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

Date:-	**Thursday, 24th September, 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

4. Declarations of Interest

5. Questions from Members of the Press and Public

6. Communications

7. Minutes of meeting held on 9th July, 2015 (Pages 1 - 13)

8. Health and Social Care Integration (Pages 14 - 44)
   - Presentation by Lynda Bowen, Sam Newton and Dominic Blaydon

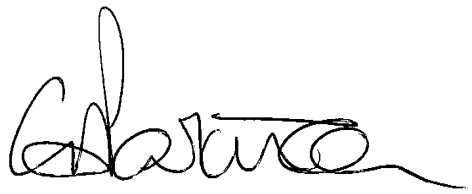
9. Health and Wellbeing Board (Pages 45 - 53)
   Minutes of meeting held on 8th July, 2015

10. Quarterly Meeting Notes (Pages 54 - 55)

11. Yorkshire Ambulance Services - CQC Inspection (Pages 56 - 64)

12. Healthwatch Rotherham - Issues

13. Date of Next Meeting
Thursday, 22nd October, 2015 at **3.00 p.m.**



CATHERINE A. PARKINSON,
Interim Director of Legal and Democratic Services.

Membership

Councillors Sansome (Chair), Mallinder (Vice-Chair), Ahmed, Alam, Burton, Elliot, Evans, Fleming, Godfrey, Hunter, Khan, Parker, Price, Reeder, Rose, Rushforth, Smith and M. Vines.
Co-opted Members:
Vicky Farnsworth and Robert Parkin (Rotherham Speak Up) and Peter Scholey.

HEALTH SELECT COMMISSION
9th July, 2015

Present:- Councillor Sansome (in the Chair); Councillors Ahmed, Alam, Burton, Elliot, Fleming, Godfrey, Hunter, Khan, Mallinder, Price, Rose, Rushforth and M. Vines and Vicky Farnsworth (Rotherham Speakup).

Apologies for absence:- Apologies were received from Councillors Smith, Turner and Robert Parkin.

13. DECLARATIONS OF INTEREST

There were personal interests declared by Councillors Fleming, Hunter, Parker, Price and Rose, on the range of matters included on this meeting's agenda. All of these Councillors were either employees, or relatives of employees, within the National Health Service. As their interests were of a personal (and not prejudicial) nature, the Members remained in the meeting and spoke and voted on the items.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no separate questions from members of the public or the press, although a member of the public did attend and asked various questions relating to items 19 to 22 below.

15. COMMUNICATIONS

(1) Use of 'yellow cards' during debate

The issues being dealt with by this Select Commission were complex and often a lot of jargon used for Adult Social Care and Health. To ensure that everyone was able to participate fully in discussions, the yellow card system used previously at other Scrutiny Panels/Select Commissions was being reintroduced. If any Member of the Commission required clarification on a question or on a term used they should raise the yellow card.

(2) Joint Health Overview and Scrutiny Committee (JHOSC)

Congenital Heart Disease Services would be considered further at a meeting of the Health Select Commission during September, 2015.

(3) Chantry Bridge GP Practice, Greasbrough

Tenders were being invited for the provision of a new Alternative Provider Medical Services (APMS) contract for the delivery of GP services at the Community Health Centre at Greasbrough. The new Service would commence during November, 2015.

(4) Carnson House

The launch of the new Drug and Alcohol Recovery Hub would take place on Wednesday, 15th July 2015 (details previously circulated to Elected Members).

(5) Access to GPs and RDaSH CAMHS Reviews

The response to the RDaSH CAMHS Scrutiny Review would shortly be submitted to Commissioner Newsam's meeting. The Interim Director of Adult Social Care and the Director of Public Health were responding to issues arising from the Scrutiny Review of Access to GPs.

(6) Care Quality Commission - Quality Summit

Consequent upon the inspection of the Rotherham Foundation Trust earlier in 2015, the Care Quality Commission's summit with stakeholders to discuss outcomes and action plans would take place on Monday, 13th July, 2015; the Chair of the Select Commission would be attending the summit.

(7) Publication of the 2015 Health Profiles

The overall local health and child health profiles, 2015, had now been published and would be circulated to Members of the Select Commission, together with links to the appropriate Internet websites.

16. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting of the Health Select Commission held on 11th June, 2015, be agreed as a correct record, with the clerical correction of the inclusion of Councillor Ahmed in the list of Members who had given their apologies for absence for that meeting.

17. HEALTH AND WELLBEING BOARD

The contents of the minutes of the meeting of the Health and Wellbeing Board held on 18th May, 2015, were noted. Members were informed that further reports would be submitted, from time to time, to various meetings of Elected Members on the suicide prevention matters which had been considered at that meeting.

Adult Mental Health had also been discussed at that meeting, including support for adults post-diagnosis. The report discussed at the Board's meeting related to children and young people, although the continuing work on suicide prevention considered all ages and there was vigilant monitoring and thorough investigation of any cases.

The Advisory Cabinet Member confirmed the establishment of a new commissioning sub-group, which would begin its work by considering issues concerning adult mental health.

Reference was also made to the most recent meeting of the Health and Wellbeing Board which had taken place yesterday, 8th July, 2015. A written report was being prepared in response to the recommendations of the Scrutiny Review of Access to GPs. It was also noted that amendments to the process for responses to scrutiny reviews was currently being developed.

