HEALTH SELECT COMMISSION

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

Date: **Thursday, 5th December, 2013**

Time: **9.30 a.m.**

A G E N D A

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

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

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

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

8. Health and Wellbeing Board (Pages 11 - 18)
   - Minutes of meeting held on 16th October, 2013

9. Health and Wellbeing Strategy (Pages 19 - 26)
   - Progress on implementation by Councillor Wyatt

10. Scrutiny Review - Autistic Spectrum Disorder (Pages 27 - 43)
    - Steve Mulligan, Principal Educational Psychologist

11. Yorkshire Ambulance Service Quality Accounts 2013-14 (Pages 44 - 49)
    - Hester Rowell, Head of Quality & Patient Experience, Yorkshire Ambulance Service, and David Bannister, A and E Locality Manager for Rotherham.

12. Date and Time of Next Meeting
    - Thursday, 9th January, 2014 at 9.30 a.m.

HEALTH SELECT COMMISSION
24th October, 2013

Present:- Councillor Steele (in the Chair); Councillors Barron, Dalton, Goulty, Havenhand, Hoddinott, Kaye, Middleton, Roche, Watson and Wootton, Victoria Farnsworth (Speak Up), Robert Parkin (Speak Up) and Peter Scholey.

Apologies for absence were received from Councillors Beaumont and Sims.

Councillors Doyle and Wyatt were in attendance at the invitation of the Chairman.

34. DECLARATIONS OF INTEREST

The following Declarations of Interest were made:-

Councillor Steele	Partner/Governor representation on Rotherham Foundation Trust
Councillor Dalton	Member of Rotherham Foundation Trust
Councillor Wyatt	Member of Rotherham Foundation Trust

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The following questions were asked by members of the public present at the meeting:-

"The Daily Telegraph had run a story last month about a number of NHS Trusts that had been paying £570,000 a year to agencies. I was disappointed that 1 of them was Rotherham Hospital. Since February, the Rotherham Foundation Trust had paid at least £40,000 a month for Michael Morgan at an annual rate of up to £570,000 for the services of his company. It said that the sum would pay the salary of 26 nurses and is more than twice the top salary paid to any permanent NHS executive. What have the tax payers of Rotherham got for their money? How is it justified paying more than other Trusts?"

Michael Morgan, Acting Chief Executive Officer, Rotherham Foundation Trust, stated that the Trust's website contained all the contractual information concerning both partners. He was not paid directly by the Trust; he was paid by Bolt Partners so the information from the standpoint of him personally was not correct. His job was to work himself out of a job as quickly as possible and would be leaving on 18th November when the new Interim Chief Executive would be taking up the post. Michael had been fulfilling the role of Interim Chief Executive as well as Chief Restructuring Officer. There had also been 4 other individuals as part of that contract that had been in the organisation since February, 2013.

Michael would provide full details or the website had the actual contract between the Trust and Bolt Partners.

The information contained in the newspaper article was not the salary for the Interim Chief Executive but was the amount of money paid to the whole turnaround team that had been brought to Rotherham Hospital. When Bolt Partners had joined the Trust in February, 2013, the Trust had been losing money in recent years.

The Trust had lost £6M in 2012/13, £6M in 2011/12 and £3.5M in 2010/11. It was now £0.5M ahead of the Plan and was projected to break even at the end of March, 2014.

"It had been reported in the local press that the Hospital was considering options as part of the action plan to Monitor. 1 option was the merger or acquisition of other Health Trusts. How developed are the plans and what discussions has the Trust had with other Trusts?"

Monitor had asked the Trust to look at all options for Rotherham Foundation Trust. There were 3 basic options that the Trust was looking at and that was part of the work the turnaround team had been tasked with by the Trust and Monitor:-

Option 1 to continue the Trust as it was in its current structure under the current type of management

Option 2 Increased vertically integrated type of organisation
Currently there are acute and community services that were partially vertically integrated. A fully vertically integrated organisation would see patients taken care of in the community and the acute care trust, plus possibly closer work with social care, to move all the way through the continuum of care in a much more cohesive manner than at present.

Option 3 Affiliation type situation.
The 6 regional Trusts would be looking at what the best ways of working together were, not just for Rotherham but also for the other 5. Bearing in mind the large scale reduction in funding consideration would be given as to how that could be managed in a way that was safe for patients. Examples of current collaborative working are Rotherham cardiology patients going to Sheffield, patients from Barnsley coming to TRFT for opthamology and from Doncaster for ENT services.

The Hospital could not be closed as it would have a knock on effect on other hospitals and it a case of delivering the best care pathway for patients and keeping the Trust established as an excellent part of the community.

"When would the public be consulted on any merger/acquisition?"
The 3 options were to be considered by the Trust Board on 18th December. It was the Board who was the decision maker not Bolt Partners and the Governors would also have to approve the decision. Once the option was decided, consultation would take place.

36. COMMUNICATIONS

Janet Spurling, Scrutiny Officer, reported on the following:-

1. Cancer Care
   The 2013 Cancer Patient Experience Survey and related league tables showed that the Rotherham Foundation Trust was the 4th best performing Trust in the United Kingdom around patients' experience of cancer care. This had been determined by analysis carried out by Macmillan Cancer Support of the NHS England survey data. The report as well as the local and national NHS England reports were available.

2. Women's Health Survey
   The Women's Health and Equality Consortium were conducting a confidential United Kingdom-wide survey about women's experiences of using GP services, both positive and negative. The results would be presented to the Department of Health early next year. The Consortium worked to ensure that the experiences and needs of women and girls were reflected in Health and Social Care Policy and that public sector services were effective in meeting their needs, ensuring that they were safe from violence at home and in their wider community.

3. Indicative CCG Funding Allocations
   Further information regarding the indicative figures showed that under the proposed formula (under review by NHS England), the 68 CCGs in the north of England would have been allocated £46 per person less than they received in the actual 2013-14 allocation and CCGs in the Midlands and the east of England would have received £39 more per head. The reduction for Rotherham would be 6.38%, just under £21M.

37. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 12th September, 2013.

Reference was made to Minute No. 25 (Domestic Abuse Injuries). This had been raised at the Local Medical Committee and would be taken forward and discussed at the Safeguarding Adults Board.

With regard to Minute No. 26 (NEETS), it had been clarified that 12-14 referred to academic year groups rather than chronological years.

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

38. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 11th September, 2013.

With regard to Minute No. S30 (Locally Determined Priority), it was reported that re-commissioning work was taking place on Tobacco Control and Obesity.

With regard to Minute No. S31 (CCG Annual Commissioning Plan), it was queried whether it was known how much Rotherham was likely to receive from the recent Government announced Integrated Health and Social Care Fund and what it would be used for.

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

39. ROTHERHAM FOUNDATION TRUST - UPDATE

Michael Morgan, Interim Chief Executive, Rotherham Foundation Trust, gave the following update incorporating clarification of questions by Select Commission Members:-

Staffing

- Louise Barnett had been appointed as the new Interim Chief Executive Officer and would be taking up the position on 18th November, 2013

- Jan Bergman had been appointed as the Deputy Chief Executive Officer and Director of Transformation

- 3 new Non-Executive Board Directors appointed – Joe Barnes, Lynne Hagger and Barry Mellor

- The complete team from Bolt Partners would continue their work in the Trust until the Board meeting on 18th December, 2013

- All of the Non-Executive Directors were in place; there was still another group of Non-Executive members that had been with the Trust for several years. The new Directors were interviewed by both the Board and Trust Governors and would not have been invited for interview if it had not been felt they had the experience for the tasks facing them

Options

- There was no preferred option. The Trust, like any other Trust, would probably prefer to move forward on their own without other changes but whether the organisation would be able to do that had yet to be seen especially with the budget restrictions

- There may be services between other Trusts in the region that would work better grouped together. Often Trusts had recruitment issues for specialist clinicians. It may be that clinicians worked between 2 Trusts similar to the current way of Rotherham providing ENT to Doncaster. This could be done under Option 1

- All services would be looked at and considered

- No discussions had been held with the Council as yet. The options to be considered by the Board in December are high level and would take a tremendous amount of work in order to get a 5 year strategic plan in place from January onwards.

