HEALTH SELECT COMMISSION

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH**

Date: **Thursday, 11th July, 2013**

Time: **9.30 a.m.**

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972

2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the Previous Meeting (Pages 1 - 10)

8. Health and Wellbeing Board (Pages 11 - 20)
   - Minutes of meeting held on 12th June, 2013

9. Information Sharing (Pages 21 - 24)

10. Autistic Spectrum Disorder Review - Cabinet Response (Pages 25 - 30)

11. Urgent Care Review (Pages 31 - 34)

12. Date and Time of Next Meeting

    - Thursday, 12th September, 2013 at 9.30 a.m.

HEALTH SELECT COMMISSION
13th June, 2013

Present:- Councillor Steele (in the Chair); Councillors Beaumont, Goulty, Hoddinott, Middleton, Roche, Sims, Watson and Wootton, Vicky Farnsworth (SpeakUp) and Peter Scholey.

Apologies for absence were received from Councillors Barron, Doyle, Kaye and Wyatt.

1. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were questions from the member of the press present at the meeting.

3. COMMUNICATIONS

Caroline Webb, Senior Scrutiny Adviser reported the following:-

Children's Cardiac Surgery Review
The Prime Minister had announced that the process in terms of the potential closure of Leeds and a number of other surgical centres had been halted although the future arrangements around Children's Cardiac Surgery would be revisited at some point in the future.

Further details of the implications of this announcement are awaited from the regional Joint Health and Overview Scrutiny Committee. These would be circulated in due course.

4. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 18th April, 2013.

Resolved:- That the minutes of the previous meeting be agreed as a correct record.

It was noted that the sub-group had been established and held its first meeting (Minute No. 77 Urgent Care Review – NHS Rotherham refers).

5. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 8th May, 2013.

Resolved:- That the minutes be noted.

6. REPRESENTATION ON WORKING GROUPS/PANELS

Resolved:- That the Select Commission's representatives for the 2013/14 Municipal Year be as follows:-

Health, Welfare and Safety Panel
Councillor Wootton
Councillor Dalton (substitute)

Recycling Group
Councillor Beaumont

7. ROTHERHAM FOUNDATION TRUST - UPDATE

The Chairman welcomed Michael Morgan (Interim Chief Executive), Peter Lee (Trust Board Chairman), Juliette Greenwood (Chief Nurse), George Thompson (Medical Director) and Dr. Tricia Bain (Executive Health Informatics Officer) to the meeting.

Michael gave the following presentation:-

- The Trust had been able to comply with all Monitor's requests for information
- Strategic plan to be submitted to Monitor by the end of September that completely underpinned the recovery for the organisation over the next 3 years. The first year of the plan was in the process of being put into place
- The next 2 years would see a complete revamp of the organisational structure, especially on the clinical side. As a result 135 individuals from the Trust had met with the Executive to look at restructuring the organisation
- Proposed move from 11 to 4 Directorates – Planned Care and Surgery, Emergency Care and Medicine, Women and Children and Diagnostics and Support – would allow for agile working
- Would provide a real oversight of the management of the organisation from the standpoint of accountability
- Community and acute services are not yet fully integrated – hopefully the new structure and Directorates would see a full integration

Discussion ensued with the following issues raised/clarified:-

- The Directorates would be clinically lead across a range of disciplines

- The Senior Nurses and Midwifery Committee met monthly to discuss issues. The Committee would be pulling together a strategy on how the Trust was going to change areas in the acute part of the hospital/work differently

- Community Nursing was a very important aspect. The Trust included health care and the patient care path in the acute hospital and in the community setting

- The proposed structure would be considered by the Board at the end of June. There would then be 30 days consultation

- The provisional leadership roles in the new structure were quite different e.g. matrons would not just manage Wards but would be looking at the pathway of care and if there were the right colleagues working with the right leadership and right representation. It recognised the uniqueness of professionals that worked in the Community and ensured they were heard. A staff engagement strategy was being developed.

- Staff morale was low, ranked within the bottom 20% of acute trusts, could this have any potential impact on services? In a recovery situation communication with staff had to be improved, having an inclusive and participative leadership style contributes towards this.

- Important to reiterate that the Trust had to take almost 25% out of the operating budget, and that there were some fixed costs so radical change was required in how front line teams work

- The Government was clear that tele-health had a key part to play in the future. The Trust echoed this and said it would play a part in reducing barriers between hospital and community.

- There was a working group working across the region looking at collaboration with other hospitals. Already Weston Park Hospital provided specialist cancer services and the Hallamshire Hospital provided neurosurgery. Due to the constant strive to do better, there would be a requirement in the future that there was far more co-operative work

- Another area for possible collaborative working in the future was the use of locum medical staff - a theme up and down the country. There were discussions across the region with regard to having a pool of medical staff in the region who were willing to work as locums that could be called upon at short notice and at far less cost

- All options had to be considered within the strategic planning process to ensure each service provided at the Hospital was sustainable. However, the Hospital would never close given the population and the volume of patients that the Hospital took care of

- If other providers were going to specialise there was an opportunity for Rotherham to specialise and when looking at the whole issue and process from a regional basis, there was probably much more

opportunity for things to be done at Rotherham on a localised basis than what may go out to other areas. It may be that Rotherham became more of a "well baby" delivery hospital and the more problematic deliveries went elsewhere

- 1 strength the Trust had was its integrated care organisation. It may well be that other Trusts in the area followed/used the model

- If specialists were shared across a bigger area there would be a larger number of patients and would be able to run an on call rota

- At present there was no list of services that the Hospital would not be offering any more

- Consideration had been given to bringing in other private sector organisations to help with service delivery but, following analysis of price and inconvenience, it was decided to retain inhouse. It may be the Trust would provide services to others and bring in revenue

- The Trust had picked up from what was being put into place at the end of 2012 and looked at the corporate spend side of the organisation and that had now been completed. Consultation had taken place and those employees that had been made redundant had left the organisation. There was also tactical control which was considering spending on specific items.

