Improving Lives Select Commission

Councillor Ahmed gave the following verbal update from the meeting held on 16th December, 2015:-

- Information regarding CSE and where the Authority was in terms of Service provision together with the analysis and evaluation provided by Salford University
- The low number of referrals made by health partners was highlighted – approximately only 7% of CSE referrals came in via Health. Reassurance had been given that there would be further work with GPs and health professionals in terms of raising awareness and improving referrals
- There would be a further update provided to show how the additional work had impacted on the number of referrals coming through
- From a sample of young people participating in questionnaires it had been evident that there was a very low percentage from vulnerable groups e.g. Roma families, BME communities and LGBT. Reassurance had been given that a lot of work was being carried out engaging with the voluntary sector and BME communities on how engagement could be improved/enhanced

60. ADULT AND OLDER PEOPLE'S MENTAL HEALTH TRANSFORMATION

Steph Watt (Programme Lead) and Kerry Booker, RDaSH, gave the following powerpoint presentation:-

Engagement activity

- Six whole system stakeholder events during the Summer
- Multi-agency steering group
- Online and survey questionnaires
- Options paper to Commissioners October, 2015
- Eight engagement events November, 2015-January, 2016
- Formal consultation February-March, 2016
- Implementation from April, 2016

What stakeholders said

- Waiting times are too long for some Services
- Access routes are confusing
- Organising Services around age creates an artificial barrier
- Too many hand offs (Adult Services)
- Improve communication
- Once in Service the Service is good

Financial Constraints
- Year on year 3-4% efficiency savings
- £1.2M in Rotherham for 2016/17
- Change the model to limit cuts in clinical services

Principles
- Integrated partnership working
- Patient focussed/needs driven
- Focus on quality of life (recovery/wellbeing)
- Maintain/improve quality
- Release savings

Proposals
- Cultural change – partnership working, recovery/wellbeing focus, integrated needs driven working and agile working
- A Trust-wide move from cross-Borough business divisions to a place-based Rotherham model
- A new gateway to Services
- Service re-design

Recovery and Wellbeing Focus
Traditional Approach
- Description
- Focus on the disorder
- Illness/deficits-based
- Based on reducing adverse events
- Individual adaptations to the programme
- Rewards passivity and compliance
- Expert Care Co-ordinators
- Service-led goals
- Service-led evaluation
- Fosters dependency
- Pessimism about outcomes

Recovery Approach
- Understanding
- Focus on the person
- Strengths based
- Based on hopes and aspirations
- Provider adaptations to the individual
- Fosters empowerment
- Individual is the expert
- Individual-led goals
- User-led evaluation
- Fosters independent
- Creates hope

Gateway to Services
Taking a phased approach to:-
- A 24/7, all age, single contact number
- Mental Health Gateway
- Rotherham Hub – Health and Social Care, Mental Health and Social Care, Health
- Electronic directory

Adult (18+) Service Options
- Do nothing: not an option
- Community-based ageless service
- All-age service based in 2 localities – Older Peoples Team centrally located or embedded in localities
- Opportunities to co-locate?
- Review and embed Social Care roles

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

- The proposal to release a couple of old Council stock properties for the development into a facility for those released from hospital but did not require care/intermediate care, would be in relation to the Older People agenda and not Mental Health

- RDaSH was presently looking at getting a single system and a different electronic record that should be able to "talk" to other systems. A single systems paper was being developed to take to various companies that, hopefully, would be rolled out in 2017 within the Trust

- RDaSH was developing physical health screening so rather than having to make an appointment for a client for an ECG etc. they had nurses who were trained. This was being rolled out gradually. The physical health screening clinics were initially for high dose prescribing but were then to be rolled out to patients with psychosis. The Early Intervention Services were the first point of contact for somebody with psychosis as a young person who was treatment naïve; they would have all the screening there before being prescribed anything. There were Key Performance Indicators against that to achieve for those patients

- There had been broad support for a Rotherham-wide approach to Access to Support. RDaSH recognised that it was complex and took time; the focus would be on the Mental Health gateway but the relationship between Mental Health and Social Care had come out really loud and clear in the consultation engagement work. RDaSH was also mindful that the Council was changing how it worked and the need to work closely together to avoid patients/service users being

passed from one to the other. The more RDaSH could understand about the bigger picture the more they could help patients and carers

- Currently in Adult Mental Health Services all referrals came through to a reception member of staff who would answer basic questions. From there if it was someone who needed clinical advice or the admin worker felt it was well beyond the basics of what they could answer, it was currently passed to a trained Social Worker who triaged all referrals, including Safeguarding, and linked in with Assessment Direct when required or with the Access Team. RDaSH wanted to maintain and grow that function because they knew from clinicians, patients and the feedback from GPs, that they wanted to speak to someone who knew what they were talking about. That did not mean that the admin staff did not know but in terms of the clinical expertise the triage would have clinically trained staff, nurses and Social Workers. It was hoped to expand it across the board for all ages/services but would not be a call centre type service. Older people's referrals went straight to treatment teams as in CAMHS

