HEALTH SELECT COMMISSION
30th November, 2017

Present:- Councillor Evans (in the Chair); Councillors Andrews, Bird, R. Elliott, Jarvis, Marriott, Sansome, Short and Williams.

Councillors Clark and J Elliot attended from Improving Lives Select Commission at the invitation of the Chair.

Apologies for absence were received from Councillors Ellis, Rushforth and Whysall, Councillor Roche (Cabinet Member) and Robert Parkin (SpeakUp).

45. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

46. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

47. COMMUNICATIONS

- There were no comments or questions on the papers in the information pack that had been circulated to Members.

- Councillor Jarvis provided a short update on the work of Improving Lives Select Commission. In Adult Safeguarding the Vulnerable Person's Team was already making a difference and seeing results. Some Team members had won awards, in particular for their work Supporting People who were involved in court cases.

- RMBC was considering participating in the Pause project working with mothers who had had multiple children taken into care to help them turn their lives around. From experience elsewhere many of those involved would have been likely to need Adult Mental Health Services without that support. A further update would be provided.

- The Chair highlighted recent enlightening and informative sub-group sessions looking at progress on the 2017-18 quality priorities for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) and The Rotherham Foundation Trust (TRFT) and a useful workshop on the drug and alcohol service. A visit to Carnson House would be organised for early 2018.

48. MINUTES OF THE PREVIOUS MEETINGS HELD ON 26TH OCTOBER 2017

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 26th October, 2017. Members noted that:-

Arising from Minute No. 30 - Prescriptions
A response from Rotherham Hospital in relation to the question on prescriptions had been included in the minutes.

Arising from Minute No. 40 – Evaluation of Whole School Project and Minute No. 41 - Response to Scrutiny Review of Child and Adolescent Mental Health Services,
Further progress monitoring reports would be factored in to the 2018-19 work programme.

Resolved:- That the minutes of the previous meeting, held on 26th October, 2017, be approved as a correct record.

49. RDASH ROTHERHAM CARE GROUP TRANSFORMATION

Dianne Graham, Rotherham Care Group Director and Steph Watt, Strategic and Transformation Lead for Integrated Physical and Mental Health Projects (TRFT and RDaSH) presented an overview of the transformation work which built on the presentation at the September meeting.

Previously the service had been structured around services for older adults and services for younger adults but now the pathways were less age specific. The prevention, recovery and wellbeing approach linked in with the Council's strategic objectives and was more community focused.

Rotherham Care Group Objectives
Integrated and streamlined services for adult mental health and learning disabilities

- Where care wraps round the patient, removing age and structural barriers
- Prevention, recovery and wellbeing approach
- Delivered as close to home as possible
- With clear and timely access
- Which deliver efficiency savings

Phase 1: Completed

- Care group formation
- Leadership and management team
- Hospital Liaison Service – for mental health and learning disability, supporting TRFT on services and reducing time spent in A&E
- Dementia Local Enhanced Service (LES) - support for GPs who are supporting people with dementia and facilitating diagnosis in primary care

New place based structures had been implemented for Rotherham, Doncaster and Lincolnshire respectively, which enabled them to focus on their own localities and understand their own communities better and to work within them.

Phase 2: Update

Care co-ordination centre

- Moved to Urgent and Emergency Care Centre
- RDaSH Staff transferred and trained
- Launch January 2018 with phased implementation

Ferns: extended pilot

- Re-hab for medically fit cognitive and neuro patients
- Positive evaluation particularly from patients /carers

12 beds for patients with cognitive decline or dementia who had also been in TRFT for a physical health issue. The joint pilot with TRFT would run until April 2018 and the trust was building the business case to be able to sustain it. Patients benefitted from the extra care and more were returning home on discharge rather than to residential care.