- There would be a consultation process to ensure the community were fully informed

- Privatisation had not been put forward as 1 of the options

- Since the turnaround team had been in place, 75 nurses had been recruited. It had also been established that a further 35 were required. A recruitment drive was underway

- The proposed changes to the 11 CSUs had been implemented and now consisted of 4 Directorates. The 4 Clinical Directors would now sit on the Board but would not have voting rights but it is important to have clinical input.

- Rotherham was not alone in facing financial challenges. All the regional Trusts would have to work together and do so in a way that was good for patients that prioritised excellent quality of care within the amount of funding available through the NHS for each of the Trusts

- A specialist had been brought in to work on the Electronic Patient Records system. Rotherham was now well on its way to having such a system and would be much further ahead than others

- There would be additional car parking spaces for the Urgent Care Centre but it was not known whether there would be charges for parking

Michael was thanked for his attendance.

Resolved:- (1) That Rotherham Foundation Trust inform the Chairman in writing as to whether there would be car parking charges imposed for the new Urgent Care Centre.

(2) That a special meeting be held in January, 2014, to which the new Inerim Chief Executive Officer and Chair of the Rotherham Foundation Trust should be invited.

40. HEALTHWATCH

Naveen Judah, Chair of Rotherham Healthwatch, and Melanie Hall, Healthwatch Manager, gave the following presentation:-

- Healthwatch was a statutory body introduced by the Health and Social Care Act

- It was the new consumer champion for both health and social care

- Independent, influential and effective

- Gave citizens a stronger voice in influencing and challenging how health and social services were provided in Rotherham

- In part response to a number of reports – Mid-Staffs, Keogh Review, Berwick Report, Winterbourne Review

- NHS – A Call to Action – “This is all about neighbourhoods and communities saying what they need from their NHS; it is about individuals and families saying what they want from their NHS

- Rotherham Healthwatch structured around the 6 Priorities of the Health and Wellbeing Strategy i.e. Prevention and Early Intervention, Expectations and Aspirations, Dependence to Independence, Healthy Lifestyles, Long-term Conditions and Poverty

- Each Director had been allocated 1 Priority – all projects would fall under the 6 Priorities

- Links with CQC, Local Medical, Dental, Optician and Pharmaceutical Committees

- Additional projects would be undertaken as requested by partners or by issues raised through community engagement and the complaint process. Reports would then be submitted to the Healthwatch Board. If the Board agreed, a project and plans would be identified. Findings would be reported back to the Board, partner agencies and the Health and Wellbeing Board

- Healthwatch now occupied offices on High Street – open Monday to Friday 9.30 a.m.-4.30 p.m. and Saturday 10.00 a.m.-12.00 Noon. Its staff included 6 Directors, Manager, two Engagement Officers, Information Officer and Advocate. Volunteers would be relied upon. One of the Directors is a development role for a young person working across all the six priorities.

- Accessibility – looking to have drop in centres at Dinnington and Maltby as well as through social media and working with and through local groups.

- Met with CQC bi-monthly

- 3 issues had been escalated in the last month – 2 relating to health and 1 to Social Care. In the first instance Healthwatch would speak to providers and ask if they were aware of the particular problem in their organisation and give time to undertake remedial action. If an improvement was not made, the issue would be reported to the respective commissioner for further action. Healthwatch Rotherham sat within the Quality Surveillance Group for South Yorkshire and Bassetlaw CCG

- Healthwatch Rotherham's data was reported to Healthwatch England and had to submit an annual report

- Rotherham was ahead of many others and was already seeing the impact of work that had been undertaken

- The Head and Wellbeing Board had been given the opportunity to submit a 6 month project that Healthwatch Rotherham could lead on. Any suggestions submitted would be considered by the Healthwatch Board

- Healthwatch had the power to enter any organisation unannounced if there were concerns. If the concerns were with regard to a care home it could be referred to the Council as commissioners of that service or referred to the Quality Surveillance Group. If no action was taken, Healthwatch could refer the matter to Healthwatch England who would go to the Secretary of State

- Health was promoted subtly but did not involve health promotions and would direct members of the public to where they could get the relevant information

- Due to the independence of Healthwatch it had not been felt appropriate to have Elected Members on the Board

- Any complaints had to be connected to NHS services

Naveen and Melanie were thanked for their presentation and for their help in publicising the scrutiny review looking at information for carers.

Resolved:- That a progress report be submitted to a future meeting.

41. URGENT CARE CENTRE

Deborah Fellowes, Scrutiny Manager, reported that the views expressed by the Commission on the Urgent Care Centre proposal had been incorporated into the full Council consultation response and submitted to the CCG.

The Commission's views and those of the Cabinet had been very similar with issues around access, car parking and transportation identified. However, the Commission had opposed the proposal and the Cabinet had supported it so the response submitted had been that the Council supported the proposal.

It was clear that there were some common issues had arisen from the consultation regarding accessibility to the new facility.

It was key now to ensure that sufficient weight had been given to the comments made and that the CCG had addressed the issues.

Discussion ensued on the consultation feedback with the following issues raised:-

- The CCG had investigated available bus routes to the proposed facility but it would depend upon which side of the Borough you lived

- Although the same number of car park spaces at the present location were guaranteed, there was already a parking problem at the Hospital without adding to it

- A number of organisations had raised queries which had not been answered as to the financial model. The question of whether the investment was financially sound and the best use of funds given the issues the Hospital had

- The consultation report had given a guarantee that patients would be seen in X minutes but had not said what "X" was. This was particularly relevant given the recent problems at the Walk in Centre when it had turned people away during the last 3 months as it could not cope with demand

- Should the Working Group reconvene to look at the consultation report?

Resolved:- That the members of the working group meet again to go through the published report and raise any issues of concern within the Council.

42. YORKSHIRE AMBULANCE SERVICE QUALITY ACCOUNTS

Janet Spurling, Scrutiny Officer, reported that the Yorkshire Ambulance Service would be attending the December Select Commission to give a presentation on their Quality Accounts. Their consultation process had commenced earlier than normal and responses required by 31st December, 2013. The information below had been submitted to enable Commission Members to give some thought as to their responses when they attended in December:-

YAS Quality Accounts
- Performance against last year's priorities for improvement (2012.13)
- Performance against the 'core' indicators (on which all Ambulance Trusts must report)
- A review of the quality of their services over the last year (2013/14)
- Priorities for improvement for the year ahead (2014/15)
- NHS111 Service for Yorkshire and Humber

2013/14 Priorities for Improvement
- Improving the experience and outcomes for patients in rural and remote areas
- Public education – increasing public understanding of when to call 999
- Improving their Patient Transport Service

201314 Priorities for Improvement
- Working with care and residential homes to improve understanding of when to call 999 and to develop alternatives for patients needing urgent rather than emergency care
- Achieving a reduction in the harm to patients through the implementation of a safety thermometer tool (a way of measuring how many patients are harmed in specific ways compared to the total number of patients receiving an ambulance response)

Core Indicators
- Red ambulance response times
- Care of STEMI patients
- Care of stroke patients
- Staff views on standards of care
- Reported patient safety incidents

Consultation Questions
- Service Quality Measures – proposal to use same measures as last year to aid comparison
- Plus new measure regarding performance on NHS111 call handling

- What does “quality” meant to you?
- Do you think YAS provides high quality patient care?

43. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 24th October, 2013, commencing at 9.30 a.m.

HEALTH AND WELLBEING BOARD
16th October, 2013

Present:-

Councillor John Doyle	Cabinet Member, Adult Social Care **(in the Chair)**
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Operating Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	Rotherham CCG
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham
Councillor Ken Wyatt	Cabinet Member Health and Wellbeing/Finance

Also Present:-

Dr. Trisha Bain	Rotherham Foundation Trust
Chris Bland	Rotherham Local Pharmaceutical Committee
Dominic Blaydon	
Claire Burton	Commissioning, RMBC
Kate Green	Policy Officer, RMBC
Dr. Nagpal Hoysal	Public Health
Ian Jerams	RDaSH
Laura Sherburn	NHS England
Dorothy Smith	Children, Young People and Families services
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted by Karl Battersby, Brian Hughes, Chris Bain, Gordon Laidlaw, Tracy Holmes, Martin Kimber, Shona McFarlane, Michael Morgan and Joyce Thacker.

S39. SOUTH YORKSHIRE POLICE

The Board considered a proposal that South Yorkshire Police be formally represented on the Board.

Discussion ensued on the proposal and the benefits of having Police representation. Cognisance was taken of previous requests received from other partner organisations for membership of the Board that had been refused.

Resolved:- (1) That, by exception, South Yorkshire Police be appointed as a member of the Health and Wellbeing Board.

(2) That a review of the Board's Terms of Reference and membership be undertaken in May, 2014.

(Jason Harwin, South Yorkshire Police, was welcomed to the meeting as a formal Board member.)

S40. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

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

S41. COMMUNICATIONS

(a) Rotherham Foundation Trust
Dr. Trisha Bain reported that an Interim Chief Executive (Louise Barnett) had been recruited and would be taking up the appointment on 18th November, 2013. A Deputy Chief Executive had also been recruited.

(b) British Heart Foundation
Councillor Wyatt reported receipt of a letter from Simon Gillespie, Chief Executive, British Heart Foundation, offering support towards Rotherham's application for the Local Government Chronicle Award in the category of Public-Public Partnerships, for the strong partnership Rotherham had created for the Heart Town.

Resolved:- That a copy of the letter be circulated to all members of the Board.

S42. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

Kate Green, Policy Officer, reported on the responses that had been received from Board members to the self-assessment questionnaire.

The report summarised the 13 responses received and outlined the key comments/issues raised which included:-

- Whether members of the public, front line staff and manager understood the Board's governance structure or appreciated the Board's significance
- Clarity required regarding decision making and where the Board fit within certain Service areas
- The breadth of the membership and effective collaborative working were particular strengths of the Rotherham Board
- There were good examples of integrated working but a need to share commissioning and budget plans to ensure alignment of priorities and spending
- Positive work in key areas but no evidence as yet of any significant changes being made
- Consideration should be given to the frequency of meetings and the contents of the agendas to allow focus on key priorities
- Providers were able to make significant contributions to the work of the Board and were often key to the delivery of the Strategy

Discussion ensued on the responses received:-

- The Chair had now limited the number of presentations to be made at a Board meeting. Presentations would be made if a decision was required or guidance on the direction of travel; other presentations would be sent electronically to enable members to consider the information prior to a meeting and issues arising included on the next Board agenda

- Consideration given to presenting issues differently

- Neighbouring Boards met bi-monthly with the intervening month being a workshop style meeting

- Sharper focus on performance management

- More time required for focussed debate. A lot of time was spent analysing problems but now needed to look at solutions

Resolved:- That consideration be given to the points made above with regard to the style and content of future meetings.

S43. HEALTH AND WELLBEING BOARD - ANNUAL REPORT

Kate Green, Policy Officer, submitted an update on the 6 strategic outcomes of the Health and Wellbeing Strategy. Each workstream lead had attended a Board meeting to present their action plan and progress.

The report provided an overview of progress on key actions and future challenges. The Board was requested to consider how it wished to receive future progress reports and any necessary actions required to ensure workstream leads achieved their outcomes.

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

- Workstream 1 – Prevention and Early Intervention
  There was a comprehensive refresh of the Obesity Framework and contracts. Consideration was being given to streamlining the pathways to make it much more effective

- Workstream 2 – Expectations and Aspirations
  There had been a small amount of funding identified. If there were any areas of work that required small amounts of funds for projects how could a workstream lead take that forward?

- How were the workstreams to be performance managed?

Resolved:- (1) That the progress made on each of the workstreams be noted.

(2) That the membership of the Health and Wellbeing Steering Group be reviewed and consideration given to the inclusion of NHS England, RDaSH and VAR.

S44. JOINT STRATEGIC NEEDS ASSESSMENT REFRESH

Chrissy Wright, Strategic Commissioning Manager, submitted a report setting out the progress to date to achieve the refresh of the Joint Strategic Needs Assessment by early 2014. The refreshed document must now include user's perspectives and a Directory of Assets which includes community assets, physical infrastructure, networks and individuals and as such would meet the latest Government guidance on JSNA content.

An online format was proposed including a breakdown of information across separate pages within the website and links to further information (Rotherham.gov.uk/jsna). In due course, there would be an opportunity for users to register with the site for updates and when new information was published and content was refreshed. This would also provide a mechanism for monitoring and evaluation of the impact of the JSNA across the Borough.

The refresh had included work to extend the content of the JSNA including:-

- Roma population needs analysis
- Women's health
- LGBT needs analysis
- Eye Health
- Domestic Abuse

A presentation was given of the online format.

Discussion ensued on the report:-

- The Board needed to agree a point in time that all partners could base their commissioning/spending plans for 2014/15

- The online facility was a requirement of the Guidance

- The importance of the JSNA was to give a position in time, however, what happened beyond that time was even more important and why there needed to be a mechanism for challenging and appraisal of future planning. Partners could then co-ordinate better on forward planning groups and what could be done to challenge the provision and ascertain if the best options were being utilised

- Canklow was proposed as the pilot area for the development of an asset register where all individual community assets would be mapped and evaluated before branching out across the Borough

- Consultation on the refresh document was a requirement, not just with stakeholders but also with the public

Resolved:- (1) That the progress made in achieving a refresh of the JSNA be noted.

(2) That all partners commit to being full participants in the ongoing development of the document.

(3) That all partners be informed as soon as possible as to what information was required to populate the JSNA to enable it to be submitted to the 18th December Board meeting so as to fit with partner organisations' deadlines for submission of their 2014/15 commissioning/spending plans.

(4) That consultation upon the refreshed document commence in early 2014.

S45. PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing the second 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 the report including:-

- The Planning Service's request for the Board's view with regard to fast food outlets near schools/within deprived areas

- Inclusion in the report of why certain Priorities were not meeting their outcomes

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

(2) That the Planning Service be informed of the Board's 6 Priorities.