18. COMMUNITY TRANSFORMATION

Chris Holt, Chief Operating Officer, Rotherham Foundation Trust, gave the following presentation about Transforming Unscheduled Health Care:-

- Community Transformation launched in April 2014;

- Focus on five priorities
  - A Better Community Nursing Service
    Reconfigured around locality teams
    Better leadership, clinical supervision and governance
    Additional nurses (14 whole time equivalent posts) against the 2014/15 establishment
    New ICT equipment, full connectivity

  - Integrating Services in Health and Social Care (for issues such as falls, respiratory and neurological cases)
    Developed new Integrated Rapid Response (merging Fast Response, Advanced Nurse Practitioners)
    Respiratory Care Pathway agreed
    Investment in Integrated Falls and Bone Health Care Pathway
    New Service model for Neuro Rehabilitation

  - An Enhanced Care Co-ordination Centre
    Resourced to provide 24 hours', s7 days per week cover
    Hub for new supported Discharge and Admit Prevent Pathways
    Develop single point of access for Community Nursing referrals

  - Utilisation of alternative levels of care
    Agreed model for Community Unit to target frail/elderly
    Discharge to Assess beds commissioned at Waterside Grange
    Three supported Discharge and Admission Prevention Pathways

  - Better Governance and Performance Management
    Performance Framework established across all Community Teams
    Reporting mechanisms and indicators agreed with Teams

Bi-monthly meetings held between Clinical Commissioning Group and Community Teams

- 'Input' and milestone focus

- Secured successfully – need stage 2, as the initial programme had concluded in March 2015

- Acute was delivering but had struggled during the Winter

Current Situation – an Opportunity
- Provider of Acute and Community Services
- Community Transformation enablers
- A focus to improve within Acute
- Take a 2 to 3 year view
- Address other key enablers (Emergency Centre, 7/7 Services)
- Outcome and performance driven

Origins of the Programme
- Five Year Forward View
- Future Hospital Commission – Future hospital: caring for medical patients

A Future Model of Care
- Generalist Inpatient Pathways
  The Medical Division: unified clinical, operational and financial management
  7 days per week by trained doctors using Standard Operating Procedures
- Specialist Inpatient Pathways
  Specialist procedures, clinics, ambulatory care and community support, specialist education, training and research

The Ambition
- Strengthened acute take and ambulatory care
- Ward reconfiguration and reduced bed base
- 7-day assessment of appropriate patients
- Community physician support for localities
- Reduction in acute length of stay
- Length of stay at home/Usual Point of Residence to be main indicators
- Primary, secondary and community partnerships

Five Key Priorities
- Emergency access and admissions
- Structured and systematic management of in-patient beds (acute and intermediate)
- Embedding Admission Prevention and Supported Discharge Pathways

- Integration of Acute and Community Care Pathways
- Partnerships with social care, mental health, voluntary sector partners

The presentation and subsequent discussion highlighted the following issues:-

: B1 Ward (at the Rotherham hospital) – reorganisation;

: the role of the Carats nurses (Community Assessment, Rehabilitation and Treatment Scheme); the multi-disciplinary team and the co-ordination of care; the multi-disciplinary teams review care plans daily for patients and telephone the Care Co-ordination Centre for advice and to arrange further care/support;

: 'key enablers' – examples being the Emergency Centre; providing around-the-clock services; Health Service working alongside the Adult Social Care Teams;

: staffing and national shortages, having an appropriate mix of skills for the changes and the use of agency staff in appropriate positions;

: staff morale and being able to "take people with you" when making changes;

: the national call for more hospital beds (to care for the ageing population) and the increasing pressures on community care; the availability of medical specialists and consultants to provide care in the community;

: reducing delayed transfers of care (DTOC) as the longer that people remain in acute wards, the more difficult it becomes for them to return home;

: services for people who have learning disabilities; ensuring that care providers understood the nature of learning disabilities;

: care in the community (and the use of individual care plans) being sufficient to ensure that patients do not have to return to hospital;

: reassurance for the general public that the allocation of hospital care, or of care in the community were dependent upon medical decisions and were not to be 'target-driven'; it was noted that outcome measures were useful in terms of ensuring quality of service;

: the strategic health care changes being made were consistent with changes being made elsewhere in the country; communication between the various NHS Trusts; ensuring the consistency of quality standards; triangulation of performance data; the availability of specialist care;

: being an integrated Trust for Acute and Community Services was advantageous in controlling patient pathways and ensuring people were only admitted to hospital when they needed to be;

: the future model would result in more of the specialists going to the patient rather than patients being moved round the hospital or being in a specialist bed when they did not need to be;

: the challenge of 7 days' per week services and the involvement of staff in developing services; appropriate use of therapists instead of other medical specialists; use of multi-disciplinary teams in patient care;

: the 3 pathways : integrated rapid response (IRR) pathway; community bed base; intermediate care (therapeutic care).

Resolved:- (1) That the information now presented about Transforming Unscheduled Health Care be noted.

(2) That a further report be submitted to a future meeting of the Health Select Commission as part of its work programme on health and social care integration.

19. HOSPITAL DISCHARGES

Chris Holt, Chief Operating Officer, Rotherham Foundation Trust, presented additional information requesting by the Select Commission following the update on the Hospital Discharges Scrutiny Review in October, 2014.

The additional information related to:-

Appendix A – figures for delayed discharges and complaints relating to discharges
Appendix B – details about the work of the Care Co-ordination Centre
Appendix C – information about the SAFER care bundle

Members discussed the following items:-

: targets on the Trust's website and hospital re-admission rates (Members requested further information on this matter);

: the increasing number of delayed discharges, the average waiting time for assessment by a Social Worker (the increased number of patients with complex needs may affect this time); use of agency staff may sometimes cause delays; the efforts being made to reduce the dependency on agency staff;

: improved communication with patients ought to reduce the number of complaints.

The Select Commission thanked Chris Holt for his presentation.

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

(2) That further reports on the specific actions being taken in response to the scrutiny review of Hospital Discharges continue to be submitted to meetings of the Health Select Commission.