Community Team formation

- Interim: North base: tbc South: Swallownest
- Release Howarth and Badsley Moor Lane – efficiency savings
- Co-locate with physical health and social care

Admin review

- Staff consultation November 2017
- Implementation February 2018 to align to the new structures

Unity: new patient record system

- Development phase nearing completion
- Rotherham go live: April 2017

Pathway Framework

- Prevention, recovery and wellbeing model
- Objective, resolve more, sooner
- Pathway framework:
  - Brief Interventions
  - Complex care
  - Long term conditions

Rotherham 'All Age' Clinical Pathways

Retaining specialism & expert approaches within an integrated model - based on NICE guidance and evidence around the types of intervention.

Pathway Development

- Access: to services planned and unplanned
- Acute: urgent & emergency
- Common MH disorders

- Complex emotional needs
- Early intervention in psychosis
- Group review – collation of local groups in Rotherham
- Trauma pathway - for people experiencing Post Traumatic Stress Disorder or trauma as a result of sexual or emotional abuse
- Woodstock Bower pilot - lithium prescribing pilot for dealing with patients in primary care rather than secondary care and supporting both their physical and mental health.

Social Prescribing

- Increase social activity
- Reduce social isolation and dependence
- Improve confidence and self-esteem
- Support healthy and sustainable discharges from services and create capacity

In partnership with the voluntary and community sector this was working with people with long term mental health conditions who had been in service for a long time and looking at ways to discharge them, supporting them to transition from secondary care to community activities e.g. gym, Pilates, and support into employment through community assets. People reported greater self-confidence and self-esteem and it also contributed to reducing social isolation and loneliness, which was a big issue.

Initial evaluation indicates positive outcomes

- Over 240 users from secondary mental health services
- Over 90 per cent made progress against at least one well-being outcome measures
- 48% increase in measures for all outcome scores
- Circa 50-60% discharge rate for those referred
- Highly commended at the Health Service Journal awards
- VAR submitted a bid to Department of Health Social Prescribing Fund to expand the scheme to reduce reliance on secondary services at the point of referral

Well Being Hub

- Pilot project with Rotherham United Community Sports Trust
- Combined delivery of health and wellbeing activity
- Delivered at the ground
- To be evaluated, potential to expand as a community

Joint groups with Rotherham United such as stress management were followed by a sports activity, promoting mental health and wellbeing. Good results were being achieved with people changing their lives and achieving good health outcomes. Evaluation would take place in 2018.

Next Steps

- Acute and Community Place Plan
  - Integrated Contact Centre
  - Rapid Response

  - Locality Roll Out
  - Integrated Discharge – work with TRFT, supporting reablement and care home liaison teams
  - Care Homes
- Core 24 – responding to people in crisis
- Core Fidelity
- Clinical Review – aligning staff skills to the new pathways

Following the presentations the following questions and issues were raised:

What did you see your role as being in addressing stigma around mental health problems and awareness raising around mental health with front line staff, such as techniques for appropriate communication?

- It was a responsibility and sometimes it was about having those ordinary conversations about mental health. We talked last week about using social media more, which was something that RDaSH needed to capitalise on. The trust had a Twitter account but was not yet on Facebook and social media could be used to get key messages out.
- The project with Rotherham United was a good example, as being delivered at a community facility that service providers went into, this removed the perceived stigma of going to a labelled mental health service.
- Similarly with the Place Plan, RDaSH would go into the community and into GPs to deliver. Hopefully over time this would also help to change the perceptions and dialogue about perceptions of mental health.
- Plus there were positive things happening nationally such the work of the Princes, Government investment in mental health and changes in media coverage.

What about RDaSH's wider role outside public services in awareness raising or developing training in the broader sense?

- The trust worked with Public Health, including delivery of mental health first aid training or supporting delivery for people in communities. There was the work in Wentworth Valley with publicans on how to deal with someone experiencing a mental health crisis. RDaSH did have a key role in training and support, particularly about how you might have a conversation with someone who was struggling emotionally. They also linked in with the Public Health campaign, especially around suicides, drug and alcohol issues etc.

What were the waiting times for treatments and therapies under the brief interventions and were adequate numbers of staff in post?

