

HEALTH SELECT COMMISSION

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

Date: Thursday, 12th September, 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 - 5)
8. Health and Wellbeing Board (Pages 6 - 12)
 - Minutes of meeting held on 10th July, 2013
9. Representative on Working Party
 - Environment Climate Change Group
Councillor Beck
10. Childhood Obesity (Pages 13 - 20)
11. Scrutiny Review of Hospital Discharges (Pages 21 - 34)
12. Support for Carers (Pages 35 - 41)
13. Updated Work Programme (Pages 42 - 45)

14. Access to GPs (Pages 46 - 48)

15. Date and Time of Next Meeting

- Thursday, 24th October, 2013 at 9.30 a.m.

**HEALTH SELECT COMMISSION
11th July, 2013**

Present:- Councillor Steele (in the Chair); Councillors Dalton, Goult, Havenhand, Hoddinott, Kaye, Middleton, Sims, Watson and Wootton; together with Councillor Wyatt (Cabinet Member for Health and Wellbeing) and co-opted members Mrs. V. Farnsworth, Mr. R. Parkin and Mr. P. Scholey.

Apologies for absence were received from Councillors Beaumont and Roche, from co-opted member Mr. R. Wells and from Dr. J. Radford.

13. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

15. COMMUNICATIONS

(1) Reference was made to the workshop about "Make Every Contact Count" which takes place at the Town Hall, Rotherham on Monday 16th September 2013. It was agreed that the Chair and the Vice-Chair should attend this workshop.

(2) It was agreed that Members of the Health Select Commission shall continue to have an agenda briefing session immediately prior to each scheduled meeting.

(3) Members thanked Deborah Fellowes (Scrutiny Manager) for her work in support of the Health Select Commission; this role would now be performed by Scrutiny Officer Janet Spurling.

16. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 13th June, 2013.

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

17. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 12th June 2013.

The Cabinet Member for Health and Wellbeing explained the way in which the Health and Wellbeing Board considers and responds to scrutiny

reviews about public health issues.

Reference was made to:-

item S11 (Domestic Abuse Injuries – Legal Aid) and patients' entitlement to letters confirming that their injuries were consistent with abuse. Members asked that further information be obtained from the Rotherham Foundation Trust about this issue.

(ii) the Commissioning Support Unit merger of services in South Yorkshire and West Yorkshire. Members also requested further information about the implications of this merger for services in the Rotherham Borough area.

Resolved:- That the contents of the minutes be noted.

18. INFORMATION SHARING

Further to Minute No. 74(2) of the meeting of the Health Select Commission held on 18th April, 2013, consideration was given to a report presented by the Information Governance Officer concerning Information Sharing Protocols within Rotherham. Members noted that there was an Overarching Information Sharing Protocol (OISP) which was a multi-agency protocol and was used by many organisations within Rotherham as evidence and compliance to Information Sharing best practice.

The submitted report contained an overview of Information Sharing within Rotherham and how it was supported by the OISP. Members were informed that processes place the service user at the centre of how their information was processed in accordance with their rights to privacy and confidentiality. The report explained the reasons why information is shared and why it was sometimes necessary to share information without obtaining an individual's consent.

Members discussed the following issues:-

: the way in which organisations decide upon the information to be shared (use of consent and referral forms) and obtaining parents' consent in respect of information about their children;

: the OISP was one example of best practice; any breaches of information sharing protocols may involve misconduct or illegal conduct;

: the sensitivity of sharing information about children at risk and the rigorous systems which were already in place to ensure confidentiality of information.

Resolved:- (1) That the report be received and its contents noted.

(2) That the work being undertaken to support the multi-agency

Information Sharing Protocols within the Rotherham Borough area be noted.

19. AUTISTIC SPECTRUM DISORDER REVIEW - CABINET RESPONSE

Further to Minute No. 29 of the meeting of the Cabinet held on 19th June, 2013, Councillor Dalton presented the report which set out the response to the findings and recommendations of the scrutiny review of Autistic Spectrum Disorder in Rotherham.

This review had been 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 had been agreed at that meeting that a full scrutiny review would be required and this would investigate the steady increase in diagnoses within the last ten years.

The overall aim of the review was to achieve a better understanding of patterns of Autistic Spectrum Disorder 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 were as follows:-

- Early intervention and prevention work is key for children with Autistic Spectrum Disorder.
- Mental health needs of children and adults with Autistic Spectrum Disorder 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

Autistic Spectrum Disorder, parental voice and influence is absolutely crucial.

- All of the recommendations formed as part of this review were about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It was the view of the review group that there should not be a need for additional resources to implement the recommendations.

Resolved:- (1) That the Cabinet's response to the Scrutiny Review of the Autistic Spectrum Disorder, as now submitted, be noted.

(2) That all those involved in the review be thanked for their input.

(3) That a progress report on the implementation of the various recommendations of this scrutiny review be submitted to a meeting of the Health Select Commission in six months' time.

20. URGENT CARE REVIEW

Further to Minute No. 77 of the meeting of the Health Select Commission held on 18th April, 2013, consideration was given to a report presented by the Scrutiny Manager providing a summary of and the conclusions from the workshop sessions held between some members of the Health Select Commission and colleagues from the Rotherham Clinical Commissioning Group, which had examined the proposal to create a co-located Urgent Care Centre based at the Rotherham hospital. It was noted that this proposal would involve the closure of the NHS walk-in centre situated at Rawmarsh Road, Rotherham, adjacent to Bailey House. The workshops' conclusions were:-

(i) There is a strong clinical case for integration of the services, which Members support;

(ii) There are significant concerns about the access issues outlined in the report creating a barrier to the success of the proposals; and

(iii) There is a less convincing case for co-location and the spending of a large sum of capital funding on another new building.

Discussion took place on:-

: difficulty of access to the proposed co-located services, including the costs of travelling and parking involved when people will have to access these services at the Rotherham hospital; the limitations of bus services, from some outlying areas, to the Rotherham hospital;

: the severe pressures placed upon the Accident and Emergency Unit at the Rotherham hospital;

: difficulties in using the NHS '111' telephone number in order to access

emergency care;

: whether there is a sufficiently robust case to spend a substantial amount of money on a new building in which to accommodate the proposed co-located services.

Resolved:- (1) That the report be received and its contents noted.

(2) That, further to the conclusions reached by Members of the Health Select Commission who were part of the workshop meetings, this Select Commission:-

(a) agrees that there is a clinical case to be made in respect of the proposal to create a co-located Urgent Care Centre based at the Rotherham hospital;

(b) opposes the financial case for this proposed co-location, especially in the light of the current financial pressures upon the Rotherham hospital;

(c) notes that the NHS walk-in centre situated at Rawmarsh Road, Rotherham is a relatively new facility, one which is valued and very well used by the public of Rotherham and is in an easily-accessible town centre location; and

(d) expresses concern about the adequacy of the existing car parking facilities at the Rotherham hospital and whether there would be sufficient space available for the additional vehicles generated by visitors to the proposed co-located services;

(e) opposes the intention of the Rotherham hospital to impose charges for car parking upon visitors to the proposed co-located services.

21. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 12th September, 2013, commencing at 9.30 a.m.

HEALTH AND WELLBEING BOARD
10th July, 2013

Present:-

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
Dr David Polkinghorn	Rotherham Clinical Commissioning Group
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:-

Catherine Homer	Health Improvement
Ian Jerrams	RDaSH
Laura Sherburn	NHS South Yorkshire and Bassetlaw
Joanna Saunders	Head of Health Improvement
Gordon Laidlaw	NHS Rotherham
Chrissy Wright	Commissioning, Policy and Performance, RMBC
Kate Green	Commissioning, Policy and Performance, RMBC

Apologies for absence were received from Karl Battersby, Melanie Hall, Martin Kimber, Shona McFarlane and Tracy Kitchen.

S14. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes of the previous meeting of the Health and Wellbeing Board held on 12th June 2013 be approved as a correct record.

S15. COMMUNICATIONS

The Chairman referred to the challenge event taking place today at the Home Office about mental health issues.

S16. HEALTHY LIFESTYLES

Consideration was given to a report and presentation from Joanna Saunders, Head of Health Improvement about healthy lifestyles and behaviour. The report stated that the Healthy Lifestyles theme of the Health and Wellbeing Strategy has the following outcome and priorities:-

(i) Overarching outcome

People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles

(ii) Priorities

- Partner organisations will work together to understand the community assets; identifying what and where they are across the Borough and how to use them effectively;
- Partner organisations will use the Health and Wellbeing Strategy to influence local planning and transport services to help to promote healthy lifestyles;
- Partner organisations will promote active leisure and ensure those who wish to, are able to access affordable, accessible leisure centres and activities.

