

HEALTH SELECT COMMISSION
14th April, 2016

Present:- Councillor Sansome (in the Chair); Councillors Burton, Elliot and McNeely, Vicky Farnsworth (Rotherham Speak-Up) and Robert Parkin (Rotherham Speak-Up).

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

Apologies for absence were received from Councillors Fleming, Godfrey, Mallinder, Rushforth and John Turner.

Due to the number of apologies received the meeting was not quorate.

89. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

90. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

91. COMMUNICATIONS

(1) Adult and Older People's Mental Health Transformation
RDaSH have arranged two further public engagement sessions on developing new models of care in Mental Health Services to be held on 10th May, 2016, at Liberty Church, Station Road, Rotherham S60 1JH. Full details were available if anyone was interested.

Commissioners Working Together Partnership
Pre-consultation with the public was underway. The first full meeting would be held towards the end of May.

The link to the website for more information is:
<http://www.smybndccgs.nhs.uk/>

92. MINUTES OF THE PREVIOUS MEETING HELD ON 17TH MARCH, 2016

The minutes of the previous meeting of the Health Select Commission held on 17th March, 2016, were noted.

Arising from Minute No. 82 (Rotherham Foundation Trust Quality Account), it was noted that:-

- further information received after the meeting had been included in the Minute regarding performance on processing prescriptions

- a remainder to those that had not as yet submitted any comments and thanks to those that already had
- TRFT Governors' Surgeries – normal communication of the surgeries was through press releases, the TRFT website, social media and referenced in communication messages. The February session had not been as actively communicated as in the past due to the uncertainty that it would go ahead due to Governor availability. However, the Trust had held limited surgeries both on the main Hospital site and the RCHC with Governors having the opportunity to speak to patients/visitors/staff and gather feedback

Arising from Minute No. 84 (RDaSH Quality Account), it was noted that the draft document had not yet been circulated to stakeholders for feedback.

93. ACCESS TO GPS SCRUTINY REVIEW

Terri Roche, Director of Public Health, and Jacqui Tuffnell, Head of Co-Commissioning, provided an update of the action being taken for each of the Scrutiny Review's twelve recommendations.

The Review had taken place between September, 2013 and March, 2014, with the aims being:-

- Establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
- Ascertain how NHS England oversees and monitors access to GPs
- Identify national and local pressures that impact on access to GPs – current and future
- Determine how GP practices manage appointments and promote access for all patients
- Identify how NHS England will be responding to changes nationally
- Consider patient satisfaction data on a practice by practice basis and to compare Rotherham with the national picture
- Identify areas for improvement in current access to GPs (locally and nationally)

Further scrutiny of the initial response from partner agencies had been carried out in January, 2015 and a mini survey with GP Practice Managers undertaken at their Forum meeting in May, 2015.

The majority of the actions in response to the twelve recommendations fell to the Rotherham Clinical Commissioning Group (CCG) and NHS England. Many had now been either completed or included within the Interim GP Strategy. There was also a workforce strategy.

Three were aimed at the Health and Wellbeing Board and, although it was clear the Board would not lead specifically on any campaigns, it had a role in bringing partners together to ensure consistent messages were

delivered. One of the ways in which this would happen would be through a revamped website, due to be completed by the end of May, 2016, and a Twitter account now set up to keep the public and stakeholders updated on partners' activity and health and wellbeing initiatives.

Consideration was given to Appendix 1 which contained the Cabinet response to the recommendations. Discussion ensued with the following issues raised/highlighted:-