20. SCRUTINY REVIEW MONITORING REPORT - URINARY INCONTINENCE

Rebecca Atchinson, Public Health Officer, presented a 6 months' progress review of the Health Select Commission's Scrutiny Review recommendations concerning Urinary Incontinence. The updated action plan was appended to the submitted report.

Members noted that progress had been slower than anticipated. The challenges of addressing urinary incontinence in isolation from wider health and wellbeing issues may have resulted in the medical condition not receiving the profile it needed to fully implement the recommendations formulated by the Review. There may also be a need to identify at risk groups for the physical activity recommendations, as it was recognised that their needs may be different.

The Select Commission noted that additional grant money had been obtained to fund more physical activities for people who had long-term conditions (linking activities with pelvic-floor exercises where appropriate). Training had also been provided for Care Home staff on the treatment of people with urinary incontinence (and should be included as part of the service commissioning process). Further dialogue was needed about the information provided by the Community Continence Service (CCS), to avoid duplication and also with regard to alternative ways of providing training for care home staff

Members noted that some of the recommendations of the Scrutiny Review had yet to be implemented (eg; the wider availability of the pelvic-floor exercises at exercise sessions for older people; development of an internet website containing appropriate information about physical exercise).

The Select Commission noted that the 'call-to-action' website would enable people to search for physical/sports activities, available to all throughout the Rotherham Borough area, in which they may participate. It was anticipated that the website would be in use during October 2015. The need for public availability of details of such activities was emphasised.

Public Health staff were working with the Community Continence Service and engaging with their service users to develop the correct messages for the public to be broadcast on PHTV.

Members noted the emphasis upon communication, education and prevention, especially in maternity and parenting classes. It was suggested that partner organisations should also be involved in the provision of appropriate preventative measures. The difficulties for children and young people who had urinary incontinence was also acknowledged.

Members thanked Rebecca Atchinson for her presentation.

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

(2) That the actions being taken on the recommendations and responses to the Scrutiny Review of Urinary Incontinence, as now reported, be noted.

(3) That a further progress report be submitted to a meeting of the Health Select Commission in six months' time.

Footnote – subsequent to the meeting, additional information was obtained from Active Rotherham for inclusion with the minutes:

Pelvic Floor Exercises
The Public Health Service had attempted to encourage pelvic floor exercises in the Active Always programme and make links with the Continence Nurses at Rotherham hospital. It had been slow progress, however, the aim was to deliver training to all instructors on the exercise programmes (including leisure centres) to help with providing examples of how people could incorporate suitable exercise into everyday activities and not just when they attended a class. Another aim was to ensure there was evidence to show the measures described had taken place. Active Rotherham was working with colleagues in Public Health on the programme and aimed also to roll it out in the new Sport England Active for Health project.

21. HEALTH AND WELLBEING STRATEGY REFRESH

Michael Holmes, Policy Officer, and Joanna Saunders, Head of Health Improvement, gave the following presentation on the Rotherham Health and Wellbeing Strategy:-

Health and Wellbeing Board
- Established by Health and Social Care Act 2012
- Brings together Council, Clinical Commissioning Group and other key partners including Healthwatch and Service providers
- Produce Joint Strategic Needs Assessment – evidence base for health needs (http://www.rotherham.gov.uk/jsna/)
- Develop Strategy to improve health and wellbeing
- Ensure partners' spending plans were geared towards achieving the Strategy's aims and objectives

Health and Social Care Integration

- Better Care Fund – pooled funding to transform Health and Social Care Services
- Critically it was about person-centred care
- Rotherham Better Care Fund Plan approved January, 2015; key target to reduce hospital admissions

What does the evidence tell us?

- Life expectancy below England average and significant gap between the Borough's most and least deprived areas
- Population changes – ageing population and people living longer with poorer health
- 28.5% of adults were classed as obese, worse than the England average
- Relatively high rate of hospital stays for alcohol-related harm
- Higher than average adult smoking levels and smoking-related deaths
- Rate of sexually transmitted infections was worse than average
- Rates of death from cardiovascular disease and cancer were worse than the England average

Key Health Challenges: Children and Young People

- Child poverty was worse than the England average with 22.8% of under 16s living in (relative) poverty
- 9.8% of children aged 4-5 and 23.4% of children aged 10-11 were classified as obese
- The rate of diagnosis of sexually transmitted infections in young people aged 15-24 years was above the England average
- Relatively high rates of smoking in pregnancy, contributing to increased risk of stillbirth, low birth weight and neonatal deaths
- Rotherham's breastfeeding rate was amongst the lowest in the region – contributing to levels of childhood obesity

The Strategy (2012 to 2015) – Current Thinking

- Explicit focus on children and young people
- Increased emphasis on mental health
- Help people to take responsibility for their health
- Principles of prevention and early intervention
- Work with communities – asset-based approach
- Build on good practice in Rotherham and elsewhere
- Meaningful indicators to measure progress

Feedback from Voluntary and Community Sector

- Increase emphasis on and investment in prevention and early intervention
- Holistic approach to health and Wellbeing Board utilising expertise from a range of organisations
- Recognise key transition points rather than waiting for people to hit crisis

- Real commitment to “asset-based” approach – not just as a cover for cuts
- Make the Health and Wellbeing Board “system” easier for people to access, understand and navigate
- Target the most disadvantaged regardless of age, including a renewed focus on healthy ageing

For September, 2015
- Health and Wellbeing Board approve Strategy including long term strategic outcomes
- Outcomes inform partners’ emerging commissioning plans