- Over the next 3 years the public would see £50M taken out of the organisation with no new services/revenue coming into the organisation. There would be less people working at the Hospital as 70% of the costs were staff; the other 30% was, supplies and the expenses of the organisation. However, the public would see staff working smarter, working together and doing things differently. 35 people had left the organisation and the process was now to work through how those jobs were going to be taken care of. The Trust had been increasing the number of patient care givers within the organisation at the same time as making the changes. The Board had agreed that the nursing vacancies needed to be filled and the process of recruitment had been in place several months.

The Chairman thanked everyone for their attendance and contributions.

8. NURSING UPDATE AND HEADLINES

Juliette Greenwood, Chief Nurse, gave the following powerpoint presentation:-

Local Operational Challenges
- Workforce Challenges
  High vacancy factor
  Ongoing utilisation of 'flex beds'

Corporate workforce consultation
Corporate adult inpatient recruitment
HV availability v workforce trajectory

- Media and Reputation
- Demographics – deprivation, dementia, children and young people, safeguarding complexities, high risk maternity

Significant National Failures

- Winterbourne View
  Abuse of patients with complex learning disabilities and missed opportunities (A&E, health assessments)
- Francis Report (2013) and concerns
  Standards of care …. Compassion
  Accountability
  Nurse leadership
  Professionalism
  Specific needs of older people
  Listening and responding to patients and families
  Nursing workforce – numbers, skills and competency

Impact and Location Actions

- CQUINS – National and Local 'Francis Focus'
  Friends and Family Test
  Safety Thermometer
  Patient Experience
  Complaints
  Safeguarding
  Nurse Leadership
  Dementia
  Death Certification

Nursing Staffing

- Twice per year Boards (in public session) to receive, confirm and publish assurance of safe nurse staffing levels via agreed evidence based tool
- To adopt recommended Safer Nursing Care Tool (SNCT) (via Assistant Chief Nurse Workforce)
- National development of Community SNCT and A&E SNCT
- To look to re-run Birthrate+ (3 years since last review)
- Children and young people workforce – PANDA, PABM, new national models for HV and School Nursing
- Following a year's work and ongoing scrutiny
  Investing in adult inpatient wards 50 wte
  Investment in additional RN and HCSW resource align general adult inpatient skill mix against national 'best practice' of 65:35 ratio
  Ward Sisters/Charge Nurses to be supernumerary

Impact
- Role of the Ward Sister/Charge Nurse – key
  Leadership not 'office based'
  Tools for the job e.g. Ward Nurse Accreditation Scheme, local audit program, engage with patients/relatives, Ward rounds
  Minimise bureaucracy – enabling time to care and time to lead
  Support to staff, students and patients and family
  Clarity about professional and personal accountability
- Introduce intentional rounding – impact
- Transparency Agenda

Francis Implications
- Patient Safety Nurse – new Ward level focus
- Nursing Quality Indicators – dashboard – EWS
  BoD required to publically discuss in detail twice per year
- Line of sight of immediate risks – HarmFree meeting
- The Emotional Labour of Care – e.g. Schwartz Rounds/Cultural Care Barometer – staff need time and space to reflect
- All student nurses serve Y1 as a Health Care Assistant (pilots in situ)
- Staff engagement strategy – Friends and Family Trust
- Values based recruitment
  Consider patient/governor involvement in senior clinical appointments
  Appraisal programme – nursing input, patient feedback leading to nurse revalidation

Compassion in Practice 2012-15
- National strategy and implementation plans
  6C's of Care, Compassion, Competence, Communication, Courage, Commitment
  Principles of Nursing Practice (December 2012)
  TRFT Nurse and Midwifery strategy development (annual work plan)
- Dementia
  TRFT Strategy as part of Rotherham Strategy
  Dementia Champions 'Ward to Board'
  Workforce development
  Carers audit
  Environment

Patient Experience
- National Patient Surveys – A&E, Inpatient, Midwifery, Outpatients, Children and Young People
- Friends and Family roll out – maternity pathway, community, Children and Young People
- Patient Experience Board to 'Ward'
  'touch and see' i.e. unannounced inspections, Senior Nurse Walkabouts, Patient Safety Visits, Executive Walkabouts
  Patient Stories
- Patient Experience – Review and Refresh Strategy

Complaints – our responsiveness, engagement, ownership, upheld or not, lessons learnt, improvements
Looking across pathways e.g. Safeguarding, C&YPS
"You said We did" – local level, Trust, web page
Celebrating Patient Experience Day

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

- An ongoing issue was agency staff. 60 nurses had been recruited as a result of the January Board decision, half of which had now arrived. It took approximately 3 months to recruit from the time of the advert. Recruitment would be taking place again for a further 49/50 posts, a mix of nurses and health care support workers. There was a challenge nationally as a number of Trusts were in the same position and it may be that there may need to be a targeted advertising campaign

- The new posts would be in areas where there had been a need identified to increase the numbers and on patient care areas

- In the main the Hospital used "flexi" staff - predominantly NHS staff and were bank nurses

- From a nursing perspective the staffing ratio was the same 7 days a week

- Rotherham deliberately did not schedule planned major surgery on Friday evenings and over the weekend. The national pattern shows higher mortality rates at the weekends. Rotherham was well advanced with work to introduce 7 day weeks for all staff across all Wards

- In terms of the position with other Trusts, Rotherham was in the middle. It was a risk for all Trusts if a patient was admitted for non-elective admission on a Friday/Saturday as an emergency

- Patients may be discharged at weekends so 7 day working across the health community, including social care and GPs, to back up the patient's discharge at a weekend, may need to be explored.

