HEALTH SELECT COMMISSION
29th November, 2018

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

Councillor Roche was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Rushforth, Taylor and Robert Parking (SpeakUp).

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

49. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

50. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

51. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 18th October, 2018.

Resolved:- That the minutes of the previous meeting held on 18th October, 2018, be approved as a correct record.

Arising from Minute No. 40 (TRFT Quality Priorities 2019-20), it was noted that a collated response from the Select Commission had been sent to the Trust after Members had received the additional information and prioritised the long list. Overall the 5 priorities under clinical effectiveness had been emphasised the most particularly the Dementia Unit. The Quality Sub-Group would be able to ask further questions on the priorities when it met in January.

Arising from Minute No. 41 (Visit to Carnson House), it was noted that the visit was to be rescheduled as it had coincided with a CQC inspection.

Arising from Minute No. 42 (Child and Adolescent Mental Health Services Update), it was noted that the outcome of the Trailblazer bid was not known as yet.

52. COMMUNICATIONS

Improving Lives Select Commission
Councillor Jarvis gave a brief summary of the agenda items considered at the last meeting of the Improving Lives Select Commission as follows:-

- Increased numbers of Looked After Children
  Possible reasons for the increase
  Initiatives coming into place to counteract the numbers
  Increased management oversight
  Right Child Right Care
  Edge of Care Panel
  Foster parent recruitment
  63 Initiative
- Education Performance Outcomes
  Actions more aspirational rather than targets, so officers had been asked to come back with something sharper

Visits
Councillor Williams gave a verbal report on the visit to the Health Village, Doncaster Gate, Care Co-ordination Centre, Rotherham Hospital and the Adult Care Single Point of Access that had taken place on 13th November, 2018.

It was quite clear that all 3 teams had a passion/dedication for the role they were undertaking and the work they were providing. Clear benefits from having people from different teams together, included quick immediate help and advice and developing people's awareness and there was clear belief in this approach and that it was making a difference.

53. UPDATE ON ROTHERHAM INTEGRATED CARE PARTNERSHIP AND IMPLEMENTATION OF THE ROTHERHAM INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN

Sharon Kemp, Chief Executive, Chris Edwards, Rotherham Clinical Commissioning Group and Louise Barnett, The Rotherham Foundation Trust, gave the following short powerpoint presentation on Rotherham Integrated Care Partnership (Rotherham ICP) and the implementation of the Rotherham Integrated Health and Social Care Place Plan (IH&SC):-

Rotherham ICP Partners
- NHS Rotherham Clinical Commissioning Group
- Rotherham Metropolitan Borough Council
- The Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Connect Healthcare Rotherham CICI

Rotherham ICP Place Governance

- Rotherham Together Partnership
- Rotherham Health and Wellbeing Board
- Rotherham ICP Place Board
- Rotherham ICP Delivery Team – Children and Young People, urgent Care, Community, Learning Disability, Mental Health

Rotherham ICP Place Plan: 'Plan on a Page'

- Vision
- Gaps
- Challenges
- Transformation
- Enablers
- Principles
- Partners

Rotherham ICP Place Plan Priorities

- Children and Young People
  Implementation of Children and Young Peoples Mental Health Services Transformation Plan
  Maternity and Better Birth
  Oversee delivery of the 0-19 health child pathway services
  Children's Acute and Community Integration
  Special Educational Needs and Disability (SEND) – Journey to Excellence
  Implement 'Signs of Safety' for Children and Young People across partner organisations
  Preparing for Adulthood (Transitions)
- Mental Health and Learning Disability
  Deliver improved outcomes and performance in the Improving Access to Psychological Therapies Service
  Improve Dementia diagnosis and support
  Deliver CORE 24 standards for Mental Health Liaison Services
  Transform he service at Woodlands 'Ferns' Ward
  Improve Community Crisis Response and intervention for Mental Health
  Better Mental Health for All Strategy
  Oversee Delivery of Learning Disability Transforming Care
  Support the implementation of the 'My Front Door' Learning Disability Strategy
  Support the development and delivery of Autism Strategy
- Urgent and Community
  Creation of an Integrated Point of Contact for Rotherham
  Expansion of the Integrated Rapid Response Service
  Development of an integrated Health and Social Care Team to support the discharge of people out of hospital
  Implementation of integrated locality model across Rotherham
  Develop a reablement and Intermediate Care offer
  Develop a co-ordinated approach to care home support

