

**HEALTH SELECT COMMISSION  
5th December, 2013**

Present:- Councillor Steele (in the Chair); Councillors Beaumont, Dalton, Goulty, Hoddinott, Kaye, Middleton, Roche, Sims, Watson and Wootton; together with co-opted members Victoria Farnsworth (Speak Up), Peter Scholey and Russell Wells (National Autism Society).

Also in attendance: Councillor Wyatt (Cabinet Member for Health and Wellbeing) for items 48 and 49.

Apologies for absence were received from Councillor Havenhand and from co-opted member Robert Parkin.

**44. DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

**45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

A member of the public spoke about the work of the 'Speak up for Autism' Group which, in association with the Sheffield Hallam University, was undertaking a study of the stress levels experienced by people who suffer Autism.

**46. COMMUNICATIONS**

Members noted that the agenda item about Children's Continuing Healthcare has been deferred from the next meeting of the Health Select Commission (23<sup>rd</sup> January 2014) and will be considered at a later date.

**47. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on Thursday 24th October, 2013.

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

**48. HEALTH AND WELLBEING BOARD**

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 16th October, 2013.

The Select Commission noted that:-

: (Minute S44) - the Joint Strategic Needs Assessment continues to be a priority for consideration by the Health and Wellbeing Board. New information is being suggested for inclusion, for example, the impact of domestic abuse, as a recommendation from the recent scrutiny review.

: (Minute S45) – the Health and Wellbeing Board had not yet expressed a definitive view concerning the presence of fast-food outlets near schools and within deprived areas – officers within the Planning Service and the Public Health Service are developing a policy on this matter for consideration by Elected Members.

Resolved:- That the minutes be received and the contents noted.

#### **49. HEALTH AND WELLBEING STRATEGY**

Councillor Wyatt (Cabinet Member for Health and Wellbeing) presented a progress report about the Health and Wellbeing Strategy, which was twelve months into implementation. The six strategic priorities of the Strategy were being delivered through a set of workstreams, each with an identified lead officer who had attended the Health and Wellbeing Board to present their action plan. The new outcomes framework to measure progress on the priorities is being developed, linked to the national Public Health Outcomes Framework.

The workstreams and progress to date were as follows:-

##### Workstream 1: Prevention and Early Intervention

- Individual commissioning plans for the locally determined priorities (smoking, alcohol and obesity) being developed ensuring they had a focus on Prevention and Early Intervention;
- An increase in the number of adults screened and offered brief intervention within Primary Care in relation to alcohol;
- The Clinical Commissioning Group's Strategy was delivering more alternatives to hospital admission, treating people with the same needs more consistently and dealing with more problems by offering care at home or close to home;
- Remained 1 of the best performing Health Check Programmes, with 57% of people in Rotherham having completed a first Health Check since 2006. There will need to be a step change in performance to achieve the 20% annual target of eligible people screened;
- The 'Making Every Contact Count' model had been agreed in principle at the previous Health and Wellbeing Board;
- The Suicide Review Group had been established and had reviewed all suicide deaths and looked to support actions to improve mental health and wellbeing, including the development of active bereavement support to reduce the risk of suicide in family members.

#### Workstream 2: Expectations and Aspirations

- Development of a customer pledge which was currently proceeding through the final agreement stage, but not progressing as well as hoped;
- Complaints baselines had been collated to enable monitoring of performance against numbers and types of complaints in relation to Customer Service;
- Practitioner Information Sharing events had taken place for a number of the deprived areas, with the purpose of looking at how to tackle some of the challenges in relation to poverty and deprivation;
- A single set of Customer Standards had been consulted upon at the Rotherham Show in September and was now being developed by the Council with the intention of rolling out further and seeking sign-up from other partners.

#### Workstream 3: Dependence to Independence

- Formal review process being undertaken - to validate that this element of the Strategy was embedded and resulted in effective outcomes;
- Workforce Strategy Group established and a draft Workforce Strategy now in place;
- Risk Strategy Task and Finish Group, Terms of Reference and action plan are in place;
- Shared decision making framework has been agreed;
- Presentation made to Shaping the Future Provider Forum on 9<sup>th</sup> July 2013, with presentations to be made to future Crossroads and Age UK Annual General Meetings;
- Voluntary sector representation on workstream group;
- Joint Telehealth Strategy agreed;
- Progress made towards Personal Health Budgets – will be in place by 31<sup>st</sup> March, 2014;
- Netherfield Court staff tasked with developing an approach that looked beyond people's physical rehabilitation, to a more holistic approach.