After September 2015
- Annual delivery plan, informed by outcomes and indicators, with associated performance measures
- Detailed plans for specific themes/programmes with linkages to wider partnership strategies and objectives
- Further consultation about the strategy

The Health Select Commission Members discussed the following issues:-

: housing need, the availability of appropriate housing and the development of the Older People’s Housing Strategy;

: communication strategy and providing information and services for the most vulnerable people (eg; skills audit, staff training, evidence based quality practice);

: the importance of inter-agency and partnership working, including the voluntary and community sector organisations and service providers;

: the wider determinants of a person’s health (influences include : neighbourhood, housing, employment or lack of employment, lifestyle issues, availability of appropriate services);

: Public Health and Planning working together with regard to housing, infrastructure and provision of activities;

: the availability and impact of services for people (of all ages and in all communities) who experience mental ill health;

: different measures which could be used to help people to stop smoking; it was noted that there had been a reduction in the rate of smoking in pregnancy to 18.3%, which was the lowest it had ever been and the rate of smoking in the general population was 18.9%, also the lowest recorded.

Resolved:- (1) That the presentation on the draft, refreshed Rotherham Health and Wellbeing Strategy, as now submitted, be noted.

(2) That a further report on the final, approved version of the Rotherham Health and Wellbeing Strategy be submitted to the next meeting of the Health Select Commission.

(3) That the Health Select Commission recommends that mental health should be an explicit priority in the refreshed Rotherham Health and Wellbeing Strategy, including the further development of services and support for people of all ages.

22. SCRUTINY REVIEW MONITORING REPAIR - CHILDHOOD OBESITY

Joanna Saunders, Head of Health Improvement, presented an update on the re-procurement of Rotherham's Healthy Weight Framework and the action plan in response to the Scrutiny Review of Childhood Obesity.

The report stated that services in Rotherham's Healthy Weight Framework (tiered weight management services) were re-commissioned with new contracts effective from April 2015. 3 contracts for the delivery of Child Obesity Services had been awarded to two providers. Places for People Leisure would deliver the tier two programme (MoreLife clubs) and MoreLife Ltd will be delivering tier three (MoreLife clubs with 1:1 support) and also tier four (MoreLife residential camp). An explanation was provided of the three tiers of service within the programmes which engaged families and offered healthy eating and dietary advice, increased opportunities for physical activity, including group/team sports and enhanced services for people who had a higher body mass index (specialist input including psychological, dietetic and clinical input as required).

The annual National Child Measuring Programme was discussed which showed variation year-on-year as different cohorts of children were weighed and measured. For the first time, data was now available with 2 measures for the same cohort of children which would help with identifying trends.

The single point of contact had proved very successful and used telephone triage. Internet website and social media access were also in place.

Discussion took place on the availability of information and funding for organisations which provided physical activities within the community (eg: sports; dancing).

Members were informed of the partnership working with schools and academies, especially in terms of guidance on school meals and healthy eating for pupils. Additionally, the Weight Management Programme was being promoted throughout the community. There has been a good take-up of free school meals and "stay on site" policies were being encouraged through the cluster of schools within learning communities.

Information was provided about the success stories of individuals who had benefited from the tiered programme to reduce obesity.

One example was of a young man who had attended the residential camp on two occasions and had continued to reduce his weight through attendance at the club programme, supporting his younger siblings in weight loss as well. He had provided a strong role model for peers and was working at this year's residential camp in a voluntary capacity, thus gaining valuable work experience.

Resolved:- (1) That the progress being made against the recommendations of Rotherham's Healthy Weight Framework, as contained in the report now submitted, be noted.

(2) That the progress being made against the recommendations identified in the original Scrutiny Review and the resources being deployed to reduce levels of childhood obesity, as now reported, be noted.

(3) That the Health Select Commission continue to be informed of progress of Rotherham's Healthy Weight Framework, as it affected all age groups of the Borough's residents.

Footnote : subsequent to the meeting, the information below was obtained in response to a specific question raised and had been included in the minutes:-

Sports Club Development
As part of the Children and Young People's group for Sport and Physical Activity in the Borough area, a club development evening would be delivered from Rotherham United Football Club's New York Stadium, probably during October 2015. The purpose of the event was to invite local clubs to an evening (6pm-9pm) with presentations on a number of topics. At present, the planned topics were expected to be:-

(i) Funding - both the local funding streams available and how to complete a form (what funders were looking for in a bid, key phrases/ buzz words, where local information could be sourced to support a bid; ie: health statistics).
(ii) Club structure - club requirements, paper work, Disclosure and Barring Service/ welfare; etc
(iii) Possibly something about facilities;
(iv) Facilitated session on other club issues raised throughout the evening.

23. PROVISIONAL SUB-GROUPS FOR QUALITY ACCOUNTS

The Scrutiny Officer submitted a report detailing the establishment and provisional membership of the Elected Members' sub-groups which will undertake the scrutiny of health partners' Quality Accounts.

(1) RDaSH – Councillor Sansome (Chair) and Councillors Ahmed, Hunter, Price, Rose and Smith;

(2) Rotherham Hospital – Councillor Mallinder (Chair) and Councillors Burton, Evans, Fleming, Rushforth and R.A.J. Turner;

(3) Yorkshire Ambulance Service - Councillor Alam (Chair) and Councillors Elliot, Godfrey, Khan, Parker and M. Vines.

24. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

25. DATE OF FUTURE MEETINGS

Resolved:- (1) That the next meeting of the Health Select Commission be held on Thursday, 24th September, 2015, commencing at 9.30 a.m.

(2) That, during the 2015/16 Municipal Year, two meetings of the Health Select Commission shall be scheduled to commence at 3.00 p.m.

