

CABINET MEMBER FOR HEALTH AND WELLBEING

Venue: Town Hall,
Moorgate Street,
Rotherham. S60 2RB

Date: Monday, 8th July, 2013

Time: 11.30 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Declarations of Interest
4. Minutes of meeting held on 10th June, 2013 (Pages 1 - 4)
5. Health and Wellbeing Board (Pages 5 - 14)
 - minutes of meeting held on 12th June, 2013
6. Living Streets; Streets Apart Project
 - Jim Shaw, Living Streets Project, to report
7. Maternity Service Liaison Committee
 - Joanne Jones, Grow Project, to report
8. Environment and Climate Change
9. Response to Winterbourne View (Pages 15 - 21)
10. Conferences
 - Stakeholder Conference
Tuesday, 30th July, 2013
Yorkshire Event Centre, Great Yorkshire Showground, Harrogate
 - Health and Wellbeing: Making Equality a Reality
Annual Policy Conference
12th September, 2013
Wakefield Town Hall

11. Date and time of the next meeting

- Monday, 9th September, 2013, at 11.30 a.m.

CABINET MEMBER FOR HEALTH AND WELLBEING
10th June, 2013

Present:- Councillor Wyatt (in the Chair) and Councillor Buckley.

Apologies for absence had been received from Councillors Dalton, Steele and Tweed.

K5. DECLARATIONS OF INTEREST

There were no Declarations of Interest to record.

K6. MINUTES OF MEETINGS HELD ON 15TH APRIL AND 22ND MAY, 2013

The minutes of the previous meetings held on 15th April and 22nd May, 2013, were considered.

Further to Minute No. K61 (Air Quality – Local and Public Health Impact), data in relation to hospital admissions due to Asthma compared to estimated background air pollution data was considered for each of Rotherham's 21 Wards. The information was then broken down to consider the link between the two factors for children and adults.

The data suggested that the link between higher air pollution readings and asthma-related hospital admissions rates was fairly weak.

Discussion ensued on the information presented: -

- The data was limited to hospital admissions, it did not show where asthma was being well managed by GPs and home treatment, which would not usually result in hospital treatment being required;
- In-door pollution had not been considered and could be present in some homes at much higher concentrations than outdoor pollution rates;
- Rotherham's acute admissions were significantly higher compared to other areas;
- The M1 corridor ran through Rotherham and was nearby to many communities;
- There had been an 18% increase in Rotherham in motor vehicle ownership between the 2001 and 2011 censuses. However, newer vehicles were cleaner, so this increase made it hard to quantify any possible effect the increase in ownership could have had / be having.

Resolved: - (1) That the minutes of the meeting of the Cabinet Member for Health and Wellbeing held on 15th April and 22nd May, 2013, be approved as a correct record.

(2) That the information shared in relation to air pollution and asthma-related hospital admissions be noted and it be shared with all Elected Members.

K7. HEALTH AND WELLBEING BOARD

The Chairman gave a verbal report on the main items discussed at the recent Board meeting which included:-

- Commissioning Plans;
- Locally Determined Priority Measure: Smoking.

Resolved:- That the minutes of the previous meeting of the Health and Wellbeing Board be noted.

K8. TEENAGE PREGNANCY

Consideration was given to the report submitted by Councillor J. Dalton following her attendance at the Local Government Association's Teenage Pregnancy Conference in April, 2013 (Minute No. 72 of the Health Select Commission held on 18th April, 2013, refers).

There was a range of speakers and representatives in attendance at the Conference.

Discussion ensued. It was noted that Rotherham had a continued steady decline in the number of teenage conceptions. Contributing factors to this achievement included maintaining funding to a project based in Maltby and the School Nursing Service, which was represented in all schools across the Borough. Girls who had higher levels of aspiration and educational attainment were less likely to conceive before the age of 18.

It was noted that a review into the Local Authority's Sexual Health Strategy would be undertaken over the next twelve months. The parameters of the review would include: -

- Visiting genito-urinary clinics;
- Reviewing outreach services provided in schools, children's centres and by the Rotherham Integrated Youth Support Service;
- Specialist Nurses who provided contraceptive implants;
- Contraception services provided through GP surgeries.