The work plan, included with the submitted report, outlined the activity which is underway to address these outcomes.

The presentation and subsequent discussion included the following issues:-

- the Context for the Health and Wellbeing Strategy theme
- Health behaviour and wider determinants (e.g.: obesity and smoking)
- Health and Wellbeing Strategy outcomes (as shown above)
- Plans and progress (e.g.: the Green Deal – affordable warmth; Government Welfare Reforms).

Reference was made to the workshop about “Make Every Contact Count” which takes place at the Town Hall, Rotherham on Monday, 16th September, 2013.

Resolved:- (1) That the report be received and its contents noted.

(2) That the work plan, included in the report now submitted, be endorsed.

(3) That partner organisations shall commit to supporting the actions contained in the work plan.

(4) That a progress report about the Healthy Lifestyles theme of the Health and Wellbeing Strategy be submitted to a future meeting of the Health and Wellbeing Board.

S17. DEMENTIA

Consideration of this item was deferred until the next meeting.

S18. HEALTH AND WELLBEING STRATEGY: PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing the first formal performance report to the Health and Wellbeing Board about each of the six priority measures that the Board determined were key to the delivery of the Joint Health and Wellbeing Strategy. Performance details in respect of each one of the priority measures were included in the submitted report.

Discussion took place on issues affecting:-

- : Community Alcohol Partnerships
- : Obesity and Healthy Weight Framework services
- : Smoking prevalence (and women who smoke during pregnancy)

Members of the Board were provided with an additional briefing document entitled "Healthy Weight Framework Services". The document listed the service contracts for the 2013/14 financial year, which had been continued from 2012/13 as the Commissioning Lead moved from the NHS to the Borough Council as part of the Public Health transition.

Resolved:- (1) That the report be received and its contents noted.

(2) That further reports about the Health and Wellbeing Strategy Performance and Management Framework be submitted to meetings of the Health and Wellbeing Board at quarterly intervals.

S19. NHS SY&B PRIMARY CARE STRATEGY

Consideration was given to a report, presented by Laura Sherburn (NHS South Yorkshire and Bassetlaw) about the discussion document entitled 'Vision for Primary Care,' published by NHS England. The report stated that NHS England is developing a national strategic framework for primary care, for later implementation within local primary care strategies. Listed in the report were the seven key principles which guide the NHS in its service provision and also a summary of the vision for primary care.

Members of the Health and Wellbeing Board were being asked for their views on the following questions:-

: are there other ways in which the NHS Constitution values and pledges affect primary care that are not listed in the submitted report ?

: are there any additional values, not listed in the report, that should be part of a dedicated Primary Care Strategic Framework ?

: how well do the Board members feel the local primary care community is working currently ?

: what are the issues which need to be addressed within the local Primary Care Strategy to deliver the vision set out in the submitted report ?

It was noted that, during the Summer 2013, NHS England will engage with key stakeholders nationally and in some communities in order to obtain a local perspective. The information and intelligence gathered will be used to inform the development of the national strategic framework for primary care.

Reference was made to the number of GP and dental practices in the Rotherham Borough area, in the context of access to these services and whether that number was below the national average. Details will be reported to the next meeting of the Health and Wellbeing Board.

A question was asked about whether a strategy was being developed in respect of Eye Health and a response will be reported to the next meeting of the Health and Wellbeing Board.

Members of the Board expressed the view that a Strategic Framework for Primary Care must monitor that commissioned services are actually being provided, especially in the context of health inequality.

The Chairman referred to the need to organise a South Yorkshire-wide Health and Wellbeing meeting, for consideration of the health of offenders who are released from prison, with specific reference to mental health issues.

Resolved:- That the report be received and its contents noted.

(Dr. D. Tooth and Dr. D. Polkinghorn declared their prejudicial interests in the above item, as providers of medical services in the Rotherham Borough area)

S20. EVALUATION OF WARM HOMES, HEALTHY PEOPLE

Consideration was given to a report presented by Catherine Homer (Public Health Specialist) concerning the Department of Health's "Warm Homes Healthy People" Fund which aims to support local authorities and their partners in reducing heat and illness in England due to cold housing in the winter. The report stated that 2013/14 is the second year in which Rotherham has been successful in securing funding. In total, Rotherham has received £215,747 over the two years.

The 'Warm Homes Healthy People' funded work links to a number of local strategies and priorities and has helped to raise the profile of the need to address fuel poverty and excess Winter deaths using a multi-agency approach. This work, which has been delivered during the period November 2012 to April 2013, has continued to build upon the multi-agency partnership developed since the initial 2011/12 application. The funding has enabled partners to offer support to the most vulnerable

members of the Rotherham community, including: older people, families, deprived communities, people living in poor housing stock and those with long term conditions including mental ill health.

The overall aim of the Fund is to support a variety of projects that together will reduce illness, morbidity and excess winter deaths amongst vulnerable people living in cold damp homes.

The objectives of the “Warm Homes Healthy People” Fund are to:

- a) raise the awareness of both householders, particularly the most vulnerable and staff, of the problems associated with fuel poverty, poorly insulated housing and associated health impacts;
- b) support householders to improve the thermal efficiency through practical measures and advice and maximise access to benefits; and
- c) provide practical measures through home safety checks and warm packs to offer immediate benefit in cold weather.

The Board noted that a “Warm Well Families Research Project” event is being arranged to take place during October 2013.

Resolved:- (1) That the report be received and its contents noted.

(2) That a further report outlining the progress of this issue be submitted to the next meeting of the Health and Wellbeing Board to be held on 11th September, 2013.

S21. MAKING EVERY CONTACT COUNT

The Health and Wellbeing Board considered the contents of the Borough Council’s document entitled “Making Every Contact Count – Applying the Prevention and Lifestyle Behaviour Change Competence Framework”.

The document stated that the Prevention and Lifestyle Behaviour Change Competence Framework provides a mechanism to ensure systematic, measurable and evidenced development of workforces to meet the challenge. Developed over the past four years the framework is informed by NICE guidance, the KSF (Knowledge and Skills Framework), staff reviews, National Workforce Competences (NWC) and National Occupational Standards (NOS). Whilst these clearly define the need and the competencies, the framework also acknowledges the complexity and the challenging factors effecting health and wellbeing behaviour and therefore operates from the premise of ‘starting from where the person is’ and considers behaviour change in the context of the wider and social determinants of health.

The framework provides the architecture to facilitate workforce strategies and development activities that deliver both the public health and NHS

policies, strategies and relative Outcomes Frameworks designed to improve the health and wellbeing of individuals and populations. 'Making Every Contact Count' is a powerful tool to improve the health and wellbeing of the public.

The Chairman referred to the workshop on "Making Every Contact Count" which will take place on Monday, 16th September, 2013, at the Town Hall, Rotherham.

Members of the Board expressed the view that clear evidence should be obtained, using end-point data, of the effectiveness of workforce development and service improvement.

Resolved:- (1) That the report be received and its contents noted.

(2) That this matter be considered further at the next meeting of the Health and Wellbeing Board to be held on Wednesday 11th September 2013.

S22. TOBACCO CONTROL ALLIANCE

The Health and Wellbeing Board considered the contents of the following documents:-

i) the Rotherham Tobacco Control Alliance Action Plan 2013/2014, which has the high level aspiration "to reduce the adult smoking prevalence to below national average by 2016"; and

ii) the minutes of the meeting of the Rotherham Tobacco Control Alliance held on 18th April 2013.

Resolved:- That the contents of the action plan and of the minutes be noted.

S23. OBESITY STRATEGY GROUP

The Health and Wellbeing Board considered the contents of the minutes of the meeting of the Rotherham Obesity Strategy Group held on 24th April 2013.

Resolved:- That the contents of the minutes be noted.

S24. HEALTH SELECT COMMISSION WORK PROGRAMME 2013/14

Consideration was given to the contents of the scrutiny work programme for the Council's Health Select Commission for the 2013/2014 Municipal Year.

The Board expressed the view that there should be clarity as to which meetings these scrutiny issues would be reported to.