- 60 nurses recruited in last few months

- The Francis Report focussed on nursing care, and the patient's overall experience and its recommendations concerned actions around medical staff. Validated recruitment had to be the direction of travel

Juliette was thanked for her report.

9. QUALITY ACCOUNTS FOR ROTHERHAM FOUNDATION TRUST

Dr. Tricia Bain, Executive Health Informatics Officer, presented the submitted report on the Trust's Quality Account for 2012/13.

The following issues were highlighted:-

- The report would be available on the NHS website on 13th June, 2013
- Improved on last year and staff should be credited for this
- Work had taken place on Dementia but was included again in the improvement programme
- Significant improvement on the Medication Programme and would not be set as an improvement programme for 2013/14
- Staff morale – the main areas of concern remained the same as last year – learning and development and job satisfaction having scored the lowest of all categories
- Patient feedback and patient experience strategy had been reviewed throughout the year. There had been success in increasing the volume of complaints to obtain more feedback whilst also reducing the overall severity of complaints. Whilst the principal theme related to medical care there had been a significant increase in complaints relating to administration and appointments. This has been attributed to issues arising soon after the implementation of the Electronic Patient Record system
- Care Quality Commission had visited the previous week, carrying out 50 patient interviews, and been very positive. The report was due in two weeks.
- Work next year would focus on intra-operative fluid management, improving data quality, review of death certification and Dementia

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

- Health Assessments for Looked after Children data was collected by the commissioners. Data had been collected throughout the year but was unable to be validated
- Information was reported through to the Safeguarding Board Quality and Assurance Committee who had tracked and monitored the information. There was an issue of Health Assessment for Rotherham Looked after Children who were being cared for outside of the Borough

- The work was being linked through the Ward Nurses and Safeguarding work. The work was still taking place but was not 1 of the key priorities for 2013/14

Dr. Bain was thanked for her report.

10. WARD VISIT

The Select Commission split into 2 groups and visited Medical and Surgical Wards.

11. SCRUTINY WORK PROGRAMME 2013/14

Caroline Webb, Scrutiny Officer, presented a report that was to be considered by all the Select Commissions and by the Overview and Scrutiny Management Board with regard to the 2013/14 work programme.

The proposed programme for the Health Select Commission was as follows:-

Excess Medication
Continence Services
How to Improve Health in Rotherham
Access to GPs
Continuing Health Care for Children and Young People

Additional suggested areas of work were:-

Access to School Nursing
Sexual Health Services
Mental Health Services

Discussion ensued on the proposed programme:-

- Both School Nursing Services and Sexual Health Services were very important with regard to child sexual exploitation and also following the NHS changes now came under the local authority – to discuss with Public Health colleagues
- How to Improve Health in Rotherham – was it too wide?
- Welfare reform was likely to have an impact on health as well as jobs
- Issues with regard to capacity
- Healthwatch – need to avoid duplication
- Full reviews v spotlight reviews
- Excess Medication and Continence Services – it was agreed to have initial reports to the commission first
- Access to GPs was seen as this Select Commission's top priority

It was noted that a meeting was to be held on 13th June between the Cabinet and Select Commission Chairs to discuss the work programme followed by approval by the Overview and Scrutiny Management Board on 14th June.

Resolved:- (1) That the 2013/14 work programme be noted.

(2) That a meeting be set up between the Chairman, Vice-Chairman and Healthwatch to discuss priorities and any potential for overlap.

12. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 13th June, 2013, commencing at 9.30 a.m. to be held at Rotherham District General Hospital.

HEALTH AND WELLBEING BOARD
12th June, 2013

Present:-
Members

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing **(in the Chair)**
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Melanie Hall	Rotherham Healthwatch
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Acting Chief Executive, Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children and Young People's Service
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Dominic Blaydon	Rotherham CCG
Dr. Stephen Burns	Rotherham Local Medical Committee
Clare Burton	Commissioning, Policy and Performance, RMBC
Sue Cassin	Rotherham CCG
Ian Jerrams	RDaSH
Zanib Rasool	RUFC Community Sports Trust
Alex Wilson	RUFC Community Sports Trust

Officers:-

Dawn Mitchell	Committee Services

Apologies for absence were received from Karl Battersby, Chris Bain, Kate Green, Tracy Holmes, Brian Hughes, Martin Kimber, Councillor Paul Lakin, Dr. David Polkinghorn and Chrissy Wright

S1. MELANIE HALL, HEALTHWATCH

The Chairman welcomed Melanie to her first meeting of the Board representing Healthwatch until such a time as the Chairperson was appointed.

S2. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes be approved as a true record.

Arising from Minute No. S86(1) (Disabled Children's Charter), it was noted that consultation was taking place with the Parents and Carers Forum regarding signing of the Charter.

S3. COMMUNICATIONS

(a) Delivery of Winterbourne View Concordat and Review Commitments
Shona McFarlane, Director of Health and Wellbeing, reported that immediately after Winterbourne, a Joint Improvement Programme had been put into place. The Joint Disabilities Learning Service had responded to the questions around the number of customers it had in hospitals and other secure settings. A Winterbourne View Concordat stocktake was now in place, which required local services to complete a detailed self-assessment. It was also known that there would be an annual report, format unknown at the present time, which would cover other elements of the Concordat action plan. The stocktake was due to be completed by 5th July.