#### Workstream 4: Healthy Lifestyles

- Strong focus on delivery of health behaviour change activity across the Borough, focussing specifically on deprived neighbourhoods and attendance at community events by Services to raise awareness and referrals;
- Adoption of the Smokefree Charter, followed by roll-out and promotion through voluntary and community organisations, businesses and educational establishments;
- Commissioned training for agencies providing support to members of the public affected by Welfare Reform, with particular focus on mental health and support services;
- the 'Making Every Contact Count' workshop has been held;
- <http://www.youtube.com/watch?v=FVeUHT1s714> and forward plan in development;

- Refresh of Rotherham Active Partnership and engagement of Elected Member as Chair;
- Work had continued on the review of number of Behaviour Change Services and development of new Service specifications, prior to re-tendering or transfer of commissioning responsibility to the Council;
- Weight management providers actively seeking to extend their reach into Children's Centres, Schools and Colleges;
- Obesity and Tobacco Control programme activity presented to the Public Health England Conference in September 2013.

#### Workstream 5: Long-term Conditions

- Plans in place to extend personal health budgets to a wider cohort of patients during pilot period, working in partnership with the Council to 1<sup>st</sup> April, 2014; Sub-groups formed with agreed Terms of Reference;
- Self-management strategy agreed by the Urgent Care Management Committee;
- the Rotherham Clinical Commissioning Group had developed a practitioner skills programme on self-management and is currently trying to identify GP practices willing to utilise the programme;
- Intermediate care facilities fully operational and Winter-ready, providing an alternative level of care for people with long term conditions who could not remain at home;
- Joint Commissioning Team identified high intensity users of Social Care Services with the next step being to match them against high users of health services and establishing whether there was a correlation;
- Specialist psychological support was now being provided to all stroke survivors as part of the Integrated Stroke Care Pathway. This process now needed to be rolled out to other care pathways
- Winter Plan included the process for identifying those with long term conditions who were vulnerable.

#### Workstream 6: Poverty

- Nine of the eleven deprived neighbourhoods had identified health as a key priority area and actions to address it were embedded into Neighbourhood Plans, where appropriate;
- Actions included learning about healthy lifestyles, improving access to Health Support Services and reducing alcohol consumption on the streets;
- Adult Skills had been identified as a key priority in eight of the eleven deprived neighbourhoods, therefore, actions had been included in plans to address this issue;
- Workshop planned for Service providers with the objective to determine what a strategy would look like to get those people, who are away from the labour market, 'work ready';
- Mapping exercises completed to ascertain the extent of poverty alleviation work currently being undertaken in Rotherham and also to capture national best practice in anti-poverty work; discussions taking place to map out what a building resilience strategy would look like;

- Limited capacity to achieve the Priority around actively working with every household in deprived areas to maximise benefit take-up; a Corporate review was being considered which would examine the appropriateness of Welfare Advice Services.

After the presentation, Members raised the following questions:-

: the key aims and the expected impact of the 'Customer Pledge' – the starting point is that the Pledge should be an expression of basic standards of health and social care to be provided for customers and patients;

: involvement of people who have learning disabilities in projects such as the 'quit smoking' and the 'stop smoking in pregnancy' campaigns; it was noted that there are specialist support services, including specialist midwifery and tailored support for women who are trying to stop smoking;

: the wide-ranging nature and contents of the Health and Wellbeing Strategy; it was noted that the Strategy is in place for a period of three years and intends to encompass all life stages (and age ranges); an explanation was provided of the monitoring arrangements for the Strategy's workstreams and actions (via the multi-agency Health and Wellbeing Steering Group); it was acknowledged that local and national priorities may change over time;

: issues concerning mental health and the waiting lists for assessment;

: funding for Winter pressures;

: the transfer of funding for Public Health services, from NHS England and from NHS Rotherham to this Council;

: progress with the actions to reduce the incidence of people drinking alcohol in the street; the complexity and seriousness of problems concerning alcohol were acknowledged;

: the incidence of obesity in young children – Rotherham is recognised nationally for its creation of the 'Healthy Weight' framework;

: auditing and monitoring of the Health and Wellbeing Strategy; one of the functions of the Health and Wellbeing Board is to hold the Council and partner organisations to account in the delivery of the services in accordance with the Strategy's priorities;

: poverty and the impact upon the Rotherham economy of the coalition Government's welfare reforms;

: the role and impact of the Deprived Neighbourhood Co-ordinators.

Resolved:- (1) That the contents of the report and the progress of each of the workstreams be noted.

