

**ADULT SOCIAL CARE AND HEALTH  
20th October, 2014**

Present:- Councillor Doyle (in the Chair) and Councillor Andrews.

Apologies for absence were received from Councillor Pitchley.

**H10.       DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**H11.       MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 22nd September, 2014.

Resolved:- That the minutes of the meeting held on 22nd September, 2014, be approved as a correct record.

**H12.       WORKPLACE HEALTH PROGRAMME**

Andy Turner, Workplace Health Advisor, Rotherham Public Health, reported on the Workplace Wellbeing Charter launched by Public Health England in June, 2014.

The Charter was a national framework for local Health and Wellbeing Boards to use as part of their work to address the health and wellbeing of adults. Utilising the national framework would allow the Authority to engage businesses and local Chambers of Commerce into making Rotherham's workforce healthier. It would contribute to improving the health and wellbeing of working age people through promoting the positive links between health and work and helping more people with health conditions to stay in or return to employment.

The Charter came in 3 levels each containing different standards to achieve. Each of the 3 levels would consider issues such as leadership, sickness management, awareness of alcohol and drug misuse, smoking, sexual health, mental health and stress, healthy eating and physical activity.

The assessment contained standards under each of the main areas that an organisation could address to improve the health and wellbeing of their employees. The purpose of the standards were to provide a guide as to what steps could be taken and give an indication of where an organisation may need to improve or where they were doing well. Under each area, the standards were separated into 3 categories:-

Commitment – the organisation had addressed each area and provided employees with the tools to help themselves to improve their health and wellbeing

Achievement – having put the building blocks in place, steps were being taken to actively encourage employees to improve their lifestyle and some basic interventions were in place to identify serious health issues

Excellence – not only was the information easily accessible and well publicised, but the leadership of the organisation was fully engaged

The categories were there to provide a general overview as to how an organisation was performing in each area.

The Charter assessments would be delivered by Rotherham Occupational Health Advisory Service as well as support for participating businesses. Early engagement would focus on supporting small/medium enterprises and businesses furthest from achieving the standards.

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

- Initial discussions with the Council's Human Resources regarding the Council's approach
- The risks associated with the initiative were the failure of businesses signing up to the Charter
- Support would be given in the employee's actual workplace at their convenience

Resolved:- (1) That Cabinet be requested to recommend to Council the adoption of the Workplace Wellbeing Charter.

(2) That Rotherham employers be supported in delivering the Workplace Wellbeing Charter as part of the Rotherham Public Health Workplace Health Service.

(3) That the report be referred to the Health and Wellbeing Board.

### **H13. ROTHERHAM REGIONAL INDEPENDENT PEER PERFORMANCE ASSESSMENT 2014 - ADULT SOCIAL CARE OUTCOMES FRAMEWORK**

Scott Clayton, Performance Improvement Officer, presented the outcome of the above Assessment which was carried out by the Association of Directors of Adult Social Services Standards and Performance Officers as part of the Yorkshire and Humberside Sector Led Improvement Model.

It was Rotherham's third independent assessment and clearly demonstrated a positive picture of Rotherham's direction of travel. It also illustrated how Rotherham compared with others in the region and its statistical neighbourhoods, the areas of strengths and areas for further

investigation. Rotherham had improved in 14 out of 18 national Adult Social Care Outcomes Framework (ASCOF) measures over the last 12 months and 16 over the last 2 years.

It was noted that the continuing budget pressures and drivers for efficiencies may have a negative impact on future performance; each efficiency proposal would set out the impact for customers and performance. The Care Bill set out a number of new requirements over the next 2 years and guidance was still being developed, however, the implementation may impact on performance.

The current issues regarding Child Sexual Exploitation and the Alexis Jay report may have a negative impact on the 2014/15 service user and carer surveys perception measures.

Discussion took place on the results with the following clarification/issues raised:-

- Performance Officers linked in with RDaSH with regard to the reporting of statistics e.g. mental health employment as well as the wider operational team to discuss what could/what was being done. However, it needed to be broader than just 1 organisation
- The Indicator as reported in the ASCOF only dealt with those 'higher needs' service users supported under the "Care Programme Approach" who were in paid employment. Additional support taking place that was not 'countable' within the ASCOF measure was not reflected.
- 15 Yorkshire and Humber authorities were part of the ASCOF rankings reflected in the report
- There had been engagement with Health colleagues, both at the hospital, CCG and RDaSH with regard to delayed transfers. Rotherham was still in the top 25% of all Councils but there had been a deterioration in performance. However, discussions had taken place and ascertained that RDaSH believed they were underreporting in an area

Resolved:- (1) That the report and the positive picture for Rotherham and the plans to address areas for further investigation be noted.

(2) That quarterly updates be submitted together with the performance monitoring reports.

#### **H14. THE GATE NEW REGISTRATIONS- SCREENING PILOT PROPOSAL**

Dr. John Radford, Director of Public Health, presented details of a proposed 2 year pilot scheme to provide an initial health assessment for vulnerable communities who had not yet registered with a GP.