- For IAPT (Improving Access to Psychological Therapies) the national standard was for treatment to commence within six weeks These were available to everyone in Rotherham via their GP or by self-referral.

- For brief interventions the quicker the better and in urgent care standards were – in an emergency people needed to be seen in four hours for initial assessment and for urgent but not emergency cases within three days.
- For brief interventions and treatment the national standard of 18 weeks was too long. RDaSH were working to reduce their waiting times, for example it was a 12 week standard for assessment for memory problems but they were trying to reduce that to six weeks by March 2018.

Locality roll out – how many areas would RDaSH cover to reach the outlying areas?

- GPs had seven localities but RDaSH were looking at providing services from three bases (north, south and central) ensuring these linked across the seven.

With regards to the pathways framework, was there a safety net for people who might fall through the gaps, such as people with autism?

- Although there were three distinct pathways the intention was to provide the three within each locality, so that people could travel through the pathways, with their locality teams deciding where someone's care might be delivered, but with the teams taking ownership so no-one should fall through.
- In terms of autism specifically, RDaSH were working with their commissioners and the local authority on where they would fit within an autism strategy. People with autism could and did access RDaSH services. What the trust were trying to do was look at how they could influence the commissioning of autism services as this was still not robust enough in Rotherham. An overall autism strategy was being developed.

From the objectives for the Rotherham Care group and the need to deliver efficiency savings, could you explain the scale of those savings and also the balance between delivering the changes and protecting services whilst managing those financial efficiencies?

- For 2017-18 NHS efficiencies were £1.2m plus £500k Local Authority savings as the trust provided integrated adult mental health services. It had been a real challenge to get to a position of being able to take money out of the system at the same time as transforming the system. Some non-recurrent funding from NHS England had helped in mitigation to support the transformation programme, with a view that efficiencies would be made out of the whole system at a certain point, which was part of the NHS Five Year Forward View.
- It had been a struggle and a lot of savings had come out of the staffing structures with a leaner management and leadership team now having a bigger portfolio with fewer managers and clinical leads. RDaSH had also been supported by funding through the Better Care Fund to support change and build capacity whilst transforming, this year and next.

What was in place to measure the more qualitative feedback of the patient experience and to know how the new pathways were working for people, as the metrics were only part of the story?

- Every aspect of transformation had been subject to a Quality Impact Assessment, which looked at the impacts on service users, staff and finances, although some would not be known until the changes were embedded. The trust was trying to obtain service user feedback as they went along. In The Ferns and social prescribing they had received great feedback so they knew some of the changes made across the partnerships were delivering really good outcomes. It was important to capitalise on what was done well and do more of it.
- For staff it was difficult to go through such a large scale transformation and staff may feel less involved, so more work was needed on staff engagement. At present there had been no really negative stories and there had been regular engagement with stakeholders and service users.
- Transformation commenced with a whole system event involving patients, carers and all the providers and commissioners and the objectives seen earlier resulted from that event. The trust worked with patients and carers to test out plans as they evolved. Case studies, formal evaluations and service reviews with both qualitative and quantitative feedback had been used. As RDaSH moved to implementation of the pathways they would evaluate them all.

What was being done to identify disparities in the health of different sub-groups of service users e.g. lower rates of cancer screening amongst people with learning disability and/or autism compared to other groups, and how was this addressed in the pathways?

- This comes back to the Place Plan again and one of the benefits of working across the system and integrating physical health, mental health and social care. For people with learning disability things did tend to present hand in glove, so the more we could have multi-disciplinary teams physically co-located the easier it was to say we have a patient presenting with these needs and the expertise was together in one place.

Where do you see the potential involvement of the Health and Wellbeing Board (HWBB) in the forward progress of this?

- This was critical and the HWBB was sighted on the transformation programme. Through place based governance it was easier to check alignment of RDaSH transformation with the local authority's transformation plans and with what the GPs were thinking. People in communities needed to know that organisations were working together to provide services for them. They were also involved in developing the HWBB action plan, so it all linked in together.
- The refresh of the Health and Wellbeing Strategy had been brought forward so that was the overarching strategy and to align with the refresh of the Health and Social Care Place Plan. The transformational groups, such as the one for mental health and learning disability were working very closely together. The HSC

meeting on 14 December 2017 would be an opportunity to challenge whether the alignment was effective enough.

