

**HEALTH SELECT COMMISSION
19th July, 2018**

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

Also in attendance was Councillor Roche, Cabinet Member for Adult Social Care and Health.

Apologies for absence:- Apologies were received from Councillors Ellis and Taylor.

The webcast of the Council Meeting can be viewed at:-
<https://rotherham.public-i.tv/core/portal/home>

14. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

15. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

16. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 14th June, 2018.

Reference was made to Minute 6 (Director of Public Health Annual Report) and the recommendations; the detail of which had been followed up and information was attached at Pages 11 and 12 of the agenda pack, including the video clip link.

Page 11 also made reference to Treatment 2 and the percentage of patients who were treated within 62 days. Latest data available had been requested.

Minute No. 7 (Health Village Evaluation Workshop) Recommendation 2 – the issues raised by Health Select Commission for inclusion in the outcome measures had been passed to relevant officers. A response to Health Select Commission feedback and a further report on the plans for the next phase of implementation would be submitted in September, 2018.

Resolved:- That the minutes of the previous meeting held on 14th June, 2018, be approved as a correct record.

17. COMMUNICATIONS

The Chair invited Councillor Jarvis from Improving Lives Select Commission to provide a brief update regarding the work currently taking place, which included:-

- Key activity and progress in relation to the provision of Domestic Abuse Services across Rotherham. The Domestic Abuse Strategy set out the collective vision for Domestic Abuse (DA) Services within Rotherham for the next three years. Important issues discussed included access to IT, informing commissioning, data quality, training and ensuring the voice of the child was heard. The referrals process was being looked at again.
- 2017/18 year-end performance under the key themes for Children and Young People's Services
- Implications for Looked After Children, previously Looked After Children and Care Leavers as a result of the Children and Social Work Act 2017 which was intended to improve the support for Looked After Children (LAC), promote the welfare and safeguarding of children and make revised provisions about the regulation of Social Workers.

18. CARERS' STRATEGY IMPLEMENTATION - UPDATE

Richard Smith and Nathan Atkinson gave the following powerpoint presentation on the Caring Together action plan:-

Caring Together Strategy Aims:-

- 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.

Six Key Themes:-

- Carers Support.
- Young Carers.
- Unknown Carers.
- Publicity and Promotion.
- Training Offer.
- Quality Assurance.

Progress:-

- Memorandum of Understanding developed.
- Bite size training modules co-produced and delivered to carers groups.
- Networking and light respite opportunities provided to support carers.
- Established a triage system through a single access point shared by Early Help and Children's Care.
- Four young carers awareness sessions delivered by Barnardos to Safeguarding Leads/Year Heads from Rotherham Schools and wider South Yorkshire School representatives.
- As part of Safeguarding Awareness Week and Open Day Safeguarding Event was held at Barnardos Headquarters on 10th July, 2018.
- Two newly qualified Rotherham G.P.s met with Rotherham Young Carers Service users and staff on 19th June, 2018 to raise their awareness of issues faced by young carers and their families in accessing healthcare.
- Sarah Champion MP met with Service users and staff from Rotherham Young Carers on 22nd March, 2018.

Future Work:-

- Partnership workshop with Carers' Forum – August, 2018.
- Review of Carers Self-Assessment process and pathway.
- Strengthen carers' voice with My Front Door.
- Communication plan for engagement and involvement of carers.
- Develop Quality Assurance Standards as part of the operational framework (to deliver Care Act responsibilities).
- CYPS Commissioning and Barnardos are exploring other ways to raise awareness with G.P.'s.
- G.P.'s have bi-monthly learning event and within schools and wider services who work with children and young people.
- New Rotherham Young Carers' Service leaflet distributed widely at events, schools and libraries.

The Carers' Strategy was very comprehensive and its implementation was ambitious and exciting moving forward. Its strategic aims recognised the work with carers and support to maintain carers' health, wellbeing and personal outcomes. Additional resources had been put into the carers' workstream with new commissioning and operational leads.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Under the key theme 3 building on the knowledge base of unknown carers and how they could be identified.

It was noted that a new joint post with the CCG recognised the need to focus on work with carers and with a model in place this would focus on the challenge for those who had not self-identified. The links with health and wider networks were very important.

- Was any work taking place in schools, particularly with learning mentors, to identify young carers?

