Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission and Integrated Care Partnership
	DATE:	23 January 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Outcomes of Workshop on refresh of Rotherham Integrated Health and Social Care Place Plan

1. Background

1.1 **Present**: Cllrs Keenan (Chair), Bird, Cooksey, R Elliott, Ellis, Jarvis, Short, Vjestica and Walsh

1.2 **Apologies**: Cllrs Andrews, Bird, John Turner and Williams

1.3 **Attendees**: Cllr Roche; Ian Atkinson, Lydia George and Gordon Laidlaw (Rotherham Clinical Commissioning Group [RCCG]); Nick Leigh-Hunt and Terri Roche (RMBC); and Chris Preston (The Rotherham Foundation Trust)

1.4 **Aim of the session**

This was an opportunity for Scrutiny to consider and comment on the draft of the refreshed Rotherham Integrated Health and Social Care Place Plan, in particular on:

- the general thrust of the plan
- priorities and focus – including any perceived gaps
- specific issues in relation to any of the three transformation workstreams
- delivery and governance arrangements
- measuring success

2. Key Issues

2.1 Following a brief introduction from the Cabinet Member for Adult Social Care and Health, a presentation set the context and covered key aspects of the refreshed plan:

- Integrated Care Partnership (ICP) – joint focus where able to maximise impact
- Achievements and successful initiatives from the 2018 plan
- NHS Long-Term Plan and other inputs to the refresh
- Examples of how public/patient views had informed the plan
- National and local challenges
- Main changes from the previous plan
- Priorities for Children and Young People; Mental Health and Learning Disability; and Urgent and Community Care – 2018 and updated for 2020
- Prevention

2.2 Copies of the draft plan had been circulated in advance of the meeting to the Health Select Commission (HSC) and Members acknowledged the comprehensive nature of

	the plan and the strong partnership working behind it that characterises both the ICP and the Health and Wellbeing Board (HWBB) in Rotherham.
2.3	The continuation and evolution of several priorities from the previous version, albeit with a shift in focus to reflect the next steps in transformation, were welcomed. Recognition was also given to the fact that some workstreams, particularly under Urgent and Community Care, were longer term ones to deliver over a number of years.
2.4	HSC has long advocated the importance of prevention and early intervention and viewed the establishment of the new prevention enabling group as a positive step. The strong focus on mental health across all ages was applauded as this has been a prominent aspect of the Select Commission's work programme over time and will continue.
2.5	Members noted the intention to use existing metrics, such as those in the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework. They could see where issues explored in their recent workshop on the ASCOF regarding mental health and learning disability, which will necessitate a partnership approach, were reflected in the plan.
3. Key Points Discussed	
3.1	**Primary Care** Many changes have been introduced in primary care, with progress made on improving access through the extended hours for appointments and weekend hubs. Questions were asked about whether usage and impact of the hubs had been revisited as the HSC were aware there had been some under-utilisation and a need for more awareness raising about them with patients and some practices. Three hubs had been in place for six-nine months and weekly data was produced on usage. Weekday take up was fine but there was work to do regarding Sunday appointment as these were less popular with public although they were a national requirement. 85% usage was seen over the three week Christmas period and good use of Physio First. Consideration was being given to the introduction of an additional hub and it was confirmed that HSC would have a report on developments in primary care and the Primary Care Networks in 2020-21.
3.2	**Social Prescribing** The benefits and positive impact of social prescribing were acknowledged but a couple of concerns were raised. One was an example of a person for whom swimming had been prescribed but the person was unable to go without a carer, for whom there was a charge. It was asked whether this could be looked at and possibly linked in with the review of Rothercard. The second was that some courses/activities were for 12 weeks and what happened after that period if there was a need for continuing support. It was confirmed that activity was usually commissioned in three month blocks with checks to see whether the social prescribing had been beneficial. It was a case of not creating a dependency culture but not leaving people without support when the commissioned activity ended.
3.3	**Alcohol Licensing** Members were keen to ensure that partners were measuring the impact of activity and initiatives so the ICP and HWBB know they are making a difference. In terms of alcohol licensing it was very early yet regarding the new toolkit and challenges to requests for a licence to be granted. One of the longer term measures would be in relation to alcohol-related admissions to hospital.