REPORT TO THE HEALTH SELECT COMMITTEE
24th September 2015

Rotherham Better Care Fund

Report Sponsor: RCCG and RMBC

1. PURPOSE OF REPORT

The purpose of this report is to provide Board Members with an update on the Rotherham Better Care Fund (BCF) review, and potential developments from the recent service review

2. RECOMMENDATIONS

It is recommended that:-

2.1 Members note the progress that has been made for the Rotherham BCF, including more integrated joint working between Health and Social care, and revised and strengthened governance for the BCF.

2.2 Members note the proposed timescale for future developments within the BCF plan.

2.3 Members note the existing good practice arising from the Better Care Fund services in Rotherham

3. Background to Better Care Fund Plan

3.1 The Better Care Fund Plan for Rotherham, approved by NHS England in January 2015., In April 2015 a section 75 Partnership Framework Agreement was approved by the Health and Wellbeing Board. This one year agreement sets out the way that the Council and the Clinical Commissioning Group will carry out the Plan and details in full what the content of that plan will be.

3.2 The plan aims to provide integrated, seamless services providing better patient experience, and more effective and integrated health and social care services. The aim is to provide more home-based services, and prevent premature admissions to both permanent residential care and hospital.

3.3 The Section 75 Agreement was specified by NHS England as the way it requires Health and Social Care authorities to work together. The s 75 agreement is a formal legal agreement, and one which has a strong and clear governance framework within it which ensures that the both the agreement itself and the projects and services within the agreement are all robustly scrutinised at both strategic and operational levels.

3.4 NHS England were prescriptive with localities around the establishment of the Better Care fund plans. All localities were told it was a requirement that

- the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group
- plans are approved by NHS England in consultation with Ministers
- The fund is to be used in accordance with the agreed plan
- The element of the fund linked to non-elective admissions reduction target will be released into the pooled budget proportional to performance, as detailed in the BCF Technical Guidance.

3.5 Further, NHS England referred to requirements for the BCF which were determined within the 2013 spending review. Local authorities and clinical commissioning groups were given guidance that 6 national conditions must be met by each locality prior to 1st April 2015 when the fund became operational.

The requirements for the BCF were specified in detailed technical guidance produced in 2013. Each area was required to demonstrate how its Better Care Fund plan would meet the following 6 national conditions:

- Plans to be jointly agreed
- Protection for social care services (not spending)
- As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

3.6 Areas were given a short space of time to assemble detailed plans for their BCF plan. Each area had a minimum spending level it could devote to an agenda to deliver integrated services, designed to ensure that the BCF plans would deliver enhanced performance against a number of metrics. At the time of formulating the BCF plans, the formats for the plans were frequently changed at national level. The purpose, and national rationale from NHS England for the plans was at the time unclear, although areas were given very detailed information on the need for plans to have a performance element included so that the full value of the find could only be committed if areas could show demonstrable progress in meeting nationally specified metrics. The targets and requirements for the metrics changed over time. A limited degree of local decision making about performance targets and metrics was permitted, but within a tight framework, and only with the consent of NHS England.

3.7 NHSE required areas to set targets to:

- Reduce permanent admissions to residential and care homes
- Improve the effectiveness of reablement
- Reduce delayed transfers of care
- Monitor and improve Patient / service user experience

Additionally, areas were required to identify one additional local metric which would enable local performance to be measured and improved. Rotherham's local metric was to measure and reduce the number of hospital readmissions 30 days after discharge.

3.8 The NHSE introduced a "pay for performance" element to the BCF. Areas have been required to set a target for a reduction in total emergency (non-elective) admissions to hospital. Although most areas set a target of reducing non-elective emergency admissions by an average of 3%, NHS England agreed Rotherham's target would be a reduction of 0.1%, on the basis that the area had completed a significantly reduced number of such admissions, compared to similar comparator) authorities. Where a quarterly target is met, the relevant performance-linked money will be available to the local area to spend in accordance with the agreed BCF plan. If the target is not met, an amount of the funding (directly proportional to the extent to which the target has not been met) will be spent by the CCG(s), in consultation with the Health and Wellbeing Board.

3.9 As plans were rolled out, NHS England circulated details of its monitoring requirements. Currently these include a quarterly format detailing progress on metrics, and compliance with national conditions. Areas have been told an annual report will be requested, but as yet, there is no format or timescale for this report.

3.10 The Rotherham plan is currently extremely complex with 72 lines of funding, divided into two pooled funds (one managed by the council and one managed by the CCG). There are 16 workstreams each comprising a mixture of new projects, existing services, and merged services. The current services have grown organically, in response to demand and available, often temporary funding.

3.11 Included within the Section 75 agreement was a new governance structure for the BCF. This has proved invaluable, and an effective way of working, especially after the initial review has identified there is a need for change within the BCF plan.

3.12 The new governance arrangements have been able to scrutinise operational level detail, ensuring the BCF executive can focus on steering the overall structure and plan. An additional development has been the creation of a "vision" group within the BCF Executive, which meets to explore further opportunities for health and social care integration.

3.13 The performance of the BCF projects and services is monitored by the Operations Group. Recent work has included a joint review on the BCF 13 – the largest of the BCF work streams. The review has thus far highlighted some parallel but insufficiently linked projects, and areas for development. This review has now been extended to thoroughly review each element of funding within the BCF plan, to

ensure there is greater strategic focus and prioritisation on earlier intervention, reducing non-elective emergency admissions, and on value for money. A report to the BCF operations group will be made next month.

4. BCF Service review

4.1 A service review was originally planned for just one workstream: BCF 13. This work stream consisted of a number of jointly funded services which had been passported into the BCF from other funding streams. It was known that this historic funding may have had a degree of modernisation needed. Project targets, reporting and governance were not aligned, and there was a lack of certainty about funding levels and outcomes for service users.