Presently, Rotherham was aware of 5 residents, 1 placed in a hospital setting funded through Continuing Health Care on a temporary basis and the remaining four were funded through special commissioning in a hospital setting. The latter 4 were settled in their current placement as it was appropriate to their needs. All annual reviews had been undertaken; families and advocates having been fully involved.

A report would be submitted to the Board in due course.

(b) Stroke Association
The Chairman reported receipt of correspondence from the Stroke Association which highlighted the effects of strokes on survivors and the issues they faced. Strokes were the biggest cause of long term disabilities for adults in the United Kingdom. The Association was asking that the needs of stroke survivors be considered when the Joint Strategic Needs Assessment was reviewed and strategies developed,.

Resolved:- (1) That the above be fed into the Joint Strategic Needs Assessment Team.

(c) Midwifery Council
The Chairman reported receipt of correspondence from the Midwifery Council on the future of the Maternity Liaison Committee. A meeting had been set up to discuss further.

(d) Translation Services
The issue of costs and sustainability of translation services had been raised at a recent meeting with the Local Medical Committee. It was an important issue not only in Primary Care but also all services accessed by citizens.

A discussion had taken place at a meeting of the Chief Executives with partner agencies asked to ascertain if there could be a co-ordinated approach with a pooling of resources. It was felt that it should go further than just a translation service, but provide/signposting citizens to where they could learn/enhance their English skills.

It was pointed out that the translation service was not only for verbal

language skills but also sign language.

Resolved:- (2) That the Rotherham Partnership consider this issue further including NHS England in any discussions.

S4. ROTHERHAM ENVIRONMENT AND CLIMATE CHANGE STRATEGY AND ACTION PLAN REVIEW 2013

The Board noted that the Council had approved its revised Environment and Climate Change Strategy and Action Plan and had signed up to the 'Climate Local' commitment to reduce CO^2 emissions and improving the environment.

Consideration was also given to information from the NHS's Sustainable Development Unit "Developing a Healthy and Sustainable Future".

There was a request that the Board asks providers to submit information on their own internal housekeeping in respect of their impact on the environment in accordance with the checklist.

Resolved:- That partner organisations complete the environmental impact checklist.

S5. ROTHERHAM UNITED COMMUNITY DEVELOPMENT TRUST

Alex Wilson, Health Officer, and Zanib Rasool, Community Manager, RUFC Community Sports Trust, gave the following presentation:-

Community Sports Trust – Aim

- To utilize the brand of Rotherham United Football Club and the power of sport to positively influence and enhance the diverse lifestyles of the people of Rotherham
- Through the work, bring different communities together to celebrate diversity and community cohesion through sports
- Work across Rotherham under 7 main themes:-
  Health
  Disability
  Volunteering
  Participation
  Education
  Heritage and Inclusion
- Deliver a wide range of activities e.g. homework and reading clubs, holiday programmes, twilight youth sessions, community cohesion events
- Older people exercise sessions

Health and Wellbeing Board Priorities/Work of the Trust

- Prevention and Early Intervention
  <u>Previous Projects</u>
  Dads Make a Difference – 7 areas, 72 dads/male carers

Mini Millers – 510 2-4 year olds over the last 3 years
Family Learning – 40 families from deprived areas
Mini Millers Group (support children age 2-11 and families)
Health for All – BBC Children in Need
Current Projects
Family Health Lifestyle Project – Thornhill School (South Asian mums)
Community Allotment – Eastwood and Clifton park
Possible Projects
Smoking cessation at NYS – 3 members of staff now trained to run sessions

- Long Term Conditions
  Current Projects
  Falls Prevention – 16 different care homes over the last 4 years and continuing working in care homes (Care Home Olympics)
  Social Prescription – 14 home exercise sessions – 30 participants on Stadium days. Support for carers and getting them exercising
  Mature Millers Association (constituted group that support over 50s)
  Walking Football sessions
  Walking Groups
  Kashmiri and Yemeni Older Peoples Forum (exercise sessions)
  Rotherham Ethnic Social Care Organisation (exercise sessions)
  BME Young People and Carers Group (delivering sport to BME disabled children and siblings at Unity Centre)

- Expectations/Aspirations
  Current Projects
  Millers Youth Forum
  Foundation learning – 48 young people
  Futsal Scholarship – 15 young people
  NCS – 355 year 11's over last 3 years
  Volunteering – 147 over 16 year olds over last 3 years
  BTEC Level 2 & 3 in Sport
  Sport Apprenticeships – 64 young people over the last 3 y3ars
  Job Shop in partnership with Job Centre Plus
  Community Learning – first step learning courses
  Working with disengaged young people
  Possible Projects
  Level 1 Sport 19-24 year olds
  Level 1 Futsal 16-18 year olds

- Dependent to Independent
  Current Projects
  Walking Groups
  Walking Football – 10 participants on weekly basis
  ICT – 37 over 50 year olds
  Mature Millers
  Apprenticeships – 64 young people
  Futsal Scholarships – 18
  NCS

Volunteering

- Healthy Lifestyle
  Current Projects
  Teenage Kicks – 10-18 year olds in 5 areas 2013-15 (BBC Children in Need)
  Aiming High – 154 disabled young people
  Healthy Hearts – 77 disabled adults
  Marbles Mental Health Self-Help Group and Stonham Homes
  Wellgate Court
  Possible Projects
  Weight Management
  Education Programmes – NCFE Accreditation, ASDAN, NOCN

- Poverty
  Current Projects
  Job club referral from Job Centre Plus
  Employability skills funded by Community learning
  Shiloh
  Future Projects
  Social enterprise venture at the Stadium

Zanib reported that the Trust worked with the Integrated Youth Service and Area Assemblies. They had also started a partnership with REEMA at the Unity Centre and were offering classes for the Roma community.