It was noted that the Rotherham Clinical Commissioning Group was awaiting the response of the Council to the consultation about the Urgent Care Review and the proposed co-location of urgent care services at the Rotherham hospital.

Resolved:- (1) That the report be received and its contents noted.

(2) That a report be submitted to a future meeting of the Health and Wellbeing Board about the outcome of the Scrutiny review of Autistic Spectrum Disorder.

S25. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 11th September, 2013, commencing at the earlier time of 10.00 a.m., at the Town Hall, Rotherham.

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Health Select Commission
2.	Date:	12 September 2013
3.	Title:	Childhood Obesity
4.	Directorate:	Resources

5. Summary

The report provides an overview of the workshop held by a sub-group of the Health Select Commission, with officers from various services in the Council, to consider the re-commissioning of childhood obesity services in Rotherham.

6. Recommendations

That the Health Select Commission:

- 6.1 Note the positive work being done in Rotherham on childhood obesity through the Healthy Weight Framework.**
- 6.2 Endorse the recommendations of the sub-group as set out in 7.5 and agree to forward them to Overview and Scrutiny Management Board.**
- 6.3 Agree to receive a future report from the Head of Health Improvement on the new contract specification and criteria for childhood obesity services.**
- 6.4 Agree to receive a future presentation from the provider(s) of childhood obesity services about their services and development plans once commissioned.**

7 Proposals and details

7.1 Background to the workshop

A performance update report across all Corporate Plan outcomes to Self Regulation Select Commission on 20.09.2012 showed Outcome No. 21 – “More people are physically active and have a healthy way of life” was rated as red. Following from this a report on Childhood Obesity was then presented by the Head of Health Improvement, Rotherham Public Health on 22.11.2012, with a subsequent referral made to Health Select Commission to consider service re-commissioning.

This resulted in a working group being convened, chaired by Councillor Steele and including Councillors Beaumont, Dalton and Hoddinott to consider this issue.

The workshop was provided with support and evidence by the following officers:

Joanna Saunders	Head of Health Improvement, Rotherham Public Health
Chris Siddall	Sport and Leisure Manager, EDS
Helen Sleigh	Senior Planning Officer, EDS
Kay Denton-Tarn	Healthy Schools Consultant, CYPS
Hayley Mills	Contract Health & Wellbeing Programme Manager, DC Leisure
Diane Woolley	Team Leader (Local Taxation), Resources

This report provides the Health Select Commission with the conclusions from the workshop, which took place over two separate meetings, and makes recommendations with regard to both the service re-commissioning and to wider Council policies which should also be supportive of the work to reduce and mitigate the impact of childhood obesity.

7.2 Rotherham Healthy Weight Framework

Members were provided with the local context for the framework and details of the current services provided through a presentation and supporting briefing paper covering:

- High levels of obesity and overweight adults and children in Rotherham
- Recognition of the innovative approach taken by Rotherham which is recognised as the national benchmark, with NICE (National Institute for Health and Care Excellence) commending the success and comprehensive nature of the framework
- Tiered approach model for both children and adults - from whole population preventative activity up through four tiers (see Table 1, Appendix A)
- Difficulties for behaviour change services which depend largely on the individual's personal commitment and motivation
- Positive local promotional initiatives e.g. with Titans “Tries not Pies”, Maltby Masterchef
- Outcomes for service specifications
- Targets and costs of Tier 2-4 activities
- Participation rates and outcomes for participants
- Measurement of reception and year 6 pupils

The framework brings together strategies to both prevent and treat obesity in the population, and due to the high number of overweight and obese adults and children across Rotherham there is a continued need to provide several services with different levels of intervention for both adults and children.

Members acknowledged the good work being carried out and suggested promoting success stories more widely of children and young people who had done well on the programmes to encourage others.

The importance of effective communication with parents in light of the under-recognition of childhood obesity was emphasised. Statistics show the percentage of overweight and obese children is higher in Year 6 of primary school than in reception, so there needs to be a focus on work with secondary schools to support children when they transfer. More information about services and greater engagement with parents and carers through schools, particularly in primaries where it is easier to engage with them, will reach parents, carers and pupils at a younger age to try and instigate positive changes.

7.3 Services for children

The present services (summarised in Table 2, Appendix A) are contracted to 31 March 2014 and it is proposed to recommission the services again, subject to funding being agreed at the same level of £900k p.a. Targets will be in line with NICE guidance (this will be published towards the end of 2013) and recent DoH best practice guidance. Measures will include:

- numbers accessing services
- numbers successfully completing
- BMI change
- % weight loss
- use of anti-obesity medications
- range of demographic data

It was noted that children and families appear to express a preference for participating in clubs rather than attending Rotherham Institute of Obesity (RIO). The respective balance of services in the two areas and referral criteria will be revisited when determining the new contract specification. Members recognised that these are different tiers in the model but with the importance of individual commitment in self change programmes greater take up of MoreLife clubs might reduce escalation to tier three for some.

Performance reports are produced on an annual basis and monthly reviews take place with providers. There will be greater focus on ensuring the delivery of targets year on year as the previous three-year targets (which are acknowledged as being very challenging) were delivered in four years. Interim contract monitoring and improved data management will be crucial, especially as there is no "benchmark" data to enable us to compare our performance with other areas.

Members requested that the report with the contract specification and criteria come to Health Select Commission. Once services have been commissioned the provider(s) will be invited to present their development plans to Members.

7.4 Whole Population Prevention Activity

Public Health work closely with providers, partners and other services such as Leisure and Green Spaces as part of the Whole Population Prevention Activity underpinning the four tiers in the model. Members were interested in exploring additional areas that could contribute to preventive activity and stressed the importance of connectivity across the Council with wider policies linking in to support reducing childhood obesity.

Examples of positive work already in place are outlined below:

- Rotherham has received funding of £68,462.48p from the Sportivate grant over the past 3 years. This gives 14-25 year-olds who are semi-sporty access to six-to-eight weeks of free or subsidised coaching in a range of sports. The age range has been reduced from September to include 11-13 year-olds and there has to be an exit route.
- In Rotherham the markets have a reconfigured layout with a healthier food focus.
- Numerous activities take place in Rotherham such as: school holidays programmes which link with Parishes (nominal fee aiming to cover costs), Mega active programme (£5 full day, some activities free), free swimming for U8s, School events/annual festivals e.g. Herringthorpe Stadium, outreach, 14+ Sport England 3 year programme (£150k) for people with a disability.
- Specific work on obesity includes:
 - Targeted outreach by RIO regarding disabled young people and obesity at Kelford School – this is outside the weight management contract activity.
 - Support for exit routes from weight management services, including support/signposting to commercial and local authority leisure services with discounted access for weight management clients.
- DC Leisure sell a range of fruit in the café at Rotherham Leisure Centre, along with healthy options which are listed on a traffic light system based on fat and salt content. However fruit is not available in the other centres and DCL do not currently have a healthy vending policy for their four centres.
- In the Council's emerging Local Plan, policy proposals are currently being considered that promote a mix of uses within town, district and local centres but limit hot food takeaways within a defined centre to 10% of ground floor units. The draft policy also promotes the separation of hot food takeaways by the location of two non-food establishments between them.
- Diet and exercise are well promoted through the Healthy Schools workstream with a range of policies on the HS website such as:
 - Rotherham Food in Schools Model Policy and Guidance with sections on healthier vending, provision of fruit and vegetables, break time snacks, lunches
 - Creating a Healthy Packed Lunch Policy
 - Physical Activity Policy

An overview of the wider issues considered by Members is set out below.

Planning

A review of local planning authorities earlier in the year by the LGiU found that over 20 have exclusion zone policies (draft or adopted) designed to ban new hot food takeaways from opening in close proximity to schools and other facilities such as leisure centres and parks. Members supported the introduction of a 400m exclusion zone for new fast food take away businesses near schools in Rotherham as a measure to support reducing childhood obesity and wondered whether this could potentially be 800m. This recommendation for an exclusion zone has been fed back to EDS to comply with the consultation period for the Rotherham Local Plan Sites and Policies Document, which ran from 20 May to 29 July 2013.

Leisure and Green Spaces

New two-year Government funding for primary schools to improve school sport and physical activity as part of the Olympic legacy was announced last March. This will be for schoolteachers for CPD e.g. training or specialist coaching, or for activities – and will be approximately £9,000 p.a. per primary school with an average of 250 young people. It will be Ofsted assessed, starting from September, and schools will have to include details of their sports offer on their websites. The money is ring fenced and paid to the LA who distributes it, but schools may choose how they spend it.