4.2 After an initial review it became clear that this particular work stream overlapped with 15 other work streams. Thus, in August 2015, a decision was taken by the BCF Strategic Executive to extend the service review to the full 72 funding lines.

4.3 Each funding line has been reviewed, and a proforma completed which details whether the service meets the strategic aims of the BCF; whether the service gives value for money; whether the service gives good and effective customer/patient satisfaction; whether there are other funding sources for the service; and the impact the service is making on the BCF metrics.

4.4 Currently, the review is in progress, with plans to deliver a number of products. These included a simplified structure for the BCF, with fewer workstreams, more joined up governance, and greater transparency and accountability. In particular, the review will develop recommendations for a directory of services, identifying the description of a scheme, its funding sources, identified outcomes and outputs, and revised targets, reporting and governance lines. Identifying leads for each project, and workstream will ensure greater clarity and leadership.

4.5 Key Drivers will be to ensure the revised BCF plan complements current transformation plans in health provider and social care organisations. We are particularly keen to focus on services which offer support and early intervention- to assist people to access and use community assets, and prevent people from entering care/case managed services prematurely.

4.6 BCF services will be reviewed to ensure a strategic fit with current and planned Children's services, particularly in relation to services for young people in transition. Working with public health and provider organisations, we believe there is potential for realignment and greater coordination than at present, with our existing policies and service protocols.

4.7 BCF offers opportunity for joint commissioning and service integration, above and beyond the minimum levels set by NHS England for the BCF in each area. We believe this is an area where we can make significant progress. The "Strategic Vision "group are reviewing how good practice and effective service provision in this area can be further enhanced. Broad strategic thinking is needed to consider the emerging trends and opportunities, and exploring how different areas have interpreted and implemented the integration agenda.

4.8 The strategic review is enabling existing strategy and services across agencies to be mapped and possible gaps and overlaps have thus been identified. A format is being developed which offers a possible model for the new BCF. An early indication of this model is attached and will be further explored during the presentation. However, this is at present a possible model, and will be subject to further discussion and review at the next BCF Strategic Executive.

4.9 The service review has shown workstreams within the BCF which are not only performing well, but are exceeding targets and expectations. Members will hear on 24 the September 2015 from three of those projects:-

- Social Prescribing Service
- Dementia Cafes
- Falls services

Presentations will provide insight and an overview of current service provision, focussing on the outcomes and benefits for our Rotherham customers.

5. NEXT STEPS

5.1 Following the completion of the Service review, an options paper is being prepared for presentation to the BCF Strategic Executive early in October. This will consider strategic priorities for the BCF, and to develop an action plan for governance and a new structure for the BCF.

5.2 Further details of the streamlined BCF, and presentations of other BCF services will be made to Health Select Commission on dates planned between October 2015 and February 2016.

6. Background Papers

Section 75 Agreement Rotherham Better Care Fund

Officer Contacts: Dominic Blaydon RCCG **Telephone No:** 01709 302131
Officer Contacts: Lynda Bowen, RMBC **Telephone No** 07977 127771

Date: 15th September 2015

Better Care Fund

Overview

Lynda Bowen — Rotherham MBC

Dominic Blaydon — Rotherham CCG

NHS
Rotherham
Clinical Commissioning Group

Rotherham
Metropolitan
Borough Council

Rotherham Better Care Fund

- Plan agreed by NHS England January 2015
- Formalised in a section 75 Partnership Framework Agreement in April 2015
- Strengthened governance

What does the BCF Plan aim to achieve?

- Better patient/customer experience
- Integrated service provision- seamless services
- More effective provision
- Fewer admissions to permanent care and unplanned emergency hospital admissions
- Shorter lengths of stay in hospital
- Effective reablement

BCF Metrics

- Reduction in non-elective admissions
- Permanent admissions of older people to care homes
- Delayed transfers of care from hospital
- No. of older people at home 91 days after discharge from hospital into rehabilitation

Governance…..

- Health and Wellbeing Board
- Strategic Vision
- Strategic Executive
- Operational Executive

Current BCF

- Complex plan:-
- 72 lines of funding
- 16 workstreams
- 2 pooled funds
- Mixture of new and existing services
- Fragmented data collection
- Fragmented reporting lines
- Potential overlap/gaps in provision

Review of Workstream 13

First review of this workstream showed:-

- Lack of clarity
- Historic grants/funding lines
- Segments of services funded from other budgets
- diverse reporting and governance
- overlap with separate funding areas

Service Review methodology …

72 funding streams each reviewed to identify:

- strategic relevance
- areas for merging funding
- areas for reallocating funding
- services receiving funding from outside BCF
- services require detailed review

Outcomes from the Service Review

- Directory of Services
- Simplified Structure for BCF
- Clear measures for metrics
- Revised governance for BCF services
- Recommendations for integrating BCF governance
- Recommendations for future integration and joint commissioning

Key Drivers for the new BCF plan

- Improving services for people of Rotherham
- Complementing transformational change underway in social care and with secondary and community health providers
- Integration with Children's services
- Framed by…
- Role and requirements of NHS England and Better Care Fund team
- Ability to impact on metrics and meet performance targets

Directory of Services

Category 1	Mental Health
Category 2	Rehabilitation and Reablement
Category 3	Intermediate Care
Category 4	Protecting Social Care
Category 5	Case Management and Integrated Care Planning
Category 6	Supporting Carers