Alex and Zanib were thanked for their presentation.

S6. SCRUTINY REVIEW - AUTISTIC SPECTRUM DISORDER

Dr. John Radford reported that the Health Select Commission had commissioned a Review Group to carry out a Scrutiny Review into the Autistic Spectrum Disorder. The Review Group was independent of the Council's Cabinet and made recommendations to Cabinet for their approval.

It had been a thorough piece of work which had looked at instances and performance in relation to NICE Guidance, very good engagement with providers of services with regard to how they were co-ordinated as well with users of the services.

However, there was now an issue of Policy for the Board with regard to how it took the reviews forward and how they were incorporated into the business of the Local Authority and the CCG as commissioners. How should Scrutiny Review recommendations be taken forward across the health community, how was that process managed, where should Scrutiny Review fit in, what was the Board's role in Scrutiny Reviews and how should the Board respond?

Discussion ensued with the following issues raised:-

- The Terms of Reference stated that Scrutiny Reviews with a health and wellbeing impact should be referred to the Board – at least the Board should be made aware that the work was taking place

- If the Scrutiny Review and its recommendations were submitted to the Board what was the document's status?

- A Review could made recommendations but it was for each partner organisation's executive to consider

- A forward plan of Scrutiny Reviews should be submitted to enable partner organisations to timetable into their own work programme

- Partner organisations should be involved in any Review that applied to their organisation

- Partner organisations should be given the appropriate period of time to review and comment on recommendations prior to them being finalised

- The recommendations should be considered by partner organisations in parallel with the Board and parent Select Commission

- The Board had to consider if a Review's recommendations were consistent with the objectives of the Health and Wellbeing Strategy

It was noted that the Overview and Scrutiny Management Board was to consider the 2013/14 work programme for Select Commissions on 14th June, 2013.

Resolved:- (1) That the Select Commissions' work programme for 2013/14 be submitted to the Health and Wellbeing Board to ensure that any health and wellbeing implications were flagged up at an early stage.

(2) That the full Autistic Spectrum Disorder Scrutiny Review document be included on the next Board agenda.

S7. HEALTH AND WELLBEING STRATEGY WORKSTREAM

Dominic Blaydon, Head of Urgent Care and Long Term Conditions, gave the following powerpoint presentation:-

Long Term Conditions Programme
Programme incorporates 4 key workstreams
- Risk profiling
- Integrated neighbourhood teams
- Self-management
- Alternative levels of care

Areas for consideration moving forward
- Does risk management tool identify high intensity social care users?
- Explore development of personal health and social care budgets
- Patient and practitioner skills programme for health and social care
- Specialised psychological support services for people with long term conditions
- A local network to promote self-management
- Integrated person held record including self-management plan
- Effective use of alternative levels of care

4 Ways you can support the Programme
- Workforce development programmes on self-management
- Identification of high intensity health and social care users
- Development of a person held health and social care record
- Strong leadership to break down barriers on joint working

The Board also considered the latest workstream progress report giving an update on each of the 6 outcomes.

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

- Development of a personal health social care record for those with a long term condition enabling them to monitor their condition and track the progress of their care plan

- A pilot was underway with RFT looking at an electronic vehicle for a patient owned record which was centred around the self-management objective

- Use of the patient's unique NHS identification number

- Self-Management Strategy underpinned some of the work – useful to have a stakeholder group with champions. Could include Service users

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

(2) That the 4 proposals for Priority 5 Long Term Conditions be supported.

S8. ROTHERHAM LOCAL MEDICAL COMMITTEE

Dr. Stephen Burns, Local Medical Committee, gave a resume of the work of the Committee in Rotherham as follows:-

- The Committee was constituted every 3 years. Every GP in Rotherham was eligible to stand and every GP in Rotherham had a

vote. Currently there were 10 members

- It was recognised by NHS England as representative of practitioners in the area

- Rotherham LMC was committed to the values of equity, fairness, openness and equal opportunities

- Its aims was to present and support GPs ensuring that they were valued and their skills were properly utilised and to facilitate the smooth running of general practice

- Wherever possible, the LMC worked co-operatively with local agencies and organisations to ensure patients received services and care in accordance with the profession's local and national priorities. Wherever necessary, the LMC defended the position of local GPs where the views of others conflicted with what it believed was in the best interests of patients and the profession

- LMC representatives met monthly with the CCG to discuss GP/CCG interface issues

- GPs and their teams provided 90% of the health care in Rotherham and saw approximately 7,000 people every working day in their practice

Discussion ensued on representation on the Board. It was pointed out that commissioners of services were represented but not providers.

Resolved:- That Dr. Burns receive Board agendas, on behalf of the Rotherham Local Medical Committee, for information and attend meetings as required.

S9. TOBACCO CONTROL ALLIANCE BRIEFING

The Board considered a briefing paper on Tobacco Control emphasising the direction of travel on the locally determined priority.

There was a concentration of work on slowing down the take up of smoking in young people and specific action on smoking in pregnancy/smoking at time of delivery. The change in emphasis was particularly relevant given the prevalence of e-cigarettes and leading young people into smoking rather than stopping smoking.

It was noted that the minutes of the Tobacco Control Alliance would be submitted for information in the future.