Did that also include the Autism Strategy and the working group that was developing it? Would it come back to HSC?

- The Autism Strategy was being led by Adult Social Care. At the moment there were overarching high level aims for the refresh of the Health and Wellbeing Strategy and ensuring a clear "home" for learning disability and autism within it this time was important. It was likely that as part of the governance the HWBB would oversee the development and delivery of the Autism Strategy. It was expected that HSC would want to see the Autism Strategy as it developed and to take account of its delivery.

Dianne and Steph were thanked for their presentation.

Resolved:-

That the progress made in phase two of the transformation plan for RDaSH be noted.

50. IMPLEMENTATION OF THE CARERS' STRATEGY - PROGRESS REPORT

Jo Hinchliffe, Adult Social Care, Liz Bent, Crossroads Care and Jayne Price, Carers Forum presented an update on the Carers' Strategy – *The Story So Far*. Sean Hill from Children's Commissioning and Kevin Hynes, Barnardo's provided additional information regarding work to support young carers.

Crossroads Care

We aim to:

- Relieve stress in the family or for the Carer of the person with the disability
- To prevent a breakdown in care or inappropriate admission into hospital or residential care
- Supplement and complement existing statutory services and work closely with them

Philosophy of Care:

Crossroads Care Rotherham respects the individuality of Carers and people with care needs and seeks to promote their choice, independence, dignity and safety.

Originally respite care was provided but activities had expanded to include activity groups, therapies and a befriending service, increasingly working with volunteers to deliver services. Traditional respite was still important but it was also about people coming together and enjoying a life outside caring.

Crossroads Care was regulated by the CQC and were proud to have been rated as outstanding, which they could not have achieved without the support of partners.

Carers Forum
Supporting & empowering Carers to be heard & achieve better outcomes

Rotherham Carers' Forum is an independent group which enables informal and family carers (unpaid), to have voice in shaping services in Rotherham.

We aim to work together as a strategic partner with Local Authority, Health Service, Voluntary and Communities organisation, charities and groups as an equal partner, participating and influencing local decision making on services for carers and their families.

Carers Forum meets on the 1st Wednesday of each month between 12 noon - 2.00 pm

The Forum, comprised of unpaid volunteers, had been relaunched to get into the 21st century and had a website plus Facebook and Twitter accounts with this virtual presence helping carers who were unable to attend meetings. The group was solvent after accessing external funding. A key focus was promoting carers wellbeing such as encouraging people to have flu vaccinations and through sessions on destressing and mindfulness. It also acted as a two-way conduit for information and a mechanism was in place for raising concerns through an issue log.

Caring Together Strategy
Our aims are:

- That every carer in Rotherham is recognised and supported to maintain their health, wellbeing and personal outcomes.
- To ensure carers are supported to maximise their financial resources.
- That carers in Rotherham are recognised and respected as partners in care.
- That carers can enjoy a life outside caring.
- That young carers in Rotherham are identified, supported, and nurtured to forward plan for their own lives.
- That every young carer in Rotherham is supported to have a positive childhood where they can enjoy life and achieve good outcomes.

Four key priorities for supporting carers (National Carers Strategy DoH 2014)

- Identification and recognition
- Realising and releasing potential
- A life alongside caring
- Supporting carers to stay healthy

Rotherham Context
Profile of carers based on 2011 census data
For 2016 Rotherham had increased by approximately 600 carers since then. 9000 people p.a. in Rotherham become first time carers, so there were many people with multiple roles and the picture fluctuated over time.

Strategy Outcomes
Our ambitions are:
To achieve our aims we need to build stronger collaboration between carers and other partners in Rotherham, and recognise the importance of whole family relationships.

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 working in partnership with formal services, working together with people who use services and carers.