Rotherham Active Partnership (RAP) has held meetings with providers/headteachers and is planning further meetings for September with headteachers in clusters. RAP are working up an offer for deliverers going into primary schools covering impact, quality assurance, what can be measured and safety (equipment/qualified staff). The intention is to upskill staff and devise bespoke courses to ensure sustainability.

Schools

The following points relating to schools and school policies were raised and Members requested that these be fed back to CYPS DLT for information and consideration, particularly catering policies for new schools such as those at Waverley.

- Encourage all schools to have on-site policies for students at lunch time.
- Promote the Rotherham school meal service as the meals are good quality and meet nutritional standards.
- Seek greater integration of the weight loss programmes with the Rotherham school meal service in order to support children who are seeking to lose weight.
- Encourage take up of free school meals (FSM) as eligible families are not always taking them up. The Government is currently considering how FSM will operate alongside Universal Credit and this could also impact on future take up.
- Provide more information about services and encourage greater engagement with parents through schools:
 - in primaries, thereby reaching people at a younger age to try and instigate positive changes.
 - in secondaries to support overweight pupils.

In relation to the new funding for primary schools mentioned above the key points are to:

- Encourage headteachers to support the meetings and listen to advice from providers in order to maximize the impact of the funding.
- Encourage schools to adopt the QA standards developed by Rotherham Active Partnership.
- Ensure monitoring data required by Sport England is provided by School Games Organisers to South Yorkshire Sport.

Health implications

One issue discussed was to strengthen the requirement for authors to show awareness of the health implications of their proposals in reports to Members, possibly via a health impact assessment. Currently report authors should address this under the policy and performance implications and links to corporate plan priorities. Potential dissonance does exist between economic policy to stimulate local business growth and public health policy.

Business rate incentives

As many areas of the borough lack greengrocers selling fresh produce Members asked for information about possible business rate incentives that might attract new businesses.

Finance verified that business rates cannot be varied according to the specific type of business as they are based on rateable values set by the District Valuer's Office in Sheffield and charged in accordance with Government legislation. In terms of attracting greengrocers, or any other type of business, there is currently a Small Business Rate Relief Scheme. This scheme currently allows 100% relief to businesses who occupy only one property in England with a rateable value of less than £6000 and a sliding scale for properties with a rateable value between £6000 and £12000. However, the legislation is only in place until 31/3/14 and it is not known at present if it will continue after that date.

7.5 Recommendations

- 1 The balance of activities commissioned for children between clubs and RIO should be reviewed as there appears to be an expressed preference for attendance at the clubs.
- 2 Establish interim contract monitoring and improved data management for obesity services once recommissioned.
- 3 Promote more individual success stories of children and young people who have done well on the programmes to encourage others.
- 4 Consider including targets for referrals to weight management programmes as part of the new specification for school nurses.
- 5 Provide more information about services and encourage greater engagement with parents through schools, particularly in primaries, to reach children at a younger age.
- 6 Continue to promote whole family interventions and free activities such as walking initiatives and park runs.
- 7 Promote Rothercard more extensively to encourage increased participation in activities.
- 8 Explore the feasibility of introducing a healthy vending policy in DCL leisure centres.
- 9 Introduce a 400m exclusion zone for new fast food takeaway businesses near schools in Rotherham.
- 10 Strengthen the requirement for report authors to show awareness of the health implications of their proposals.
- 11 Feed in the points relating to schools in 7.4 to CYPS DLT for information and consideration.

8.

Finance

The services will be commissioned commencing in April 2014 for three years (with the potential to run for up to five years) through funding from the ring-fenced Public Health Grant. At present the Public Health Grant is ring-fenced until the end of the 2015-16 financial year.

9. Risks and Uncertainties

Obesity is widely seen as one of the major public health challenges. Failure to have effective services in place would lead to a higher number of overweight and obese children

and young people, resulting in increasing levels of ill health such as cardiovascular disease, diabetes and cancer.

10. Policy and Performance Agenda Implications

Work to reduce and mitigate the impact of childhood obesity in Rotherham is central to Corporate Plan Outcome No. 21 - More people are physically active and have a healthy way of life. Healthy Lifestyles is a core workstream of the Health and Wellbeing Strategy, with obesity being one of the six priority issues.

11. Background Papers and Consultation

“Corporate Plan Outcomes” - Report to Self Regulation Select Commission 20.09.2012 (Minute 21)

“Childhood Obesity” - Report to Self Regulation Select Commission 22.11.2012 (Minute 43)

Briefing for Members on Rotherham’s Healthy Weight Framework Services, May 2013

Notes of sub-group meetings on 3 May 2013 and 17 June 2014

LGIU Briefing Obesity, hot food takeaways and planning: Salford and beyond, June 2013

12. Contact

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1 Rotherham Healthy Weight Framework (summarised version)

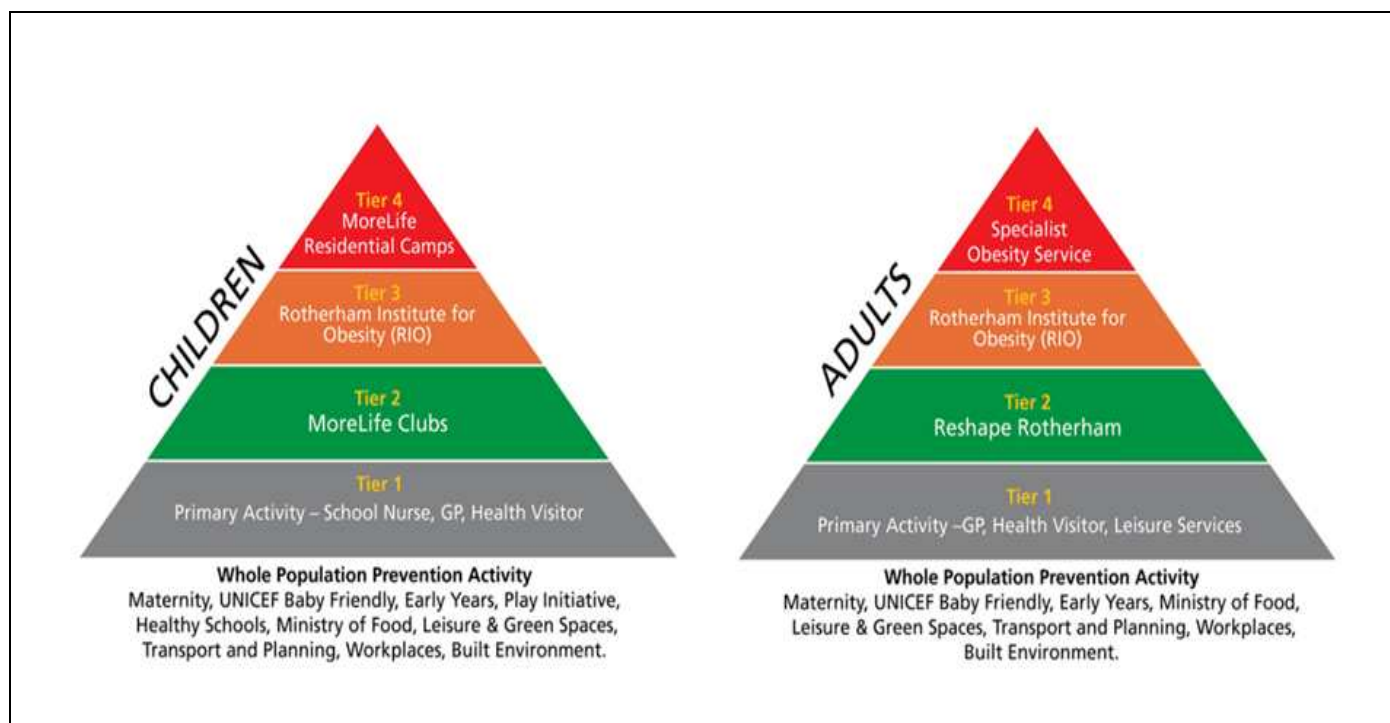


Table 2 Children's Services

Service and Description	Funding 2013/14	Indicative Annual outcome target
<p>Tier 2 Children - More Life Clubs</p> <ul style="list-style-type: none"> Delivered by DC Leisure at all leisure centres across Rotherham Overweight/obese children (>85th centile), aged 8-17 years, and their parents/carers 12 weekly sessions of diet, physical activity and behaviour change Self-referral from family, referral from school, health professional A parent or carer must accompany each child to every session 	£170k	293 successes
<p>Tier 3 Children - Rotherham Institute for Obesity (RIO)</p> <ul style="list-style-type: none"> Obese children aged < 18 years (BMI centile >99.6th or BMI centile > 95th with increased risks) Team led by a GP specialising in obesity, includes access to dietician, specialist nurses, physical activity leaders, talking therapists and health trainers Referral from school nurse, other health professional, family GP 	£167k	200 successes
<p>Tier 4 Children - More Life Weight Management Camp</p> <ul style="list-style-type: none"> Delivered at Woodhouse Grove School, Leeds Obese children (>96th centile), aged 8-17 years Residential camp focusing on lifestyle change, increasing fitness, weight loss and fun Referral via RIO, who will work with child and family to decide most appropriate course of support and eligibility for the camp 	Cost is around £3,200 per child, numbers have varied.	20 successes