Key Achievements

- Urgent and Emergency Centre
  Opened July 2017 delivering an innovative integrated model to improve co-ordination and delivery of urgent care provision
- Rotherham Health Record
  Enables health and care workers to access patient information to make clinical decisions
- Delayed Transfers of Care
  Successful reduction in Delayed Transfer of Care to below national target
  Supported by the integration of TRFT Transfer of Care Team and RMBC Hospital Social Work Team to form the Integrated Discharge Team
- Ferns Ward
  Provides integrated specialist mental and physical health care expertise for TRFT patients who are physically well enough to be discharged from the acute setting but are not yet well enough to be discharged home or to residential care
- Social Prescribing
  Continued success, helping adults over the age of 18 with long term health conditions to improve their health and wellbeing by helping them to access community activities and services. During 2017 it was extended to mental health patients and is now used for Autism and social isolation

Integrated Locality Working – how are we working differently?

- A joint culture of prevention
- 'Blurring' of professional boundaries
- New ways of supporting Primary Care enhanced by Rotherham Health Record
- Enhanced Social Care Assessment and Care Management
- Proactive Primary Care Programme
- Management of Long Term Conditions
- Focus on the needs of physical and mental health
- Work into hospital based services to reduce length of stay
- Improved opportunities for post discharge follow-up
- Re-alignment of GP practices across 7 localities
- Community Nursing working directly into 7 localities configures around Primary Care
- Adult Social Care and Community Health Teams (including Mental Health) working across 3 partnerships North, Central and South – aligning to 7 Primary Care Populations

Better Mental Health for All

- Rotherham Five Ways to Wellbeing launched May 2018
- International interest in the Rotherham Five Ways to Wellbeing video (https://www.youtube.com/watch?v=jb5NqV2bqGI&feature=youtu.be)

Child and Adolescent Mental Health Services (CAMHS)

- Extensive service change has led to substantial improvement in both assessment and treatment

Challenges and Opportunities to delivering the Place Plan

- Resources – capacity and capability to deliver the transformation
- Relationships – partners, public, organisational reputation, changing behaviours
- Research – challenge of transformation, impact of national and local policy, innovations

What Next

- Continue to deliver on the transformation set out in the Place Plan
- Providers working closer together across Rotherham (Provider Alliance)
- Explore and scope opportunities for joint workforce plans across Rotherham ICP partners
- Continue to monitor implementation of the Place Plan through the Performance Report

Also attached was the ICP performance report for Quarter 1.

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

- The minutes of the Place Board were submitted to the Health and Wellbeing Board, which also looked at broader issues including the wider determinants of health. Winter pressures were dealt with in a system approach

- The Place Board met on a monthly basis and was open to the press and public. It was the only Board that was open to members of the public and allowed to ask questions at the beginning of the meeting. There were at least 3-4 people who attended as well as some campaign groups

- The Memorandum of Understanding set out how the partners would work together as organisations. It was not a legal partnership but a partnership entered into because it was known that by working together they could provide a better service to the residents of Rotherham

- Rotherham Health Record – the partnership had challenged everything done and driven through the changes for the benefit of Rotherham patients. However, there were 2 GP systems in operation in Rotherham and GPs could choose which one to operate. Attempts were being made to promote the use of System 1 which all Community Services used

- Recognition that probably achieve better out of hospital services based in the locality. Discussions were still taking place as to the how and each locality was different. It was hoped a model would be ready for 1st April 2019

- The CAMHS Service was much improved with access comparing favourably across South Yorkshire

- TRFT was working very closely with the universities and colleges so there was an opportunity for people to enter health care, particularly in the nursing area, at any age, through any route and was a pilot organisation in terms of taking that forward. Rotherham currently had those associate nursing colleagues within the organisation

