You are hereby summoned to a meeting of the Health Select Commission to be held on:-

Date:- Thursday, 11 June 2015 Venue:- Town Hall, Moorgate Street, Rotherham S60 2TH

Time:- 9.30 a.m.

HEALTH SELECT COMMISSION AGENDA

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

2. To consider any item which the Chairman is of the opinion should be considered 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 - 16)

8. Health Select Commission Work Programme (Pages 17 - 26)

9. Primary Care Update (Pages 27 - 28)
   Jacqui Tuffnell, Head of Co-Commissioning, Rotherham Clinical Commissioning Group, to present

10. Overview of Adult Social Care (Pages 29 - 47)
    Graeme Betts, Interim Director, Adult Social Care, to present

11. Update from Continuing Health Care Review (Pages 48 - 55)

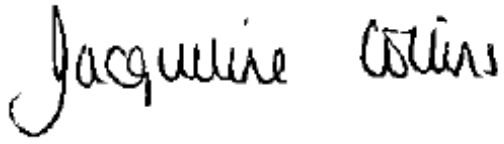
12. Healthwatch Rotherham - Issues

13. Representative on Working Panels
Health, Welfare and Safety Panel
One Member plus a substitute
Meets quarterly on a Friday
(Visit on 19th June and meeting on 10th July)

Rotherham Local Plan Steering Group

14. Future Meeting Times

15. Date of Next Meeting
Thursday, 9th July, 2015, at 9.30 a.m.



J. COLLINS,
Director of Legal and Democratic Services.

HEALTH SELECT COMMISSION
16th April, 2015

Present:- Councillor Sansome (in the Chair); Councillors Dalton, Jepson, Kaye, Swift, M. Vines, Whysall, Vicky Farnsworth and Robert Parker (Speak-Up).

An apology for absence was received from Councillor Wootton.

82. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

83. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

84. COMMUNICATIONS

Information Pack
Two queries were raised regarding the Health and Wellbeing Board minutes which were checked during a break in the meeting:

Minute No. S59 (Health and Wellbeing Strategy Refresh Workshop) – it was clarified that the point made about delivery mechanisms for the Health and Wellbeing Strategy was in reference to the Casey Report and that the Strategy was currently being refreshed, together with the board structure and governance arrangements.

Minute No. S60 (Health and Wellbeing Performance Update) – it was confirmed that the transition of the Stop Smoking Service to Midwifery referred to specialist support for pregnant women only not the generic Stop Smoking Service.

No comments were received on the Commissioners Working Together update and it was agreed to receive further updates as the programme progressed.

Work Programme
An ongoing scrutiny work programme had been agreed with the Commissioners. For this Select Commission there would be a focus on Health and Social Care integration and, in particular, the Better Care Fund. At the present time it was not envisaged that there would be big changes to the Commission's plans and standard work. A more detailed report on the work programme would be considered by the Overview and Scrutiny Management Board at its meeting on 24th April.

Yorkshire Ambulance Service - Performance Information
Due to the number of items on the agenda, the Service's draft Quality Accounts had been circulated for comments by 22nd April in order that they may be collated and submitted in accordance with the 27th April deadline.

Chantry Bridge GP Practice
Some information had been received with further detail requested to inform any response the Select Commission wished to make.

Quarterly meeting with Rotherham Clinical Commissioning Group
A meeting had taken place the previous week. The notes would be circulated when available.

Rotherham Mental Health Hospital Liaison Service
A 2 year pilot had been launched on 1st April to provide assessment, treatment and management of mental health problems to adults aged over 18, who were admitted to Rotherham Hospital. This was a positive example of partnership working between RDaSH and the Foundation Trust and an approach that recognised the links between physical and mental health and how ill health in one often impacted upon the other.

Rotherham Foundation Trust
The Monitor enforcement for governance had been lifted.

NHSE Property Services
A response had been received to the letter sent by the Select Commission regarding the issues being experienced at the Treeton GP practice. It seemed likely that all interested parties would be invited to the June Select Commission meeting as planned.

85. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meetings of the Health Select Commission held on 15th and 22nd January, 2014.

It was confirmed that a progress report on the recommendations of the Continence review would be scheduled for a future meeting.

Resolved:- That the minutes of the meetings held on 15th and 22nd January, 2015, be agreed as a correct record for signature by the Chairman.

86. HEALTHWATCH ISSUES

No issues had been raised although Healthwatch continue to work with RDaSH on service improvements.

87. ROTHERHAM FOUNDATION TRUST QUALITY ACCOUNTS

Tracey McErlain-Burns, Chief Nurse, and Hilary Fawcett, Quality Governance Lead, gave the following powerpoint presentation:-

Quality Account

- The focus of the Quality Account is on how we take assurance that the services we provide are safe, effective and enabling our patients, their families and carers to have a positive experience of care

Care Quality Commission Registration

- The Trust was required to register with the Care Quality Commission (CQC) – its current registration status was 'fully compliant' with no conditions on registration
- The Trust was subject to a routine, announced inspection between 23rd-27th February, 2015 – draft report awaited
- The Trust was currently on Band 4 of CQC Intelligent Monitoring Report (scale of 1-6 where Band 1 represents the highest level of risk, 6 the lowest)

Looking Back – our quality improvement for 2014/15

- Priority 1 – Mortality – to achieve a 4 point reduction in HSMR
  Confirmation of figures awaited

- Priority 2 – SAFE – Harm Free Care (HFC)
  Achieve minimum 96% HFC
  Avoidable pressure ulcers grade 2-4
  Zero avoidable falls with harm

- Priority 3 – Achieve all national waiting times targets
  Cancer 2 week waits
  31 days
  62 days
  A&E
  18 weeks
  52 weeks target

- Priority 4 – Achieve improvement in all Friends and Family Test scores

Looking Forward – TRFT Quality Objectives 2015/16

- Clinical Effectiveness
  - Ensure maximum learning from unexpected deaths and reduction in mortality rates through review of all unexpected deaths in line with Trust Mortality Review process
  - Reduction in delayed discharge of patients – Safer patient care bundle

- Patient Safety
  - SAFE – Harm Free Care- continue to aim for minimum 96% HFC
  - Sign up to Safety Campaign
    Improve responsiveness to diagnostic test results to ensure avoidable harm caused by missed/delayed diagnosis
    Improve processes designed to recognise and respond to signs of deterioration in condition of adult patients

- Patient Experience
  - Achieve improvement in the outcome of the national in-patient survey specifically having a focus on reduction of noise at night
  - Achieve and maintain improvement relating to Friends and Family Test results both in terms of positive score rates and responsiveness
  - Improve care of patients with Dementia – ensure Trust colleagues undertake awareness training
  - Improve Trust responsiveness to complaints – 90% of responses with complainant by date agreed
  - Improve patient satisfaction with quality of complaints management process

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

- This was the first draft of the document and, due to the timeframe, had not allowed year-end information to be included

- SAFE Harm Free Care was a national programme involving monthly audits. It looked at 4 very specific elements of care but focussed particularly on pressure ulcers and avoidable falls

- The 96% target for Harm Free Care which, although not met, considerable progress had been made. Nationally the figure was for acute trusts whilst Rotherham's was for both the Trust and Community Services. Rotherham had started to split the figure into "patients in hospital" (had achieved the 96% on 5 occasions over the year and a trend of improvement could be seen) and "patients in their own home"

- There was no intention to separate Community and Acute Services. The rationale was to enable comparison with the national picture. Discussions with colleagues had revealed that they wanted to know what their level of performance was which separation of the figures allowed and demonstrated improvements in both. At the start of the year Community was performing at 91% HFC but was now consistently reporting 93.9%; Acute was 92.31% and now 95.33%. Separation of the figures allowed focus of the improvement implementation programme

- There was now an experienced Head of Nursing working with the Community Nurses. Tracey met regularly with School Nursing and the Health Visiting Service. There was a Project Management Office which was working hard on the Integrated Service with a view to delivering a 7 day service

- As previously reported, the 52 weeks waiting time target had not been achieved. This was made up of 10 patients all of whom the Trust had been in contact with and 6 had now completed their treatment pathway

- It was quite an ambitious Friends and Family Test and, whilst the national target had been achieved, the stretched target had not. This would be carried forward to next year

- 2 measures of infection control, MSRA and Clostridium Difficile, were measured. There had been no cases of MSRA and had not been for 3 consecutive years. The target for Clostridium Difficile was no more than 24 cases throughout the course of the year; there had been 32 cases within the Trust. All of the cases were reviewed by Public Health England and the Clinical Commissioning Group. Only 1 of the cases was as a result of a lapse of care

- Informal complaints typically were those made via contact with the Patient Experience Team regarding cancelled appointments asking when they would be rescheduled. This information was previously not captured

- Formal complaints would often arise from someone presenting themselves to the Patient Experience Team via telephone, email etc. with a list of concerns about the care received which required a thorough investigation and a formal written response. The Trust had committed to personal contact and establishing more meetings and was partly why the timescale had not been met due to the inability to hold the number of meetings with families and clinicians within the 25 days' target set

- Claims for financial compensation were not managed through the complaint process. There was the ability for small ex gratia payments but everything else was taken through the Legal Services route

- The Trust was very clear that it would commit to what every level of commitment was required to the Multi-Agency Safeguarding Hub (MASH) based in Riverside House. An experienced Health Visitor Team Leader had been seconded who would help share the Trust's views on the level of input from the Trust

- The Trust would be attending all meetings of the Improvement Board, the Local Safeguarding Children Board and Health and Wellbeing Board and support the Commissioners in their objectives for

Rotherham. It was suggested that the Quality Account include more on the specific detail of the Trust's involvement in CSE partnership working

- It was noted that further scrutiny of the response to CSE was planned in the work programme following the work by Overview and Scrutiny Management Board in December

- Members asked if due to patient confidentiality whether information such as a patient presenting at a hospital who was a CSE victim was shared with GPs*? It was verified after the meeting that this information was not shared with GPs unless it was the victim's wish (this happened in all sexual related services)*

- The draft report from the CQC inspection of LAAC and Safeguarding had not been received yet but would reference Health's contribution to the work.