Discussion ensued, and the following issues were raised: -

- Teenage pregnancy and its place within the Health and Wellbeing Strategy;
- Public Health outcomes;
- Access to contraception, contraception advice and family planning and spacing advice;

- Support available following Welfare Reforms and the impacts they would have on families;
- Increased use of contraceptive implants and the need to increase sexual health awareness and education. This would need to be reflected in the Sexual Health Plan that was due to be reviewed.

Resolved: - That the information shared be noted.

K9. HEALTHWATCH ROTHERHAM - UPDATE

Further to Minute No. K62 (Healthwatch), Melanie Hall, Manager, Rotherham Healthwatch, was welcomed to the meeting. Melanie provided an update on the development of Healthwatch in Rotherham.

The 7 functions of local Healthwatch groups were: -

1. Gathering views and understanding the experiences of people who use services, carers and the wider community;
2. Making people's views known;
3. Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they were scrutinized;
4. Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC);
5. Providing advice and information about access to services and support for making informed choices;
6. Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion;
7. NHS Complaints Advocacy.

Parkwood had been successful in winning the contract to set-up Rotherham's Healthwatch. Following its initial set-up by Parkwood, Healthwatch Rotherham would be run on a social enterprise model.

Efforts had been underway to open the Healthwatch Rotherham branch: -

Staffing and premises: -

- Manager had been in post since 13th May, 2013;
- Recruitment to the posts of Information and Research Officer, Engagement Worker and Advocate was underway;
- A recruitment campaign for the role of Chair and Directors of Healthwatch Rotherham's Board was underway;
- Responsibilities of the Board and of each Director would be agreed in due course, including how the Board would engage with the Health and Wellbeing Board's priority areas;
- A Town Centre location had been identified and negotiations were underway in relation to the lease;
- A launch event would be held in August, 2013.

Partnerships: -

Healthwatch Rotherham's Manager had met with a large number of partners and stakeholders to inform them of the role and remit of the organisation: -

- Area Assemblies;
- Strategic Director for Children and Young People's Services;
- Quality Surveillance;
- Clinical Commissioning Group;
- Rotherham Hospital Complaint Manager to discuss information sharing protocols;
- Small community groups to discuss working with trend data;
- Care Quality Commission to discuss co-ordination of activities;
- A future meeting would be held with representatives from the RDASH.

Information sharing and facilities: -

- Parkwood's database facility allowed for detailed statistical reports and breakdowns to be produced;
- Information sharing across Healthwatch, where appropriate, although guidance was being sought from Healthwatch England on information sharing and consent protocols.

Discussion ensued on the information provided: -

- Ensuring there was a Rotherham focus for all of the work that was undertaken;
- Maximising resources;
- Engaging Elected Members into Healthwatch Rotherham.

Resolved: - (1) That the information shared be noted.

(2) That the Healthwatch Rotherham Manager be thanked for their presentation and their contribution to the discussion.

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
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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 CO² 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
- Previous Projects
- 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 make 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.

TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL, DEPARTMENT OF HEALTH REVIEW: FINAL REPORT

1. Introduction

In December 2012 the Department of Health published their report, '*Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report*'.

The review set up following the exposure of the abuse that occurred at Winterbourne View Hospital in May 2011 reviews the lessons to be learned and actions that should be taken to prevent abuse from reoccurring.

The report lays out clear, timetabled actions for Health and Local Authority Commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging.

In order to carry out the review, the Department of Health review drew on:

- The criminal investigation of staff identified as perpetrators of abuse at Winterbourne Hospital.
- The Care Quality Commission (CQC) review of all services operated by the owners of Winterbourne View, and the programme of inspections of 150 learning disability hospitals and homes, including Rhymers Court in Rotherham and Sapphire Lodge in Doncaster.
- The NHS South of England review of serious untoward incident reports and the commissioning of places at Winterbourne View hospital.
- The independent Serious Case Review commissioned by the South Gloucestershire Safeguarding Adults Board, published on 7 August 2012.
- Experiences and views of people with learning disabilities or autism and mental health conditions or behaviours described as challenging, their families and carers, care staff, commissioners and care providers.