- Improvements in telephone systems were taking place, for example informing people where they were in the telephone queue and additional capacity at busy times such as 8.00-9:30a.m.
- Efforts should be made to gain the support of the large number of private sector employers within the Borough to encourage their employees to keep their GP appointments as part of the prevention and care agenda
Prevention formed part of the quality contract and work took place with Public Health in terms of an element of associated funding which was increasing the number of Healthchecks that took place. Public Health could work with NHS England to make sure members of the public took up the national Health Screening Programme. Primary Care needed to be supported in the wider sense and may be work with voluntary and community sector who worked with particular groups
- Are you now confident that all practices were engaging effectively with their patients? Are there any hotspots around? Any issues within any individual GP practices?
There were some contracts that had struggled with Patient Participation Groups and a lot of work had taken place in connecting them with the more successful ones. Healthwatch Rotherham was also helping to support them
- Although recommendation 5 was originally rejected had it been revisited given the national specification has not yet been developed?
The Service was in place but the national specification awaited from NHS England
- The Winter Communication Plan was updated and produced annually
- The comments associated with the recommendations would be helped greatly if they contained numerical information and clearly defined data that supported the comments
- Would there be an analysis of data regarding trends in the "do not attends" and the evaluation of the impact of the campaigns?
Linking to the Quality Contract, the sharing of the Key Performance Indicators with the Commission would pick up this point. Also the GP lead for quality in every practice would meet monthly at the CCG with

the CCG Clinical lead. The practices were being clustered based on their demographics and they would be expected to be progressing. It was only recently that all the data had been pulled together to show where each practice was on the map. The cluster information would be shared at the Primary Care meeting in terms of KPIs which would include non-attendance, A&E attendance, workforce and how they were doing with regard to the Quality Outcome Framework. All the information was in the public domain but there was only Rotherham pulling it altogether in one map so a comparison could be made between practices

- Do you ever envisage returning to “sit and wait”
There had been a lot of discussion and public engagement with regard to “sit and wait”. There were pockets of the public that would like it but the majority wanted to be seen at an appropriate time and within 5 minutes. There was a very stretched workforce within Primary Care and there were examples of where no-one had turned up for “sit and wait” so was problematic in managing capacity. From an efficiency point of view, appointments were a more efficient way of managing a practice
- Repeat prescriptions included review dates which were often missed. Whose responsibility was it to ensure the review was undertaken?
Work was taking place with practices currently. There were a number of services which were reliant on review dates and reliant on the patients returning for blood pressure checks etc. Work was taking place with regard to having the technology in place for the bring forward systems
- Consideration within the Strategy as to how to reward good practice or recognise good practice amongst employers
There was a balance between what the employees would want to share and how that could be recorded versus being able to record it. It was a good idea to make sure that all the campaigns were better distributed and provide evidence on the importance of allowing people the time to attend their appointments and screening. The awarding of good practice was by trying to get more people involved in the Workplace Health Charter and looking at the health and wellbeing of their workforce in the broader sense – from policies, access to healthier options in the canteen and getting the workforce to own it

The report was noted and requested that a future update be submitted once the Strategy had started to embed.

94. URINARY INCONTINENCE SCRUTINY REVIEW UPDATE

Rebecca Atchinson, Public Health, presented an update on the progress to date on the Scrutiny Review’s six recommendations.

The Review had taken place during May and June, 2014, and had identified recommendations which cut across the Council's Directorates. The main aims of the Review had been:-

- To ascertain the prevalence of urinary incontinence in the Borough and the impact it has on people's independent and quality of life
- To establish an overview of current continence services and costs and plans for future service development
- To identify any areas for improvement in promoting preventive measures and encouraging people to have healthy lifestyles

Progress had been challenging due to the changes in staffing within the Council over the last six months as well as technical problems with the uploading of information to the Public Health TV systems since September, 2015. Plans were now in place to move the activity forwards particularly in the area of prevention and early support agenda.

Rebecca introduced Kristy Barnfield and Joanne Mangnall from the Community Continence Service.