Work was taking place with Head Teachers and relationships with schools were positive. An all age approach was taken to identify young people with caring responsibilities.

- How was the action plan progressing and how was it monitored?

The action plan and strategy were ambitious documents and the Council had a statutory responsibility to publish information and guidance, to provide parity of esteem for carers and to provide preventative services. Additional resources had been provided to support the action plan. A working group had been set up to oversee the action plan and an operational steering group fed back on actions.

- How did the Strategy dovetail with the Health and Wellbeing Board and was this being monitored?

This was reflected in Aim 4 of the Health and Wellbeing Strategy which was refreshed just before Easter. A number of developments were in the pipeline to help registered carers.

Resolved:- That Richard Smith and Nathan Atkinson be thanked for their informative presentation.

19. SAVINGS FROM INTEGRATED SEXUAL HEALTH SERVICE 2019-20

Gill Harrison, Public Health Specialist, presented a report on the progress made in relation to the All Service Review (ASR) savings 2019/20 from the Integrated Sexual Health Services budget as agreed at the 28th February 2018 Council meeting (Minute No. 157 refers) which resulted in a 2.6% reduction from the overall contract value for the commissioned Integrated Sexual Health Service (ISHS).

Since 1st April, 2013, every local authority had a legal duty to protect the public's health with the Regulations stating that the Director of Public Health was responsible for ensuring that there were effective arrangements in place for preparing, planning and responding to health protection concerns. Following a tendering exercise in 2016, the contract was awarded to Rotherham NHS Foundation Trust (TRFT) with the new service, providing a broad range of contraceptive services and a comprehensive STI prevention, testing and treatment, starting on 1st April, 2017.

The savings had been profiled for 2019/20 due to the service only having recently been out to tender with a budget reduction from the original value and also due to them taking on the responsibility for the provision of contraceptive services in primary care (GPs and Pharmacy).

As part of the original tender TRFT were commissioned to provide clinics at a range of times and locations to give more opportunities to members of the public to attend clinic sessions. TRFT proposed to stop providing the newly opened Sunday clinic as it was not as well utilised as other clinics and was more expensive to run. This would result in a saving of £26,000 and the TRFT had also undertaken an equality analysis to consider the impact of the Sunday clinic cessation.

Local authorities were mandated by the Health and Social Care Act (2012) to prevent the spread of STIs including HIV prevention. Public Health had a budget of £30,000 for this work and the current contract had now come to an end. TRFT sub-contracted with a third sector organisation, Yorkshire MESMAC, who were already providing awareness raising, prevention and testing for all STIs including HIV. A contract variation had, therefore, been agreed between Public Health and TRFT to include specific HIV prevention work within their existing service. This resulted in a £30,000 saving.

The ISHS was a good service that achieved good results and had worked well with survivors of CSE.

Discussion ensued and Dr. Nadi Gupta, Lead Clinician, and colleagues, Natalie Gibbons (Lead Nurse) and Julie Bentley (Service Manager) responded on:-

- Demographics of people using the service on a Sunday.

The service was for Under 25's, a high risk group for STIs and a targeted service. Over the past year there had been 400 attendances to the Sunday clinic, which began on 1st April, 2017 and was open to males and females. Further demographic information was not available.

- Concerns about a reduction in the service.

Data from the Police website indicated 138 active CSE ongoing investigations and the service had active cases every month.

- Service impact of cutting out the Sunday clinic.

The service was currently available 7 days a week Monday to Friday up to 8.00 p.m. with clinics on Saturdays and Sundays plus outreach services in various locations. The joint integrated service saw the closure of the Sunday clinic as an option having the least impact on a broad sexual health service.

HEALTH SELECT COMMISSION - 19/07/18

- Funding arrangements moving forward, including for PrEP (pre-exposure prophylaxis) and MESMAC.

PrEP was an anti-viral drug funded by NHS England and was currently undergoing a three year trial to see if worked as a preventative measure. ISHS were involved in the national trial.

MESMAC were already providing services to vulnerable people and would work in collaboration to avoid duplication to deliver those essential services of additional HIV prevention, testing and outreach to vulnerable groups.

- Was there confidence and appropriate coverage in the free emergency hormonal contraception provided by pharmacies?