The review also highlighted a widespread failure to design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice. Equally, there was a failure to assess the quality of care or outcomes being delivered.

The report sets out steps to respond to the identified failings, including tightening up the accountability of management and corporate **Boards** within organisations.

The report sets out a programme of action to transform services so that people no longer live inappropriately in hospitals, are provided with care that is in line with best practice based on their individual needs and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.

2. Key Themes and Actions

The key themes are:

1. The right care in the right place
2. Strengthening accountability and corporate responsibility
3. Tightening the regulation and inspection of providers
4. Improving quality and safety
5. Monitoring and reporting on progress

The themes with actions are presented below:

2.1 The right care in the right place

- The NHS Commissioning Board will:
 - Ensure that all Primary Care Trusts develop local registers of all people with challenging behaviour in NHS-funded care.
 - Clarify expectations for Clinical Commissioning Groups.
 - Ensure all Health and Care Commissioners review the care of all people in learning disability or autism inpatient beds.
- Clinical Commissioning Groups (CCGs) and Local Authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area.
- NICE will publish quality standards and clinical guidelines on challenging behaviour and learning disability, and quality standards and clinical guidelines on mental health and learning disability.
- The Department of Health will work with the Department of Education (DfE) to introduce a new single assessment process for children and young people with challenging behaviour.
- The Local Government Association and NHS Commissioning Board will establish a joint improvement programme to provide leadership and support to the transformation of services locally.
- At a national level, the cross-government Learning Disability Programme Board will lead delivery of the programme of change.
- The NHS Commissioning Board (NHSCB) and Association of Directors of Adult Social Services (ADASS) will develop service specifications to support CCGs in commissioning specialist services for children, young people and adults with challenging behaviour.

2.2 Strengthening accountability and corporate responsibility for quality of care

- Directors, management and leaders of organisations providing NHS or Local Authority-funded services must ensure that systems and processes are in place to provide assurance that essential requirements are being met and that they have governance systems in place to ensure they deliver high quality and appropriate care.
- The CQC will take steps to strengthen the way it uses its existing powers to hold organisations to account for failures to provide quality care. It will report on changes to be made from Spring 2013.
- The Department of Health will immediately examine how corporate bodies, their **Boards of Directors** and financiers can be held to account for the

provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps.

- The Department of Health will assess whether a fit and proper persons test could be introduced for **Board** members.
- **Boards** should ensure they have proper governance arrangements in place and take seriously their corporate responsibilities towards the people for whom they provide care.

2.3 Tightening the regulation and inspection of providers

- The CQC will use existing powers to seek assurance that providers have regard to national guidance and good practice.
- The CQC will take action to ensure the identified model of care is included as part of inspection and registration of relevant services from 2013.
- The CQC will include reference to the model in their revised guidance about compliance.
- The CQC will strengthen inspections and regulation of hospitals and care homes for this group of people. This will include unannounced inspections involving people who use services and their families, and steps to ensure that services are in line with the agreed model of care.

2.4 Improving quality and safety

- The Department of Health and the Department for Education will develop and issue statutory guidance on children in long-term residential care.
- The CQC will take enforcement action against providers who do not operate effective processes to ensure they have sufficient numbers of properly trained staff.
- The Academy of Medical Royal Colleges and the bodies that make up the Learning Disability Professional Senate will develop core principles on a statement of ethics to reflect wider responsibilities in the health and care system.
- Skills for Care will develop a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour.
- Skills for Health and Skills for Care will develop national minimum training standards and a code of conduct for healthcare support workers and adult social care workers.
- The Department of Health will revise statutory guidance and good practice guidance to reflect new legislation and address findings from Winterbourne View. In particular:
 - Safeguarding Adults Boards will be put on a statutory footing, subject to parliamentary approval of the Care and Support Bill;
 - Local Authorities will be empowered to make safeguarding enquiries, and Boards will have a responsibility to carry out safeguarding adults reviews;
 - The Safeguarding Adults Board will publish an annual report on the exercise of its functions and its success in achieving its strategic plan;
 - The Safeguarding Adults Board core membership will consist of the LA, NHS and Police organisations, convened by the LA.
- The Department of Health will work with the CQC to agree how best to raise awareness of and ensure compliance with Deprivation of Liberty Safeguards (DOLS) provisions.
- The Department of Health will update the Mental Health Act Code of Practice.