Resolved:- (1) That the briefing paper be noted.

(2) That the Tobacco Control Alliance action plan be submitted to the

Board.

S10. HEART TOWN

The minutes of the meeting of the Heart Town held on 21st May, 2013, were noted.

S11. DOMESTIC ABUSE INJURIES - LEGAL AID

Councillor Doyle reported that it had been raised at a meeting of the Rotherham Domestic Abuse Forum that women presenting with domestic abuse injuries were being charged by Rotherham Foundation Trust for a letter stating that their injuries were consistent with abuse. The letter was required so that they could claim Legal Aid. The fee was causing hardship and could be a factor in victims not progressing action.

Dr. Tooth reported that if a victim presented at A&E their GP would be notified within 30 days of presentation at the hospital. The victim was entitled to a free copy of the letter from their GP.

Dr. Tooth stated that he would raise it with the Local Medical Committee suggesting that GPs provide the service.

S12. WALK IN CENTRE

Councillor Doyle asked, given the recent national concern regarding walk in centres and Monitor launching an investigation into the large numbers of closures and potential closures, whether it was appropriate for the Board to state its position with regard to the relocation rather than individual members responding to the consultation.

Discussion ensued. It was felt that within its Terms of Reference and Constitution, the Board had an overview and advisory role on the configuration and range of services provided and that they were consistent with the Health and Wellbeing Strategy. However, there was a risk that the Board could be overwhelmed with the future plans of partner organisations which would prevent the Board carrying out its main functions.

On balance, it was felt that the results of the consultation exercise should be submitted to enable the Board to state its position on the proposals.

Resolved:- That the results of the consultation be submitted to the September Board meeting.

S13. DATE OF NEXT MEETING

Resolved:- (1) That a further meeting of the Health and Wellbeing Board

be held on Wednesday, 10th July, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.

(2) That the September Board meeting be held on Wednesday, 11th September at 10.00 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**11th July 2013**
3.	**Title:**	**Information Sharing**
4.	**Directorate:**	**All**

5. Summary

The Health Select Commission has asked for a report on Information Sharing Protocols within Rotherham. There is an Overarching Information Sharing Protocol (OISP) which is a multi agency protocol and is used by many organisations within Rotherham as evidence and compliance to Information Sharing best practice.

This report gives an overview of Information Sharing within Rotherham and how it is supported by the OISP. It is worth stating that processes place the service user at the centre of how their information is processed in accordance of their rights to privacy and confidentiality.

6. Recommendations

The Health Select Commission are asked to:

- **Note, for information, the work being done to support Information Sharing Protocols by multi agencies within Rotherham.**

7. Details

What is information sharing?

A service user usually provides information to a single organisation, for example, when filling in personal details on council tax forms or answering questions from a doctor's receptionist. In many cases the information provided won't be passed on to another organisation.

In some cases, though, one organisation may pass information to another organisation, or a number of organisations might get together and share information.

Information is sometimes shared within the same organisation. For example, the local authority may use information supplied on a council tax form to help its other departments to update their records.

Why is information shared?

This is done for a number of reasons. For example:

- a teacher, social worker and health professional share information about a child so the child's needs can be addressed;
- a local authority shares information with the Department for Work and Pensions (DWP) to allow it to work out a pensioner's application for housing benefit;
- a hospital where a service user has had an operation shares information with the GP so that the service user can be looked after correctly after discharge;
- the police share information with a local authority to help counter antisocial behaviour in the area; or
- credit referencing, where lenders consult a credit reference agency to check your financial standing when you apply for credit.

Information sharing will usually take place where providing a service involves a number of different organisations.

Consent and information sharing?

Information sharing can often take place without consent. In many cases where the service user is not asked for permission, the information sharing will be reasonable and expected. However, it should be clear why the information is being shared and who is involved.

If organisations want to share sensitive or confidential information, they are more likely to need consent. For example, if they want to share information about your health.

In some cases information may be shared without the service user even knowing about it. This might be the case where telling an individual about the sharing would be likely to prejudice a criminal investigation, or prevent a vulnerable person receiving proper protection.

Information Sharing within Rotherham

Government policy places a strong emphasis on the need to share information across organisational boundaries in order to ensure effective co-ordination of services, specifically in ensuring that there are integrated services across the locality.

Agencies arranging services to people within Rotherham are continually processing information about them. At times a single agency working with an individual may identify a range of issues that need to be addressed, some of which are outside its scope or expertise. Conversely, more than one agency could become involved with a service user but they are unaware of each other.

These agencies will be gathering the same basic information, undertaking similar assessments, producing and implementing plans of action that are appropriate to the agencies perceived response rather than the whole need of the individual. As a result there is often unnecessary duplication of effort, poor co-ordination and a lack of a coherent approach to the particular issues facing an individual which could be potentially detrimental.

In these circumstances it has been recognised that a multi agency response is the best way of ensuring that service users receive the type and level of support most appropriate to their needs. In order to achieve this it is essential to have in place a framework that will allow the sharing of relevant information between professionals, when it is needed, with a degree of confidence and trust.

The Rotherham Overarching Information Sharing Protocol (OISP)

Rotherham has had an Overarching Information Sharing Protocol in various forms since 2006 (Children and Young People specific). This was updated in 2009 to be relevant across all agencies within Rotherham independent of cohort. This is a multi agency protocol and is used by many organisations within Rotherham as evidence and compliance to Information Sharing best practice.

The OISP is part of a model enabling partner organisations to utilise well established, appropriate and transparent information sharing systems (either manual or electronic). Processes place the service user at the centre of how their information is processed in accordance of their rights to privacy and confidentiality. It is a statement of the principles and assurances that govern information sharing.