- **Outcome One:** Carers in Rotherham are more able to withstand or recover quickly from difficult conditions and feel empowered.
- **Outcome Two:** The caring role is manageable and sustainable.
- **Outcome Three**: Carers in Rotherham have their needs understood and their well-being promoted.
- **Outcome Four**: Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification.
- **Outcome Five**: Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time.
- **Outcome Six**: Children and young people in Rotherham that have young carer roles have access to and experience the same outcomes as their peers.

Putting the strategy into action …..
Making it Happen – Caring Together Delivery Plan
Qualitative measures
Quantitative measures

Headline Statistics
- Carers resilience are working with approximately 480 carers per year, prior to Carers Resilience Service these carers may have remained hidden

- Carers Resilience Service hosts 23 carers clinics per month across different Rotherham surgeries, last year we met with 365 carers across all disabilities
- Carers Resilience Service works with 37 surgeries across Rotherham promoting the needs of carers to surgery staff and GPs
- From our work with the surgeries we know that all have a Carers Register but these are operational to different degrees of usefulness.
- Number of customers and Number of customers with an open main carer
- Number of customers by age column split by age of carer - In terms of the health and wellbeing of carers this showed cohorts of quite old people whose carer was quite old as well.

The Carers Resilience Service was led by Crossroads Care and had been in place for about two and a half years, making a terrific difference for carers in Rotherham. It picked up carers at the beginning of their caring role, recognising their different needs over time. Due to the funding it was limited to carers of people with dementia but a bid was being developed, working with the Local Authority, to the Social Investment Bond to try and roll out to older carers as well and ideally it should be for all.

Funding bids needed supporting evidence to back them up, meaning there was a need for statistics and data. The VCS would be working with the Single Point of Access to pick up data on carers to support bids.

Young Carers Service Delivery

- 55 young carers and their families supported this quarter
- 169 face to face contacts
- 13 Group sessions
- 14 cases brought to closure
- Young people included 17 Male and 38 Female
- 9 young people came from BME communities, equating to 17% of young people supported

Members were informed that the Young Carers Service delivered by Barnardo's had recently moved from Doncaster to the Rotherham branch. It would become more of a partnership arrangement looking at all the current services delivered in Rotherham and whether they meet need, asking questions around what young carers required and how best to do it. Young carers were all individuals, all with different issues in their lives so services were needed that could respond to individual needs and create independence not dependency on services.

Since September Barnardo's had asked the national Barnardo's audit team to look at how the service operated so that nothing was overlooked. They had also had support for a Theory of Change workshop from the University of Bedfordshire. It had been a good time to take stock of current services, especially improving links to other agencies as before Barnardo's had operated more in a silo. It had been a positive start but they were only eight weeks in.

Achievements so far ….

- Carers Week 2017
- Crossroads Care Garden Party
- Grassroots Giving winner
- Carers Rights Day 24 November 2017
- The service continues to raise awareness of the Young Carers' Card in schools. At present this is mainly done through contact and visits with Head of Year contacts within schools.
- Supported by the Voice & Influence Partnership to host an event at the Carlton Park in July 2017 which enables young people to voice their feelings and hopes for the children and young people in Rotherham.
- Young Carers Council continues to be active members of the Different but Equal Board.

Next steps …

- Carers Forum – Sustainability Plan
- Events and Activity Plans
- Consolidation of a carers offer – real and tangible
- Strengthen the Caring Together Delivery Group to increase the distance of travel against the action plan

As the Carers Forum was comprised of people who were carers first and foremost there was a worry about whether it would continue if the present people were no longer involved and it was a struggle to get people involved and do things. An aim would be for it to become self-sustaining and not dependent on a small number, but resourcing back office functions was difficult.

One of the key aims of the strategy was reaching out to hidden carers and although the virtual side was good they would like to undertake more physical outreach going out to where carers are. It would be good to free up some time for people to go out and do events or some outreach work, which helped to raise the profile of carers. The Forum was also an umbrella organisation where other groups such as Headway, Carers for Carers and the Rotherham Parent Carers Forum could come together.