The Gate Surgery specialised in supporting those who had difficulty accessing mainstream Health and Social Care Services. The Service would work flexibly and proactively across a range of complex and interlinked issues affecting adults and families at greater risk of or experiencing poor health, substance misuses, risk of neglect or sexual exploitation. It was essential that a clear health and safeguarding framework was development for assessment of the population group concerned and a strategy in place to limit the spread of infections and protect the most vulnerable from harm.

The proposed assessment would cover:-

- Identifying and reporting any safeguarding and social issues (including but not limited to language and learning needs/disability, risk of domestic abuse)
- Collecting a general medical history
- Baseline observations (height, weight, waist circumference, blood pressure, baseline bloods as required, children's growth pattern initial observation)
- Identification and treatment of any existing long term conditions requiring ongoing medication
- Bringing childhood immunisations/vaccinations up to UK schedule
- Risk assessment and testing as necessary for blood borne viruses (Hepatitis B, Hepatitis C, HIV), Syphilis and Gonorrhoea
- Tuberculosis testing was required
- Rubella susceptibility testing
- Identifying cervical cytology history/needs
- Contraception/LARC was required
- Onward referral to health services (e.g. health visiting and dental health services) and other support (English language lessons, living in the community training) as necessary
- Onward referral to Social Services as appropriate
- Introducing the new arrival to the different health services in Rotherham and appropriate use of them

If the individual had not registered with a GP already, a list of practices near their home would be provided. Confirmation of the assessment and a report would be given to the individual to pass to the general practice where they wanted to register.

Resolved:- (1) That the establishment of a 2 year screening pilot for people not registered with a GP be approved for those who registered at the Gate Surgery.

(2) That the funding of the pilot from non-recurrent savings in the ringfenced Public Health monies be approved.

(3) That a 6 monthly progress report be submitted to the Cabinet Member.

(4) That the report be referred to the Health and Wellbeing Board for information.

#### **H15. SUPPORTING PEOPLE FLOATING SUPPORT SERVICES COMMISSIONING INTENTIONS**

Claire Smith, Operational Commissioner, submitted a report regarding the 14 floating support services contracts which would be coming to an end on 31<sup>st</sup> March, 2015.

The Services had previously been commissioned through a competitive tender process in 2010/11 and commenced on 1<sup>st</sup> April, 2011 for 3 years with the option to extend for a further year subject to performance and quality.

The current overall cost of the 14 floating support services was £1,368,000 with a capacity of 2,033 at any one time.

Since 2011 the Supporting People Team had worked closely with Service providers to continue to make efficiencies as a requirement of the annual budget matrix exercise contributing to the Council's overall deficit. As at 1<sup>st</sup> April, 2014, a further £303,000 savings had been made across the 14 floating support services.

Commissioning activity to re-tender the floating support service had been suspended in order to ensure that provision reflected the Council's requirements to consider all options for effective, efficient, value for money services that were strategically relevant and only met the needs of the most vulnerable. In July, 2014, the Supporting People Programme was presented under the internal budget challenge process and proposals made to ensure that Council's directives were achieved as well as ensuring services were not duplicated and promoted prevention and early intervention.

The timescales for this piece of work would be approximately 12 months to facilitate a successful conclusion.

Concern was expressed that this had not been raised earlier and included as part of the 2015/16 budget process. It was noted that discussions would take place to ensure that a timetable was in place to coincide with the budget setting processes for commissioning of services.

Resolved:- (1) That an extension of the current floating support contracts be approved for a period of 6 months from 1<sup>st</sup> April, 2015, to 30<sup>th</sup> September, 2015, in order to meet the commissioning actions required.

(2) That a commissioning timetable be drawn up which would run parallel with the Council's budget setting process to avoid any further extension of contracts where possible.

**H16. SCRUTINY REVIEW: ACCESS TO GPs**

Dr. John Radford, Director of Public Health, reported on the response of NHS England, the GP Service Commissioner and Rotherham Clinical Commissioning to the above review.

At the time of the review, it had still been unclear as to what extent the Care Quality Commission and the GP Regulator would consider access under its new inspection regime. It was clear that this now formed a major part of the new inspections.

The CCG and NHS England would be developing a Rotherham based plan to improve healthcare in the Borough. Both NHS England and the CCG recognised the contribution the review would make to informing the “place based plan”.

Scrutiny Review Members had recognised the national and local pressures that impacted upon access to GPs. On the supply side there was reducing funding, shortages of GPs and nurses and premises that were not always suitable for the increasing range of services now delivered at GP practices. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions and local deprivation in some areas meant increasing demand. This required adequate resourcing to ensure good access to services for all patients.

Resolved:- (1) That the response to the Scrutiny Review be noted.

(2) That the Health and Wellbeing Board ensure responsible agencies report progress to the Board.

(3) That Cabinet consider the route for future multi-agency Scrutiny Reviews.