Previous versions of the OISP have been well received and widely used within Rotherham to facilitate trust in allowing the sharing of information. The current version of the protocol not only addresses operational information sharing but also reflects the need of organisations to share information at a strategic level in order to:

- Improve the well being and life opportunities through educational, health and social care opportunities
- Protect peoples and communities
- Support people in need
- Reduce crime
- Reduce violence

- Prevent Health inequalities
- Provide seamless provision of children and young people's services
- Enable service users to access universal and specialist services
- Enable staff to meet statutory duties across organisations
- Prevent and detection of crime
- Improve data integrity and information quality
- Investigate complaints
- Manage and plan services
- Commission and contracting services
- Developing inter agency strategies

How the OISP works in Rotherham

The OISP forms part of the wider Rotherham Information Sharing Framework which aims to deliver a planned and structured approach to information sharing at all levels across the partner organisations. .

The OISP identifies a common set of principles under which organisations share information and establishes commonality between the information sharing community. This is supported by individual Service Specific Protocols in which the type of information shared is defined and the purpose for which it is shared is identified. These are detailed information sharing agreements between individual agencies within the information sharing community at an operational level.

Law

Information sharing must be undertaken in a manner that is in accordance with the Data Protection Act, Human Rights Act, common law duty of confidentiality and any other specific statute that authorises or restricts disclosure

The OISP must NOT be seen as a legal document that will allow
Information to be shared between organisations. Indeed the protocol merely documents best practice and a shared understanding of responsibilities

The presence or absence of the OISP must never be used as a reason for or against sharing information. The OISP merely shows agreed best practice of how, when, where and why to share information

8. Finance

None – Protocol is already being used

9. Risk and Uncertainties

None – Protocol is already being used

10. Policy and Performance Agenda Implications

More effective strategic multi agency information sharing can only contribute to the Policy and Performance agenda

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**11th July 2013**
3.	**Title:**	**Scrutiny Review of Autistic Spectrum Disorder**
4.	**Directorate:**	**NAS**

5. Summary

This report sets out the response to the findings and recommendations of the scrutiny review of Autistic Spectrum Disorder in Rotherham.

6. Recommendations

That HSC notes the response from Cabinet to the Scrutiny Review of Autistic Spectrum Disorder

7. Proposals and Details

The review was requested by the Cabinet Member for Children and Young People because of the apparent high levels of diagnosis of Autistic Spectrum Disorder (ASD) in Rotherham. This was identified in a report to the Cabinet Member and was explored further in a position paper to the Health Select Commission in July 2012. It was agreed at this meeting that a full review would be required and this would investigate the steady increase in diagnoses within the last 10 years.

The overall aim of the review was to achieve a better understanding of patterns of ASD in Rotherham, leading to the development of appropriate support and assistance to families affected by it. It was understood that the review took place in a climate of budget reductions and therefore also wanted to look at the potential for more effective use of existing resources.

The four stated objectives of the review were to consider, as follows:

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16+ support and transition
- Budget implications

The review was therefore structured around these four objectives, with a dedicated meeting held for each one and evidence presented around these four headings.

Key messages that came out of the review are as follows:

- Early intervention and prevention work is key for children with ASD
- Mental health needs of children and adults with ASD can arise because of the lack of support
- Lack of clarity about where the lead of support lies – Education, Health etc
- Family and home support is a gap in provision
- It is difficult for many parents to make sense of all of the different agencies that are involved in this area of work
- There has been significant progress made with this area of work and this needs to continue with clear leadership and direction.
- To ensure the best outcomes for children and young people with ASD, parental voice and influence is absolutely crucial
- All of the recommendations formed as part of this review are about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It is the view of the review group that there should not be a need for additional resources to implement the recommendations

8. Finance

It was the opinion of the Review Group that the recommendations being forwarded can be implemented without any additional resources being required.

9. Risks and Uncertainties

The review group found that there is a lot of provision to support for children ASD, however, resources are not being used effectively in all cases. There is also some confusion about how and where to access these services. This has created a level of uncertainty around this agenda and it is the intention of the review groups via its recommendations to address this.

10. Contact

John Radford – Director of Public Health
Steve Mulligan - Principal Education Psychologist

Cabinet's Response to Scrutiny Review – Autism Spectrum Condition

Recommendation	**Cabinet Decision** *(Accepted/ Rejected/ Deferred)*	**Cabinet Response** *(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)*	**Officer Responsible**	**Action by** ***(Date)***
That the Autism Communication Team (ACT) continue to coordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.	Accept	• Local and Regional data continues to be collected and shared across education and health. • CAMHS and LA have improved dialogue.	Paula Williams Head of Learning Support Service	Review 12 months June 2014
That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.	Accept	• CDC / CAMHS physically located in same building – overt discussions taken place re transition phase. • Both CDC / CAMHS comply with DSM IV.	Steve Mulligan Principal Educational Psychologist	Review 12 months June 2014
That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi-agency care plan with a lead worker allocated	Accept	• EHC plans are being developed by the LA group looking at Support & Aspiration under strategic leadership of DS.	Jackie Parkin Support and Aspiration	June 2014