The Strategy steering group was ready for a refresh against the Terms of reference as membership had changed over time with people joining and leaving. Dialogue was taking place with Children and Young People's Services and Barnardo's in order to have the right mix of partners involved and be accountable.

A lot had been included in the delivery plan and it was a case of trying to group the 21 actions into key themes and drilling down what was needed in terms of actions. Some actions would still be red or amber on RAG ratings and it was about converting more of these into green and looking at the reds and exploring reasons why. It was a work in progress and

needed a refresh. Some elements had movement, especially qualitative ones like events, but the quantitative measures needed to be worked on and partners were realistic about the current position.

Questions ensued with the following issues raised by Members:-

How much information did you get back from GPs on carers as in my practice I have never been asked about being a carer, or seen any information?

- All surgeries had a register of carers so it was interesting that you had not been asked. The registers needed to be worked on and kept up to date and by having workers in there every week the message was going out.

Regarding outreach, Maltby Town Council held information days so there would be an opportunity there.

Would it be feasible to set up carers base groups in other areas of the borough for carers who could not travel into Rotherham i.e. locality based smaller groups?

- This would be a good way forward and had been talked about but it came down to resources. It would be great to encourage local satellite groups to collect, share and channel information and make more hidden carers come forward and feel they had a voice. Back filling for carers would be key.

You mentioned supporting 55 young carers – how were young carers identified and what was the role of Early Help?

- Conversations had taken place between the previous manager of the Barnardo's service, children's commissioning and heads of service in Early Years around the strategy and there had been input from the Early Help team. Children's commissioning had spoken with Early Help earlier that week about work taking place to increase the number of Early Help assessments and identification of young carers. One of the main themes for the work that will come out of the review of the current Barnardo's service is the importance of assessment and identifying the needs of young carers. There was a clear plan with Barnardo's going forward as part of a partnership arrangement and within that the voice of young people would be included, as the service was a key element of children's services.
- The Young Carers Council (YCC) had been supported by Barnardo's for many years. Two representatives from Barnardo's had attended the most recent Carers Forum meeting, including one longstanding practitioner, and had first-hand knowledge of representing those young people's views. Regarding detection or recognition of unknown young carers GPs surgeries would be a good place to bolster that to ask for those children to be actively searched for and also questions to schools asking them about identification.

Who represented young carers on the Carers' Forum, did they not represent themselves?

- Not at present as it met during school time, which was an issue and was why they wanted to make sure that in the first instance they had representation from someone who worked very closely with young carers. The issue had been raised by Barnardo's who were passionate about getting the real voice round the table and it was important to have a clear way in and to maximise the expertise of the YCC in the whole process.

The voice of the child was essential to every strategy in Rotherham and if the meetings were at a time when young people could not attend then perhaps the times of the meetings, or some of the meetings, should be changed.

What input had young carers themselves had to this strategy?

- The officers present had not been involved in the development phase of the strategy but were aware of conversations to ensure that their voice was captured. Invites had gone out to Barnardo's and children's services but there had not been any children in attendance at strategy group meetings, which were all day time meetings.

You mentioned working with carers whose caring role is coming to an end, do you offer any support post-caring as there might be carers who might then need care themselves?

- Two years ago lottery funding had been obtained for five years for building carer resilience but it needed to be sustainable. Carers benefited from peer support in activity groups and when caring came to an end if they had not been involved in any activities they often became isolated. Carers had a lot of experience and also often transferable skills and there were opportunities to volunteer to support other carers. Carers also formed friendships and could form their own groups.

Did the work with GPs include ones whose practice was registered outside the borough but with patients who were Rotherham residents on their list?

- The service was funded to work with every GP in Rotherham and if the carer was registered with a Rotherham GP but lived over the border they would still be supported. Services were tied only to the practices in the borough.
- Officers would follow up with Rotherham CCG for clarification on this issue.