Consideration was given to the Appendix which contained the Cabinet response to the recommendations. Discussion ensued with the following issues raised/highlighted:-

- My GP surgery never had their television on
This was really disappointing and a challenge. As part of Public Health's wider training attempts were being made to try and integrate the messages into the wider pieces of work that were being carried out. A different range of ways had to be tried of encouraging both staff and the public to integrate messages that might be challenging and might not be the first thing that came to mind in their consultation with individuals. As well as Public Health messages, there was currently a piece of work being undertaken in recognising the different types of roles there were in GP practices other than a GP to be shown on televisions in surgeries. It was a missed opportunity if practices were not turning on their screens
- Did the incontinence card give access to a toilet that shopkeepers may have? Was there any feedback on how successful it had been?
It was an alert card that anyone could carry but it was at the individual establishment's discretion as to whether they honoured the message on the card. The disabled toilet access was always by way of the Radar key scheme. It was known from patients' report back at clinic that there were certain shops, particularly in places like Meadowhall, that had declined patients the use of their toilets and patients were alerted in subsequent clinics sessions of areas where it might not be honoured. If a patient had a very severe bladder problem they would be told to use the Radar key, however, the number of disabled toilets was very low. If someone had a problem with faecal incontinence

they would always be guided to use the Radar scheme because they had washing facilities

There were opportunities for the Council to provide information on all of the toileting facilities across Rotherham to say have you considered x y z and pass that information and challenge back. However, it was about getting all of the contact details of who had responsibility for each of those facilities as sometimes the organisation did not have responsibility for their own toilets

- What was the timeframe of when the televisions were likely to be coming to the GP practices?

It was planned for it to be up and running by the end of the month

- Will we be doing anything with SYPTE concerning the screens and promoting the issues around urinary incontinence? Have we taken up SYPTE's offer of promoting the health issues either for incontinence issues or Right Care, Pharmacy First etc.?

There was an opportunity as to how Public Health shared its health measures around broader issues as well as including incontinence related issues with services such as SYPTE. The challenge was to ensure if they did not have the mediums like Public Health TV, how they were provided with access to information that they could display within their passenger areas to signpost people to further information. There was a very good website which contained resources but there was a charge so further discussions were required. The blanket approach of using Public Health TV had been used but there was an acknowledgement that there were further opportunities to get the message to the areas outside of that scope

- It would again be appreciated if there could be some clear data as to what progress/updates there had been to ascertain how successful they had been

- Could you give some information about the training and the research project carried out by the Community Continence Service? How do you intend to promote training and the research around incontinence?

The training that was undertaken in Maltby was in one of the care homes focussing on the correct use of incontinence products. If they were not used correctly residents were at risk of developing skin breakdown and pressure damage. It was also known that incontinence products could be used inappropriately instead of a resident being taken to the toilet which was degrading to the individual and increased costs to the NHS. The training focussed very much on when to use a product, when to change a product and how to use it correctly and had been very well received by the staff. The problem in undertaking the training was that the turnover of staff in care homes could be quite rapid. Work had taken place with Council Officers to deliver a year's planned training which was circulated to all the care homes. Staff were evaluated at the end of each training session. The

uptake could be quite sporadic; there could be a session that was fully booked on the day and then poorly attended due to sickness in the care home.

The CCG had funded a two year Project Nurse post which had focussed on specific areas of continence care e.g. catheter related infections which could be life threatening for a small percentage of patients. That work focussed very much on the inpatient setting looking at reducing the usage of/looking at alternatives to catheters and raising awareness so that patients were alert to particular triggers that could indicate that they had a problem. A patient information book had also been developed from that work and was now issued to all patients that were discharged from hospital with a catheter. This aided smoother transition to Community Services

The other elements of the work related to referral pathways and looking at how patients accessed further help for continence problems which were very broad. A lot of the discussion in the Review had focussed around pelvic floor exercises but they would only address one specific element of continence problems; anyone who presented with a continence problem required a complete assessment because there could be sinister underlying pathology. The worker had identified a number of areas that required focus, on the assessment process and directing patients and had also looked at patients who were presenting at A&E with continence problems. A high percentage of patients presented at A&E with urinary tract problems which was a very simple condition and did not warrant attendance at A&E. Further work was required to understand why this happened