That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter.	Accept	• Continued work re development and understanding of multi element planning. • The principles of the Parent and Child Charter continue to be implemented.	Steve Mulligan & Claire Whiting Educational Psychology Service	June 2014
That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs.	Accept	• The ACT Team have been aligned to the Learning Support Service. The funding of all the targeted services is under a three way review: o High Needs Block o Learners First Review o Development of Integrated Pupil Services	Steve Mulligan Principal Educational Psychologist	June 2014
That the Joint Strategic Needs Assessment (JSNA) includes a detailed and thorough assessment of the needs of children and adults with autism, including the identification of any gap in services.	Accept	• The ASC Scrutiny report will form the basis of the JSNA around autism.	John Radford Director of Public Health	June 2014
In line with the JSNA, that commissioners consider the commissioning of Rotherham based service for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out of authority placements.	Accept	• Continued work re post 16 provision includes building capacity at local college, bespoke packages and joint venture partnerships with independent service providers. • Director of Safeguarding leading on work re OOA placements.	John Radford Director of Public Health Clair Pyper Director of Safeguarding	June 2014

That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.	Accept	• Discussions taken place with Adult Services regarding Autism with Adults paper / pathways linked to the ASC Strategy Group.	Steve Mulligan Principal Educational Psychologist John Williams Adult Services	June 2014
That RMBC identifies a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.	Accept	• This work is being considered during the financial year 2013/14 as part of the modernisation of the service structures around pupils' services.	Dorothy Smith Director of Schools & Lifelong Learning	June 2014
That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.	Accept	• Children and young people are diagnosed at different stages of their development. All systems must be NICE compliant.	John Radford Director of Public Health	June 2014

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	**Meeting:**	Health Select Commission
2.	**Date:**	11th July, 2013
3.	**Title:**	Urgent Care Review
4.	**Directorate:**	Resources

5. Summary

The report provides a summary of and the conclusions from a workshop held between some members of the Health Select Commission and colleagues from Rotherham CCG, looking at the proposal to create a co-located Urgent Care Centre based at Rotherham Hospital.

6. Recommendations

That the Health Select Commission:

- Considers the conclusions drawn by members of the Health Select Commission who were part of the workshop meetings.
- Agrees the basis of a response to the CCG, as part of their 'Right First Time' consultation
- Recommends this response to Cabinet prior to final submission by the deadline.

7. Proposals and details

The Health Select Commission received a presentation from Dr Ian Turner, the Clinical lead for the Right First Time consultation, at its meeting in April 2013. This outlined the case for the replacement of the current split site provision of Walk In Centre, Out of Hours GPs and A&E, with an Urgent Care Centre, co-located at the hospital site.

Members requested further information on these proposals and as such a working group was established, to be chaired by Councillor Dalton and to include Cllrs Hoddinott and Wootton and Peter Scholey (co-optee).

This report provides the Health Select Commission with the conclusions of this workshop, which took place over two separate meetings, and makes recommendations regarding the development of a Council response to the consultation.

The areas considered by the workshop were as follows:

Finance – Expected costs for the centre will be the same as current provision, therefore there will be no change in the resources being invested in Urgent Care. Expected costs per annum will be £9,403,375, projected to stay the same in the following four years.

The building will be funded from a bid to non recurrent pot of funding from NHS England. Indications are that this bid will be received positively. Members noted, however, that the fund can be used under the heading of service transformation, so long as it doesn't involve any recurrent costs. IT systems and pump priming an initiative were given as examples of how else it could be used.

Opening hours – It was confirmed that the new centre would be open 24:7, unlike the current walk in centre which has shorter opening hours.

Staffing - Current staff will transfer and the extra opening hours will be covered.

Transport and travel – concerns were expressed around public transport and car parking.

- Car parking has been a very strong theme in the consultation feed back and as such the CCG have reached an agreement with RFT that they will provide the same number of parking spaces as are currently on offer with the Walk In Centre. No further reassurances could be given as to how these will be managed or what the charges will be. This will be down to RFT management and Members agreed to pursue this directly with them, expressing their wish for the detailed proposals to come to the Health Select Commission when they are available.
- Public transport routes are more complicated for some areas of the Borough to get to the hospital site, as opposed to the Walk in Centre. Members expressed concern about this, although CCG colleagues have received assurances about this from the bus companies. Again no further reassurances could be given on

this matter and members agreed to raise this with the bus companies via the Transport Liaison Group.

Waiting times – there is a public perception that waiting times at the walk in Centre are less than those for A&E. Adults triaged within 20 minutes and children within 15 minutes are quality requirements within the service specification of the proposed Urgent Care Centre.

Other issues – it was confirmed that this is a national policy direction and that other districts in South Yorkshire are also adopting this model. It was agreed that there is a strong clinical case for bringing the services together, however, members are concerned about the unintended consequences of co-location, predominantly around access.

Members also requested further information about different users of the A&E facility and it was identified that there are some surgeries where lack of knowledge and understanding of the NHS system for numbers of patients was resulting in disproportionately high numbers using A&E.

Primary Care/GP appointments – The consultation has revealed a potential issue with regard to access to GP services and it was agreed that the Health Select Commission should prioritise its work on this area, meeting initially with NHS England to discuss this.

Members have therefore concluded the following:

- There is a strong clinical case for integration of the services which members are supportive of.
- They have significant concerns about the access issues outlined in the report creating a barrier to the success of the proposals.
- There is a less convincing case for co-location and the spending of a large sum of capital on another new building.

8. Finance

There are no financial implications for the Council. The CCG will be submitting a bid to NHS England for the funding of the capital costs for the new centre.

9 Risks and Uncertainties

The main risks with this proposal, as identified by members, are the potential barriers to access that may be faced by some residents and communities to the new centre. These are outlined in the report.

10 Policy and Performance Agenda Implications

The proposal to provide a co-located urgent care centre is in line with national policy direction from NHS England.

11 Background Papers and Consultation

Right First Time consultation papers – Rotherham CCG.

12 Contact

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