Category 1: Mental Health

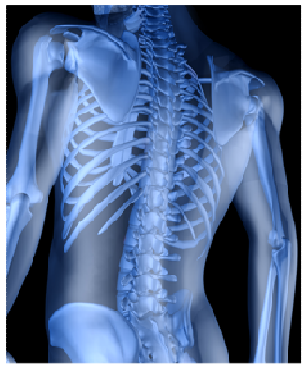
Mental Health Liaison Service

- Dedicated mental health expertise provided to A&E 24 hours/day
- Clinically led and operates from The Woodlands
- Supports 16 – 18 year olds overnight and at weekends.
- Works alongside the Crisis Intervention Service
- Links in with the Emergency Centre Development

Category 2: Rehabilitation and Reablement

- Home Improvement Agency
- Falls and Bone Health Service
- Home Enabling Service
- Community Stroke Team
- Stroke Association – Community Integration
- Community Neuro-Rehabilitation Service
- Rotherham Equipment and Wheelchair Service
- Community Occupational Therapy
- Age UK Hospital Discharge Service

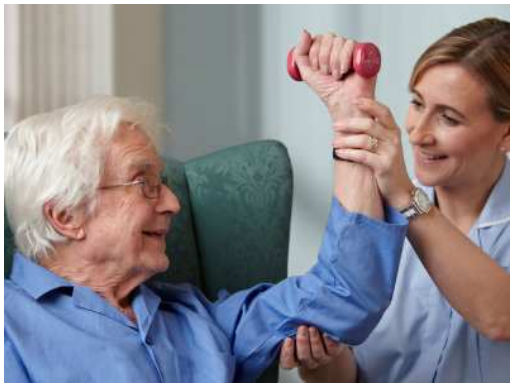
Good Practice: Integrated Falls and Bone Health



- Targets people over 55 years with fragility fracture
- Multi-Factoral Falls Assessment and therapy input
- 12 week falls and fracture prevention programme
- Follow-up exercise programmes commissioned by RCCG
- Patients under 75 years undergo bone density scanning
- Establish fracture probability and prescribe bone active tablets
- Follow up patients at 3 months, 6 months and 1 year.
- Check modifiable risk factors and adherence to medication

Category 3: Intermediate Care

- Rotherham Intermediate Care Centre
- Integrated therapy team with physiotherapists and OTs
- 3 residential units with 50 beds
- Community Rehabilitation Service
- Day Rehabilitation and Community Integration
- GP contract for intermediate care
- Intermediate Care Social Work Service
- Specialist Mental Health OTs



Good Practice: Community Integration

- 6 week programme led by occupational therapy
- Addresses social isolation and activities of daily living
- Access and utilization of public transportation
- Development of social networks
- Leisure or recreational activities
- Educational and training activities.
- Health and wellness promotion

Category 4: Protecting Social Care

- Hospital social work services
- Supporting Direct Payments and Personal Budgets
- Residential respite care
- Supporting people with learning disabilities

Category 5: Case Management and Integrated Care

- GP Case Management
- Integrated Rapid Response Service
- Care Home Support Service
- Otago Exercise Programme
- Social Prescribing Programme
- Death in Place of Choice

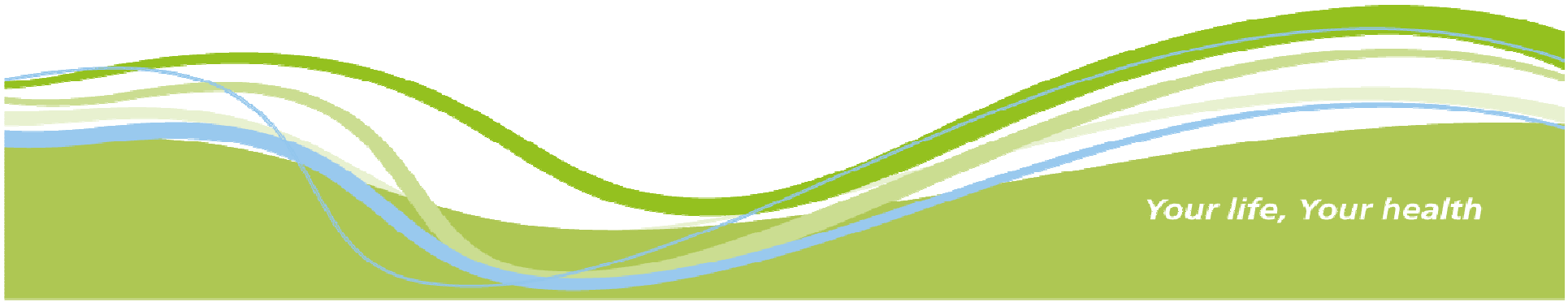
Good Practice: Integrated Rapid Response

- Merge Fast Response Advanced Nurse Practitioners and OOHs
- Provides early supported discharge at home
- Identifies stable hospital patients who can be supported at home
- Respond to patients who are at risk of hospital admission
- Co-ordinates care for up to 5 days
- Supported by home care enabling service
- Incorporates community rehabilitation

Next Steps

- Service review outcomes: options paper to be taken to BCF Executive in October
- Decisions to be taken on strategic priorities for future BCF, based on review findings
- Service Integration – greater focus on joint commissioning and service delivery
- Links with other transformational agendas, especially prevention and early intervention
- Build on best practice
- Nominate lead and accountable officers.

Social Prescribing



Why are we doing it?