- The Department of Health will, together with the CQC, consider what further action may be needed to check how providers record and monitor restraint. The Department of Health will publish guidance on best practice on positive behaviour support so that physical restraint is only ever used as a last resort.
- The Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations will work with ADASS and the Association of Directors of Children's Services (ADCS) to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children, young people and adults with challenging behaviour.
- The Department of Health will work with independent advocacy organisations to:
 - Identify the key factors to take account of in commissioning advocacy for people with learning disabilities in hospitals.
 - Drive up the quality of independent advocacy.

2.5 Monitoring and reporting on progress

- The Department of Health will commission an audit of current services for people with challenging behaviour. The audit will be repeated one year on to assess progress.
- The Department of Health, the Information Centre for Health and Social Care and the NHSCB will develop measures and key performance indicators to support Commissioners in monitoring their progress.
- The cross-government Learning Disability Programme Board will measure progress against milestones, monitor risks to delivery and challenge external delivery partners to deliver to the action plan of all commitments.

3. Conclusion

Following the publication of the independent Serious Case Review commissioned by the South Gloucestershire Safeguarding Adults Board on 7 August 2012, the Learning Disability Business Division conducted a review of their services against the recommendations. The outcomes of the review were presented to the Safeguarding Forum and the Business Division has been engaging with Commissioners to take forward the recommendations.

The Trust will work in partnership with Local Authorities and NHS Commissioners to respond to the key themes and actions contained in the report.

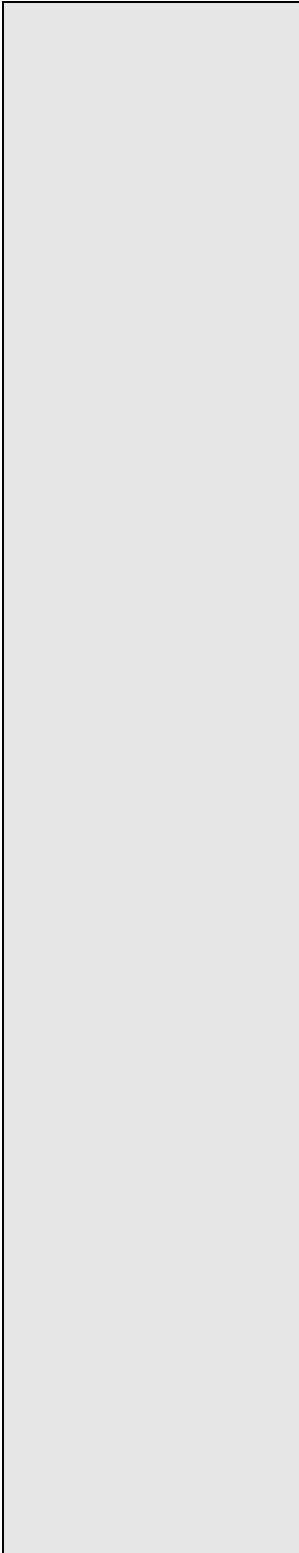
The Learning Disability Business Division will undertake a review of their services against known guidance. The findings of the report will be reported to the February 2013 Clinical Governance Group.

A position statement on the Trust Learning Disability Services together with a systems update will be reported to the March 2013 Board of Directors.