- Representatives of South Yorkshire Police had participated in the Trust's education and training. Discussions were also taking place regarding the level of enhanced training that may be required for School Nurses

- The Trust was actively recruiting for a Medical Director

- Throughout all the training that was now provided in the Trust "professional curiosity" obligations were built in. Recruitment within the organisation was taking place for colleagues within each division to act as Speak Up Champions so people could have professional curiosity and start to enquire and would know how to raise concerns through the Champions

- There would be future challenges including new services that would impact elsewhere and it was a case of capacity to deliver and still meet the standards. There was no doubt that the next year would be very challenging and the Quality Assurance Committee had set stretched targets in relation to quality and improvement. Working with partners would remain important as was the help of RDaSH and continued working with GPs and PCT in relation to the front door service

- Delayed discharges was still an area for improvement looking internally first at areas such as timely Section 2 and Section 5 referrals and continuing to work with social care partners

It was noted that the Clinical Commissioning Group was in the process of renewing their 3 year strategic plan and had recognised the need to focus on children and child sexual exploitation. The Health and Wellbeing Board was also reviewing its Strategy which would have a sharper focus on those issues.

Tracey and Hilary were thanked for their presentation.

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

(2) That any comments on the draft Quality Account be forwarded to the Chairman or Janet Spurling before 27th April, 2015, for collation into the response to the Foundation Trust.

88. NURSES IN SPECIAL SCHOOLS

Tracey McErlain-Burns, Chief Nurse, presented an overview of the Special Schools Nursing Service in Rotherham which provided holistic nursing care for children and young people with additional health needs enabling them to access education.

The report highlighted:-

- Composition of the Team – 3.5 staff - mixture of children's trained and learning disability trained nurses (Bands 6 and 5)

- Schools currently serviced by the Team – Abbey, Hilltop, Kelford, Milton, Newman and Willows as well as schools where there were children who had additional health needs requiring care plans (50 active cases)

- Role of the School Nurse – assess the student's health status, identify health problems that may create a barrier to educational progress and develop a health care plan for management of the problems in the school setting. The School Nurse would also ensure that the child's individual health care plan was developed and implemented with the participation of School and the main carers to ensure the child's needs were met

- The Team also provided services that mainstream School Nursing carried out including immunisations, drop-in clinics, health assessments and assessment of growth

- Training delivered – monthly Epipen training for new staff as well as annual updates, Gastrostomy, Suction, Tracheostomy care, Adrenal insufficiency and Medication training

- Safeguarding – Team members must ensure they maintained their skills in managing Safeguarding cases and required to ensure their training was up-to-date. Individual supervision was given by a Specialist Nurse from the Safeguarding Team to support practitioners. If a child was identified as being sexually exploited, the Rotherham Foundation Trust's Safeguarding procedures would be followed as well as making contact with the children's advocate and appropriate agencies.

– Future – with the advent of Education and Health Care Plans the Team would be well placed to contribute and become involved with the formation of Rotherham's plans

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

- Discussions would take place with the Team Leaders to gain an understanding of their workloads particularly how the Teams were structured so there was confidence that the School Nurse caseloads were never disproportionate without good reason

- Work was currently taking place with the MASH. School Nurses were often needed to attend a large number of strategy meetings and sufficient flexibility had to be built into their day to enable them to respond quickly. Their input was important because of the information and intelligence they held about the welfare of the children

- The Service was currently commissioned by Public Health. Work was taking place on a refresh of the School Nurse specification including the needs analysis and discussions with CYPS in the longer term to develop a service for 0-19/24 year olds dependent upon the particular needs of the child/young person and reflecting either health needs or learning difficulties to the age of 24 years. Improvements were needed on performance information for the new specification.

- The Health Visiting Service, currently commissioned by NHS England, would transfer to the Council on 1st October with the Health Visiting and Family Health Programme

- Work was taking place with the Foundation Years' Service (0-5 years) - School Nursing provided a service from 5-19 years – regarding an Integrated Early Years Best Start Programme and with the Trust on the pathways that would support the joint assessment of children from 0-5 years. Children's Centres would be at the heart of the programme being the first point of call for families but also where Services could go to contact the families

- School Nursing and Health Visiting Services had their own recruitment difficulties. The refreshed specification needed to be clear what service was being commissioned and what the requirements were of Community Nurses

- Integration of School Nurses into mainstream services to address CSE, bullying and self-harm.

- Recognition that there was insufficient acknowledgement of the views of young people with respect to their care plans

- In partnership with the Learning Disabilities Partnership across Rotherham the Trust had successfully recruited a Learning Disabilities Lead Nurse and a new Dementia Lead Nurse who also had a Learning Disabilities background

Tracey undertook to provide information regarding ongoing support for young people when they leave education.

Tracey and Joanna were thanked for covering this agenda item.

Resolved:- That the report and the Services provided for children and young people with specific health needs be noted.

89. RDASH QUALITY ACCOUNTS

Karen Cvijetic, Head of Quality Improvement, gave the following powerpoint presentation:-

What is a Quality report?
- Nationally mandated
- 2014/15 was the 7th Quality report

2014/15 Quality Performance
- Care Quality Commission (CQC) – registered with no conditions
- CQC Inspections – 1 inspection of Trust services – Rotherham Learning Disability: Cranworth Close
- Complaint with all essential standards of quality and safety reviewed
- CQC Mental Health Act monitoring visits – 12 monitoring visits of Trust Mental Health Inpatient Services – 6 in Rotherham
- Compliant with some minor improvement actions
- Commissioner-led quality visits
  - 2 visits to Mental Health and Community Services in Doncaster – Woodlands (Older Peoples' Mental Health), Swallownest Court (Adult Mental Health)
  - Positive feedback
    Positive patient interaction
    Staff demonstrated competence and confidence in care planning, commitment and compassion in care delivery
    Environment was clean with staff doing activities with patients
    Patient feedback forms available on the Ward and the patients knew how to complain
  - Areas for improvement
    Develop training plan to help increase staff awareness on how to recognise and help patients with a learning difficulty
    Easy read should be used whenever possible for patient information
    Look at how the Ward areas help prevent the spread of infections
    Support staff to help them understand the use of Deprivation of Liberty Safeguards

Quality Improvement Strategy 2014-16
Patient Safety

- Sign up to Safety
  A national Campaign led by NHS England
  Aims to deliver harm free care for every patient, every time, everywhere
  Champions openness and honesty and supports everyone to improve the safety of patients
  Sign up to Safety's 3 year objective is to reduce avoidable harm by 50% and save 6,000 lives
- Five key areas
  Pressure ulcers
  Medication errors
  Suicides
  Falls
  Restrictive interventions
- Clinical Effectiveness
  Care Pathways and Packages
  Commissioning for Quality Indicators (CQUIN)
  NICE
- Patient Experience
  Commissioning for Quality Indicators (CQUIN)
  Listen to Learn
  National Mental Health Service User Survey
  NHS Friends and Family Test
- Our Staff
  Safer staffing
  Leadership
  Professional Strategy
  Leading the way with quality
  NHS Staff Survey

Francis Declaration

- Trust Francis Declaration jointly signed off by Board of Directors and Council of Governors in December, 2014
- 4 Francis priorities for 2014
  Culture
  Engagement
  Non-professionally qualified staff
  Whistleblowing

Local Commissioning Priorities 2014/15

- Consideration of investment in priority areas
- A review of Mental Health and Learning Disability Services
- A review of the Learning Disabilities Assessment and Treatment Unit and Community Services
- Development of a comprehensive CAMHS Strategy
- Development of care pathways and packages (Mental Health Payment and Pricing Systems)

Next Steps

- Receive Select Commission comments for including in the Quality report – May, 2015
- Report to Board of Directors – 30th April, 2015
- Report to Council of Governors – 15th May, 2015
- Report to Monitor – 29th May, 2015
- Review by Audit Commission – April/May, 2015

Discussion ensued with the following issues raised/clarified:-

- Ensuring quality of care for people with a dual diagnosis of learning disability and mental health, adults and older people.