- There was some national funding available through different routes to support training and then the Trust employed people who undertook those roles so they received support both through the work place and the student experience depending upon which type of education they were undertaking. Through the workforce plan the Trust, together with partners across South Yorkshire and more widely, could try and influence the number of places available and how that was shaped for the future

- A visioning event had been held regarding the possibility of converting an old caretaker's house within the Wingfield Ward into a nursery unit to deal with SEND/primary aged mental health problems. Advice was now needed as to who to contact to pursue the matter

- Partner organisations were working together on the Mental Health Services and currently challenging the Government about some of the funding received particularly for primary schools and secondary schools

- There was recognition around closer work on Mental Health Services with schools. If successful the Trailblazer bid would provide investment in schools which would allow big differences to be made in working in a more integrated way

- Access to the CAMHS Service had increased significantly with extra capacity put into the Service. The Service was now dealing with referrals from GP surgeries significantly better than previously although some of the pathways were still not where one would want resulting in waits for specialist areas

- CORE24 would be an enhanced service based in the Urgent and Emergency Care Centre at the Hospital and implementation was a national requirement, with Rotherham one of the Trailblazer areas. However, workforce was an issue for Rotherham and implementation

had been expected this quarter but had slipped due to significant problems in recruitment of staff. All staff were now in post and the enhanced Service would commence on 7th January, 2019

- Currently there was a 4 weeks wait from GP referral for assessment. If there was a crisis in the intervening period the client would be referred to the Crisis Team

- Clarification was sought with regard to the Crisis Services for CAMHS as opposed to Adult Services

- CORE24 would be an enhanced service based in the Urgent and Emergency Care Centre at the Hospital

- The jointly funded post, referred to in CH1.5, which was due to start in September 2018, was related to the Trailblazer bid the outcome of which was still awaited

- Significant investment been made in NHS ICT systems over the years with still more work needed to be done for it be fully interoperable. There was a digital plan for Rotherham and work was taking place to get the Rotherham Healthcare Record to work with the aid of innovative technology which allowed Rotherham professionals to see the record of Rotherham patients

- Better Births was a requirement by 2021 for Rotherham to come up with some key requirements to transform Maternity Services. It would have to offer 3 different types of setting for births and continuity of care for up to 50% of mothers. Rotherham currently had a quite small home birthing service and would look to enhance it. Nationally, data stated that approximately 10% of mums wanted to access a home birthing service and 40% of mums would wish to access a Midwifery-led Service. The current draft plan would look to have an "alongside midwifery-led unit" based at the hospital, an environment that was midwife-led but close enough to consultants if needed, and also have a consultant-led service as there currently was. There would be investment in the Service in the coming year to facilitate the developments. The final plan was expected in April 2019 and could come back to HSC for feedback

- As part of the South Yorkshire and Bassetlaw Integrated Care System, notification had been received of funds to help transform services over the next 3/4years. The funding would be for the retraining of staff, recruitment of new professionals, different ways of working and resources to develop the transformation plan. The funds would be one-off for 3 years

- The Mental Health 3 KPIs that were red:-

  Improving Access to the Psychological Therapy Service - increase the number of trained staff and performance had improved significantly – now on track in Quarter 3
  Urgent Response - tied in with CORE24 development – once all the staff were in post and rolled out live it should be on track
  Length of Stay on Ferns Ward – the model of Ferns was about reducing the overall hospital inpatient stay. The target was to stay in Ferns once transferred from the Hospital Trust was taken into consideration. The evaluation had come out very positive in terms of the patient and carer experience, quality of live and living independently with supporting packages in place. This would be taken into consideration for the new model and would be discussed with TRFT and the RCCG. The length of stay may increase when all factors are taken into account

- The recruiting of staff for Urgent Response was difficult and even more so with the extra challenge of initiatives such as CORE24 and perinatal work that required staff that had very specialised skills and everyone recruiting from a relatively small pool