Note - Funding for adult and children's Tier 3 services is combined and allocated to reflect higher levels of adult activity and lower levels of child activity than originally anticipated.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Health Select Commission
2.	Date:	12th September 2013
3.	Title:	Scrutiny Review of Hospital Discharges
4.	Directorate:	Resources

5. Summary

This report sets out the findings and recommendations of the scrutiny review of hospital discharges in Rotherham. The draft review report is attached as Appendix 1 for consideration by the Health Select Commission.

6. Recommendations

That the Health Select Commission:

- **Endorse the findings and recommendations of the report and make any amendments as necessary**
- **Agree for the report to be forwarded to the Overview and Scrutiny Management Board and then Cabinet**
- **For the report to be considered by the Health and Well Being Board**
- **For the Cabinet response to the recommendations to be fed back to the Health Select Commission**

7. Proposals and Details

This review was requested by the Health Select Commission. The issue was part of the work programme for the Health Select Commission in 2012/13 and as such an initial report was received by the Commission at its meeting in April 2013. This was written and presented by Maxine Dennis, Rotherham NHS Foundation Trust. Members felt that the agenda was potentially very wide and therefore that a focused spotlight review was required.

The key focus of Elected Members' attention was their perception, based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. The review therefore looked at to what extent this perception was based on the true picture.

There were four main aims of the review which were to consider:

- Definition of a good discharge from hospital and therefore how is a failed discharge identified
- Reasons for failed discharges
- Discharge arrangements for those with care plans and those without
- Patient experiences

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities

The review conducted was a spotlight review and formulated eight recommendations as follows:

1. That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.
2. The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route. Recommendation 2 also applies to staff and should be built into training programmes
3. Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.
4. The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.

5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.
6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission
7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.
8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this

8. Finance

In general 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 mismatch between perceptions about discharges and the reality of the situation. The issue of addressing these misconceptions about the agenda is key to the recommendations.

10. Contact

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Scrutiny review: Hospital Discharges Policy and Procedure

Review of the Health Select Commission

May – August 2013

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Executive Summary

The aim of the review:

The review group was made up of the following members:

- Cllr Brian Steele (Chair)
- Cllr Christine Beaumont
- Cllr Judy Dalton

Summary of findings and recommendations

There were four main aims of the review which were to consider:

- Definition of a good discharge from hospital and therefore how is a failed discharge identified
- Reasons for failed discharges
- Discharge arrangements for those with care plans and those without
- Patient experiences

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

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8. Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this

1. Why members wanted to undertake this review?

This review was requested by the Health Select Commission. The issue was part of the work programme for the Health Select Commission in 2012/13 and as such an initial report was received by the Commission at its meeting in April 2013. This was written and presented by Maxine Dennis, Rotherham NHS Foundation Trust. Members felt that the agenda was potentially very wide and therefore that a focused spotlight review was required.

The key focus of Elected Members' attention was their perception, based on anecdotal evidence, that there was a problem with out of hours discharges (late at night or weekend) and patients being discharged without adequate support arrangements in place. The review therefore looked at to what extent this perception was based on the true picture.

2. Terms of reference

The work of the review group was split into two pieces of work:

1. Gathering of contextual information, gaining an understanding of the area and examining data to build up the picture and to scope the review tightly.
2. To carry out a swift spotlight review of the issues.

The review has been provided with support and evidence by the following officers:

Maxine Dennis – Interim Director Patient and Service Utilisation, Rotherham NHS Foundation Trust
Shona McFarlane – Director of Health and Wellbeing
Michaela Cox – Service Manager
Lindsay Bishop – Manager Hospital Social Work Team
Sandra Tolley – Housing Options Manager
Sandra Wardle – Housing Team Leader

3. Background

The Rotherham NHS Foundation Trust has on average 70,000 patients admitted to the hospital per year. Whilst 38,000 patients are admitted for a planned elective procedure, 32,000 are admitted as an emergency.

The number of emergency admissions continues to rise year on year, and this year there is to date a 7.6% increase in emergency admissions this year compared to last year. In addition, there is a significant increase in the number of frail elderly people being admitted to hospital. This patient group is very vulnerable and often have very complex care needs, which require very complex discharge planning arrangements.

It is also acknowledged that Rotherham as a health and social care community admits more patients with long-term conditions over and above the national averages and at any given time has patients in acute hospital beds that do not necessarily require that acute level of care.

Rotherham NHS Foundation Trust has and continues to work in close collaboration with partner agencies to explore and provide alternatives to admission to hospital and a number of new initiatives have been developed over recent years to provide alternatives to hospital admission i.e. Breathing Space, Intermediate Care, Community Hospital beds.

Due to the pressure and demand on hospital beds and the need to be able to accommodate the admission of acutely ill patients, it is important that the hospital can expedite discharge where the patient no longer needs to be in hospital.

Whilst it is important to discharge patients in a timely way, it is equally important that discharge is safe and that patients who have complex discharge needs have those needs carefully planned for and executed.

As a result, Rotherham NHS Foundation Trust has a comprehensive and detailed Discharge Policy. This Discharge Policy has recently been systematically reviewed and the current version is in its final draft format, having been consulted upon.

Reasons for Delayed Discharges

There will always be some patients who experience a delay to their discharge for a number of reasons:

- A complex home care package of support is required
- Equipment to support discharge is required
- Patient choice for those patients requiring 24- hour residential or nursing care
- Housing adaptations are required
- Re-housing is required
- Complex family dynamics
- Financial complexities

The Delayed Discharge Act clearly defines the criteria for reportable delayed discharges and Rotherham NHS Foundation Trust, working closely with RMBC Social Services, has a low rate of reportable delayed discharges. This is a reflection of the collaborative approach taken.

However, there are patients where this delay is not reportable, but is still a delay i.e. patients undergoing complex assessments.

All patients are entitled to have their ongoing needs assessed against Continuing Health criteria for Continuing Health Funding. This process can be lengthy and complex and the documentation associated with this process can be time-consuming and resource intensive.

Occasionally there can be a dispute between agencies, families, and healthcare providers in terms of what is required to facilitate a safe and appropriate discharge. This dispute process, whilst always resolved eventually, can add delays into the discharge process.

The Discharge Policy pulls together all of these potential complex issues, in order to ensure that any discharge or transfer of care is safe and effective, whilst keeping the patient/family needs at the centre of the decision-making process.

4. Hospital Discharges Policy and Procedures

4.1 What is a successful discharge?

Members received evidence about how the discharges process works and that this is very different depending on the needs of the patient. Patients who meet the criteria of the Delayed Discharges Act require a comprehensive multi-disciplinary assessment, which results in an agreed Care Plan by all agencies involved as part of the process, in order to ensure that all care needs will be met on discharge from hospital. This is usually facilitated jointly by hospital clinical staff and the Hospital Social Work team, working with staff from other agencies if and where appropriate (in more complex cases). Staff from community-based health services are included in these assessments as required, noting that community health services are part of the RFT. Members heard from Lindsay Bishop, the Manager of the Social Work Team about how they work and the role they play in effecting successful discharges.

Members agreed that an effective discharge is one which takes place in a timely and a safe manner. It was acknowledged that it is in the interests of both patients and the services in question to discharge patients as soon as possible, however, not until it is safe to do so. For more complex cases, this involves a detailed assessment and care planning process as outlined above.