(3) That the performance report format in future include analysis of failing to meet outcomes particularly in comparison with statistical neighbours and nationally.

S46. SOCIAL CARE SUPPORT GRANT

Dominic Blaydon, Head of Long Term Conditions and Urgent Care, reported on the transfer to the Council of the Social Care Support Grant.

NHS England would transfer £481M for 2013/14 to the Authority via an agreement under Section 256 of the 2006 NHS Act. The agreement would be administered by the NHS England Area Team and would only pass over to the Authority once the agreement had been signed by both parties.

The Grant must be used to support Adult Social Care Services that delivered a health benefit. The Guidance required NHS England to ensure that the Local Authority agreed with its local health partners on how the funding was best used. Health and Wellbeing Boards would be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. It would also be a condition of the transfer that the local authority and RCCG had regard to the Joint Strategic Needs Assessment for their local population.

It was proposed that the funding focus on:-

- Additional short term residential care places or respite and intermediate care
- Increased capacity for Home Care Support, investment in equipment, adaptations and telecare
- Investment in Crisis Response Teams and Preventative Services to avoid hospital admission
- Further investment in Reablement Services to help regain their independence.

Resolved (1) That the programme of expenditure as set out in the Appendix submitted be approved.

(2) That the development of a light touch performance framework for the Grant be approved.

S47. HEALTHWATCH ROTHERHAM OUTCOMES FRAMEWORK AND WORK PLAN

Claire Burton, Operational Commissioner, submitted a report on the Outcomes Framework and work plan for Healthwatch Rotherham.

Parkwood Healthcare Ltd. had been awarded the Healthwatch Rotherham contract which commenced on 1st April, 2013. Contract monitoring arrangements had been established including an outcomes framework which required performance against the outcomes to be achieved, as detailed within the contract, to be monitored and reported against on a monthly basis.

The work plan detailed the specific pieces of work that Healthwatch would undertake, or contribute to, in line with their role. It was based upon the Health and Wellbeing Strategy priorities as well as local intelligence gathered with regard to health and social care services in Rotherham.

There was capacity within the work plan for Healthwatch to respond to the number of ever increasing enquiries/issues from members of the public or to undertake specific consultation with members of the public as determined appropriate.

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

- Volume of monthly reporting required – this was due to Healthwatch being new and the complexities surrounding it. Their database would produce quarterly monitoring reports

- Healthwatch was crucial as the patient voice increased

- Quality assurance was as critical as the Service itself

- Healthwatch was very new and at the time the document had been drawn up the Chair had not been in position. It was recognised, however, that the Healthwatch Manager had been involved in its development. It was a working document and would be reviewed regularly.

Resolved:- (1) That the Outcomes Framework and Work Plan, 1st September, 2013 to 31st March, 2014, for Healthwatch Rotherham be approved.

(2) That exception reports on performance and programme against the Outcomes Framework and Work Plan be submitted as and when necessary.

(3) That liaison take place with the CCG with regard to the possibility of Healthwatch Rotherham setting up an e-mail group that could be used as a feedback facility.

(4) That members of the Board e-mail Naveen Judah with any proposals that Healthwatch could undertake on their behalf.

S48. ANNUAL LOCAL SAFEGUARDING CHILDREN'S BOARD REPORT AND BUSINESS PLAN

The Board received the Rotherham's Local Safeguarding Children Board Annual Report 2012/13 which was was submitted for information.

S49. NUMBER OF GP AND DENTAL PRACTICES IN ROTHERHAM

In accordance with Minute No. S87 of the meeting held on 8th May, 2013, information was submitted regarding the GP and Dental Practices for information.

S50. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th November, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall,

Report to Members

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**5th December, 2013**
3.	**Title:**	**Health and Wellbeing Strategy: Annual Progress**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

The Rotherham Health and Wellbeing Strategy is 12 months into implementation, therefore it is timely to present an update on progress to scrutiny for consideration.

The 6 strategic outcomes of the strategy are being delivered through a set of workstreams, to date each workstream lead has attended a Health and Wellbeing Board meeting and presented their action plan and progress. This report provides a summary and overview of those key actions and challenges for each workstream.

6. Recommendations

That the Health Select Commission:

- **Notes progress on each of the workstreams**
- **Considers any specific areas of interest, or where a further report on a workstream may be useful**
- **Agrees to receive a further progress report in 12 months**

7. Proposals and details

The 6 strategic priorities of the Health and Wellbeing Strategy are being delivered through a set of workstreams, each with an identified lead officer from the council, public health and NHS. Each workstream has a set of actions which are being delivered to bring about change in the way we do things; to improve the health and wellbeing of all Rotherham people. Over the previous 12 months, each lead has attended a Health and Wellbeing Board (HWB) meeting to present their action plan, describe progress made against key actions, and pose a set of 'asks' for the Health and Wellbeing Board to support delivery of their workstream.

This report provides the Health Select Commission with an update and overview of progress on each of the workstreams, what actions have been requested of the HWB and any specific challenges in taking the work forward.

Workstream 1: Prevention and Early Intervention

The public health team have embedded the prevention, early intervention and healthy lifestyle theme into their work priorities in all settings. Over the year there has been a significant increase in the range of activity promoting active prevention. Work needs to continue to develop this advice and support into a web based presence. Significant achievements include obesity levels in children at reception being amongst the lowest in the UK and a significant reduction in obesity levels in year 6. Rotherham is ranked first by Public Health England in preventing premature deaths from coronary heart disease, lung cancer, liver cirrhosis and cancer compared to similar areas.

The Health and Wellbeing Board were asked:

- To commit to delivering on a shift towards prevention and early intervention in all agencies' plans

Progress on key actions

- Individual commissioning plans for the locally determined priorities (smoking, alcohol and obesity) being developed, ensuring they have a focus on prevention and early intervention
- An increase in the numbers of adults screened and offered brief intervention within primary care in relation to alcohol.
- The CCG's strategy is 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.
- We remain one of the best performing Health Check programmes with 57% of people in Rotherham having completed a first Health Check since 2006. We will need a step change in performance to achieve the 20% annual target of eligible people screened.
- Every Contact Counts model has been agreed in principal at the previous HWBB
- The Suicide Review Group has been established this now reviews all suicide deaths and looks to support actions to improve mental health and wellbeing including the development of active bereavement support to reduce risk of suicide in family members.

Future Challenges

- Health profiles for the borough show an increase in child poverty and long term unemployment
- Ensuring that the Making Every Contact Count (MECC) model is fully signed up to and all staff from all agencies understand its principles and deliver it effectively
- Developing Rotherham as a 'healthy ageing town'

Workstream 2: Expectations and Aspirations

The multi-agency workstream group has been pro-active and worked together to achieve some of the early actions and priorities. The group has recently expanded to cover the Starting Well and Developing Well life stages of the HWB strategy and additional officers from Children and Young People's Services (CYPS) now sit on the group. Work is currently taking place to map activity and projects with the Children and Young People's Partnership and other work from across CYPS. This will be the key link into CYPS for the HWB activity.

The Health and Wellbeing Board were asked:

- To sign up to a single 'customer pledge' and set of standards for all professionals working across the health and social care sector in Rotherham

Progress on key actions

- A customer pledge has been developed and is currently going through the final agreement stage, which although was agreed by the board, has not progressed as well as hoped
- Complaints baselines have been collated to enable monitoring of performance against numbers and types of complaints in relation to customer service
- Practitioner Information Sharing events have taken place at My Place and New York Stadium 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. Both events were successful in bringing professionals together to network and share information on what was available in these areas.
- A single set of customer standards was consulted on at the Rotherham Show in September and this is now being developed by RMBC, with the intention of rolling out further and seeking sign-up from other partners.