- There was reference in recommendations 4 and 5 regarding training and the previous offer by Neighbourhoods and Adult Services for incontinence training to home care staff not being taken up. Was there any further information?
Colleagues in Neighbourhoods and Adult Services had stated that they had established that there was a training need, however, once it was set up there was no take up. One of the challenges was that sometimes people wanted training to be delivered in individual settings which was not feasible financially. There was ongoing training from the Community Continence Team when they were having contact with settings albeit may be not through planned training sessions
- Should a person applying for a job in a care home have to produce certain certificates to show competence in that field before they were actually accepted as an employee?
Care Homes did take up references but it was not thought that there was a requirement on the level of certificates that had to be produced. We do need to try and set some examples of good practice and minimum standard.

- Could you not get one person from the Home to come to a training session and they go back and train the others?

That approach had been tried previously, "link post", but it only worked in a very small percentage of Homes and where they had a member of staff in employment at that Home for a long period of time. It was often found that someone nominated as a link person that came to one of the sessions would have left by the time of the next session so the knowledge could not be taken forward. In some Homes there were staff that took the key role in liaising with the Community Continence Service on the delivery of pads into the Home, the monitoring of deliveries and co-ordinating assessments and would really like to adopt that approach widely but unfortunately the experience to date was that it not been effective

- Does the Home have to pay for the pads? Should they not be charged?

The pads were provided free from the Community Continence Service to the Home. If a resident was in a nursing bed the registered nurses in the Home should undertake a Continence Assessment prior to the issuing of pads. If the resident was in a residential bed, the Community Nurses would work with the Home to undertake an assessment prior to issuing pads. The aim was always to assess and treat rather than just use pads

The Service had to provide pads free of charge as part of the health care package but it was not an unlimited numbers of pads; they were capped at a certain number over a 24 hour period and that very much depended upon on the level of incontinence the person was demonstrating

- Rotherham Foundation Trust was taking part in a national audit of inpatient falls compliance with Best Practice in reducing risk of falls in Acute Care and one of the things on the checklist was multi-factorial risk assessment. It was positive that the Hospital had ticked yes to three of the questions which were linked to continence - do people at risk of falling as an inpatient have an assessment of continence and toilet issues? Suggested actions where problems with continence are identified? And possible modification of any medicines that people were taking that could reduce their risk of falls? If a patient had had this assessment and issues identified would there would be follow up to your Team possibly for support and assistance?

The Community Continence Team had four full time equivalent Nurses and possibly had to treat approximately 12,500. The Team was not involved in inpatient continence assessment but worked very closely with key staff in the inpatient setting to develop a standard operating procedure which guided the staff through a Ward-based continence assessment and gave them a very clear referral process onto the Team.

The training package was open to Foundation Trust staff as well as Community and Nursing staff and nursing homes.

Rebecca, Kristy and Joanne were thanked for their presentation.

The report was noted.

95. DRAFT CARERS STRATEGY

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

The Carers Strategy

- The Strategy is being co-produced
- There are now members of the Carers Forum on the group alongside officers from RMBC, Health and the voluntary sector
- The Strategy is progressing well and is on track for sign-off at the Health and Wellbeing Board in June
- Plan is to launch during Carers Week
- Carers Strategy Group will become the delivery group
- Carers information booked to be produced

Pledges

- That every carer in Rotherham is recognised and supported to maintain their health, wellbeing and personal outcomes
- That carers in Rotherham are not financially disadvantaged as a result of their caring role
- That carers are recognised and respected as partners in care
- That carers can enjoy a life outside caring

Carers Forum

- Re-launched in January, 2016 and operating independently of the Council

The Strategy was still in draft form and would be submitted to the June meeting of the Health and Wellbeing Board for sign-off. It would be launched during Carers Week.