The action plan mentioned reducing exclusions for the young carer cohort. How big an issue was this?

- If a student with a Young Carer's Card was late for school due to their caring role this would be taken into consideration and it was recognised that some young carers had very complex lives.

- There were no statistics to hand so this would be followed up with a response.

What is meant by cases coming to closure?

- The number of cases that Barnardo's had worked with where it had been agreed after a period of time with the young person, their family and the referring agency that all signposting and adjustments had been completed. For example liaison with school to make relevant staff aware that the child may occasionally be late and could show their card rather than explaining everything from scratch again.

Regarding governance, what arrangements were there for oversight of the strategy and action plan?

- Governance was key and as mentioned earlier the terms of reference needed to be revisited, including a review of where the strategy group were feeding into. From an adult social care perspective there was the improvement group with a governance structure there to feed into but a clear steer was needed overall given the complexity with the various partners involved. It was agreed that this was something that needed to be worked on.

Was Barnardo's now part of the delivery group?

- Yes they were again now.

Actions 15-21 had no timescales or performance measures, so would these be added otherwise how would it be evidenced what work was taking place?

- This would be part of the refresh and it needed to be more of an accountable document. Actions flagged as ongoing were also a concern as it was unclear if they were part of an action plan to deliver an agreed action plan to deliver a specific piece of work or routine activity.

Partners were thanked for their presentation and contributions.

Resolved:-

(1) That the action plan be updated to become SMART with clear lead officers, performance measures and timescales for all actions.

(2) That a clear focus be given to ensuring the voice of young carers is captured and informs implementation of the strategy, including by linking in with the Young Carers Council.

(3) That further work with GPs be undertaken to ensure they are identifying young carers and including them in their carers register.

(4) That work with schools continues to identify and support young carers.

(5) That a detailed progress report be presented to the HSC in March 2018 on implementation of the delivery plan.

51. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME

The Health Select Commission received a short verbal update from the Scrutiny Officer.

Hyper acute stroke
The Joint Committee of Clinical Commissioning Groups (JCCCG) met on 15th November 2017 to consider the business case and make a decision on the proposals for hyper acute stroke services. The executive summary of the business case, link to the full business case and powerpoint presentation to the JCCCG meeting had been included in the Members' information pack.

The unanimous decision was to support the proposed option to cease providing hyper acute stroke services at Barnsley and Rotherham hospitals. There would be a phased implementation to ensure patient safety and to ensure that the changes were manageable for the hospitals. Implementation would be closely monitored by the JCCCG and by the JHOSC. The service would be decommissioned in Rotherham from July 2018 and in Barnsley by January 2019 with hyper acute stroke services provided in Sheffield, Doncaster, Chesterfield and Wakefield. The new model required approximately £1.8m investment for tariffs and patient transport and the pathway would include thrombectomy.

Hospital services review
The purpose of the review was to explore how services could be delivered to ensure local people had access to safe, high quality care provided by the most appropriate healthcare professionals and in the best place. The key was future proofing and sustainability of services. It was very important to reiterate that the review was not looking at closing any of the current general hospitals in South Yorkshire, Bassetlaw or Chesterfield.

The five services in scope were:

- Urgent and Emergency Care
- Maternity
- Gastroenterology including endoscopy
- Stroke care - early supported discharge and rehabilitation
- Hospital services for children who are particularly ill

Consultation had commenced in the summer and there would be a public event on 6th December 2017 at The Source, Meadowhall. There would also be other opportunities for local people to get involved, including an event for Elected Members in January 2018.

JHOSC

The next meeting would take place on 11th December 2017 and the agenda would include progress on implementing the changes in children's surgery and anaesthesia agreed earlier in the year; an update following the decision on hyper acute stroke care; and an update on the Hospital Services Review.

The agenda would be published on 1st December 2017 and HSC members were asked to submit any questions to the Chair by 7th December.

52. HEALTHWATCH ROTHERHAM - ISSUES

There were no issues to report.

53. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 14th December, 2017, commencing at 10.00 a.m.