- RDaSH was a full partner in CSE work and had held a number of events across the local health community during the month of February

- Undertaken CSE training over a 3 day period which 800 people had attended

- Attended the Health and Wellbeing Board, the Local Safeguarding Board and a representative situated in the Multi-Agency Safeguarding Hub

- Currently undergoing a Governance Review which was a Monitor requirement. A final report would be available in a month's time

- Given the challenging financial situation and the demands on Services, staff were engaged in the processes

- A 6 monthly review of each of the business divisions had been completed where a variety of staff had discussed the wider priorities and what the organisation had tried to do. There were a number of options open to staff to submit their suggestions

- Sign up to Safety campaign had been launched this week. The five key areas for patient safety were a high priority for the aim of a zero culture of harm and were ones that all staff be part of, including administrative staff

- The Annual National Mental Health Community Service User Survey results were published on the CQC website and RDASH had no scores that were worse than elsewhere, some that were average but many above average

Karen undertook to provide information regarding the representation in the MASH and the Quality Improvement Strategy.

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

(2) That, once received, the Quality Account be circulated to Select Commission Members and any comments thereon forwarded to the Chairman or Janet Spurling for collation into the response to RDaSH.

90. SCRUTINY REVIEW - RDASH CAMHS

Consideration was given to a report presented by Councillor Sansome, Chair of the Review Group, which set out the findings and recommendations of the above Scrutiny Review.

The 7 main aims of the Review had been:-

- Understand the prevalence and impact of mental health problems and illness amongst children and young people in Rotherham
- Understand the costs, value for money and quality of current services
- Clarify how partners work together to support children and young people across all the tiers, especially the role of the RDaSH Duty Team
- Establish how RDaSH engages with Service users and their families/carers in order to deliver appropriate and effective services
- Ascertain how identifying and responding to child sexual exploitation is integrated within RDaSH Child and Adolescent Mental Health Services provision
- Determine how effective support for the mental health and emotional wellbeing of Looked After and Adopted Children is provided
- Identify any areas for improvement in current Service provision and support

A full scrutiny review was carried out by the Health and Improving Lives Select Commissions with evidence gathering beginning in September, 2014, and concluding in February, 2014. It had been comprised of round table discussions and written evidence from health partners, RMBC officers, the Youth Cabinet and desktop research.

Although the principal focus of the review had been RDaSH CAMHS, the Services were not provided in isolation and were part of a complex system of Service commissioning and provision. The new Emotional Health and Wellbeing Strategy and recent changes to RDaSH CAMHS were positive with a more flexible service across a range of community settings and greater links to Youth Services and school a priority to be progressed further. The volume of referrals to RDaSH was high and, although waiting times had been reduced for routine assessment, the target was still being exceeded with the Service likely to continue to face high demand.

Improved communication between agencies and with families, clear access criteria, referral and care pathways and renewed attention on health promotion, self-help and early support would help to reduce the

number of young people with deteriorating mental health and emotional wellbeing. Data quality remained an issue and greater attention should be paid to improving and measuring outcomes. Prevention and early intervention should remain a focus to try and reduce the number of young people needing support at higher levels or continuing into adulthood given the emergence of many lifelong conditions during adolescence.

The review had made 12 recommendations:-

1. Once the national refresh of prevalence rates of mental disorder is published, RMBC and the Rotherham Clinical Commissioning Group should review the local Analysis of Need: Emotional Wellbeing and Mental Health for Children and Young People and the Mental Health Services commissioned and provided in Rotherham across Tiers 1-3.

2. Through the CAMHS Strategy and Partnership Group service commissioners and providers should work towards improved and standardised data collection and information sharing on the Service users and patients:

   a. to help maintain a detailed local profile of C&YP's mental health over time
   b. to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.

3. RDaSH training and awareness raising with partner agencies and schools should include a focus on improving the quality of information provided in referrals to RDaSH CAMHS Duty Team to reduce delays in making an assessment.

4. CAMHS Strategy and Partnership Group is asked to consider if there is a need to develop a protocol for transition/step up/step down between providers in Tier 3 and providers in Tier 2 to supplement the planned pathways and protocols.

5. Following the work to build links between RDaSH CAMHS and GPs locality work should now be rolled out by RDaSH into schools, youth centres and other community settings as a priority.

6. "Investigate the options to provide more robust services at an early stage, both in lower tiers and at an early age, to ensure that patients are prevented from moving into higher (and more expensive) tiers"

   Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy and Partnership Group should clarify how this will be delivered through clear resources and outcome focused actions that are closely monitored.

7. The target waiting time from referral for routine assessments by RDaSH CAMHS should remain at three weeks for 2015-16 and then be reviewed in the light of the impact of the recent positive changes introduced by the service and the delivery of the Emotional Wellbeing and Mental health Strategy for Children and Young People.

8. RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement by September 2015.

9. CAMHS Strategy and Partnership Group should ensure the new Mental Health and Wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of "web hits" received.

10. In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health.

11. RDaSH should continue to work in partnership with Rotherham Youth Cabinet on Service improvements and are asked to submit a progress report on the changes as a result of this work to the Health Select Commission in September, 2015.

12. RDaSH and Rotherham Clinical Commissioning Group should continue to work together in 2015 on developing a clearer breakdown of costs and on the definitions of treatment to inform future outcome measures.

The Review Group and Scrutiny Officer were thanked for their work on this issue.

It was suggested that:-

- recommendation 2a include reference to the Joint Strategic Needs Assessment and to be amended to "local data profile"
- recommendations 3 and 10 follow on consecutively

Resolved:- (1) That the findings and recommendations of the report be endorsed.

(2) That the report, as amended above, be forwarded to the Overview and Scrutiny Management Board for consideration.

(3) That the Youth Cabinet be thanked for their contributions to the Scrutiny Review.

91. SCRUTINY REVIEW - ACCESS TO GPS - UPDATED RESPONSE

Janet Spurling, Scrutiny Officer, submitted an updated response to the above Scrutiny Review following the referral back to the Select Commission by Cabinet (Minute No. 86 refers) for further consideration.

A special meeting of the Select Commission had been held on 15th January to which NHS England South Yorkshire and Bassetlaw Area Team and the Clinical Commissioning Group had attended to provide further information. The Care Quality Commission had also been invited due to their forthcoming inspections of Rotherham GP practices.

Also, since the Review had been carried out, there had been changes in the NHS that had impacted upon the original Review recommendations.

The updated version of the responses were attached at appendix 1 of the report submitted for consideration.

Attention was drawn to the following issues:-

- Each GP practice was an individual business and NHS England could not dictate how they operated/organised themselves as long as they met their contractual requirements

- A new Primary Care Strategy was being developed with engagement with the public, patients and GPs due to commence in June

- NHS England had visited the GP practice that had been in the news recently regarding waiting time for an appointment. It had been clarified that that was not the case for those in need of urgent/immediate care but was for routine appointments

- Recently published LGA report on Planning and Public Health would be considered by the Health and Wellbeing Board which stated that Planning should take into account Public Health in all its functions including exercise

- A Limited Trust was to be set up for 35/36 GP practices in Rotherham to allow them to bid for funding under a Limited Trust

- Confusion/concern as to the governance arrangements of such a Trust and GPs' ability to commission when the CCG had devolved the responsibility for decision making to GPs

Resolved:- (1) That the updated response be noted.

(2) That the Health and Wellbeing Board be requested to ensure responsible agencies report progress to the Board and the Select Commission.

(3) That the Health and Wellbeing Board be requested to discuss the relevant elements of recommendation No. 7 with regard to Borough-wide publicity and awareness raising.

(4) To note that further liaison with NHS England and Rotherham CCG has been undertaken to finalise certain timescales and actions.

(5) That the report be forwarded to the Overview and Scrutiny Management Board.

The following is an extract from the Rotherham Clinical Commissioning Group's Commissioning Plan regarding the concern expressed above:-

"Governance

It is recognised that CCGs taking on delegated responsibility of the commissioning of GP services creates a conflict of interest. Our Governance section 6.5 outlines our approach to dealing with these conflicts.

Primary Care Sub-Committee
To ensure the effective commissioning of high quality, safe and sustainable primary medical services for the population of Rotherham

- *To oversee the development of an operational plan for safe and sustainable Primary Care Commissioning*
- *To oversee the development and agreement of primary care contracts for 2015/16*
- *To consider and act on the 'conflict of interest' of General Practitioners with reference to Primary Care Commissioning".*

Information on the CCG website shows that the Primary Care Commissioning Committee comprises 3 Lay Members (1 vacancy at present), Chief Officer, Chief Nurse, Head of Co-Commissioning and a representative from NHS England. Three GPs are non-voting members of the Committee."