Jayne Price, Carers Forum, gave the following powerpoint presentation:-

Rotherham Carers Forum

- An independent voice for Rotherham's informal carers

Over the years:-

- Long established forum – step up by dedicated and enthusiastic carers and professionals
- Been actively involved in supporting carers: meetings, information, Carers' Week, Carers' Rights Day etc.
- Changes over the years e.g. bases, officers

- Partner groups developed e.g. Carers 4 Carers, Rotherham Parents Forum Ltd. and Lost in Transition

Forum

- The Forum was a successful group which provided a place for carers to meet, listen to guest speakers, share experiences and provide a platform for informal carers
- Health and Wellbeing partners provided the resources for the Carers' Co-ordinator at Carers' Corner

Recent Challenges

- In 2014 the Carers' Co-ordinator resigned from RMBC
- Carers' Corner relocated to the RAIN building
- Where was the Constitution?
- No available assets
- Low attendance
- Many people believed that the Forum had folded

Challenges

- "Challenges are what makes life interesting and overcoming them is what makes life meaningful"

Big Task Ahead

- The Forum needed a Constitution
- Assets needed to be freed up and a new bank account opened
- The status needed to be clarified as independent
- The word needed to be out that we are still in business

Hard work paid off

- Interim Officers were elected as a Steering Group
- An interim Constitution was adopted
- A new bank account was opened
- We managed to get a cheque re-dated
- We had a fantastic re-launch with great feedback
- Our first funding bid has been successful

Where are we now

- Monthly meetings with full agendas
- We are a 'critical friend' and 'co-productive'
- Working with partners e.g. RMBC, Crossroads especially Carer Resilience, Alzheimer's Society, Rotherham Clinical Commissioning Group, Barnardo's Young Carers, Age UK Rotherham, Carers 4 Carers, Rotherham Parents Forum Ltd. – providing an 'Umbrella Forum'
- Current work involves:-
 - An active contributor in the Carers' Strategy
 - Being a lead in Carers' Week 2016 (1st-6th June)
 - Being a member of Rotherfed

Our wish list

- Get more carers involved and find the hidden ones
- Redeveloping and re-launching the Forum has been hard work and work needs to be shared to be sustainable
- The Forum's own resources are not an infinite pot – redevelopment has been on a beg and borrow basis – support is much needed and always welcome
- Look at employing staff as work so far has been voluntary
- Move from 'interim' to permanent
- Be in a position where we can pass a fully operational and successful Forum onto future carers

www.rotherhamcarersforum.co.uk

Rotherham Carers Forum email:

enquiries@rotherhamcarersforum.co.uk

Discussion ensued on the presentations with the following issues highlighted:-

- The Midnight Memory Walk for the Hospice is on the 11th/12th June. It would be an opportunity for carers to encourage other carers they met on the walk to be part of the Carers' Forum
- How would you reach hidden carers? Some carers may be reluctant to attend meetings
During Carers' Week, Carers 4 Carers would be going into the Hospital giving general information and looking for hidden carers. There would also be a stall at Tesco's. Through being there and starting up a conversation with people in an informal setting it might be possible to identify those hidden carers. It was hoped to do a Carnival for Carers outside the RAIN building with various tables and people presenting how they could make carers' lives better. The theme for Carers' week this year was building carer friendlier communities.

The Forum was considering how to reach those that would not attend meetings. One of the ideas was to actually go on line and build the community online so it could be an information hub and two-way forum where people could ask things. Times were a lot different now with the financial constraints but attempts were being made to address those issues

- Young carers would be some of the hidden carers and there may have to be a different way of reaching young carers than there would be for adult carers. Would the Forum's Facebook page be geared towards the young carers?
The Carers' Forum had a Facebook page which currently had ninety-one members. The Forum was looking to attract people to join and

also to send news/any relevant information via this method as it was a good way of getting out to the young carers who tended to use social media

The Carers Strategy was in draft and did not contain all the young carers' information due to it not being ready in time. There was some extra work to be included that had been carried out by Paul Theaker alongside Barnardos

When previously presented it was stated that the Strategy was about people caring for adults regardless of their age. It was the future intention for it to become a Strategy for all Carers, including parent carers; the Carers' Forum covered all carers