Take up had been good and work was taking place with 29 pharmacies across the borough which provided a good geographical spread.

- The new service must have identified a gap in provision which had led to the creation of the Sunday service and would there be an impact on Accident and Emergency (A&E)?

Closure of the Sunday service would be closely monitored, but it had not been set up for a targeted need in a specific demographic. Footfall and demographics for all the clinics would be closely monitored. It was noted that no other Local Authority in the Yorkshire and Humber region had a sexual health service operating on a Sunday and Public Health England did not advise doing so. However, the value of the Sunday service was recognised at a time when many people required it. There would need to be an evaluation of the impact on A & E following cessation of the Sunday service.

- Was the Sunday service picking up any CSE cases over and above the Monday to Saturday service and were there links with CYPS to meet the needs of those young people? What systems were in place regarding repeat users of EHC who were young or vulnerable people?

Young people in the under 16 cohort were always seen by a health adviser with a detailed assessment with information shared for any pathways of concern.

The Cabinet Member for Adult Social Care and Health pointed out that the decision to reduce the funding for this service was not taken lightly and was taken in the context of the savings required by the Council. £1 million had already been cut from the Public Health Grant overall for next year on top of further savings required by the Council.

The TRFT pointed out that the sexual health service in general received on average 350 calls per day, but would ensure with the reduced contract and robust management arrangements in place treatment would continue to be delivered at an early stage.

The TRFT were keen to point out that in Rotherham CSE remained high on the agenda and was a town where these kind of services required appropriate funding. The service remained concerned about the reduction in the contract, but the closure on a Sunday would help to make maximum savings with minimum impact on young people.

Resolved:- (1) That the impact assessment and progress made in relation to the ASR PH3 savings from the Integrated Sexual Health Service budget be noted.

(2) That an update be received on service user evaluation once collated and an evaluation provided on the impact on Accident and Emergency following cessation of the Sunday service.

20. SCRUTINY WORKSHOP - ADULT RESIDENTIAL AND NURSING CARE HOMES

The Chair reported on the main findings and recommendations arising from the Scrutiny workshop undertaken by the Select Commission in April, 2018 to consider residential and nursing care home for adults aged over 65.

The Council contracted with 35 independent sector care homes for adults aged 65+ with 1,709 beds available for residential care and nursing care, including residential and nursing places for people with dementia. As at April, 2018, 19 were rated as Good, 14 Required Improvement, 1 was Inadequate with one still to be inspected by the CQC.

Rotherham had 700 more beds than comparator local authorities, but most were residential beds. There was a shortage of nursing beds due to a number of homes deregistering from providing nursing care and becoming solely residential care homes. Greater availability of nursing beds could assist in reducing demand for acute services by potentially reducing hospital admissions and facilitating discharge back to the care home after an inpatient stay once the patient was well enough.

The findings were set out in the report but the key themes were:-

- Governance.
- Management.
- Operational issues.
- Finances.
- Workforces.

HEALTH SELECT COMMISSION - 19/07/18

A discussion and a question and answer question ensued with the following issues being raised:-

- Contract compliance and information sharing with individual ward councillors on care homes experiencing problems to aid queries at surgeries.

Ward Members would be given some insight into concerns in their own areas, but the detail of concerns would remain commercially confidential and sensitive.

- Process for someone becoming a Care Home Manager and the qualifications required.

The process was controlled by CQC and registration of Care Home Managers was their responsibility, but the Quality Board would be proactive regarding any concerns. Details of qualifications required would be subject to confirmation.

- Availability of training for staff in care homes, monitoring take up and application of the training.

Training and workforce development for 2019/20 was currently under review. This training would be open to care homes and any adult care provider whether they were private or voluntary. There was regular liaison with managers about specific training needs and how best the training could be taken up by operational staff.

- How was take up of the Care Home Support Service and the Clinical Quality Adviser monitored?

The service was commissioned by the CCG and overseen by key members of the Quality Board. Compliance Officers were in regular dialogue with front line staff to focus on any identified areas. Care homes need to be receptive to this service and engage. Statistics on take up would be fed back.

- How could residents and families be made aware of an expected level of care before someone went into a care home and so they recognised signs or concerns so these could be addressed and resolved quickly?