(2) That a progress report be submitted to a meeting of the Health Select Commission, in six months' time, detailing the progress of two of the workstreams of the Health and Wellbeing Strategy and the Chairman and the Vice-Chairman of this Select Commission shall choose the two workstreams.

## 50. SCRUTINY REVIEW - AUTISTIC SPECTRUM DISORDER

Further to Minute No. 19 of the meeting of the Health Select Commission held on 11<sup>th</sup> July, 2013, Steve Mulligan (Principal Educational Psychologist) gave a presentation about the progress of the implementation of the actions arising from the scrutiny review of autistic spectrum disorder (ASD). The various issues highlighted were:-

Scrutiny Review: September-November, 2012

Objectives of the Review

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16plus (pupils leaving school) support and transition
- Budget implications

Final Recommendations

- That the Autism Communication Team (ACT) continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information; Local and regional data continued to be collected and shared across Education and Health. CAMHS and the Local Authority have improved their dialogue via regular meetings during the past four months. The most recent figures, collated to October, 2013, were:-

Mainstream	1,015
Special	192
Total	1,207

- That the Rotherham Child Development Centre (CDC) and the Child and Adolescent Mental Health Services (CAMHS) bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular, transition referrals at age 5 years should be the subject of a clearly documented care plan that is shared with all partners and the family  
CDC/CAMHS are physically located in the same building and complied with Diagnostic and Statistical Manual version 5. Waiting times are being reviewed and both CDC/CAMHS were examining pathways for the Autism Spectrum conditions, working with the Education Psychology Service.

- That the Special Educational Needs reform project group is being asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi-agency care plan with a lead worker allocated  
Education, Health and Care plans were being developed by the Local Authority group looking at Support and Aspiration under strategic leadership within the Council. Pilot Education, Health and Care plans were being formulated in compliance with the new Code of Practice and the Children and Families Bill 2013
- That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post-5) and at different life stages. This Service should recognise the vital role that parents and carers need to play in working with and influencing Service providers and should be developed in line with the commitments in the Partner and Child Charter  
Continued work regarding the development and understanding of multi-element planning. The principles of the Parent and Child Charter continue to be implemented and rolled out. Development of the Early Years Charter
- That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs  
The ACT Team has been aligned to the Learning Support Service. The funding of all the targeted Services was under a four-way review – High Needs Block, Learners First Review, Development of Integrated Pupil Services and Service Transformation; proposal to appoint a staff member to build capacity as part of Service Transformation and a commissioning process to meet need, should enable progress to be made quickly.
- That the Joint Strategic Needs Assessment include a detailed and thorough assessment of the needs of children and adults with autism including the identification of any gap in services  
The ASC Scrutiny report would form the basis of the JSNA around autism. Discussions at CAMHS planning meetings and a meeting to discuss joint commissioning on 19<sup>th</sup> December, 2013.
- In line with the JSNA, that commissioners consider the commissioning of Rotherham-based service for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out-of-authority placements  
Continued work regarding post-16 provision included building capacity at local college, bespoke packages and joint venture partnerships with

independent service providers. The Director of Safeguarding was leading on work regarding out-of-authority placements

- That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines  
Discussions had taken place with Adult Services regarding Autism with Adults paper/pathways linked to the ASC Strategy Group
- That RMBC identifies a 'senior leader' for the autism agenda who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group  
Appropriate senior staff of the Council now fulfil these roles.
- That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate  
Children and young people were diagnosed at different stages of their development. All systems must be NICE compliant. Joint work EPS/CAMHS continued around pathways to reduce "noise" in the system.

As a consequence of the scrutiny review and the work of the local Autism Society, there is now greater awareness in Rotherham, improved communications and increased confidence in schools and services.

After the presentation, Members asked questions about the following matters:-

: the impact of CAMHS services (Members requested additional information about this matter);

: post-diagnosis treatment;

: 5 to 7 years age group;

: post-diagnostic support for families – the Rotherham Clinical Commissioning Group will ultimately be asked to provide funding for such support services;

: support for pupils with high functioning Asperger syndrome in schools.

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

(2) That a further progress report explaining the implementation of the actions arising from the scrutiny review of autistic spectrum disorder be submitted to a meeting of this Select Commission in six months' time.



**51. YORKSHIRE AMBULANCE SERVICE QUALITY ACCOUNTS 2013-14**

Further to Minute No. 42 of the meeting of the Health Select Commission held on 24<sup>th</sup> October, 2013, Members welcomed Hester Rowell, David Bannister, Steve Rendi and Amanda Best (representing the Yorkshire Ambulance Service)

Hester Rowell, Head of Quality and Patient Experience, Yorkshire Ambulance Service, and Steve Rendi, Locality Manager (Rotherham), reported on the Quality Accounts which would be published in June, 2014 and would provide information on Service performance in the period between April, 2013 and March, 2014. The Service was inviting comments from partner organisations and from the public on the contents of the Quality Accounts report, with a deadline for submission of responses of 31<sup>st</sup> December, 2013.