Deborah Wildgoose
Deputy Director of Nursing
January 2013

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Group/Committee Name	Board of Directors			
Meeting Date	31 st January 2013			
Title of Paper	Winterbourne View Hospital – Final Report			
Author	Helen Dabbs, Deputy Chief Executive / Director of Nursing and Partnerships Deborah Wildgoose, Deputy Director of Nursing			
Paper For	Decision	<input type="checkbox"/>	Debate	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
Strategic Work Programme:			Reference	
- Relevance	What Strategic Work Programmes is the paper relevant to?		1.5	
- Progress	Does the paper provide assurance against delivery of the identified Strategic Work Programme?		Yes / No	
			Yes	
Key Points to Note (including any identified risks)	<p>Transforming Care: A national response to Winterbourne View Hospital, Department of Health Review: Final Report – published December 2012</p> <p>The above 62 page report and supporting 137 page documents were published in December 2012 by the Department of Health. It outlines findings following the exposure of abuse at Winterbourne View Hospital in May 2011. The report also reviews the lessons to be learned and actions that should be taken to prevent abuse from reoccurring.</p> <p>The report lays out clear, timetabled actions for Health and Local Authority Commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging.</p> <p>Key themes and actions are:</p> <ul style="list-style-type: none"> • By Spring 2013, the Department of Health will set out proposals to strengthen accountability of Boards of Directors and Senior Managers for the provision of safe and robust quality of care. • By June 2013, Clinical Commissioning Groups and their Local Authority partners will review all current placements. Arrangements will be made for everyone who is in hospital inappropriately to move to community-based support as quickly as possible, and no later than June 2014. • By April 2014, Clinical Commissioning Groups and their Local Authority partners will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice. As a consequence, there will be a dramatic reduction in hospital placements for this group of people. • The CQC will strengthen inspections and regulation of hospitals and care homes for this group of people. This will include unannounced inspections involving people who use services and their families. The CQC will include reference to the best model of care in their 			



revised guidance and will consider it as part of the regulation and inspection of services from April next year.

- A new NHS and local government-led joint improvement team will be created to lead and support this transformation.

The attached paper details the actions against each of the five key themes listed below:

1. The right care in the right place
2. Strengthening accountability and corporate responsibility for quality of care, through:
 - Owners, Boards of Directors and Senior Managers of organisations that provide care taking responsibility for ensuring the quality and safety of their services.
 - Sanctions to hold Boards to account when the quality of care is unacceptable
 - The CQC’s enforcement powers
 - Fit and proper person test of Board members as part of the registration of providers.
 - Developing leadership in Boards
3. Tightening the regulation and inspection of providers
4. Improving quality and safety
 This wider programme lays much greater weight on the responsibility of providers, professional bodies and others to lead, covering:
 - Making best practice normal
 - Improving the capacity and capability of the workforce
 - Confidence in whistleblowing
 - Improving safeguarding
 - Applying protections of the Mental Health Act and Mental Capacity Act
 - Raising understanding of good practice and reducing the use of physical restraint
 - Addressing the use of medication
 - Improving information, advice and advocacy.
5. Monitoring and reporting on progress

Following the publication of the independent Serious Case Review commissioned by the South Gloucestershire Safeguarding Adults Board on 7 August 2012, the Learning Disability Business Division conducted a review of their services against the recommendations. The outcomes of the review were presented to the Safeguarding Forum and the Business Division has been engaging with Commissioners to take forward the recommendations.

Board Assurance Framework
CQC

If the paper also provides <u>assurance against the effectiveness of a Key Control</u> what is the reference and what level of assurance do you think it provides?	BAF Key Control Ref.	Effectiveness F / S / L / N
	1.5e	S
If the paper provides <u>assurance against Essential Standards of Quality and Safety (ESQS)</u> specify the outcome number.	ESQS outcome number	
	7	

Financial/Budget	To be considered as guidance is published.
Equality & Diversity/Human Rights	All safeguarding activities are considered in accordance with the Trust's and all Safeguarding Boards Equality and Diversity policies and processes.
Action proposed following the Group meeting	<ul style="list-style-type: none"> • The Trust will work in partnership with Local Authorities and NHS Commissioners to respond to the key themes and actions contained in the report. • The Learning Disability Business Division will undertake a review of their services against known guidance. The findings of the report will be reported to the February 2013 Clinical Governance Group. • A position statement on the Trust Learning Disability Services together with a systems update will be reported to the March 2013 Board of Directors.
Person Responsible	Helen Dabbs, Deputy Chief Executive / Director of Nursing and Partnerships
Date for completion	31 January 2013
Outcome required from the Group	<p>The Board are asked:</p> <ul style="list-style-type: none"> • To note the summary of the report. • To note the key themes and actions identified in the report. • To note the proposed actions to be taken following the meeting.