92. RETIRING MEMBERS

As this was the last meeting before the end of the 2014/15 Municipal Year, the Chairman thanked all the Select Commission members for their work on Health Scrutiny during the past year and in particular those Members who were retiring from the Council.

93. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 11th June, 2015, commencing at 9.30 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**11 June 2015**
3.	**Title:**	**Work Programme 2015/16 and Terms of Reference**
4.	**Directorate:**	**Resources and Transformation**

5. Summary

In light of the changes to the executive decision making arrangements of the Council, following the appointment of Commissioners to take all decisions relating to executive functions and licensing, the report presents the priorities for Scrutiny for 2015/16 and more specifically the work programme for the Health Select Commission.

6. Recommendations

That Members:

a. Note the overall priorities for Scrutiny for 2015-16 and the focus for Health Select Commission on health and social care integration.

b. Consider, comment on and approve the work programme as attached as Appendix A.

c. Note the Health Select Commission's terms of reference as outlined in Appendix C.

7. Proposals and Details

7.1 Context and priorities

The Secretary of State for Communities and Local Government announced the nature of the government's intervention into Rotherham MBC in a statement to the House of Commons on the 26th February 2015. As a result the Scrutiny role of Elected Members, as set out in the Council's constitution was suspended pending further deliberations of the five appointed Commissioners. Since their appointment in March 2015, the Commissioners have engaged with Elected Members to determine a realistic and focused Scrutiny programme for 2015/16, clearly identifying the areas they would like Members to prioritise. As a result of these discussions the proposed areas were as follows:

- Scrutiny of plans and services designed to tackle Child Sexual Exploitation (CSE)
- Scrutiny of the Health and Social Care integration agenda
- Scrutiny of the Council's budget
- Task and finish scrutiny of litter and waste (to include fly-tipping)

These were discussed and agreed by Overview and Scrutiny Management Board (OSMB) at its meeting on the 24th April 2015, and approved by Council on the 22nd May at its annual meeting. This will provide a focused approach to the work programme for Scrutiny that can effectively be delivered via the following existing Scrutiny structures:

OSMB – Budget plus statutory work
Improving Places – Task and finish work on litter/waste
Improving Lives – Scrutiny of CSE
Health – Scrutiny of Health/Social Care integration

It is a clear opportunity to demonstrate the benefits that a rigorous approach to Scrutiny can bring, in terms of accountability and transparency of decision making and service delivery. It is also an opportunity for all elected members to develop their skills and competencies and test out new ways of working, alongside the Member Development Programme, which will involve a focus on scrutiny skills.

In light of the above, Appendix A contains a detailed work plan for the Health Select Commission for consideration. This takes account of the amended terms of reference for HSC approved by Council on the 22nd May 2015 (Appendix C).

7.2 Proposed approach

Service integration is taking place at two levels locally; vertical integration within health services encompassing community, primary and secondary care, and horizontally between health and social care. The Better Care Fund (BCF) is the starting point for wider health and social care integration, but has a narrow aim to reduce hospital admissions, hospital readmissions and the number of people entering residential care. As such Rotherham's immediate focus is on people most at risk of admission, through preventive activity and service improvements enabling people to remain more independent. There is scope to look more broadly at health and social care integration and improvements in person-centred, holistic care for all the population, including children and young people.

The intention is that the Health Select Commission will conduct the majority of the scrutiny work through its full membership during scheduled agendas. The Commission will meet

as a Standing Panel, approximately every six weeks. Witnesses will be required to submit information two weeks prior to the meetings, in order to allow time for full preparation in advance.

It is likely that an additional meeting in November/December will be needed to scrutinise progress on the individual BCF schemes due to some of the timescales for evaluating progress to date. The list of BCF schemes and overall performance measures are in Appendix B. However the precise arrangements for the work programme may change from the outline in Appendix A as plans currently being worked up are looking at grouping the 15 schemes under six overall themes. Year-end data is unlikely to be available in time for the meeting in April 2016 so it is scheduled for consideration in June 2016. Proposed activity is summarised below:

- Initial overviews of health services and adult social services respectively during June and July - core information about services first before getting into detail about the BCF and integration.
- Dedicated session on BCF finances to understand the starting point with regard to pooled budgets.
- Presentation on the response to the Care Act (links to BCF12) including support for carers.
- Three meetings given over to scrutiny of the BCF schemes with lead officers asked to present a brief overview of their workstream - activity, concerns, impact on service users/patients, future plans. This should help to identify any issues or common themes.
- BCF13 (Review jointly commissioned integrated services) is likely to require prolonged scrutiny – services jointly commissioned currently and the vision for future integrated services for Rotherham - what they will look like, how they will work and how they will be commissioned and delivered.
- BCF1 (Mental health liaison) is a key theme for HSC following its previous work on child and adolescent mental health services.
- Updates on relevant previous scrutiny reviews.
- Information pack with key documents.
- Specific sessions with regard to:
    - capturing service user/patient feedback and experience
    - children and young people
    - quality accounts - to explore providers contribution to the integration agenda
    - year end performance, including financial, and future plans
- Opportunities for Members to visit other local authorities and/or health bodies to learn from good practice elsewhere on health and social care integration.

8. Finance

No direct financial implications from this report.

9. Risks and Uncertainties

The Scrutiny Function of the Council is a key tool for engaging members and officers of the Council and the general public in the delivery of public services and the workings of local democracy and as such helps to ensure added value to the work of the Council. Clear parameters for this work ensure that it is focused and more likely to deliver clear outcomes.

10. Policy and Performance Agenda Implications

The Scrutiny work programme helps to achieve corporate priorities by addressing key policy and performance agendas and outcomes focus on added value to the work of the Council.

11. Background Papers and Consultation

Overview and Scrutiny Management Board – 24th April 2015
Report to Council – 22nd May 2015
Better Care Fund Plan –December 2014

12. Contact Name:

Janet Spurling, Scrutiny Officer ext. 54421
janet.spurling@rotherham.gov.uk

Appendix A **Health Select Commission work programme 2015-16**

Meeting Date	Time	Activity	RMBC officers and health partners
11 June 2015	9:30 – 12:00	Work programme, terms of reference and intro to health and social care integration work Primary Care Update (GPs) Introduction to Adult Social Care Services (1hr 10:30-11:30) Update from relevant previous scrutiny review: - Continuing Health Care	Chair/Scrutiny Officer Jacqui Tuffnell, RCCG Graeme Betts, RMBC
11 June	1:30 – 3:30	HSC training session – health overview by Rotherham CCG	Chris Edwards, RCCG
7 July	*tbc*	Member Seminar - Adult Services Deferred Payments Policy and - Fee setting 2015/16 Independent Sector residential and nursing care specialist placements	Graeme Betts, RMBC
9 July	9:30 – 12:00	Community Transformation Draft refreshed Health and Wellbeing Strategy Updates from relevant previous scrutiny reviews: - Urinary Incontinence - Hospital Discharges Final update from previous scrutiny review: - Childhood Obesity	TRFT/RCCG to confirm names Michael Holmes, RMBC Joanna Saunders, RMBC Rebecca Atchinson, RMBC TRFT to confirm names Joanna Saunders, RMBC
9 July	1:30 – 3:30	HSC training session 1 – Care Act and our response/BCF12 and support for carers 2 – Finances for BCF schemes, including PBR element	Graeme Betts, RMBC Mark Scarrott, RMBC and Keely Firth, RCCG

Meeting Date	Time	Activity	RMBC officers and health partners
24 September (tbc)	9:30 – 12:00	Information and updates on BCF 1-5 (most logical combination and/or fitting in with planned scheme evaluations or project groupings) Refreshed Health and Wellbeing Strategy – probably in information pack Final GP Strategy and update on Access to GPs review	BCF operational leads Tbc
October	9:30 – 12:00	Annual update on RCCG Commissioning Plan – opportunity to explore links to BCF and health and social care integration Information and updates on BCF 6-10 (as above)	Chris Edwards, RCCG BCF operational leads
November / December	tbc	Possible additional session for updates on BCF as 7 of the 11 are due to be evaluated in Oct so unlikely to be in time for Oct meeting	BCF operational leads
December	tbc	Possible additional session for half year progress on quality accounts	All tbc Tracey McErlain-Burns, TRFT Karen Cvijetic, RDaSH Gareth Flanders, YAS
December	9:30 – 12:00	Information and updates on BCF 11-15 (remainder as above) Updates from relevant previous scrutiny reviews: - CAMHS review	BCF operational leads tbc
January 2016	9:30 – 12:00	Focus on service user experience for BCF and integrated services - survey data/feedback on the 6 “I statements” - Connect to Support – usage and feedback from users/content/accessibility of website - analysis of complaints - informal session with service users	tbc
March	9:30 – 12:00	Quality accounts TRFT/RDaSH/YAS – incorporate scrutiny of their contribution to the health and social care integration agenda (New proposed approach is 3 sub-groups of HSC Members each doing initial preparation for one partner’s quality account prior to the meeting)	Tracey McErlain-Burns, TRFT Karen Cvijetic, RDaSH Gareth Flanders, YAS All tbc