- There were a number of initiatives concerning engagement with patients on waiting lists. In those cases where a patient had been waiting longer than one would expect, Team Managers had them on their caseloads and would actively contact them, either by telephone or in writing. A number of RDaSH services now ensured that repeat letters were sent followed up by telephone calls particularly in Primary Mental Health Care and within the Access Teams. An Engagement Policy had been introduced over the last 2 years for those people who were not really engaging with the service or the service was finding it difficult in engaging with them particularly in terms of the Crisis and Access Teams. There was an expectation that those Teams would actively follow clients up rather than just writing to them and discharging them from services if they did not engage. There was a recognition that people who were mentally quite unwell or very vulnerable did not engage for those reasons. In terms of those people with personality disorder and suicide, RDaSH always reviewed suicides within their Service very robustly and action plans developed with the families

- RDaSH currently had an Access Team that conducted the first assessment and then made a decision as to whether to pass them through to a Treatment Team. As part of the transformation, the Access Assessors would be embedded in the Treatment Teams thereby facilitating a closer relationship, easier communication and hopefully address the need for someone not having to repeatedly tell their story

- With regard to the All Age Services based in two localities a piece of work was being conducted across the Trust looking at the demographic of Rotherham, buildings and the volume of referrals. The terms North, South, East and West were being used but the

localities would be divided to enable balanced teams. Consultation would take place with the Council, CAMHS and Primary Care as to how they divided up Rotherham and mirror those as far as possible

- RDaSH Services linked into the multi-agency meetings and arenas as well as the MARAC and MAPPA, particularly for those who were very vulnerable within Rotherham's communities. There would be a lot of work within the transformation to ensure that none of the existing work was disrupted. Development of some new services was taking place within the Criminal Justice arena, working with Early Help, for those young people that were picked up by the Police and were in the Police Custody Suites as well as those young people that were not taken into custody but were arrested

- Work had taken place with the Rotherham CCG and the voluntary and community sector to identify representative groups with regard to consultation. An event had been arranged for January, 2016, which would be publicised through the Trust in an endeavour to get as wide engagement as possible

- RDaSH were interested in a shared directory with the Council and a meeting would be held in the New Year to discuss further

- An electronic directory would be one tool in a range that would be used. There were accessible information standards and guidance so work was taking place with all the different contracts around looking at how information was provided

Steph and Kerry were thanked for their presentation.

Resolved:- (1) That the information provided about Mental Health Transformation be noted.

(2) That Option 3 would be the Health Select Commission's preferred option.

(3) That the Select Commission receive an update on the final approved option.

61. DEVELOPING A SINGLE POINT OF ACCESS TO SOCIAL CARE

Sarah Farragher, Interim Change Leader, gave the following powerpoint presentation:-

What are the access points for adults?
- Assessment Direct – Adult Social Care
- Badsley Moor Lane – Learning Disability
- Crisis Team – Mental Health
- Out of Hours Services – RDaSH and RMBC

- Care Co-ordination Centre
- Others?

What should we aspire to?

- Single point of access for health and social care for Rotherham (customer or patient tells us once)
- Covers RMBC, TRFT, RDaSH
- Triage/assessed based on customer outcome not Service provision
- Operates on a 24 hour a day 7 days a week basis
- Does not replace professional to professional contacts

What we need to consider

- Shared vision for what the Service looks like
- Pooled resources
- Integrated/co-located services
- Utilising shared technology
- Provides information, advice and guidance to enable self-management for customer/patient

How we are going to get there

- Initial scoping workshop took place end of October – well attended by partners
- Positive shared desire to achieve this but more work to understand the scope and priorities
- Further working parties were being organised from January to progress the agenda

In advance of this partners have been asked to consider

- What are the must haves?
- What is the financial envelope/constraints for this?
- What are the timescales?
- What are the things we would like to do (in addition to the musts)

Information and Advice Gateway

- Currently use Connect to Support but needs work
- Need to decide whether we develop this system or use Liquid Logic (Social Care system)
- Event planned for early February to talk to both providers to inform decision making

Issues

- Both systems would need investment both in terms of the resources to implement and the ongoing maintenance
- Need to think about impact and interface with Council website
- Connect to Support does not work well locally because we have not invested in this

But

- Some Council were seeing over 90% diversion rate
- Connect to Support was a regional resource and keen to work across Health and Social Care Partnerships

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

- It was accepted that the Connect to Support website needed a lot of work to get where it should be and to maintain it including accessibility issues for those with learning disabilities and the visually impaired plus ensuring access to information for people without computers