- Are you confident that the delivery of the plan will be performance managed against the action plan?
There was an action plan attached to the Strategy. It had not been presented to the Commission because it currently contained actions but not the accountabilities; by the time it went to the Health and Wellbeing Board it would have all the actions and responsible Officer
- Was the role of triangle of care approach been considered?
The principles of the triangle of care in terms of the Act that the carer was part of everything had been embedded all the way through the Strategy
- Was there any resilience work done about carers with GP?
There was a lot of work going on with the GPs at the moment. There were Carers Resilience clinics taking place which were specifically targeted at GPs. This would go into the handbook that accompanied the Strategy
- Can you give more detail around the Carers Pathway?
The development of the Carers Pathway came under the "we will" so the final action plan would have the detail of how that would be done. Some of the issues the Directorate were working through was a number of things that the Carers' Forum would like to lead on but it was a voluntary organisation so a need to balance how the management of that was supported

The latest draft of the Better Care Fund referred to a jointly commissioned carer service

- Can you give some detail around the Carers Needs Assessment?
At the moment the Assessment was something carried out by Social Workers or Social Care Workers based historically on how things had been done. Through the implementation of the plan, Assessments would be carried out by more people and recognised by more so it would not have to be a Council Officer to enable the carer to get a service

- Frequent reference was made to “Carers Assessment” but at the time of Scrutiny Review the document was “Carers Need Form” and “Care Plan”. Members of the Scrutiny Review recommended that that name be used rather than Carers Assessment in light of the feedback from the carers who had felt that it was an assessment of them and their ability to care rather than picking up on the support they needed as carers. Has there been any discussion on that?
We will change it

Sarah and Jayne were thanked for their presentation.

The report was noted.

96. RESPONSE TO SCRUTINY REVIEW: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES - MONITORING OF PROGRESS

In accordance with Minute No. 65 of the Overview and Scrutiny Management Board, Paul Theaker, Operational Commissioner, Children and Young People’s Service, and Ruth Fletcher-Brown, Public Health Specialist, reported on the current progress of the Scrutiny Review’s twelve recommendations.

A full Scrutiny Review had been carried out by a sub-group of the Health and Improving Lives Select Commissions between September, 2014 and March, 2015.

NHS England’s Future in Mind Report was published in May 2015 setting out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs. The Rotherham CAMHS Transformation Plan was developed in response to the Report and encompassed all local emotional wellbeing and mental health transformational developments. The response to the Scrutiny Review was, therefore, aligned to the local CAMHS Transformation Plan and the response to the Scrutiny Review was monitored through the CAMHS Partnership Group as part of the overall plan.

RDASH had been undertaking a whole CAMHS service reconfiguration and would be complete by June, 2016. The reconfiguration included the establishment of clear treatment pathways, a Single Point of Access and locality workers linked with locality based Early Help and Social Care Teams as well as schools and GPs.

Consideration was given to the Appendix which contained the response to the recommendations. Discussion ensued with the following issues raised/highlighted:-

- Part of the Select Commission's work going forward into the new municipal year could be a deep dive into recommendation 4 (whole school pilot) to ensure it was meeting its target
- The new Workers were now in place (recommendation 6). They would be contacting Schools from Friday, 22nd April and making the links with partners
- There had been a deterioration in the wait for an appointment. As of 8th April, 153 young people were waiting for an appointment into CAMHS (recommendation 8). The target was 95% of young people seen within 3 weeks – 28% at the moment. There was now a weekly meeting in place with the Assistant Director of RDASH and was monitored on a weekly basis. Part of the feedback was in terms of some of the reconfiguration work and staff not being in post but was something that the CCG and the Council were looking at very closely
- Why had that target not been met? Was there a particular period in the year? Any reason why that particular month slipped behind the target?
Not particularly. There were periods e.g. end of school term when a number of referrals came through from schools. The information received was that it was primarily down to the Service reconfiguration not being in place. They had employed agency workers until September so even though all staff would be in post, there would be the additional agency workers to deal with the backlog
- Was there a duplication in cost? What kind of costs were we talking about? Once the new staff were embedded the Commission would like to see some figures. The Commission would be concerned if the desired outcomes were not achieved after the extra finance
There was additional cost in terms of agency workers between now and September. The Service was commissioned by the CCG so the cost was not known but could be requested and further scrutiny would be welcomed. The whole structure would be filled by June so the number was expected to reduce
- Officers were requested to check the communication regarding the reconfiguration - was there any feedback to the Commission concerning the number of new posts which were being put into place through the restructure and the timescale against the Service RDASH was committed to provide? Was the Commission made aware that there may be slippage in Service because of the reconfiguration against the delivery aligned with the cost?