Future challenges

- All organisations signing up to a single set of customer standards will be difficult, some organisations have to work to their own "professional practice standards" and these take precedence over any others, it is felt that by having an additional set will be too confusing for staff. Further work is needed with board members for this to be understood and the message spread through their organisations that as a member of the board their organisation will be signing up.
- Co-production of services is a challenge, agreement has been made with Joyce Thacker that a pilot can take place as part of the CYPS Transformation Programme for the budget savings, but beyond this, further consideration is needed in relation to how to take this forward.

Workstream 3: Dependence to Independence

After a slow start, mainly around organisations identifying key participants, the workstream group is now established with good attendance. The group has an agreed work plan. Scope of the group has been key to ensuring focus and connections have been made to a number of other groups/workstreams in order to ensure consistency and avoid duplication. These include:

- Personalisation sub-group of Urgent Care Management Board
- Assistive Technology
- Shared Decision Making

The Health and Wellbeing Board were asked:

- To ensure all commissioners ensure commissioning strategies reflect and enable this outcome.
- That commissioners find ways to incentivise providers.
- To have a shared commitment to the risks and opportunities provided. A task group to develop a Positive Risk Taking Strategy is now in place.
- To ensure the culture change needed is embedded in all organisations.

Progress on key actions

- A formal review process to validate that this element of the Health and Wellbeing strategy is (a) embedded and (b) resulting in effective outcomes is being undertaken
- A workforce strategy group is established and a draft workforce strategy now in place
- Risk Strategy Task and Finish group is in place, terms of reference and action plan in place
- A shared decision making framework has been agreed
- Presentation made to Shaping the Future Provider Forum on 9 July 2013
- Presentation to future Crossroads and Age UK Annual General Meetings
- Voluntary sector representative on workstream group
- Joint Telehealth strategy agreed
- Progress made towards Personal Health Budgets – will be in place by 31 March 2014
- Intermediate Care – Netherfield Court staff were tasked with developing an approach that looked beyond people's physical rehabilitation to a more holistic approach. They have added a range of services and support to customers to sustain their sense of wellbeing.

Future challenges

- The area where less progress has been made is in priority three: *We will support and enable people to step up and set down through a range of statutory voluntary and community services, appropriate to their needs.*
- There is now a real sense of priority from the group in supporting commissioners to review strategies and ensure that independence is embedded at every opportunity. Providers were given an opportunity to examine how they might meet this challenge at the Shaping the Future event. It was clear that this is an area where providers may need significant support to develop and The Workforce Strategy will support this.

Workstream 4: Healthy Lifestyles

Work progresses across the overarching outcome and the three key priorities (obesity, alcohol and smoking) Rotherham has seen external professional and media interest in its programmes which support health behaviour change and reduce mortality, and proposed changes to planning guidance which promote public health.

The Health and Wellbeing Board were asked:

- Commit to all staff doing e-learning on MECC and giving feedback on their performance in signposting and referring to services
- Introduce planning and licensing policy to restrict the sale of fast food or illegal tobacco products
- A concerted effort to address health behaviour in early years and schools – increasing health literacy and expectations for the best health

Progress on key actions

- Strong focus on delivery of health behaviour change activity across the Borough, but focussing specifically on deprived neighbourhoods (monitored in service performance and review) and attendance at community events by services to raise awareness and referrals
- Adoption of the Smokefree Charter and endorsement by elected members at the October HWB 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
- Making Every Contact Count workshop held on 16 September (see Youtube
- 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 has continued on the review of a number of behaviour change services and development of new service specifications prior to retendering (see details in Obesity and Smoking updates) or transfer of commissioning responsibility to the Local Authority
- Weight management providers are actively seeking to extend their reach into children's centres, schools and colleges
- Obesity and Tobacco Control programme activity was presented at the inaugural Public Health England Conference in Warwick in September

Future challenges

- Planned re-commissioning of services continues; an opportunity for the HWB to debate and challenge

Workstream 5: Long-term Conditions

The long-term conditions area of work incorporates 4 key workstreams;

- Risk profiling
- Integrated neighbourhood teams
- Self-Management
- Alternative Levels of Care

In Rotherham the Urgent Care Management Committee (UCMC) is responsible for overseeing implementation of the Long Term Conditions Programme. The Committee actively manages the programme to ensure agreed outcomes are met and that there is appropriate and effective engagement with patients and public.

The Health and Wellbeing Board were asked:

- To support development of personal health and social care budgets
- To support development of workforce development programmes on self-care
- To support the effective use of alternative levels of care
- To identify high-intensity users of health and social care users
- Deliver specialised psychological support services for people with LTCs
- To support development of a person held health and social care record

Progress on key actions

- Plans in place to extend personal health budgets to a wider cohort of patients during pilot period working in partnership with RMBC to 1 April 2014. Subgroup formed with agreed terms of reference
- Self-Management Strategy agreed by the Urgent Care Management Committee
- RCCG has developed a practitioner skills programme on self-management. Currently trying to identify GP Practices that are willing to utilise the programme
- Intermediate care facilities are fully operational and winter-ready. These provide an alternative level of care for people with long term conditions who cannot remain at home.
- The Joint Commissioning Team has identified high intensity users of social care services. Next step is to match these people against high uses of health services to establish whether there is a correlation
- Specialist psychological support is now being provided to all stroke survivors as part of the integrated stroke care pathway. Needs rolling out to other care pathways
- Winter Plan includes process for identifying those people with LTCs who are vulnerable

Future challenges

- Slow progress on the development of a person-held health and social care record
- Engagement of key partners on the development of a self-management workforce development programme

Workstream 6: Poverty

All 11 deprived neighbourhood (DN) areas have coordinators in place and management arrangements agreed.

Each area has undertaken a local analysis and developed rich pictures and action plans, between 4 and 7 key priorities have been identified for each area.

Focussed activity is now taking place and coordinators are working corporately to ensure interagency commitment and progress on these priorities.

A strategic group has been established to drive forward the deprived neighbourhoods agenda across all agencies and ensure appropriate support and resources are available to successfully deliver the programme.

The Health and Wellbeing Board were asked:

- To take back into all organisations and consider how this can shape service planning
- To consider collectively, how we can provide a better coordinated approach for the long-term unemployed
- To consider how to deliver a more coordinated approach to tackling poverty and develop a local multi-agency 'strategy' for Rotherham

Progress on key actions

- 9 of the 11 DNs have identified health as a key priority area and actions to address this priority are embedded into neighbourhood plans where appropriate.
- Actions around the health priority include learning about healthy lifestyles, improving access to health support services and reducing alcohol consumption on the streets. An example of this work is the launch of Community Alcohol Partnerships in Dinnington, Dalton & Thrybergh and East Herringthorpe.
- Adult Skills has been identified as a key priority in 8 of the 11 DNs, therefore actions have been included in plans to address this priority. Traditional methods such as job clubs have been established in a number of neighbourhoods however innovative approaches are also being used such as a volunteering project aimed at developing volunteering opportunities within the Local Authority.
- A ½ day workshop is also being planned, aimed at service providers the objective of the workshop will be to determine what a strategy would look like to get those away from the labour market 'work ready'.
- Mapping exercises have been 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 are currently underway to map out what a building resilience strategy would look like.
- There is limited capacity to achieve the priority around actively working with every household in deprived areas to maximise benefit take-up. A corporate review is being considered which will examine the appropriateness of welfare advice services. As well as the review, 2 temporary Money Advice Officers are being funded through the HRA and benefit/debt management sessions are being held in some of the deprived neighbourhoods.