- Liquid Logic was a Social Care database in two parts - Adult and Children - where assessments would be generated and stored, commissioned care packages and provided performance data. It had an additional functionality of a self-serve portal which would be where a member of the public might want to search for information and if they logged in that information could potentially come straight into the Directorate. Under the Care Act, the Authority needed to move towards people self-assessing and self-reviewing so that it was not necessarily carried out by a professional but the person themselves telling you what they needed and/or how their packages were going and Liquid Logic had the functionality to do that for those who would be self-assessing. Potentially Connect 2 Support also had the same capability so consideration needed to be given as to the best route

- There was a partnership group of all agencies working on a portal which would provide access from all IT systems into one shared system. Key points were information governance and data sharing. It was quite an innovative piece of work and probably worth having IT representatives attend a meeting to talk further

- If someone used Liquid Logic to self-assess there was an option to have their details sent through to the Directorate. Connect to Support could similarly do the same but it had the advantage of not being a health and social care but a community portal. Connect to Support was independent and if a customer/citizen said they wanted some support, it could potentially be shared because it was being shared at the request of the individual but it was still early days

- Following the scoping workshop held in October, the information had been sent to Children and Young People's Services as it had not been represented at the meeting. The pre-planned questions had been sent out to all representatives with reminders being sent as a follow-up

- All libraries were now wifi enabled and members of the public were able to access Connect to Support. Members of staff were trained to assist members of the public who required assistance in using the portal

- Connect to Support at the moment essentially was information and advice but could do more. Mental Health had been in attendance at the Connect to Support Regional event and there would be a further meeting to discuss local work. RDaSH had in mind using Connect to Support as a starting point and potentially growing it over time (RDaSH)

Resolved:- (1) That the information provided regarding the transformation of a single point of access be noted.

(2) That feedback in terms of the Working Party be shared with the Select Commission at a future meeting.

62. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

63. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 and 4 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to financial or business affairs and labour relations matters).

64. RESTRUCTURE OF ADULT SOCIAL CARE - PHASE ONE (MANAGEMENT)

Sarah Farragher, Interim Change Leader, presented a report setting out the proposed Phase One of the Adult Social Care restructure.

A significant restructure of Adult Social Care was necessary to deliver an enhanced customer journey and ensure that it was fit for purpose and met the statutory Care Act (2014) requirements. It would provide more accountability and allow the development of improved integration with NHS partners.

The report detailed the first phase (management restructure). A second phase would be required to develop the teams below the structure the detail for which would be worked up through the consultation period.

Discussion ensued on the report with the following salient issues raised:-

- Current structure was unsustainable due to the workload
- The restructure would provide strategy and support
- The skills required of the appointees to the new posts
- Use of agency staff
- Direct Payments and personalisation
- Workload of qualified/unqualified Social Workers
- Supervision and support of staff

Resolved:- (1) That the significant restructure of Adult Social Care Services, necessary to deliver an enhanced customer journey and ensure that Adult Social Care was fit for purpose and met the statutory Care Act (2014) requirements, be noted.

(2) That the Select Commission receive regular updates to gain an understanding of where the pressure points were and how any problems that arose would be mitigated.

65. DEVELOPING A MODEL FOR THE ENABLING SERVICE FOR OLDER PEOPLE AND ADULTS WITH DISABILITIES IN ROTHERHAM

Sarah Farragher, Change Leader Adult Social Care, presented a report on the Enabling Service which provided intensive support for a short period to residents who may have lost their ability to live independently or who were at risk of doing so.

Currently Rotherham's Service was unable to accept all referrals and did not accept the more complex cases. Benchmarking indicated that the service was significantly less efficient that other comparable services in the region.

Discussion ensued upon the report and the three proposed options contained therein for the development of the Service:-

- The Enabling Service had emerged from the previous traditional Homecare Service
- The Service coped very well with basic needs
- What facilities would the Authority provide for training of staff to fulfil the roles available
- Consultation and feedback

Resolved:- That the report be noted.

66. ADULT SERVICES TRANSPORT FLEET

Sarah Farragher, Interim Change Leader, presented a report on the Adult Services Transport Fleet and the existing vehicle lease arrangement.

At present Adult Services provided transport to approximately 200 customers on a daily basis (Monday to Friday) primarily to and from the existing in-house Learning Disability Day Services with some older provision and ad-hoc arrangements with in-house respite services.

Due to the expiry of the current lease and maintenance arrangements for the vehicles, it was opportune to review the arrangements and service needs in respect to the future fleet. The implementation of the Care Act also created a shift in the thinking around delivering services and moving towards independence and opportunities for customers to take control of their own lives.

Discussion ensued on the report with the following salient points made:-

- Costs of short term vehicle lease arrangements against long term lease
- Financial costs plus different working methods/independent travel
- Use of taxis
- Long term lease arrangements and use of vehicles across the Council as a whole

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

(2) That a further report be submitted detailing the finance to be incurred, value for money and a comparison of short and long term lease terms and agreements.

67. DATE OF FUTURE MEETINGS

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 21st January, 2016, commencing at 3.00 p.m.