Members noted that in the case of complex discharges some community services professionals would be invited to case conferences. Sometimes it is difficult to identify who is, or has been, involved and it may also depend on staff availability. All wards have slightly different ways of managing the multi-disciplinary assessment process. It was agreed that the people who know the patient the best should be involved in the process.

Recommendation 1

That ways should be considered as to how to involve community services more effectively with complex cases and their discharge arrangements.

Discharge takes place back into the care of the GP. If the care plan identifies community needs then the case management role of this is the GP's responsibility. This works well in the majority of cases, however, members expressed concern about the assumption that the GP co-ordinates nursing and therapeutic care that is not necessarily linked to them.

Members also received information about failed or delayed discharges. The main routes for identifying these are via re-admission data and delayed discharge data (where patients have not been discharged in a timely manner due to a variety of reasons).

4.2 What the data tells us

Members discussed the data in some detail during the scoping of the review. Information provided to Elected Members during the scoping of the review, revealed that there is little material evidence to support the perception that there is a problem with out of hours discharges taking place. For this reason the data considered at the spotlight review meeting itself was more focused on delayed discharges, the reasons for this and customer feed back relating to this.

Key messages were identified at the spotlight review meeting, which were as follows:

- Significant numbers of delayed discharges were due to patient or family choice, possibly regarding choice of care home. The hospital tries to work with patients and families where there are such delays, acknowledging that it is difficult to force patients and families into making care choices in some cases. Issues around patient and family choice are managed in a sensitive way and this is reflected in the complaints information i.e. no complaints were from this category.
- The data from NAS and from the hospital differs and this is due to partners measuring things differently, with the commonality being the DD Act, and the different moderators of the information that each organisation is accountable to.
- The total number of delayed discharges is less than 1% therefore the statistics do not support the anecdotal evidence that this is a problem but any issues need to be addressed.
- Policy should be reviewed to strike a balance between encouraging through put and allowing patient choice.
- Rotherham performs well compared to its counterparts in the rest of Yorkshire and Humber. North Lincs. Council have looked at Rotherham as an example of best practice in this area.

Members were presented with examples of leaflets that were designed to make the discharge process understandable for patients and their families. It was agreed that finding effective ways to improve communication were very important with this agenda. It was noted that these findings were very similar to that of the Continuing Healthcare scrutiny – members were informed that approximately one third of patients who were subject to delayed discharges were Continuing Health Care patients.

Recommendation 2

The perception of problems relating to discharge is not supported by factual information therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be explored. Any individual issues raised with an Elected Member need to be fed in by the most appropriate route.

Recommendation 2 also applies to staff and should be built into training programmes

Recommendation 3

Communications are key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.

4.3 What the patients and their families think.

Members of the review group were keen to understand the information gathered around customer feed back, particularly that information which related to formal complaints. It was their view that this would enable them to understand the true picture. Information was presented by RFT on this.

Members noted a decline in complaints relating to discharges, relatively to the total number of complaints. Examination of complaints that did exist showed that inappropriate discharge and communication failures were the main reason for these complaints. Further information was provided on the meaning of inappropriate discharge, with an analysis of this provided for January to June 2013. Members observed the following:

- There were no complaints relating to out of hours discharges.
- Inappropriate discharges mostly related to contact with care providers and failure to restart care. Although these are few in number it was noted the potential implications of these were of significant concern.
- As noted already, efforts to improve communications are required.
- Support for complainants is via patient services.
- Patient surveys and the Friends and Family test feedback are used as well as formal procedures, as the problem may occur once the patient has gone home.
- The Friends and Family test picks up patients post discharge.
- Care Co-ordination Centre is a new facility which operates a discharge support service – a follow up phone call for vulnerable patients within 24 hours. Community Services would be dispatched if a problem had occurred to try and avoid re-admissions. This has been in operation since April 2013 and this was welcomed by members.
- Feedback on inappropriate discharges is encouraged via Social Services, Care providers and/or relatives and is monitored by the Care Management Team.
- Unsafe discharges are monitored via the recently re-activated multi-agency Operational Discharge Group. They will identify recurring themes/wards in order to target training.

Recommendation 4

The Care Co-ordination Centre and its discharge support service are supported by members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.

Recommendation 5

Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.

4.4 The implications of failed or delayed discharges

Whilst gathering data for scoping of the review members considered that the overall number of failed or delayed discharges was very small (less than 1%). They were keen, however, to understand that despite the relatively small numbers, what are

the implications when things go wrong. They therefore, requested information about the length of delays and the costs of these.

Members noted that the total delayed discharges resulted in a total of 780 bed days. Information presented on the costs of these bed days revealed that:

- The biggest delays in discharges are with General Medicine and Older People's Services. This is not a particularly high bed day cost comparatively.
- Thoracic and Chronic Obstructive Pulmonary Disease (COPD) are part of General Medicine.

Pressure on beds at peak times can be alleviated by various means - using the RAID rapid assessment for discharge policy (an agreed health and social care policy for expediting discharge), suspending non-urgent elective surgery, transferring patients from medical to surgical wards, step up/down services, intermediate care and Breathing Space.

As noted previously, however, members stressed that despite the evidence that the issue is not as significant as perceptions indicated, the potential impact on patients and their families of a failed discharge is of concern. Therefore the recommendations contained within this report have the potential to improve outcomes for these patients.

Members noted that preparation for the Scrutiny review has resulted in a commitment from all officers concerned to carry out a business re-engineering review of the whole system. This will provide route maps for clients and assist with staff training, task allocation, timelines and clearer understanding of the need to escalate issues or problems. This will all improve the process further. The outcome of this should be reported back to members. The Continuing Health Care review also identified some common themes and will be part of the work.

Finally, members considered the fact that the hospital offers a 7 day per week service, including discharging patients. Social care services are available 7 days per weeks via the out of hours service. It was noted, however, that it is a more limited service out of hours. Given the policy direction for greater integration between health and social care services, it was considered whether this needed to be considered further.

Recommendation 6

Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission

Recommendation 7

The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.

Recommendation 8

Cabinet should consider whether social care services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this.

4.5 Future monitoring

The action plan for the implementation of the recommendations that are accepted should be reported to the Health Select Commission initially after six months and thereafter on an annual basis for monitoring purposes.

5. Background Papers

Notes of Meeting: held on 24th June 2013

Notes of spotlight review meeting on 3rd August 2013

Rotherham NHS Foundation Trust Discharge Policy

Data made available to the spotlight review:

- Complaints
- Delayed discharges
- Bed day costs
- Inappropriate discharges

6. Thanks

Thanks go to all of the witnesses who gave their time and support to the review process.

Specific expertise and input from Maxine Dennis, Rotherham NHS Foundation Trust was invaluable.

For further information about this report, please contact

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meetings:	Health Select Commission Improving Lives Select Commission
2.	Dates:	12 September 2013 18 September 2013
3.	Title:	Scrutiny Review: Support for Carers
4.	Directorate:	Resources All wards

5. Summary

The Health Select Commission and the Improving Lives Select Commission have agreed to undertake a joint scrutiny review of support for carers. To begin evidence gathering and set the context this report provides a profile of carers in Rotherham and an overview of the Carers' Charter and Joint Action Plan for Carers.

6. Recommendations

Members are asked to:

- 6.1 Receive and comment on the report.**
- 6.2 Inform the Scrutiny team if they wish to be part of the review group.**
- 6.3 Forward any comments arising from the report to the review group for consideration and inclusion in the scope of the review.**

7. Proposals and details

7.1 Background

Following a Member seminar on dementia and ensuing discussion about the important role and contribution of carers in Rotherham the Health Select Commission and the Improving Lives Select Commission agreed to undertake a joint spotlight scrutiny review of support for carers. All members of both Select Commissions are invited to express an interest in being part of the review group, to be chaired by Cllr Steele.

7.2 Definition of a carer

A carer is an adult or young person who provides unpaid care for a partner, relative, friend, an older person or someone who has a disability or long term illness, including people with alcohol/substance misuse and mental illness.

7.3 Profile of carers in Rotherham

The census in 2011 shows that Rotherham continues to have a higher rate of people with limiting long-term illness than the national average of 17.6% - 56,588 (21.9% of the population). It also revealed that Rotherham's population is ageing faster than the national average with a 16% increase in the number of people aged over 65 (from 2001 – 2011). Those aged over 85 increased at over twice this rate (+34.6%). This population profile naturally impacts on the numbers of people needing care now and potentially in the future.