Future challenges

- A presentation on 'Deprived Neighbourhoods' was made to the M3 Manager session on 24 September 2013. Managers were reminded that this is a

corporate responsibility and all services should be proactive with ideas and plans and that this provides a real opportunity to do something differently.

- Key challenges relate to ensuring that the DN approach is embedded in the planning of all major services, and resources are being appropriately targeted.
- Workshops are being planned to ensure that we fully understand the sufficiency of services in relation to benefits advice and support and access to employment and training for those divorced from the labour market.

8. Contacts

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Workstream Leads:

Prevention and Early Intervention
John Radford, DPH

Expectations and Aspirations
Sue Wilson, RMBC

Dependence and Independence
Shona McFarlane, RMBC

Healthy Lifestyles
Joanna Saunders, RMBC Public Health

Long-term Conditions
Dominic Blaydon, NHS Rotherham

Poverty
Dave Richmond, RMBC

Rotherham Metropolitan Borough Council
Where Everyone Matters

DRAFT

Scrutiny Review: Autistic Spectrum Disorder

Review of the Health Select Commission

5th December 2013

Recommendations to Local Authority

Progress Report

Scrutiny Review: September → November 2012

Rotherham Metropolitan Borough Council
Where Everyone Matters

Objectives of the review:

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

Review Group:

- Cllr Judith Dalton (Chair)
- Cllr Barry Kaye
- Cllr Lyndsay Pitchley
- Jayne Fitzgerald (Parents and Carers Forum)
- Cllr Christine Beaumont
- Cllr Peter Wootton
- Cllr David Roche
- Russell Wells (National Autistic Society / Parent)

Supported by: S Mulligan – Principal Educational Psychologist
J Radford – Director of Public Health
D Fellows – Scrutiny Manager, Legal and Democratic Services

Final Recommendations:

Recommendation	Progress Report – 01.11.13
That the Autism Communication Team (ACT) continue to coordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.	• Local and Regional data continues to be collected and shared across education and health. • CAMHS and LA have improved dialogue via regular meetings during the past four months. • The most recent figures have been collated to October 2013 and presented as an appendix A. Mainstream: 1015 Special: 192 Total: 1207
That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.	• CDC / CAMHS physically located in same building. • Both CDC / CAMHS comply with DSM V. • Waiting times are being reviewed – Kate Tufnell. • Both CDC / CAMHS are looking at pathways re ASC – working with the Educational Psychology Service.
That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi agency care plan with a lead worker allocated.	• EHC plans are being developed by the LA group looking at Support & Aspiration under strategic leadership of DS. • Pilot EHC plus are being formulated in compliance with New Code of Practice and, Children and Families Bill.

Recommendation	Progress Report – 01.11.13
That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter.	• Continued work re 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. Training Day: 15th January 2014 – 9:30am to 2:00pm
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 have been aligned to the Learning Support Service. The funding of all the targeted services is under a four way review: o High Needs Block o Learners First Review o Development of Integrated Pupil Services o Service Transformation – this will include LSS / SES Outreach / ACT as well as Educational Psychology • DS is planning to appoint a staff member to build capacity a part of Service Transformation and a commissioning process to meet need.
That the Joint Strategic Needs Assessment (JSNA) includes a detailed and thorough assessment of the needs of children and adults with autism, including the identification of any gap in services.	• The ASC Scrutiny report will form the basis of the JSNA around autism. • Discussions at CAMHS planning meetings CCG. • John Radford, Paul Theaker, Kate Tufnell and Steve Mulligan to meet to discuss joint commissioning 19th December 2013.

Recommendation	Progress Report – 01.11.13
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 re post 16 provision includes building capacity at local college, bespoke packages and joint venture partnerships with independent service providers. • Director of Safeguarding leading on work re OOA placements.
That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.	• Discussions taken place with Adult Services (J Williams) regarding Autism with Adults paper / pathways linked to the ASC Strategy Group. Adult Services Self Evaluation – Appendix A.
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.	• Dorothy Smith is the Senior Leader for Autism – Steve Mulligan operationally takes on this role, further discussion to take place as part of Service Transformation.
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 are diagnosed at different stages of their development. All systems must be NICE compliant. • Joint work EPS/CAMHS continues around Pathways to reduce "noise" in the system.

Sources of information:

- Rotherham College of Arts and Technology
- Rotherham Schools: Swinton
  Aston Hall
  Winterhill
  Milton Special School
  Aughton Early Years
- RMBC – Children and Young People's Services
- Robert Ogden School
- National Autistic Society
- RDASH
- Rotherham Foundation Trust
- Parents and Carers
- RMBC – Neighbourhoods and Adults Services
- Clinical Commissioning Group

Public Health England

Improving Health and Lives:
Learning Disabilities Observatory

Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

Rotherham CCG

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- ◯ *Yes*
- ⊗ *No*

If yes, how are you doing this?

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- ⊗ *Yes*
- ◯ *No*

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

John Williams, Service Manager, Learning Disability Services
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Shona McFarlane, Director of Health and Wellbeing
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Email - shona.mcfarlane@rotherham.gov.uk

4. Is Autism included in the local JSNA?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The Joint Strategic Needs Assessment (JSNA) references the National Autism Strategy and particularly refers to the offer of a diagnosis and assessment of needs if required. In 2010 it estimated that that there were 1,547 people with autism in Rotherham. Similarly it estimated that 12% of people with a learning disability had autism. The 2013 refresh of the JSNA will include more detailed analysis and data.

5. Have you started to collect data on people with a diagnosis of autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Data is not currently captured with regards people having a diagnosis of autism. However, changes to Adult Social Care statutory returns and the introduction of the SALT (short & long term support) return for 2014/15 will include data on health conditions. This information will be captured as part of the assessment process and people with a formal diagnosis of autism will be recorded as having Autism (excluding Asperger's Syndrome / High Functioning Autism) or Asperger's Syndrome / High Functioning Autism. The data will be captured from April 2014.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- ◯ *Yes*
- ⊗ *No*

If yes, what is

the total number of people?

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

See (5) above.

7. Does your commissioning plan reflect local data and needs of people with autism?

- ⊗ *Yes*
- ◯ *No*

If yes, how is this demonstrated?

The commissioning plan is based on individual needs rather than specific health diagnoses and, as such, includes the needs of people with autism.

8. What data collection sources do you use?

- ◯ *Red*
- ◯ *Red/Amber*
- ◯ *Amber*
- ◯ *Amber/Green*
- ⊗ *Green*

Comment

Social Care Case Management system (SWIFT / AIS)
SystmOne - NHS

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

The CCG has been at the heart of the training initiatives for primary and secondary care staff for people with autism.
It has also been engaged with partners in the development of the diagnostic pathway.

10. How have you and your partners engaged people with autism and their carers in planning?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Please give an example to demonstrate your score.

Carers and service users are members of the Learning Disability Partnership Board and, as such, are engaged in strategic planning for people with a learning disability and autism. There is also regular consultation with people using services through the Speakup Autism group, a Rotherham group of people with autism who work with and are supported by a service user-led advocacy group called Speakup. Speakup is represented on the Health and Social Care Scrutiny Committee of the local Council.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example.