- There was a range of drop-in support and activities taking place in Ferns. There was the opportunity for ex-patients to come back into the use for ongoing support

- The 4 week wait from GP referral to assessment was the time contracted with RDaSH. In Sheffield it was 6 weeks. However there appeared to be some disconnect between the information presented and anecdotal evidence from colleagues on the ground

- Rigour of the performance data:-

  RCCG - there was a legal requirement for providers on how they recorded data and waiting times. RCCG quoted the data they were provided with

  TRFT - had a series of documents that specified how it should collate and capture data and well as some local data which the Trust defined for themselves and captured. The Trust had developed an internal data quality kite mark with 6 elements that enables it to understand what the source of that information was, understand the definition, how it was pulled together and how reliable it was and presented the kite mark against each Indicator that was seen at Board level. That gave a level of confidence as to how robust the performance information was. The aim was to be “green” on all kite marks against every piece of data in the organisation and it was prioritised in order of importance in terms of reporting

RDaSH - Mental Health Services had national guidance on reporting mechanisms which stated what could be included and not and how things could be counted. RDaSH had moved to System 1 so all the reporting was pulled out from the system and no manual collection of data, making it clearer what was recorded where and how

- Concerns were raised about access to GPs, obtaining appointments and being able to address a patient's health needs holistically and any knock on impact on the UECC

- There was a national shortage of GPs. Roughly the national average was 58 GPs per 100,000 population; Rotherham had 58.6 compared with 70 in Sheffield

- Last year Rotherham was the only one to have a full GP trainee scheme in Yorkshire and Humber. However, once trained they did not have to stay in Rotherham and could move where ever they wanted

- RCCG had to carry out a national survey, Rotherham Patient Report. Out of the 5 South Yorkshire communities Rotherham had the highest satisfaction rates. Whilst comparing, additional GPs could not be found so the solution adopted was that of a different workforce i.e. Physio First, pharmacists in practice, Physician Associates. It was found that fewer patients would see their GP and would try other professionals such as an Advanced Nurse Practitioner. Primary Care was changing and it was not just GP services but the wider primary care services

- GP Practices were different; some had open access/appointments/telephone triage. One of RCCG's solutions had been an additional 132 GP hours' time that anyone could book into at different hubs – 3 different GPs covering Rotherham on a shift system. It consisted of planned appointments that anyone could book into. This had come into operation in November and was available to everyone at every practice. People would book an appointment through their own practice

- An appointment had not been made to the post of lead officer who would be responsible for the implementation of the Joint Preparation of Adulthood Action Plan. A number of changes had been made to the method of dealings with some of the transition services both as a partnership and internally as a council. There was now a workforce lead for the Council who was also acting as the lead across the whole Integrated Place Plan in an attempt to bring together the workforce challenges. There was a theme across some of the red indicators of accessing staff with the right skills and availability

- There were some key challenges around the workforce that would need to continue to be addressed some of which would involve doing things differently with the universities and college and being creative with the use of funding such as the apprenticeship levy

- A piece of work had started with the Mental Health and Learning Disability Transformation Board looking specifically at suicide prevention and reviewing the recent cases of suicide. Rotherham was an outlier in terms of suicide. Training plans were in place to train front line staff

- There would be a specific piece of work through the delivery group to look at some of the issues of suicide. Rotherham had been shown as an area of good practice in its suicide prevention work, however, the suicide rates were still increasing. It was seen as a key area to examine and Public Health was very driven. Rotherham was to receive ISC funding and Housing were looking at suicide rates in Council housing. Work was taking place on reviewing and trying to tie up the 5 Ways of Mental Wellbeing into near misses and having a much clearer pathway for organisations to look at near misses alongside involvement of GPs

- The review of training requirements for care home staff to enable effective delivery of service had been led by the TRFT and Adult Services in terms of contract compliance to identify where there were issues. It had been identified that the turnover of staff made it really challenging to retain the information given during training, so the focus would be on the individual and that the individual's care plan was very clear about how their care and treatment was delivered. That had shown a real difference to the sustainability of good care for that individual rather than it being about teaching staff

- Clarification was sought about Rotherham Opportunity College and availability of placements

Resolved:- (1) That the general update on the Rotherham Integrated Care Partnership and Integrated Social Care Place Plan be noted.