3.4	**Children and Young People (C&YP)** Members felt that the priorities for C&YP blended together including the critical first 1001 days and stressed the importance of getting in early to help young people. Looked After Children therapeutic care was highlighted as good, with the 12 month intensive intervention programme a lifeline for foster carers. Concerns were expressed about future funding for that programme and whether the funding programme would be looking at therapeutic care as a whole as part of preventative work. A further point was that as Troubled Families funding was also changing this all needed to be looked at in the round. Therapeutic care was delivered through both Child and Adolescent Mental Health Services (CAMHS) and by the Council in-house for Looked After Children. RCCG confirmed they were not looking to reduce CAMHS and would welcome joint dialogue in relation to all therapy to integrate and where possible get better value. It was confirmed that the gaps in the plan for outcomes, milestones and KPIs for priorities 4 and 5 would be completed before the plan went for final approval. Members requested the final draft document.
3.5	**My Front Door** There was a view that more clarity and detail was needed on page 55 in relation to activity to support carers and it was agreed that this would be looked at.
3.6	**Autism Spectrum** HSC felt strongly that autism should be seen as a discrete issue from learning disability and mental health and as such recommended that the title of the transformation group should be changed to be Mental Health, Learning Disability and Autism. A question was asked about help and support for all, including people with autism who were high achievers. There had been less focus on high attainers, but the new strategy would be all age and the key would be post diagnosis support and core services.
3.7	**Digital** Opportunities created by digital technology were outlined for Members - digital enablement of processes; digital channel – access to information and advice linked to the Rotherham App; and Population Health Management – mapping patient needs and patient journeys to avoid bounce backs and decide where to invest in the future. In terms of a question regarding how well RMBC was linking in with digital technology for health and social care, social workers are able to access relevant information on the Rotherham Health Record and further dialogue could take place on other developments. Staff education on digital was needed as well as public and digital inclusion/exclusion had to be considered. Conversations were taking place regarding including and building up information on prevention, starting by looking at different cohorts and population, which will facilitate achieving the desired outcomes.
3.8	**Healthchecks/Lifestyle Advice** Clarification was sought on whether GPs should be able to provide diet sheets and/or exercise plans for patients if they have advised patients to lose weight or exercise more. GPs are not commissioned for NHS healthchecks now so people would go to Get Healthy Rotherham who then direct people e.g. referral to slimming world for 12 weeks. GPs provide information and there could be links with the App to build in practical help. A network meeting would be discussing how people raise issues and have access to

	information as there was plenty of lifestyle information available. This could be considered under Making Every Contact Count training to support Primary Care about health chats and was something to consider under new patient assessments.
3.9	**Financial and Workforce Challenges** Members explored issues around national workforce shortages for certain health specialties and how quickly people would be trained and come through in to the workforce. Partners were developing different staffing models through a combination of strategies. For example, the creation of more joint posts helped as staff often tended to move from one provider to another within a local area. Tight standards were set around staffing numbers and health so there was use of agency staff to adhere to these. In light of the stated RCCG efficiency challenge of £10-12m p.a. HSC inquired what this would mean for patients and services. For 2020-21 efficiencies would be 2.5% which was mid pack and the efficiency challenge had been around £12m p.a. in the last two or three years. It was a question of retaining quality and improving productivity, taking account of demands from the centre and local health needs. New models of care were being looked at, such as more same day care. Assurances were given that all schemes were risk assessed. The efficiencies required were not unreasonable although challenging with some potential hard decisions.
3.10	**Perceived Gaps** Members raised the following issues for greater potential focus in the plan under the work on prevention - - gambling - marijuana use, especially in young people - e-cigs/vaping, again in young people - vaccination and inoculation The refresh of the plan had been closely mindful of the NHS Ten Year Plan and could not cover everything. However, work on gambling was undertaken already under the auspices of the HWBB. Similarly, substance misuse was an existing separate workstream but not included in this plan and Public Health monitored changes in patterns of substance misuse. Responsibility for vaccination and inoculation sits with Public Health England, NHS England and our Health Protection committee. Locally there were good rates and there was an existing corporate target.
3.11	**Wider determinants of health** HSC are fully aware of the importance of these, especially quality housing, as a major factor in terms of good health and asked if any work was being done to track the health impact of introducing Selective Licensing. Responsibility for Selective Licensing sits under the portfolio holder for Housing and as such does not constitute a direct element of the Place Plan. Nevertheless, the removal or improvement in category hazards such as tackling cold and damp would lead to health improvements. The updated Joint Strategic Needs Assessment would include more ward-level data once the new boundaries were in place and in the longer term population health management data may support this.
4. Recommendations from the Workshop	
4.1	That consideration be given to renaming the Transformation Group as the Mental Health, Learning Disability and Autism Transformation Group to give Autism greater recognition as a discrete issue.
4.2	That the issues raised in section 3 be considered by the Integrated Care Partnership for

	inclusion within the plan or in existing workstreams as appropriate.
4.3	That a further update on the development of Primary Care Networks and transformation of Primary Care be presented to the Health Select Commission in 2020-21.
4.4	That the final draft of the refreshed plan be circulated to the Health Select Commission.
4.5	That following consideration of this paper written feedback is provided to the Health Select Commission for its meeting in March