The Learning Disability Service in Rotherham is a Joint Service comprising Health and Social Care funding and professionals. Person centred planning is at its heart and people are able to benefit from support and expertise from health and social care working closely together. There is a specialist day service REACH which embraces these principles and has made adjustments in the environment accordingly, as has the Assessment and Treatment Unit.

12. Do you have a Transition process in place from Children's social services to Adult social services?

- ⊗ *Yes*
- ◯ *No*

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

All 14+ young people with disabilities are identified in Children's Services and are considered for a transition plan. From this age on there are regular liaison meetings between children and adult services to increasingly jointly work together, with parents on board, to achieve as smooth a transition as possible with Person Centred Planning at its centre.

13. Does your planning consider the particular needs of older people with Autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The needs of people receiving services are constantly kept under review - Rotherham reviewed 93% of all adults in receipt of services last year and has consistently achieved these levels of reviews for several years now. Accordingly older people's needs are considered and plans made. For example, we have a day services provision for older people with a learning disability and will include those with autism.

Training

14. Have you got a multi-agency autism training plan?

- [x] *Yes*
- [ ] *No*

15. Is autism awareness training being/been made available to all staff working in health and social care?

- [ ] *Red*
- [ ] *Amber*
- [x] *Green*

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

Rotherham people with autism have worked with the National Autistic Society, Rotherham Learning Disability Service and the CCG to develop and deliver a programme of autism awareness training to both the Rotherham Foundation NHS Trust and Primary Care staff. This initial programme was used to develop the bronze to platimum programme now in place.

In conjunction with South Yorkshire and Bassetlaw CCGs, NHS England Rotherham have run a programme of training for care homes called 'Dignity in Action'.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- [ ] *Red*
- [ ] *Amber*
- [x] *Green*

Comments

The training plan includes this - the silver level, for example, is for management teams in residential and day care settings, activity staff, day centre officers, social services officers, social workers, quality and contract assurance officers, unpaid carers, PAs, health care professionals and advocates.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- [x] *Yes*
- [ ] *No*

Please comment further on any developments and challenges.

Training for all GP practices was given over 4 different sessions between March and May 2013 (as highlighted in question 15). In total 92 people attended including GPs, Nurses, Consultants, Ophthalmology, Genito Urinary Medicine, Falls and Fractures Service and the Stroke Unit. This training was developed and delivered by advocates from the Speakup for autism group and has had great success.

18. Have local Criminal Justice services engaged in the training agenda?

- [x] *Yes*
- [ ] *No*

Please comment further on any developments and challenges.

Probation have a 2 hour briefing session. All Criminal Justice Services have had access to the 2 day Mental Health First Aid course. Drug Intervention Teams have received some training on assessment for people with mental health and learning disabilities which incorporates autism.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please provide further comment.

The Learning Disability Service has just established a diagnostic pathway. This has been led by the Health partners in the Joint Service (RDaSH) and incorporated working closely with CCG and Social Care Partners.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

9

Year (Four figures, e.g. 2013)

2013

Comment

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

Comment

Not able to answer this.

22. How many people have completed the pathway in the last year?

Comment

The pathway has only just been established.

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- ⊗ *Yes*
- ◯ *No*

Comment

The CCG was engaged in the pathway's instigation and will be formally considering it in due course.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- [x] *a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis*
- [ ] *b. Specialist autism specific service*

Please comment further

In addition to the newly created local pathway for people with a learning disability and autism, there has been access - and continues to be - to the Sheffield Aspergers Service for diagnosis of Aspergers.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- [x] *Yes*
- [ ] *No*

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

In the newly created pathway on diagnosis of autism, the person concerned will then be considered for eligibility for the Learning Disability Service at the weekly multi-disciplinary Single Point of Referral Meeting to either receive a service or to be referred on appropriately. Where appropriate, this will include a Community Care Assessment.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Apart from statutory services there are voluntary and non-statutory support groups, eg Speakup and the National Autistic Society adult group which meets monthly.

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

5301

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

Comment

Answer to (a) refers to all adult groups - 592 of these have a learning disability.

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

- [ ] *Yes*
- [x] *No*

If yes, please give details

But - we do have a single point of contact for the Learning Disability Service and for Mental Health Services. Also available is Connect to Support Rotherham - a website which offers adults an information, advice and purchasing service to find local goods, products and services to live independently.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

- ◯ *Yes*
- ⊗ *No*

If yes, please give details

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

Yes - they are included in the Training Programme.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

Yes - advocacy services are provided by the Rotherham Advocacy Service (RAP) or through Speakup.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- ⊗ *Yes*
- ◯ *No*

Provide an example of the type of support that is available in your area.

Speakup Self Advocacy provides ongoing support for people in this position.

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Speakup has a representative on the Rotherham Branch of the National Autistic Society, who regularly look at information given to make sure it is easy read wherever possible. Speakup for Autism also does this.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

The Rotherham Housing Strategy identifies the need to provide more housing for people with disabilities. It aims to ensure that Rotherham Metropolitan Borough Council works in partnership with other housing providers to achieve this.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

There is a multi-agency employment plan for people with a learning disability. This incorporates, therefore, people with autism and is part of the Local Authority's overall target to increase employment for people with a disability.

36. Do transition processes to adult services have an employment focus?

- ◯ Red
- ◯ Amber
- ⊗ Green

Comment

All young people in transition into adult services have a person centred plan - included within this are plans and goals aimed at achieving, where possible, employment for that person.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- ◯ Red
- ⊗ Amber
- ◯ Green

Comment

CJS services have taken advantage of training opportunities as available to their frontline staff.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one

Question number

10

Comment

I have a diagnosis of Aspergers syndrome, and have worked with Rotherham Council for about 6-7 years. The main thing I have been involved with in the past few months, along with my colleagues from Speakup and the National Autistic Society, is training professionals on how to support people with a diagnosis of Autism Spectrum Disorder (ASD). We have so far trained 90+ professionals. This training includes an overview of ASD, and the difficulties people like me face every day. We also use real-life experiences from people with ASD. I used to sit on the Adult and Social Health Scrutiny as a representative for Speakup. Alongside a colleague from the NAS Rotherham Branch, in this role I tried to make sure people with Autism had their voices heard in Council documents. I also used to attend Council visits and inspections to different care homes and services. I have also been involved in interviewing people for jobs within the learning disability service in Rotherham. This was good because I directly influenced the kind of staff that Rotherham Council has employed. I think it has been beneficial to both me and the Council, working with the Council. I feel Rotherham Council is good at involving people with learning disabilities and Autism in decision making.

Self-advocate story two

Question number

15

Comment

In 2005, I was given a job by 2 community nurses as Healthy Lifestyles Trainer at Badsley Moor Lane. My job was to help other people get fit or stay fit by doing exercises and eating the right foods. I had a case study where this person was fit but he was struggling with what foods he can and cannot eat. So I went along with him to go and do his weekly shopping. I was telling him that he can have whatever foods he wanted but I would help him choose a healthier option of which ever foods he wanted. The job was helping me learn new things and I enjoyed meeting new people along the way. My job was a contract job and it had to end in December 2006. So that job finished and I was jobless till January 2007, when one of my friends introduced me to Speakup Self Advocacy. I was a volunteer up until August 2008 and that's when I was then employed full-time on a paid wage. I am still at Speakup after 6 years now and I hope to be in the future. At Speakup I am part of a group called Speakup for Autism. It has shown me more information about autism and what other people went and are going through in their lives. We developed some Autism Awareness training to teach health professionals on how to approach and communicate with people who have autism. I have also been to meetings with the NHS to talk about how to carry on this work further and in the future.