Meeting Date	Time	Activity	RMBC officers and health partners
April	9:30 – 12:00	C&YP health and social care - changes implemented post SEND reform - Education, Health and Care plans (parent/carer and YP views) - transition to adults services - post education support - Personal Health budgets and CHC (BCF9)	Ian Thomas tbc
June	9:30 – 12:00	Year end data/update on performance of all BCF workstreams: - all proposed activities carried out to) - performance against the 6 agreed measures - next stages of integration and plans for 2016-17 Scrutiny of finances: - all proposed activities carried out to plan - PBR element achieved	tbc

Information Packs (circulated with Agenda pack for each meeting, with queries/questions raised under Communications)

- Minutes from working groups on BCF to keep HSC informed and enable members to raise any concerns to be scrutinised (tbc)
- Minutes from Health and Wellbeing Board
- Updates from Commissioners Working Together (local CCGs working in partnership)
- Notes from quarterly meetings of Chair and Vice Chair with TRFT, RDaSH and CCG

Health and Social Care Integration Information Pack – summary of core information

Child Sexual Exploitation – questions to raise as appropriate during scrutiny, which will supplement the work of Improving Lives Select Commission by helping to triangulate information.

Appendix B

Better Care Fund Workstreams and Lead Officers

Finance Leads: Mark Scarrott, RMBC Pool 1 and Keely Firth, RCCG Pool 2

1.	Mental health liaison	Robin Carlisle/Janine Parkin
2.	Falls prevention	Dominic Blaydon/Rebecca Atchinson
3.	Joint call centre – telecare and telehealth	Dominic Blaydon/Graeme Betts
4.	Integrated rapid response team	Dominic Blaydon/Janine Parkin
5.	7 day provision	Dominic Blaydon/Michaela Cox
6.	Social prescribing	Sarah Whittle/Janine Parkin
7.	*Joint commissioning and assurance*	Dominic Blaydon/Janine Parkin
8.	Learning from experience to improve pathways	Dominic Blaydon
9.	Personal budgets	Alun Windle/Sarah Farragher
10.	Self-care and self-management	Dominic Blaydon
11.	Person centred services	Dominic Blaydon
12.	*Care Bill preparation*	Graeme Betts
13.	*Review jointly commissioned integrated services*	Dominic Blaydon/Janine Parkin
14.	Data sharing	Andrew Clayton/Jayne Dickon
15.	End of life care	Robin Carlisle/Sue Smith

(Lead Commissioner: Black is RCCG, Blue italic is RMBC)

Better Care Fund Performance Measures

5 National

- N1 Admissions into residential care - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000
- N2 Effectiveness of reablement - Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services
- N3 Delayed transfers of care - Delayed transfers of care from hospital per 100,000 population (average per month)
- N4 Avoidable emergency admissions
- N5 Patient and service user experience

1 Local

L1 Emergency readmissions within 30 days.

Appendix C Health Select Commission Terms of reference

As outlined in the Council's Constitution, updated in May 2015, the remit of the Health Select Commission is to carry out overview and scrutiny of issues as directed by the Overview and Scrutiny Management Board, including:

- performing the role of the Council's designated scrutiny body for any issue relating to health and the public health agenda including those functions contained within the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013;
- scrutinising the health services commissioned for the people of Rotherham (under the powers of health scrutiny as outlined in the Health and Social Care Act 2001);
- scrutinising partnerships and commissioning arrangements in relation to health and well-being and their governance arrangements and the integration of health and social care services and budgets
- scrutinising measures for achieving health improvements and the promotion of wellbeing for Rotherham's adults and children;
- scrutinising measures designed to address health inequalities;
- scrutinising public health arrangements;
- scrutinising food standards and environmental health ; and
- scrutinising issues referred to the select commission by the Healthwatch Rotherham (or any successor body).
- Those elements of this scrutiny function relating to NHS England's new review of Congenital Heart Disease services are delegated to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

The Health Select Commission will also act as a consultee in respect of those matters of "substantial variation" on which NHS bodies must consult with the Council in relation to its health scrutiny function.

The Commission will lead on the overview and scrutiny of any regional and specialist health service health matters affecting residents of two or more local authorities within Yorkshire and the Humber, and will conduct such overview and scrutiny reviews in accordance with the Protocol for the Yorkshire and Humber Council's Joint Health Scrutiny Select Commission.

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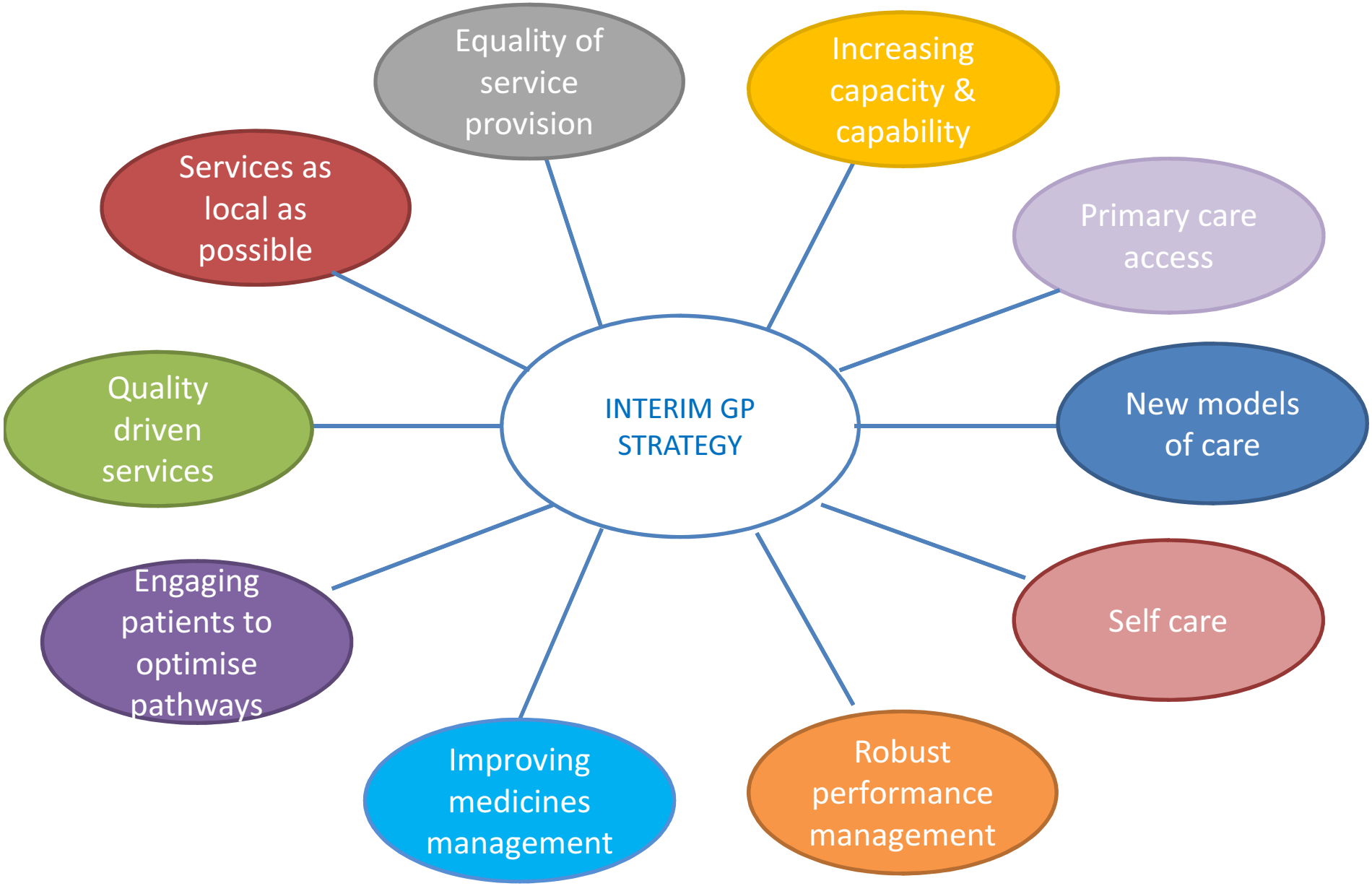
Primary Care Update