(2) That the Select Commission continue to monitor progress.

(3) That when the Scorecard for Quarter 2 becomes available it be submitted to the Select Commission for further scrutiny in the Performance Sub-Group.

(4) That the crisis arrangements for the CAMHS Services be clarified and reported back to the Select Commission.

54. ROTHERHAM CGL DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICE

Lucy Harrison, CGL, and Anne Charlesworth, RMBC, Matt Pollard, RDaSH, gave the following powerpoint presentation:-

Successful Opiate completions
Defined by Public Health England as:-

- Drug free, alcohol free or occasional user (not opiate/crack) discharges in the previous 12 months as a proportion of all clients in treatment in that period (latest treatment journey used)

Representations defined by Public England as:-

- All drug free, alcohol free and occasional user (not opiate/crack) discharges 6-12 months ago who have re-presented within 6 months as a proportion of all drug free, alcohol free and occasional user (not) discharges 6-12 months ago (latest treatment journey used)

Rotherham's Performance
Since April 2018 – contract commencement

Month	Opiate successful exists	Representations
April	5	2 (June & September)
May	7	0
June	1	0
July	4	0
August	1	0
September	2	0
October	9	0

Our Approach: Evidence based optimised prescribing

- Staff training and education events – using data and service information
- Medication dose review for all Service users – highlighting those on 30 ml Methadone or less daily or 6 mg Buprenorphine or less daily and not using illicitly on top
- Reduction and detox options discussed with Service users
- A number of models of detox and reduction – Service user lead and clinically safe – our primary detox offer is a 2 week front loaded Buprenorphine detox with intensive wraparound PSI and clinical support – detox takes 12 weeks from commencement to completion
- Engagement with Shared Care Practices – same offer with GPs offering the detox or a reduction (less than 12 weeks) this is supported by the Shared Care Worker in the practice
- A clear offer for sustained recovery through Foundations of Recovery and support from peer mentors, Mutual Aid and the recovery service

Our Target

- To continue to support Service users through a range of clinical and psycho-social interventions aimed at supporting individuals to successfully exit patterns of addiction and ongoing prescribing into sustained and positive recovery and abstinence from opiates and medication
- To deliver on Rotherham's ambition to pull the rate of recovery from opiate dependence up to that in comparable areas of England – 1.5% year on year is the improvement needed to do this but starting from a challenging position

Discussion ensued with the following issues raised/clarified:-

- CGL had found that some of the users were on an suboptimal dose i.e. they were on a dose of Methadone of 50-45 ml which meant that they were buying Heroin illicitly on top of their Methadone prescription. This stopped them from engaging in treatment, they may be committing crimes and it was quite unsafe and could actually contribute to the risk of drug related death. Those Service users were not detox or reduction ready because they were still using opiates illicitly on top of a prescription so their Methadone dose had been increased. There was a clinical intervention where their use on top of their prescription was discussed, review their dose and look to increase that to a dose that helped that person physically so they would not need to use Heroin on top. When the Service was confident that that person was stable they would be reviewed and look to reducing the prescription to 30 ml

- There were a number of different clinical approaches depending upon the Service user and where they were on their recovery journey i.e. whether they had an illicit dose on top, health needs etc. and discussed with a clinician as to whether they were detox appropriate

- There were a large number of users on 40 ml or less and not using illicitly so they would be the next cohort of Service users to be worked with

- The targets in the CGL contract with regard to waiting times were the same as those in the previous contract i.e. to see someone within 21 days of presenting to the Service. The contract record had always been excellent. If there was a dip in performance when analysed it was usually due to a couple of people who had not kept their appointment due to holidays etc. There was the ability to drill down in the numbers in more detail

- The availability of Service had increased to include 2 late nights a week and a Saturday morning to ensure there were less barriers for those who worked being able to access the Service