- How valid were the dates in recommendation 9? Should there be new dates given the restructure would not be complete until June 2016?
The restructure of RDASH had had an impact and that had been one of the factors in not meeting certain deadlines. Advice would be appreciated as to whether the Commission would wish the dates to be revised
- One of the things that had become apparent from the meeting with the Youth Cabinet was the regularity of involvement. Would it possible for there to be regular input from the Youth Cabinet concerning the website? It would help if the young people had greater ownership because they would have on the spot information to feed in whereas if it went into CAHMS there were a lot of people it had to go through before inclusion on the website (recommendation 10)
- Could you tell me how seriously they have listened to GPs' concerns?
In terms of the CCG, it was the GP Leads in terms of commissioning. There was a lead GP around Children's Mental Health. A number of the issues that the Council had had with regard to access to CAMHS, young people not meeting thresholds, the bounce back etc. had been echoed by the GPs
- Were the routine assessments carried out face-to-face in a clinic situation or were they carried out over the telephone?
It was one-to-one with the young person
- Three pathways – can you just reassure us that the three will meet up together at the end? I think it is key that it does happen.
Yes
- This is an area of work of service that had been difficult over a long period of time nationally and I just wondered from your perspective what do you think are going to be the barriers in achieving the progress we would like to achieve and was there anything you think that the Council could or should be doing to try and take things forward more effectively than perhaps done in the past?
From a Public Health point of view a priority would be the Early Intervention and Prevention Work and really investing to save by prioritising some of that work. The Future in Mind document that came out last year had a really strong focus on Early Intervention and Prevention and was looking at the transformation of CAMHS services across the board. Quite often, when thinking about the CAMHS Service, you only thought about the provision by RDASH when in actual fact everyone who had contact with children and young people had a role in terms promoting emotional health and mental wellbeing. When the local transformation plan was signed off Councillor Roche had been very keen that early intervention and prevention was a strong theme and there had been a disappointment within the Council that some of the money was not recurrent funding for prevention. This was something that would continue to be raised with the CCG

- Locality work and model – would this include links to School Nurses?
As part of the CAMHS partnership work there was representation from School Nursing. In terms of linking with the locality workers, School Nurses and other partners, there were a series of meetings currently taking place to look at the issue and how they would link together with schools and other services
- Was June too early to evaluate the benefits of the locality working model?
Yes it was too early for a full evaluation but the Council was very conscious that it needed to keep on top of the locality work and model in terms of its development and the contacts being made with schools etc.
- For workstreams such as the Family Support Service and the community approach how would the Council manage those against prevention and early intervention?
In terms of the whole community approach, that was linked in with the schools to include that. A group consisting of schools and Officers would go out quarterly to monitor action plans as well as speaking to the community groups or partnerships the schools were working with

Councillor Roche commented that there would shortly be a requirement for local authorities to report their annual spend on Mental Health as a discrete budget heading.

He also raised concerns regarding Head Teachers' involvement in the ongoing suicide prevention work.

Paul and Ruth were thanked for their attendance and presentation.

The report was noted.

97. QUARTERLY BRIEFING WITH HEALTH PARTNERS

The minutes of the meeting between the Select Commission and Health partners held on 25th February, 2016, were noted.

98. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

99. DATE OF FUTURE MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 16th June, 2016, commencing at 9.30 a.m.