Members received a presentation which highlighted the following issues:-

#### Clinical Quality Strategy

- Key part of the Integrated Business Plan
- Sets out key clinical quality priorities for 2012-2015
- Focus on evidence based practice and national priorities
- Focus on most important issues for the people who use the service

#### What influences the Yorkshire Ambulance Service Clinical Quality Strategy?

- Learning from the outcome of the Inquiry by Lord Francis into care failings at the Mid-Staffordshire NHS Trust

#### Quality Accounts 2012-13

- Accountability
- Transparency
- Consultation

#### Current Priorities

- Improving the experience and outcomes for patients in rural areas
- Working with care and residential homes
- Achieving a reduction in harm to patients (when being transported by ambulance) through the implementation of a safety thermometer tool
  - it was acknowledged that the incidence of such harm was extremely rare
- Public education
- Patient Transport Service improvement

#### Progress

- NHS safety thermometer
  - Increased awareness raising across staff on safety thermometer and harms
  - Review of Patient Transport Service booking process

- Review of dynamic risk assessments
- Audit of equipment on vehicles
- Standardisation of procedures
- Education and training review
- Regional Falls Network
  
- Public Education
  - Choose well
    - : Accident and Emergency (A&E) and the ‘999’ ambulance services are intended for people with life-threatening or serious conditions which need immediate attention, such as heart attacks, strokes, breathing problems or severe bleeding
    - : if someone needs treatment or advice for a minor illness, ailment or injury, there are a number of services available – self-care, pharmacy, NHS Direct, GPs, walk-in centre, minor injuries unit;
    - : Pharmacists provide an easily accessible service on the high street and at many supermarkets and can give confidential, expert, free advice;
    - : by choosing the most appropriate service, people can help to ensure that emergency services such as A&E and ‘999’ are available for those who really need them.
  
- Working with care and residential homes
  - Working in partnership to ascertain reasons for ‘999’ emergency calls, because a high percentage are received from care homes.
  
- Patient Transport Service for routine appointments
  - Patient Transport Service and recruitment
  - Restructuring the management team
  - Reviewing how the communication function operates
  - Re-assessing how work is planned and scheduled
  - Reviewing rotas to ensure better links between the service and patient needs
  - Improving how the Service listens and responds to patient and staff feedback
  - Reviewing fleet and estate requirements
  
- The Yorkshire Ambulance Service may not achieve Foundation Trust status until 2015, although the Service continues to act, report and engage with communities as a Foundation Trust.
  
- Next steps
  - Roadshow launch – “Spring into Safety”
  - Multiple communication channels – Yorkshire Ambulance Service television, social media sites, face to face;
  - Steering Group to sustain improvements
  - Review structure of clinical supervision
  - Review of education and training
  - Patient safety culture work

#### Consultation

- Listening to members, communities and staff

#### Rotherham Accident and Emergency (A&E)

- Preparing for Winter
- A&E operational re-design
- Incidence of priority 'red' emergency calls and response times
- Collaborative working in Yorkshire and the clinical leadership framework were highlighted.

After the presentation, Members asked questions about the following matters:-

: financial savings to be made by the Yorkshire Ambulance Service, during the next five years and the public consultation process concerning the budget reductions and service targets; it was noted that the Service is recruiting staff throughout Yorkshire;

: service performance targets and whether there is any impact on mortality rates;

: provision of specialist responses with different vehicles to different types of patient (eg: bariatric (obese) patients);

: ambulance 'turn-around' times at hospital A&E departments;

: the possible impact (eg: on ambulance journey distances and times) of the coalition Government's proposed reform of A&E services.

Resolved:- (1) That the information provided in the presentation be noted.

(2) That the Health Select Commission shall provide a response to the Yorkshire Ambulance Service Quality Accounts report 2013/2014, as now indicated and the Chairman and the Vice-Chairman shall approve the details of the response.

## **52. DATE AND TIME OF NEXT MEETING**

Resolved:- (1) That a special meeting of the Health Select Commission be held on Thursday, 9<sup>th</sup> January, 2014, commencing at 9.30 a.m.

(2) That the next scheduled meeting of the Health Select Commission be held on Thursday, 23<sup>rd</sup> January, 2014, commencing at 9.30 a.m.