- The issue of Spice usage was known across South Yorkshire but was more prevalent in Doncaster and Barnsley than probably Rotherham and Sheffield. It was something that was monitored with the Service provider regularly, however, there was no visible Spice issue and users were not coming into the Service at the moment nor had it been seen through the Community Safety elements. CGL had a package in place for Spice users with different interventions workers could offer and a clinical prescribing package

- The use of Spice was most prevalent in prison and rough sleepers. It was felt that, due to Rotherham having a smaller cohort of rough sleepers, this was partly why the numbers were not being seen as they were in the bigger cities

- The transition of Service to CGL had been extremely smooth, facilitated by RDaSH, and had picked patients up very quickly. The contract was now 6 months in. There was still concern regarding the number of opiate exits to meet the annual target, however, it was acknowledged that it had to be a safe service and that it took a little longer. CGL had responded by offering a quicker detox package

- CGL had had an unannounced CQC inspection the previous week. A meeting was taking place later to discuss the initial feedback

- The performance report demonstrated the level of detail that could be achieved with the Service. All Drug Services across the country had to feed into the National Drug Treatment Monitoring System (NDTMS). If a Service user presented themselves to any Service in the country/prison service it would be seen through the NDTMS as all the systems were linked up across the country. It was a very complex system where you could see patterns. There were persistent areas that had performed really well under RDaSH, some of the reds were quite arbitrary and the figures not as bad when drilled down. It was known what the key areas were e.g. more work requiring on making sure Service users had their vaccinations for Hepatitis, waiting times for non-opiate users and those Service users who had been in receipt, of treatment for a long time

- There was a lot of fear in the opiate using population that if they left treatment and the treatment offer on the table 5-10 years ago they would never get the same treatment offer again. This was a real fear and driving force in people not leaving treatment

- CGL also included a narrative report which gave more of the Service user voice. This could be shared with the Select Commission

- The Service User voice was really important and would be in the CQC feedback. They interviewed 18 Service users during their inspection. Service users were spoken to, feedback mechanisms for Service users and they get feedback from Service Manager. It was a peer-led

service so if someone went to the front door they would be met by Service users that had been through the system and who were really helpful in gathering feedback and giving a warm welcome and removing any stigma

- A client's mental capacity was assessed at assessment where they would be asked questions and given the opportunity to disclose anything that had impacted on them. It was not measured but there was anecdotal evidence and national figures around the number of female users that had been sexual abused as children and Adult Service users that had been through the care system at some point. All workers had worked in substance misuse for a number of years and knew how to ask the questions and refer to the relevant support systems

- The manager was a member of the Suicide Prevention Working Party and the service had a toolkit that could be used to support service users

- Deaths of Service users was closely monitored and fed in through Adult Safeguarding. The outstanding feature of the deaths since the previous report in September had been a number of people that died in Rotherham Hospital of a number of long term conditions many of which related to alcohol. There had been one incident of a Service user's suicide

- CGL offered predominantly urine screening as part of the Service offer but could offer oral testing and Spice could be included

- There was a national alert system around strong, weak or contaminated batches of drugs. Over the past 2 years there had been an increase in incidences of Heroin mixed with Fentanyl which had been the cause of a number of drug related deaths in the North-East of the country. There was a Fentanyl approach within the organisation and it would be reported through the system

- Clear pathway for those with substance misuse issues and mental health issues following from the recommendations of the scrutiny review

- RDaSH and CGL had been working to ensure the pathways were correct between the Services. A significant number of those who presented to substance misuse services would have additional mental health and physical health needs and a number who presented to secondary care mental health services used substances. There was a very clear responsibility for mental health services provided by RDaSH where people had significant mental health needs to be the lead agency in supporting users and care planning

- If someone was in contact with Mental Health Services and subject to a Care Programme Approach (CPA), they would have a whole plan of care around them including contact numbers for emergency services, Crisis and, if were being encouraged to access CGL Services, CGL staff would be encouraged to support them in that process. It was part of the role of the Care Co-ordinator to hand hold