Jacqui Tuffnell

Rotherham CCG


Equality of service provision
Increasing capacity & capability
Services as local as possible
Primary care access
Quality driven services
INTERIM GP STRATEGY
New models of care
Engaging patients to optimise pathways
Self care
Improving medicines management
Robust performance management

Rotherham Metropolitan Borough Council
Where Everyone Matters

Health Select Commission 2015
Adult Social Care Services

Professor Graeme Betts

Interim Director of Adult Social Services

Introduction and Purpose of Session

- To provide Members of the Health Select Commission with an overview of Adult Social Care
- To outline the challenges facing Adult Social Care
- To provide Members with an understanding of what services will be required in the future

Changes in ASC nationally - from dependency to resilience

Rotherham Metropolitan Borough Council
Where Everyone Matters

- From institutions to community and home-based services
- Improvements in supporting people to live their lives independently
- Greater use of information and advice, one-off interventions and advocacy
- Greater focus on prevention, early intervention, rehabilitation, recovery and reablement and enablement
- Greater use of housing-based support, telecare and other technologies
- Focus on supporting carers
- Greater use of personal budgets to increase choice and control
- Better joint working with the NHS

Rotherham Metropolitan Borough Council
Where Everyone Matters

The challenges facing ASC

- Demography
- Expectations
- Quality standards
- Safeguarding
- Resources

Rotherham Demographics

Rotherham Metropolitan Borough Council
Where Everyone Matters

	Year	2000	2010	2020	2031	overall change +/-	Regional Y&H average	National Average
Age Group	Populations							
25-64		132600	134800	135200	130100	-2500	143000	3039000
65-84		34200	38900	47300	55500	21300	394000	4293000
85+		4000	5300	6800	11000	7000	130000	1453000
	Totals	170800	179000	189300	196600	25800	667000	8785000
25-64	% change +/-		1.7%	0.3%	-3.8%	**-1.9%**	5.5%	11.6%
65-84			13.7%	21.6%	17.3%	**62.3%**	56.2%	62.8%
85+			32.5%	28.3%	61.8%	**175.0%**	136.8%	**152.9%**

Rotherham Metropolitan Borough Council
Where Everyone Matters

The challenges facing ASC

- Expectations
- Quality Standards
- Safeguarding
- Resources

Adult Social Care
Revenue Budget 2015/16

Service Area	Gross Exp (£000)	Gross Income (£000)	Net Exp (£000)
Adult Services	102,186	-34,286	67,900
Matrix			
Commissioning	999	-156	843
Performance & Quality	1,598	-425	1,173

Net Savings for the last 3 years (after investments)

2012-13	2013-14	2014-15
3,760	6,167	4,401

For the matrix managed services this shows the full budget including CYPS and Adult Services. Budget split still being finalised.

Rotherham ASC
Headline figures from 2014/15

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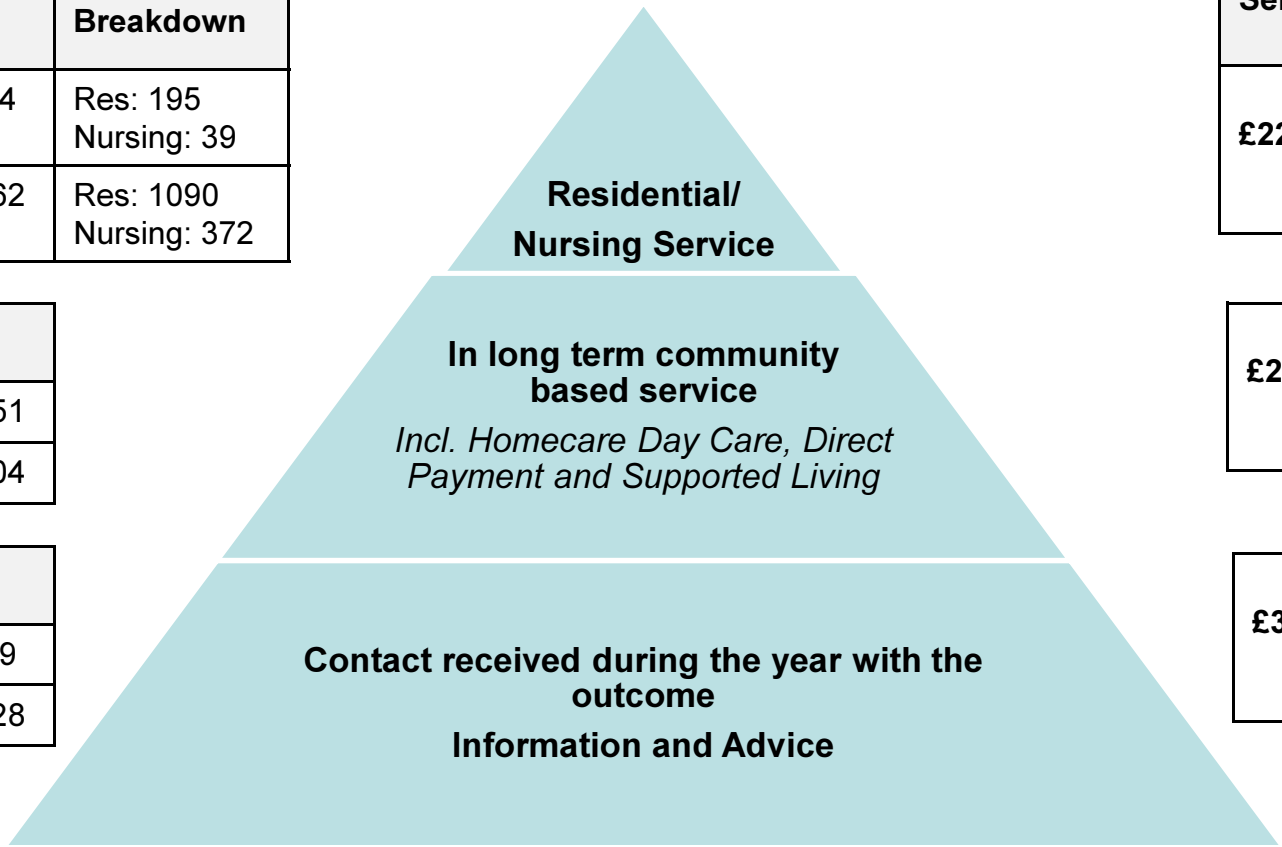
- Over 6400 people received a service during the year (excluding OT only services).
- Approximately 4000 Social Care Assessments or re-assessments were undertaken during the year
- 90% of service users on service for more than a year received a review of their needs.
- 1,700 adults and older people placed in residential and nursing care

Pyramid of Care

Age	No.	Breakdown
18-64	234	Res: 195 Nursing: 39
65+	1462	Res: 1090 Nursing: 372

Age	No.
18-64	2051
65+	2204

Age	No.
18-64	889
65+	1828



Service Cost
£22,139,903

£22,399,007

£371,517

Connect to support Rotherham

Rotherham Metropolitan Borough Council
Where Everyone Matters

- A website for adults in Rotherham who need support to live independently.
- The website offers information and advice, and is also an e-marketplace offering 1905 products and 414 services.
- Generates an average 800 hits a month.
- www.connectosupport.org/rotherham

Connect to Support supports the following agendas:

- Self-serve and channel shift
- Dependence to Independence
- Preventative
- Supports the Care Act through advice and information
- Has the potential to be further developed to provide, personalised guidance, self-assessment, financial assessment, care accounts, support planning and more

Shared Lives

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Shared Lives offers opportunities for vulnerable adults to live or spend time with approved carers and their families

- This could be for a few hours or a few days a week (befriending), short stays in the home of the Shared Lives carer, or living as a member of their family

- There are over 50 users of the service. Currently all long term and respite users have a learning disability. Befriending is mostly used by older people and/or people with dementia or physical difficulties

- Carers are approved and supported by Shared Lives workers, and receive fees and expenses. Shared Lives is registered with the Care Quality Commission.

Sam (left) and Cath (right)

Sam is 25. He has been blind since birth and has a learning disability. He has lived with Cath since he was a baby. Last year he went to Tenerife with Cath, her son and daughter-in-law. He pays rent and contributes to household bills. The cost to adult social care for his Shared Lives placement is about **£280** per week.

A residential place for Sam would cost adult social care over £1,000 per week.

Cath's husband, Fred, died 4 years ago. She has had severe health problems herself and regular respite for Sam is essential. Sam used to have respite at Sunnyside Care Home. The cost to adult social care was over **£1800** per week.

The Gallagher family - Martin, Niamh and Sharon – with Oscar

The Gallagher family started offering Shared Lives respite about 2 years ago. Five people with a learning disability have short breaks – and lots of fun – with the family.

Sam was one of the first to have respite with them. The Gallaghers have become close friends to Sam and Cath.

The average cost to adult social care for Shared Lives respite is less than £450 per week.