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill-health/disability or problems related to old age. The number of carers has increased only slightly from 30,284 in 2001 but still equates to 12% of the population and is higher than the national average of 10%. One noticeable change is that compared to 2001 fewer people are now providing 1 to 19 hours of care a week (19,069 in 2001 down to 17,400 in 2011) but more are providing care for 20 or more hours per week (see graph in Appendix 1). The number of people providing 20 to 49 hours care has increased (3,828 to 4,736), as has the number providing 50 or more hours (7,387 to 8,865).

7.4 Rotherham Carers' Charter and Joint Action Plan for Carers 2013-16

The previous Carers' Strategy (2008 to 2011) was reviewed together with an analysis of previous consultation with both adult and young carers between 2009-11. This identified many positive achievements and outcomes for carers (see Appendix 1), but also highlighted some gaps and areas for continued development. Carers emphasised the need for providing better access to information and advice, and although a

number of improvements had been made in this area, more work was needed locally. Following this review the Council and the Clinical Commissioning Group produced a Carers' Charter and a new three-year Joint Action Plan for Carers published in March 2013.

Over the next three years (2013-2016) work is focusing on a set of four priority outcomes, based on the views and experiences of carers gathered through a range of consultation activities. These priorities are linked to the six priorities in the Health and Wellbeing Strategy.

- Priority 1 - Health and Wellbeing: all carers will be supported to make positive choices about their mental and physical health and wellbeing
- Priority 2 - Access to information: accessible information about the services and support available will be provided for all carers in Rotherham
- Priority 3 - Access to services: all carers will be offered and supported to access a range of flexible services that are appropriate to their needs
- Priority 4 - Employment and Skills: all carers will be able to take part in education, employment and training if they wish to

The charter contains a number of commitments (see Appendix 2) linked to the four priority outcomes and each commitment has a number of underpinning actions and measures which comprise the joint action plan.

7.5 Potential review scope

It is evident that extensive consultation has been carried out with carers to identify the issues that matter most to them. As the new action plan was only approved in March this year it is probably too early to assess the progress in bringing about further improvements for carers, but it is important that the plan is performance managed effectively. The Carers Steering Group will be reviewing communication with carers by the end of 2013 and the Carers Handbook will be undergoing its annual review.

Neighbourhoods and Adult Services have recently established a Carers Service Review task and finish group to review current support services for carers, focusing on how support is currently provided to carers and how this may be improved.

This spotlight review could add value to the planned work above by looking at available support from the perspective of carers, especially adult carers of adults with long term conditions such as dementia, focusing on Priority 2 - Access to information:

- do all carers identify themselves as carers?
- do they consider that they need support?

- who do they go to for initial support when becoming a carer?
- where do they go for support?

Members are asked to consider carrying out the spotlight review to ensure the views of carers are reflected through gathering evidence from them as witnesses. The results of this spotlight could then be fed into the Carers Service Review with the task and finish group being asked to report back the outcome of their review to a future meeting of the Health Select Commission and the Improving Lives Select Commission.

8. Finance

Any recommendations from the Select Commissions would require further exploration by the Strategic Leadership Team and partner agencies on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

Rotherham has a significant number of carers, many of whom are older people who may themselves have underlying health conditions, and with an ageing population it is vital that support is in place to ensure that carers maintain a good quality of life.

The review should establish the extent to which carers in Rotherham are able to carry out their caring role through access to timely and appropriate information enabling them to access support and services which meet any specific needs they have as carers.

10. Policy and Performance Agenda Implications

The Care Bill 2013-2014, which will reform the law relating to care and support for adults and the law relating to support for carers, is currently progressing through parliament and will impose new duties once enacted. The carers service review mentioned in 7.4 will take account of potential changes required to ensure compliance.

RMBC Corporate Plan Priority:

Ensuring care and protection are available for those people who need it most.

- Carers get the help and support they need
- People in need get help earlier before reaching crisis
- People in need of support and care have more choice and control to help them live at home

Children and Young People's Plan 2010-2013

11. Background Papers and Consultation

Rotherham Carers' Charter 2013

Joint Action Plan for Carers 2013-16

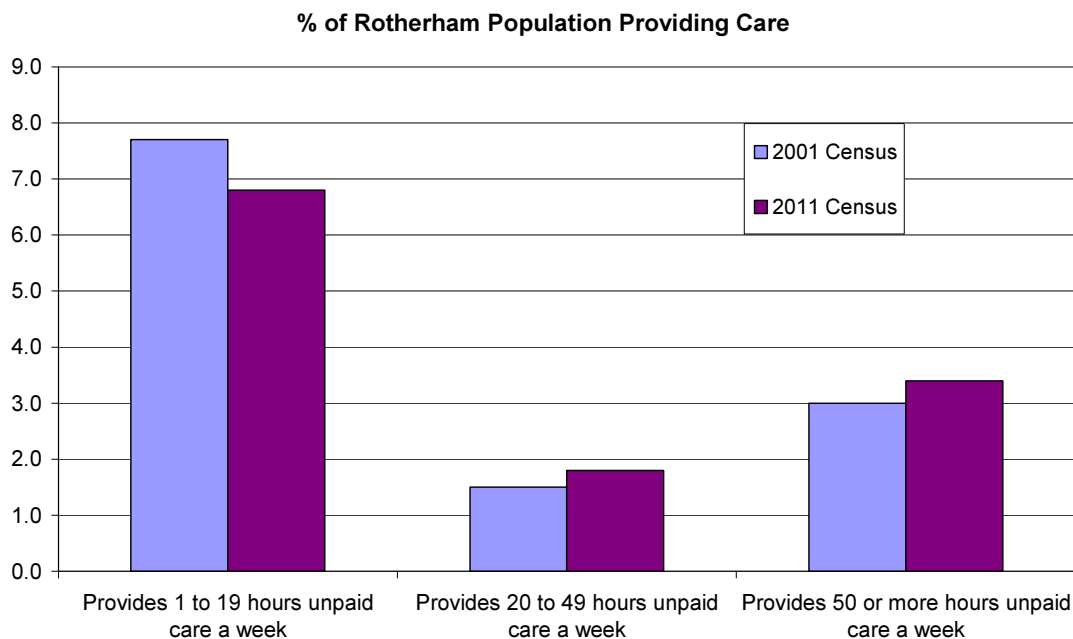
2011 Census data

12. Author

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Appendix 1



Key achievements from previous Carers Strategy 2008 – 2011

- Opening of the Carers Centre in 2010, supporting thousands of carers to get the help and support they need in Rotherham.
- Refreshed the Carers Handbook
- Rotherham is one of the best performers in the country for undertaking carers needs assessments and providing support, advice and information, carrying out over 2800 assessments in 2011/12 – all within 28 days.
- Customer satisfaction with carers services in Rotherham is 97.5%
- A range of Information events such as National Carers Week, Carer's Rights Day, Fairs Fayre and Lets Talk
- Targeted information for BME Carers, carers in rural areas and outreach work
- Producing an NHS DVD and '7 steps to caring' leaflet
- Carers Assessment form amended and improved to include signposting to a wide range of services
- Support to carers offered through a range of healthcare services such as the Memory Clinic, Breathing Space, Continuing Care Service, Macmillan and Rotherham Hospice
- A range of training offered specific to carers such as first aid and moving and handling
- Jobcentre Plus providing carers advisers in Job Centres
- Barnardos delivering a Young Carers Service and inclusion of questions about being a carer in the schools Lifestyle Survey
- Support to carers offered through a range of voluntary and community sector organisations, including carers breaks

Appendix 2

Commitments from Rotherham Carers' Charter

1. To improve health and wellbeing of carers:

- We will work with GPs to increase support and information available for carers
- We will work with healthcare staff to continue raising the need for people to recognise themselves as carers, and therefore access the help and support they may be entitled to
- We will offer personalised support to carers, enabling them to have a family and community life
- We will actively speak to carers about ensuring where possible that their own health does not suffer as a direct result of caring
- We will work with carers to help them to keep safe

2. To improve access to information:

- We will make sure that all carers are able to access information, advocacy, advice and support
- We will ensure information is provided to prevent carers experiencing financial hardship as a result of their caring role
- We will improve the offer of information and support to young carers
- We will make sure appropriate and up to date training is undertaken by all staff that work with carers to ensure information can be shared
- We will continue to review the Carers' Handbook to ensure the right information is available and it is widely accessible to all carers

3. To improve access to services:

- We will review the Rotherham Carers' Centre to ensure existing services meet the needs of carers
- We will raise awareness of staff to identify and support young carers
- We will explore potential for low level preventative services to support carers, including carers of people with dementia
- We will make sure carers are referred to preventive services at an earlier stage to help prevent them from reaching crisis point

4. To enable carers to take part in employment and training:

- We will support carers to identify their personal goals in work
- We will actively support all carers, including young carers, to remove barriers to education, training and employment
- We will actively promote flexible and supportive employment policies that benefit carers

1. Meeting:	Health Select Commission
2. Date:	12 September 2013
3. Title:	Health Select Commission Work Programme
4. Directorate:	Resources

5. Summary

The report aims to allocate a provisional timetable to the Health Select Commission work programme for 2013/14 and provide some further clarification on some of the proposed work areas.