- Rotherham also had involvement of GPs through the Shared Care approach for opiate use treatment and clear pathways for referral or self-referral to IAPT. They were still working on the front end part and would have a joint training programme for staff to bring everything together

- As part of the initial risk assessment process and ongoing risk assessment review for Mental Health Services was to ask questions about domestic relationships/any difficulties with relationships. Often tactfully phrased but the point was to find out whether there were any immediate risks both in terms of safeguarding and whether there was historical stuff that needed to be dealt with. This would link to with work on suicide prevention and impact of past trauma or abuse

- CGL asked questions regarding domestic abuse and perpetrators but in a very tactful way and they did have perpetrator programmes that could be delivered if they had the numbers. The data was not reported on the scorecard but was collated on the system

- CGL was also a member of the MARAC.

Anne, Lucy and Matt were thanked for their presentations.

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

(2) That a monitoring report be submitted to the Select Commission in June 2019.

55. UPDATE ON HEALTH SELECT COMMISSION WORK PROGRAMME 2018-19

Janet Spurling, Scrutiny Officer, presented an update on the Select Commission's work programme for 2018-19 providing options for potential spotlight reviews and for the work of the Performance Sub-Group.

Discussion included:-

Select Commission/Spotlight Reviews
Further update on RDaSH Estate Strategy
Enablement/Reablement
Transition from Children's to Adult Social Care Services – joint work with Improving Lives Select commission
Local Maternity Plan
Potential Service changes at Rotherham Community Health Centre on Greasbrough Road
Implementation and impact of Service Changes
Changes to Intermediate Care and Learning Disability Services

Performance Sub-Group
Joint Outcomes Framework for Locality Working
Urgent and Emergency Care Centre measures
Rotherham Integrated Health and Care Place Plan measures - Quarter 2 Scorecard
Implementation and impact of Service Changes

Following from the issues raised earlier in the meeting around primary care, reference was made to the previous scrutiny review that had looked at Access to GPs and the information provided for the meeting in March 2018. Localised data sets including disaggregation by equality protected characteristics would be useful and more information about how the appointments in the three hubs are communicated to patients.

Members suggested other potential items for the work programme - data around suicides and suicide prevention work and autism provision for primary aged children, including possible visits to other local authorities including Sheffield.

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

(2) That the link to the National Survey of Patients be circulated to Select Commission Members.

(3) That the summary of the previous Scrutiny Review of GPs be circulated to Members.

(4) That Members send Key Lines of Enquiry regarding General Practice to Janet Spurling, Scrutiny Officer, in preparation of the February meeting.

56. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

Resolved:- That the Chair extend an invitation to Tony Clabby, Chair, Healthwatch Rotherham, to attend the meeting.

57. 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 by confirming:-

- JHOSC had met in October the agenda for which had included the SY&B ICS and the next steps in response to the Hospital Services Review recommendations through a strategic outline business case

- Members had emphasised the importance of public engagement and improving communication

- Assurance had been sought that the plans would be delivered within resources and that they would address health inequalities and the variations in performance between hospitals

- Further information was required and provided after the meeting and could be shared with the Select Commission i.e.

  Progress update on changes to Hyper Acute Stroke and non-specialised Children's Surgery and Anaesthesia
  Communications and engagement plan
  More information with regard to the workforce issues raised in the Hospital Services Review

- The next meeting would be held in January/February 2019

In relation to the South Yorkshire and Bassetlaw Integrated Care System the cover report had stated that "Integrated care system leaders gain greater freedoms to manage the operational and financial performance of services in their area".

Clarification had been sought as to what was meant by "greater freedoms".

From the Memorandum of Understanding agreed nationally this meant that local systems that were working well had greater freedom in how they ensured extra funding and support got to where it was needed in local communities.

Resolved:- That the information be noted.

58. HEALTH AND WELLBEING BOARD

Consideration was given to the submitted minutes of the Health and Wellbeing Board held on 19th September, 2018.

Resolved:- That the minutes of the Health and Wellbeing Board held on 19th September, 2018, be noted.

59. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 17th January, 2019, commencing at 10.00 a.m.