Rotherham Metropolitan Borough Council
Where Everyone Matters

Shared Lives

person centred

cost effective

We welcome the opportunity to support more Rotherham people

Changes to Eligibility Criteria

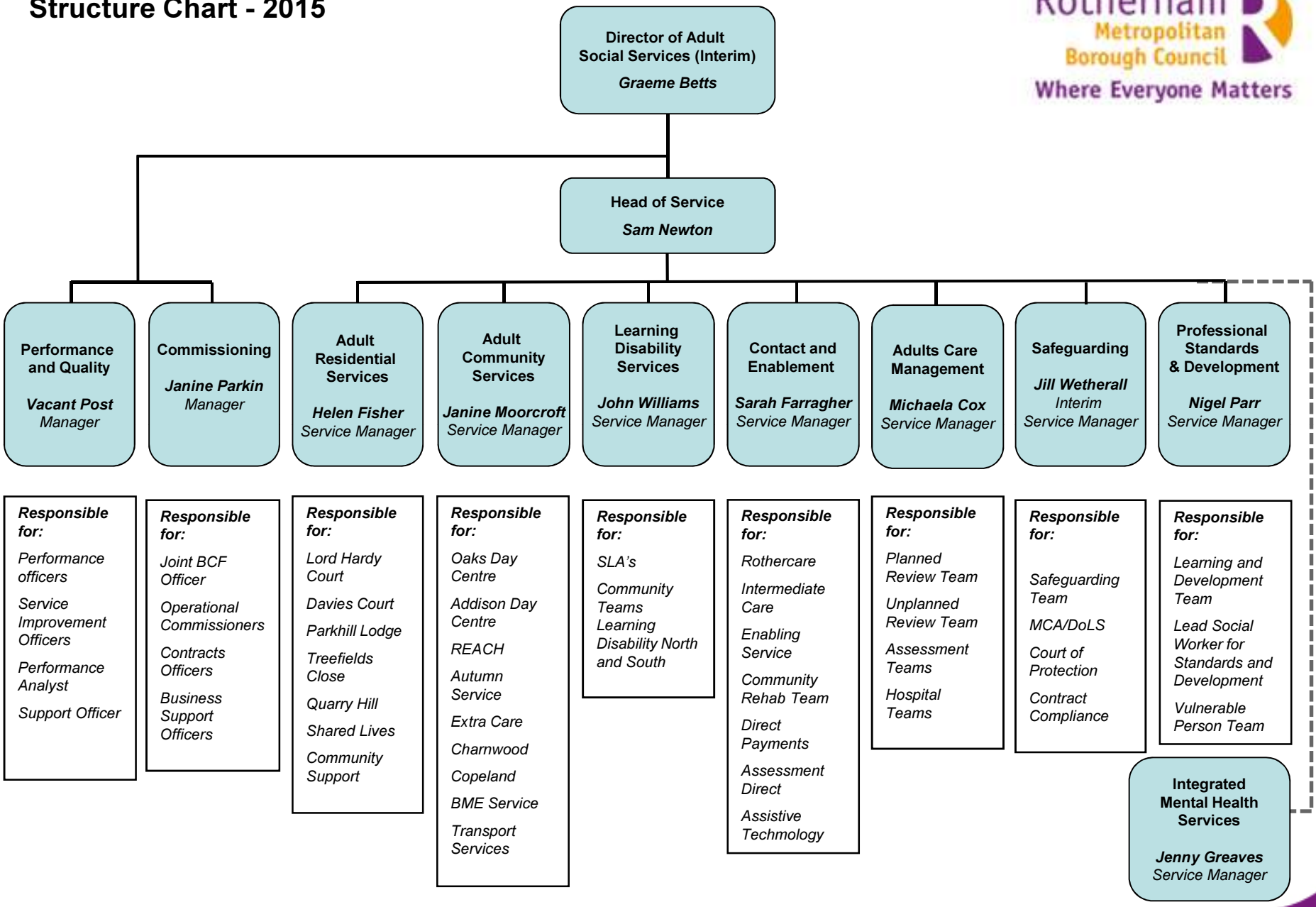
- A new national eligibility framework – a single, consistent route to determining people's entitlement to care and support
  - Based on principles of wellbeing
  - Assessment to be based on 'strengths' instead of deficits and to be asset based
  - Portability of assessments
- National consultation being undertaken by the Department of Health

Delivering ASC in the future

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Resilient residents accessing mainstream services
- Focus on prevention, enablement and support for carers
- Personalised services with high use of direct payments
- Strong commissioning function
- Well-developed market for social care maximising choice and control
- Wide range of micro-enterprises, Personal Assistants and Shared Lives schemes
- Strong partnerships with health and the third sector
- Well-developed co-production and co-delivery with users, carers and residents underpinning all of this

Adult Social Services Structure Chart - 2015



Rotherham Metropolitan Borough Council
Where Everyone Matters

Any Questions?

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	**Meeting:**	**Health Select Commission**
2	**Date:**	**11th June 2015**
3	**Title:**	**Update on Scrutiny Review of Continuing Health Care**
4	**Directorate:**	**Adult Social Services**

5 Summary

This report is primarily for information as it is relevant to the forthcoming work on health and social care integration. It provides an update on progress on the final outstanding recommendations of the joint scrutiny review.

6 Recommendation

That HSC:

- **Notes the progress on joint working on Continuing Healthcare and considers if there are issues arising to consider in the work programme in 2015-16.**

7 Proposals and Details

7.1 Introduction

Continuing Health Care (CHC) relates to NHS funding which is allocated to people who are assessed as having a "primary health need" in line with a nationally agreed threshold. This may include both healthcare and personal care for a person living in a care home or in their own home.

A Joint scrutiny review of Continuing Health Care by the Health and Improving Lives Select Commissions in 2012 resulted in a number of recommendations intended to improve the experience of people in Rotherham. One issue explored by the review was spending on CHC in Rotherham compared with other local and statistical neighbours.

Since the review was undertaken NHS restructuring has seen responsibility for CHC, including the budget, transfer to Rotherham Clinical Commissioning Group (RCCG), who have commissioned the Commissioning Support Unit (CSU) to carry out assessments and manage the budget. There is now also greater focus on personalisation of health and social care services and the development of personal health budgets.

7.2 Current work

Following the scrutiny review a senior management working group consisting of both RMBC and NHS staff agreed a set of actions to ensure effective multi-disciplinary working and deliver better outcomes for people. Appendix A includes an update regarding progress on the action plan, although it should be noted that this is primarily for information in the context of the forthcoming work on health and social care integration, as most actions were completed by 2013-14.

CHC and social care assessments are completed by health and social care staff presently or recently involved in assessing, reviewing, treating and supporting the individual. In terms of highlights from the process, a better working relationship exists and greater understanding of each professional's role in participating in a multi-disciplinary assessment and completing the Decision Support Tool (DST). Improved engagement has been achieved through attendance at CHC panels. It is now routine that RMBC CHC champions attend ratification panel meetings as part of the Multi-Disciplinary Team (MDT) and implement joint actions. CHC Champions also ensure issues are addressed in a timely manner.

A group of RCCG and RMBC staff also meet regularly to progress work regarding CHC for children with complex needs in relation to assessments and the timing of payments for care packages for children agreed as eligible for CHC funding.

7.3 Performance measures

RCCG hold monthly operational and bi-monthly strategic meetings to monitor ongoing progress. Several measures to manage the process of CHC have been introduced since last year including clinical audit. Key performance indicators include:

- meeting 48hr targets for fast track & meeting the 28 day framework target
- auditing attendance by the MDT members at assessments
- auditing the number of deferred cases through the Quality Assurance Panels

8 Finance

Yorkshire and Humberside CHC benchmarking information for the final quarter for 2012-2013, showed Rotherham was ranked 7 out of 15 in terms of the number of people receiving CHC funding. In terms of actual expenditure Rotherham was ranked 10th and therefore still below the average spend per person within the region.

In the National Funded Care Benchmarking Analysis for quarter 4 2013-14 Rotherham was ranked 33rd nationally out of 211 Clinical Commissioning Groups, based on costs per 50,000 population. 2014-15 data is not yet available.

9 Risks and Uncertainties

The following actions were taken forward by RMBC/CHC strategic leads to implement the review recommendations and minimise risk to the council:

- Monthly meetings between strategic leads to consider budget issues, address joint protocols, transitions between funding streams and services.

- Operational leads continue to meet weekly to address day to day issues and improve communication.

- Training – a joint training plan is in place, with plans for dissemination to health and social care professionals.

Numbers of people assessed as being eligible for CHC funding will fluctuate over time with changes in the health of the population and this has implications for both healthcare and social care resources with spending likely to vary each year.