Families were welcome to look at CQC ratings for care home who worked closely with the Council. It was important that family members visited regularly and liaised with staff. Anything of concern should be fed back to the Local Authority and CQC so that it could be screened from a safeguarding perspective. Should any Elected Member be alerted to concerns these should be fed back to the Council.

In care settings it was expected that a social worker would be providing information. Self-funding and self-selection of homes by individuals presented more of a challenge. Valuable information was available on the website along with a good mixture of signposting to other organisations and information, advice and guidance would be developed further.

The Chair asked the Health Select Commission if there were any additional recommendations the Commission wished to make and there were two with regard to training and to support from the Care Home Support Service and Clinical Quality Adviser.

Resolved:- (1) That briefings should be provided for Ward Members on issues relating to any care home in their ward at an early stage.

(2) That Rotherham MBC Officers liaise with the Care Quality Commission regularly around Registered Managers in care homes to identify any potential concerns.

(3) That all care homes be encouraged to work with the Care Home Support Service and Clinical Quality Adviser.

(4) That all care home staff be encouraged to attend organised training sessions and that the take up and impact of the training be monitored.

(5) That the final report be submitted to the Overview and Scrutiny Management Board for consideration.

21. HEALTH SELECT COMMISSION DRAFT WORK PROGRAMME

Janet Spurling, Scrutiny Officer, submitted the final draft of the Select Commission's work programme for 2018/19 Municipal Year.

The overall priorities for the Select Commission for 2018/19 included:-

- Rotherham Integrated Health and Social Care Place Plan
- Adult Social Care including Carers
- Autism Strategy
- Health and Wellbeing Strategy implementation
- Social and Emotional Mental Health
- South Yorkshire and Bassetlaw Integrated Care System (Joint Health Overview and Scrutiny Committee)

Appendix 2 of the report submitted set out the proposed membership for each of the NHS Trust Quality Account Sub Groups for consideration. The membership was based on the previous year's membership to retain the knowledge developed by Members of those health partners' services.

HEALTH SELECT COMMISSION - 19/07/18

It also included the proposed membership for the new Performance Sub-Group that would meet quarterly to consider performance issues particularly where requested by the Overview and Scrutiny Management Board.

Discussion ensued on the detail and it was noted that the reducing health inequalities work may link in with the work by the Overview and Scrutiny Management Board on the roll out of universal credit and poverty flow which was still to be fully determined.

Sub-group memberships had been drafted and any Member unable to commit should contact the Chair.

Resolved:- (1) That the draft work programme for the 2018/19 Municipal year be approved.

(2) That the proposed membership for the Quality Account Sub-Groups and Performance Sub-Group for 2018/19 be as follows:-

RDaSH	Councillor Evans (Chair) Councillors Andrews, Ellis, Jarvis, Marriott and Rushforth
Rotherham Hospital	Councillor Short (Chair) Councillors Albiston, Bird, Cooksey, R. Elliott and Williams
Yorkshire Ambulance Service	Councillor Evans (Chair) Councillors Keenan, Short, Taylor and Wilson
Performance	Chair – to be confirmed Councillors Andrew (to be confirmed), Bird, R. Elliott, Ellis and Jarvis

(3) That it be noted that should any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

22. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

If anyone required a copy of the Annual Report if they contacted the Chair he would arrange for one to be circulated after the meeting.

23. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

The Chair gave an update for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee (JHOSC) by confirming:-

- The Governing Bodies of the CCGs were currently considering the hospital services review report.
- Information was also awaited on the timelines from NHS colleagues to develop the JHOSC work programme for the year.
- The Judicial Review appeal regarding the hyper-acute stroke service changes had been rejected so health partners were proceeding to implementation of the decision as soon as possible.

Resolved:- That the information be noted.

24. HEALTH AND WELLBEING BOARD

Consideration was given to the submitted minutes of the Health and Wellbeing Board held on 14th March and 16th May, 2018.

Reference was made to consultation on the proposals for the Children's Ward at Rotherham and for a regular update to be provided to the Health Select Commission.

The Cabinet Member for Adult Social Care and Health confirmed his concerns about the consultation with Councils and the need for more detail arising from the review.

Resolved:- That the minutes of the Health and Wellbeing Board held on 14th March and 16th May, 2018, be noted.

25. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 6th September, 2018, commencing at 10.00 a.m.