6. Recommendations

Members are asked to:

6.1 Discuss and agree the proposed work programme timetable.

6.2 Discuss and agree the format and further scoping of proposed reviews.

7. Proposals

Members of the Overview and Scrutiny Management Board discussed and agreed in principle the Scrutiny work programme for 2013/14 during their meetings in June 2013. It was agreed that each Commission should aim to have one full review and one spotlight review during the year, but that other items of interest and priority could be managed as part of the scheduled meetings with well scoped and planned reports by individual officers.

Attached at appendix A is the work allocated to the Health Select Commission as a result of those discussions and agreement. An additional review, Support for Carers, to be carried out jointly with the Improving Lives Select Commission, has been added since the work programme was agreed originally.

This report aims to provide a broad timetable for allocation of HSC's work programme and whilst some work areas have been provisionally noted as either a report or a review under work category others could potentially be either at this stage.

The benefits of a broad timetable are:

- to provide Members with a clear focus and plan; and
- to provide supporting officers throughout the Council and in partner agencies with advanced notice of when their input will be required.

It should be noted that some degree of flexibility will be required with the timetable as other items will inevitably be added throughout the year, and also timing may need to shift according to the workloads and other commitments of supporting officers. The next stage will be to negotiate these time frames with the relevant officers. Some work areas such as the quality accounts from health partners and monitoring previous reviews will be scheduled in due course.

8. Finance

There are no issues arising directly from this report.

9. Risks and uncertainties

The development of a clear work programme maximises the potential for health scrutiny to have an impact and mitigates against the risk of using resources with little impact or outcome. It does, however, need to maintain flexibility to allow for uncertainties to be accommodated within the planning process.

10. Policy and performance agenda implications

The Scrutiny work programme aims to add value to corporate priorities by addressing key policy and performance priorities.

11. Background papers and consultation

Work programme 2013/14

12. Contact

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Subject	Source	Work category	Scope	Suggested Timing
Support for Carers (Joint with ILSC)	Leader	Spotlight review	Looking at available support from the perspective of carers, especially adult carers of adults with long term conditions such as dementia, focusing on Priority 2 from Carers Charter - Access to information	September 2013 Initial report on agenda Sept.
How to improve health in Rotherham	Cabinet/SLT	Progress Reports	This is a wide area – work with Health and Wellbeing Board on Health and Wellbeing strategy monitoring. Exception reporting may inform future work.	Annually or twice per year? Presentation on HWBS progress by Cllr Wyatt scheduled for October 2013
Access to GPs	Scrutiny	Full or Spotlight Review	To follow on from issues raised in Urgent Care review, including appointments.	Commence in October 2013. Initial report on agenda Sept.
Excess Medication	Scrutiny	Report	Aim to find ways to reduce wastage and save resources with regard to over supply and patient non-use.	December 2013 meeting
School Nursing Service	Scrutiny	Initial report – potential spotlight review	This will be scoped with initial report Possible areas to cover: - service specification - contribution to tackling child sexual exploitation	December 2013 meeting
Continuing Health Care for Children and Young People	Officer	Report	Follow on from Adults CHC review – sub report	Scheduled for January 2014
Sexual Health Services	Scrutiny	Initial report – potential spotlight review	This will be scoped with initial report. Possible areas to cover: - service specification and bud - contribution to tackling child sexual exploitation	January

Subject	Source	Work category	Scope	Suggested Timing
Urinary Continence Services - Men - Women	Scrutiny	Initial report	Aim to find ways for more preventive approaches and save resources	Two sessions – March/April
Mental Health Services	Scrutiny	Initial report	This will be scoped with initial report. <ul style="list-style-type: none"> • Older adults access to Mental Health services - talking therapies or to primary care? • Referral routes for professionals from other services 	April

HSC Meeting Dates:

12 September 2013
24 October 2013
5 December 2013
23 January 2014
13 March 2014
17 April 2014
12 June 2014
10 July 2014

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meetings:	Health Select Commission
2.	Dates:	12 September 2013
3.	Title:	Scrutiny review: Access to GPs
4.	Directorate:	Resources All wards

5. Summary

The Health Select Commission has agreed to undertake a scrutiny review of access to GPs. To begin evidence gathering and set the context this report provides an overview of the national context as set out in the current NHS England “Improving General Practice – a Call to Action” consultation.

6. Recommendations

Members are asked to:

- 6.1 Receive and comment on the report.**
- 6.2 Agree membership and timescales for the review group.**
- 6.3 Forward any comments arising from the report to the review group for consideration and inclusion in the scope of the review.**
- 6.4 Consider submitting a collective response to the on-line NHSE consultation.**

7. Proposals and details

7.1 Background

As agreed following discussion in previous Health Select Commission meetings a scrutiny review of Access to GPs will be carried out as a priority in the work programme for 2013-14 as Members have raised concerns about waiting times for appointments. All members of the Select Commission are invited to express an interest in being part of the review group and to consider the scope of the review. It is envisaged that evidence will be required from NHS South Yorkshire and Bassetlaw, Rotherham Clinical Commissioning Group (CCG) and GPs.

GP primary care services are commissioned by NHS England through the local area team – NHS South Yorkshire and Bassetlaw. Although the standard appointment time to see a GP should be 48 hours waiting times are perceived to be much longer in many cases. Evidence provided for the Urgent Care workshop included a survey of 166 patients who attended the Walk in Centre in January 2013. The survey showed that before attending the Walk in Centre, 35% of patients had tried to get a GP appointment, 26% had taken over the counter medicines and 21% of people had not accessed any services before attending the Walk in Centre. Other consultation by the CCG has also highlighted public confusion about where to go for what health problem.

7.2 NHS England

NHSE is currently undertaking a large scale consultation “*Improving General Practice – a Call to Action*” to inform the future of general practice services in England, as part of its wider consultation ‘*The NHS belongs to the people: a call to action*’ launched on 11 July 2013. The survey is open for feedback and comments until **10th November 2013** and may be accessed from this hyperlink: <https://www.engage.england.nhs.uk/survey/improvinggp>

Their aim is to: “enable general practice to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.”

Through their recent engagement with general practice, CCGs and other partners they have identified significant challenges and pressures that will necessitate changes in the development of general practice services. These include:

- an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations, especially for older patients;
- increasing pressure on NHS financial resources, which will intensify further from 2015/16;
- growing dissatisfaction with access to services. The most recent GP Patient Survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours services. 76% of patients rate the overall experience of making an appointment as good;

- persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas;
- growing reports of workforce pressures including recruitment and retention problems.

Following the consultation NHSE intend to develop a national strategic framework for commissioning of general practice services, which CCGs and area teams will use to organise local primary services, taking into account local issues and patient needs.

7.3 NHS South Yorkshire and Bassetlaw

The impact of the national issues above for GP services in Rotherham, in particular with regard to access and appointment times could be explored in the scrutiny review, together with the future development plans of the local NHS area team. More detailed information, on a practice by practice basis would be useful to obtain an accurate local picture.

8. Finance

Any recommendations from the Select Commission would require further exploration by the Strategic Leadership Team and health partners on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

It is important that people in all parts of the borough have accessible and high quality primary health care. Due to the demographic profile of Rotherham with an ageing population and high incidence of limiting long term conditions, demand for GP services is likely to increase further over time.

10. Policy and Performance Agenda Implications

RMBC Corporate Plan Priorities:

- Helping to create safe and healthy communities.
- Ensuring care and protection are available for those people who need it most.

Health and Wellbeing Strategy

11. Background Papers and Consultation

NHS England “Improving General Practice – a Call to Action”

12. Author

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