10 Policy and Performance Agenda Implications

RMBC Corporate Plan Priorities:
- Helping to create safe and healthy communities
- Ensuring care and protection are available for those people who need it most.
Health and Wellbeing Strategy
Public Health Outcomes Framework

11 Background Papers and Consultation

Review of Continuing Health Care in Rotherham – Joint Report of the Health and Improving lives Select Commissions

National Framework for Continuing Health Care – Department of Health

Contact Name: Michaela Cox, Service Manager
Telephone: ext 55982
E-Mail michaela.cox@rotherham.gov.uk

Appendix 1 Updated Response to Joint Select Commission Review of Continuing Healthcare

Recommendation	Response	Action by *(Date)*
1. Assessments: 1a) To consider options for ensuring the CHC and social care assessments are undertaken together and develop an agreed protocol for how this should be delivered	Requirement within the National Framework to conduct reviews in a timely manner and work with RMBC through Joint Working Group. Work has commenced to devise a joint local CHC/Local Authority protocol which reflects the National guidance for NHS Continuing Healthcare & NHS Funded Nursing Care which addresses local issues. This piece of work will continue following the restructure and the move of CHC team over to the Clinical Commissioning Group (CCG)/Commissioning Support Unit (CSU) and changes within CHC team have been fully implemented. 2/7/2013 Following the restructure of the NHS, CHC has now successfully moved over to be part of the CSU. The National Framework for NHS Continuing Health Care and NHS Funded Nursing care December 2012 was implemented from 1st April 2013. CHC continues to follow the National Framework to ensure that reviews are conducted with in a timely manner and work with RMBC. Any issues are to be flagged through the joint working Group March 2014 Specific training for those working in children's services will be based on regional advice, following the National Guidance on CHC, and take account of the new Panel arrangements. **UPDATE – 02.06.15** Over the last year CHC have developed a Standard operating policy that is currently being considered by the CCG and will be shared with RMBC and also a dispute resolution process which will be shared with RMBC for agreement, and once all agreed will be available to the public on the RCCG website.	Ongoing
1b) To consider options for utilising the use of step up/step down units much more widely, and enable assessments to be undertaken in this setting	Community hospital now in operation providing a degree of step up/down care. Additional Step Up Step Down beds in Intermediate Care Service have 89% occupancy rate. Impact of community hospital to be monitored. **UPDATE – 02.06.15**	Complete

	Discharge to assess beds are now in operation in both the community hospital and Waterside Grange nursing home. A step down/ recuperation, therapy and assessment service is provided offsite.	Ongoing
2. Training: 2a) To refresh the CHC training package, ensuring it is up to date, appropriate for the different staff involved and rolled out to all relevant staff periodically	Refreshed National Framework released for implementation April 2013 CSU nominated lead to develop an appropriate CHC training package to be rolled out locally across SY&B area 2/7/2013 The CSU has appointed an individual who is in post to develop an appropriate CHC training package to be rolled out locally across SY&B area. The training will be accessible to all health professionals and Social workers and Social services officers 24/10/2013 CHC have developed a CHC training package for Health and Social Care professionals. The Package has been discussed with RMBC and a meeting on the 31st October to discuss a plan for dissemination the training package March 2014 It has been agreed that training will be delivered jointly by CHC/RMBC leads and rolled out across hospital, community health and social care teams. As recommended, examples of local case studies, with examples of completed and anonymised Decision Support Tools will be used, ensuring that staff can learn from the experience of Rotherham customers. Implementation was delayed.	Complete Ongoing
2b) To ensure the training package incorporates local case studies and opportunities for feedback to relevant workers on completing the assessment process to enable shared learning	CHC training package incorporates case studies to assist in application and learning. CSU operational lead with responsibilities for training to undertake training delivery. Examples of local case studies, completed and anonymised DST will be used and feedback given. 2/7/2013 The CSU has appointed an individual to develop an appropriate training package to be rolled out across SY&B. All training will incorporate case studies 24/10/2013 As in 2a. Scenario has been included in the training package	Complete Complete

3. Written Protocols: 3a) To clarify issues in relation to who should be the lead worker for individual cases and how to resolve disputes by producing written, agreed guidance for all to adhere to	As per National framework Work to be undertaken through Joint Working Group Joint protocol, work will re-commence with continuing healthcare manager/staff and RMBC CHC champions. Protocol is drafted – includes how to resolve disputes, written guidance will be produced. 2/7/2013 Work to be undertaken through the joint working group to revisit the local resolution/ dispute process which is currently in place and to develop a protocol to include a written guidance to include and resolve disputes with agreement with all parties involved – CSU, CCG and RMBC **UPDATE - 02.06.15** Answered in question 1	
3b) To put in place written agreement regarding the backdating of funding when a person is admitted to a nursing unit based on a fast track or checklist, pending a full Decision Support Tool (DST) being completed (protocols for weekends/holidays etc.)	As per Framework. Any issues to be discussed through Joint Working Group. Guidance will be provided within the joint protocol. 2/7/2013 The National Framework For NHS Continuing Healthcare and NHS Funded nursing Care December 2012 and Refund Guidance will be followed with regards backdating of funding when a person is admitted to a nursing unit based on a fast track or checklist - pending a DST being completed **UPDATE - 02.06.15** Cases regarding CHC and children with complex needs cases that were outstanding have been reviewed by the CCG. A meeting is scheduled with the lead commissioner in June to finalise the final offer after the Operational Executive Committee agreed the verbal proposal.	Ongoing
3c) To agree and put in place an appropriate joint 'exit strategy' for people moving from high level of care to lower level (within and across service providers)	Agreed 14 day turnaround in principle with RMBC - agreed	Complete
3d) To agree joint protocols for engaging with service users to gather their experience and views for the purpose of service improvement	Currently patient feedback sought for Domiciliary care packages and captured in service user/customers survey. Outcomes are fed through to Joint Working Group. Customer Outcomes also to be monitored through new Personal Health Budgets pilot.	

	22/8/2013 - the current process continues. CHC nurses continue to use Quality of Domiciliary care pro forma each time a review is completed – these allow any issues/ compliments to be discussed with care providers therefore improving the service provided to our patients.	Ongoing
4. Joint Working 4a) To ensure the continuation of MDT meetings on a regular basis to improve joint working and communication across agencies	Currently meetings are organised by RMBC. To continue with inclusion of the identified CHC leads within the CSU. RMBC CHC champions to continue to attend eligibility panel as part of the MDT.	Complete
4b) To put in place joint strategic liaison meetings on a twice yearly basis, to allow for issues to be raised across agencies in an open and honest forum (including budget issues, transition planning and implementing the proposals within the Care and Support Bill)	Joint approach between RMBC & CCG agreed to take place alternate months with input from CHC nominated lead. RMBC/CHC working group to continue to meet and address budget issues and implementing the proposals within the Care and Support Bill.	Complete
4c) For the NHS and Local Authority to agree appropriate arrangements to consider discharge planning to avoid delays	Work has been undertaken through discharge strategy group which includes RMBC and CHC members. NHS and Local Authority consider a customer's needs and start planning for discharge on admission. Guidance will be given in the joint protocol.	Complete
4d) To consider options in relation to closer working across agencies, based on examples of good practice e.g. Maltby Service Centre	RCCG commissioned integrated Health & Social care teams across Rotherham as part of the wider strategy to improve the care of patients with long term conditions	Complete
5. Panels and Appeals 5a) To address concerns in relation to the lack of representation from the Local Authority at CHC panel meetings	CHC ratification panel undertaken daily with RMBC reps now attending Tuesday and Thursday.	Complete

5b) To ensure there is expert knowledge via an appropriate worker (such as a learning disabilities representative) on future CHC and Dispute Panels	Currently distinct LD panel runs monthly. CHC rep present on appeal panels also attended by LD service leads. John Williams Service Manager Learning disability Service attends.	Complete
5c) To review the current Dispute Panel, and take action to ensure this is an independent, multi-disciplinary panel which includes representation from the Local Authority	Appeals & disputes currently handled by central CSU retrospective team who organise MDT panel inclusive of a LA rep. Any revision to be taken forward through Joint Working Group	Complete
5d) To review the decision making process and look to streamline panels where possible to reduce delays and inconsistencies	Ratification of applications as per the principles of the National Framework. Any issues to be discussed through Joint Working Group	Complete
5e) To ensure that all workers are routinely giving service users information leaflets and that the appeals process and their right to appeal is clearly explained at the beginning of the process	Principles of National Framework followed - information and/or leaflets supplied routinely. Staff have access to information, leaflets and explain the appeals process at the offset when assessments are completed and the CHC process explained. **UPDATE – 02.06.15** The process is explained at the offset, staff have access to information, leaflets regarding the appeals process which is explained to customers and carers.	Complete
Reviewing Recommendations: 6) For the Health Select Commission to receive a report from the CHC manager 6 months from the recommendations being approved, to ensure they are being implemented and making progress to improve this service in Rotherham.	Progress has/is being made to improve services in Rotherham. These are contained within the initial response from the former Cabinet and any further requests for updates to be discussed through Joint Working Group	Complete