Self-advocate story three

Question number

16

Comment

I am a trustee of Speakup and volunteer on a weekly basis. I have autism and live in a keying scheme in Rotherham. I meet with the Speakup for Autism group on a fortnightly basis. I have been a big part of this, helping the group and the National autistic society to help create training for professionals about how to work with people with autism. This training has gone really well and I think has changed a lot of people's ideas about autism, mainly because it's delivered by us - people who have experience. I think this training should be made available to all staff so they understand the needs of people with autism.

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

☒ *Yes*

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

☒ *Yes*

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

16

Month

10

Year

2013

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Dear Colleague

Re: Quality Accounts for 2013-14 – Have Your Say

Every year, all NHS organisations are required to produce Quality Accounts. This is a report about the quality of the services we deliver.

Our Quality Accounts should give members of the public, and other stakeholders, enough information to understand:

- what we are doing well;
- where improvements in service quality are required;
- what our priorities for improvement are for the coming year; and,
- how we have involved people who use our services, staff, and others with an interest in our organisation in determining these priorities for improvement.

The content of our Quality Accounts must follow a set structure and include a core set of indicators. This allows people to compare the quality of services in different NHS organisations.

Our next Quality Accounts will be published in June 2014. They will report on our performance between April 2013 and March 2014. The content will include:

1. How we performed against last year's priorities for improvement (2012-13)
2. How we performed against the 'core' indicators (on which all ambulance trusts must report)
3. A review of the quality of our services over the last year (2013-14).
4. Our priorities for improvement for the year ahead (2014-15)

For the first time our 2013-14 Quality Accounts will include the NHS111 service for Yorkshire and the Humber.

Have your say

We welcome the views of our patients, our partner organisations and members of the public about what we report in sections 1 and 4. This is your opportunity to tell us what is important to you and what you want to see in our report.

The following information tells you about what we plan to include in our 2013-14 Quality Accounts. Please use the enclosed response form to tell us whether you agree with our proposal and anything else you would like us to include.

You might like to ask yourself whether our proposal achieves a good balance between the three quality domains of:

- Patient safety
- Clinical effectiveness
- Patient experience

2013-14 Priorities for Improvement
We will be reporting on our performance against the following priorities which were set in last year's Quality Accounts:

- Improving the experience and outcomes for patients in rural and remote areas
- Working with care and residential homes to improve understanding of when to call 999 and to developing alternatives for patients needing urgent rather than emergency care
- Achieving a reduction in the harm to patients through the implementation of a safety thermometer tool (a way of measuring how many patients are harmed in specific ways compared to the total number of patients receiving an ambulance response)
- Public education – increasing public understanding of when to call 999
- Improving our Patient Transport Service.

For each of these priorities we will tell you whether we achieved the actions that we listed in our 2012-13 Quality Accounts. If there are any actions that we did not deliver we will tell you why and/or what we are doing to achieve this in the coming year.

Core indicators
All ambulance trusts must report:

- **Red ambulance response times** – percentage of patients receiving an emergency response within 8 minutes and the percentage of patients receiving an ambulance response within 19 minutes.
- **Care of STEMI patients** – percentage of patients with this type of heart attack who receive all the correct assessments and treatments from the ambulance clinicians attending them.

- **Care of stroke patients** – percentage of patients suffering a stroke who receive all the correct assessments and treatments from the ambulance clinicians attending them.
- **Staff views on standards of care** – percentage of staff who responded to the NHS staff survey that they agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust.
- **Reported patient safety incidents** – percentage of patient safety incidents that have resulted in severe harm or death.

A review of the quality of our services in 2013-14

During last year's consultation you told us that you wanted us to report in detail on measures of patient safety, response times in your local area, our work to safeguard children and vulnerable adults and on measures of patient satisfaction. For 2013-14 we propose to use the same measures so you can compare our performance year on year. We have also added a new measure for NHS 111.

- Achievement of **national A&E response time targets** by local area (Clinical Commissioning Group area)
- Performance on **NHS 111 call handling**
- **Adverse incidents** – total number reported, number relating to medication and number relating to patient care
- **Serious incidents** – number reported
- **Staff survey results** – reporting of errors, near misses and incidents
- Results of **infection prevention and control audits**
- Number of **safeguarding referrals** made to social care for children and vulnerable adults
- Total number of referrals made to **alternative care pathways** – providing alternatives to hospital A&E departments for patients whose care may be better provided within a specialist treatment centre or from a specialist healthcare professional attending them in their own home
- Numbers of **complaints and concerns** received about our services
- Results of **patient surveys**.

Please tell us on the attached Response Form (Question 1) whether you agree with the above measures.

Our priorities for the year ahead

As we near the end of 2013-14 we will be starting discussions with the commissioners who buy our services about our priorities for quality in the year ahead. The outcome of these discussions will determine a set of quality targets (known as Commissioning for

Quality and Innovation – CQUIN targets). We must achieve these targets to receive the full value of our contracts from our commissioners.

The priorities we set in our Quality Accounts will mirror these CQUIN targets. We will take your views into our discussions with our commissioners.

Please tell us on the attached Response Form (Question 2) what you think we should be focussing on in the year ahead?

What does 'quality' mean to you?

To help us think about quality, we would like to know what this term means to you.

Please tell us on the attached Response Form (Question 3) what you think a high quality ambulance service looks like.

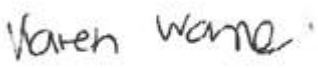
Your responses

To use your feedback as a basis for our 2013-14 Quality Accounts we need to receive it by 31 December 2013. We hope the response form is helpful, but we would be happy to receive feedback in any format if this is a better way to capture your views.

As always there will be another opportunity to comment on the draft Quality Accounts through the formal consultation process when the draft account has been prepared.

If you have any questions about the process, please contact Quality Coordinator, Anne-Marie Haigh, email: anne-marie.haigh@yas.nhs.uk or telephone 01924 584119.

Yours sincerely,



Karen Warner
Associate Director of Quality

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Response Form

My/our views on the Quality Accounts 2013-14

Name (optional)

Name of organisation (if you are responding on behalf of one)

Job title (if representing an organisation)

1. **A review of the quality of our services in 2013-14**

   I agree with the proposed indicators: (please indicate your answer)

   Yes

   No

   If no, or if you would like to see additional measures, please tell us what you would like us to report on and why.

   (Please continue on a separate sheet of paper if you wish)

2. **Priorities for the year ahead (2014-15)**

   What do you think we should be focussing on in the year ahead?

   (Please continue on a separate sheet of paper if you wish)

3. **What does 'quality' mean to you?**

I think a high quality ambulance service looks like… (Please continue on a separate sheet of paper if you wish)

4. **Do you think Yorkshire Ambulance Service provides high quality patient care?** (please indicate your answer)

   Yes

   No

   Please tell us why in the box below

(Please continue on a separate sheet of paper if you wish)

5. **I am happy for you to publish my answers to question 3 in your Quality Accounts** (please indicate your answer)

   Yes

   No

6. **If you use my answer, I am happy for you to use my/my organisation's name** (please indicate your answer)

   Yes

   No

Please return this form using the enclosed pre-pay envelope (if received by post) or email to Quality Coordinator, Anne-Marie Haigh email: anne-marie.haigh@yas.nhs.uk