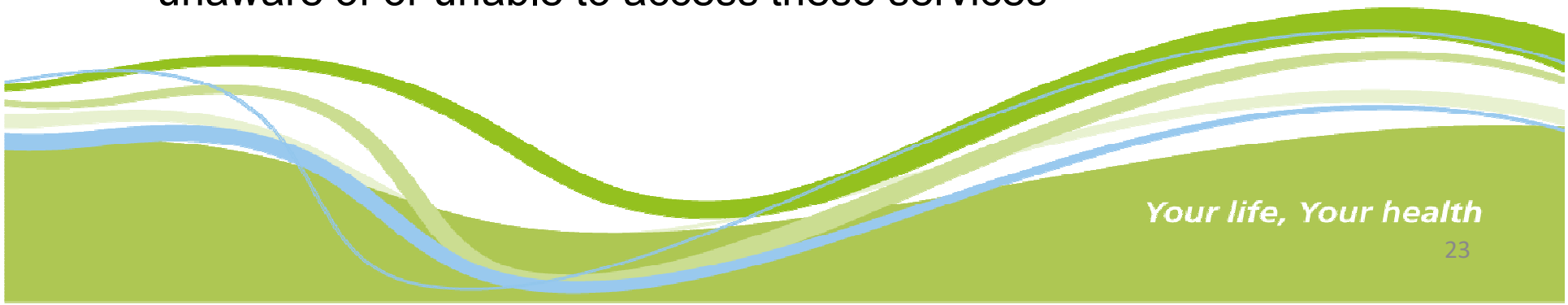
Strengthening individuals, strengthening communities

- NHS Efficiency Challenge - reduces pressure on NHS and Social Care
- Improves outcomes for patients with long term conditions and their carers
- Recognition that patients need support with non-medical issues - creates a wider range of options for primary care and patient
- Shift of focus to prevention and early intervention - increases independence, resilience of individuals and communities
- Supports integration and personalisation
- Doing things differently **– 'more of the same' is not an option**

Outcomes for patients and carers

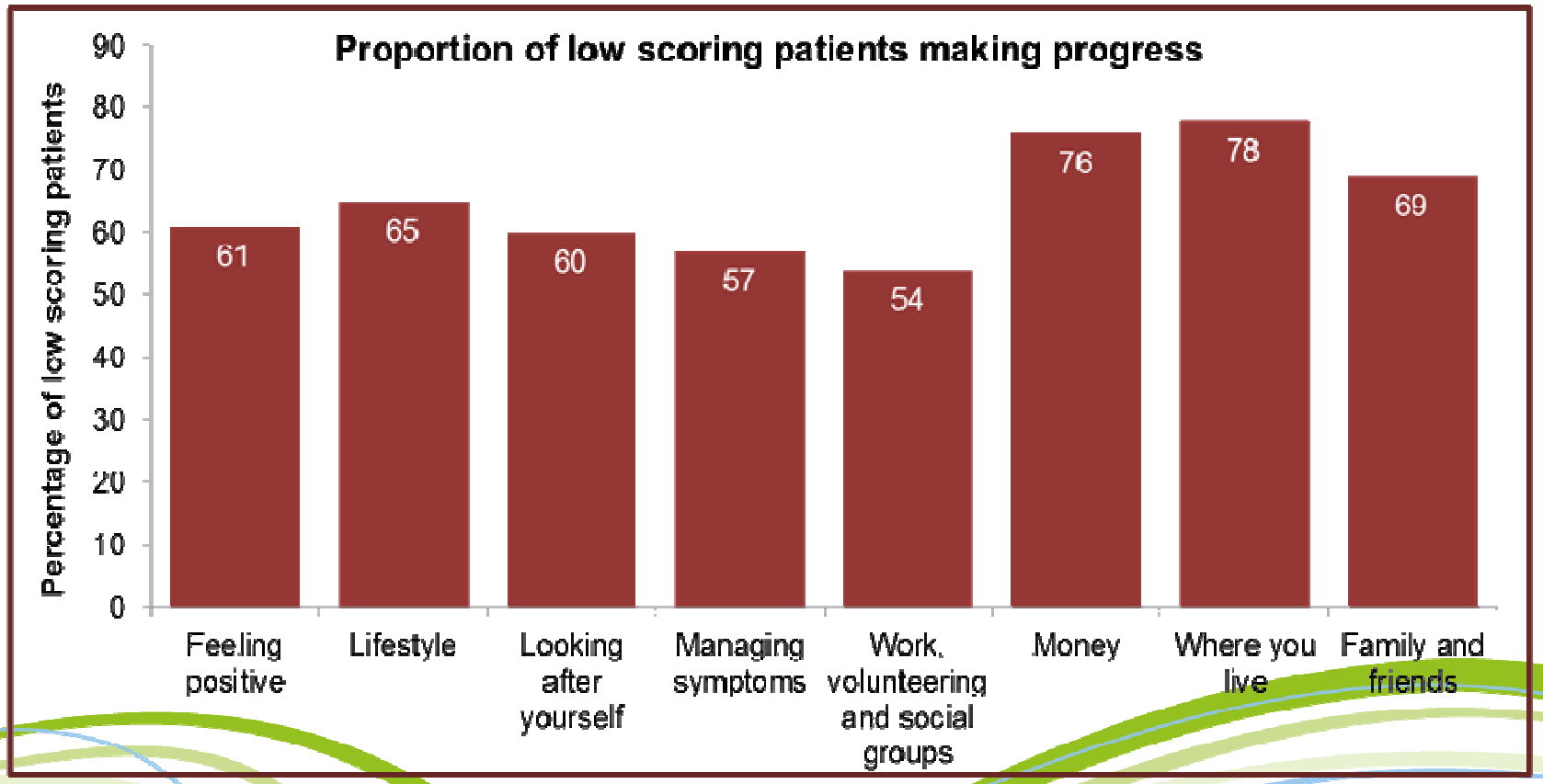
- Quantitative and qualitative evidence points to a range of improvements for patients and carers:
  - ✓ improved mental health
  - ✓ greater independence
  - ✓ reduced isolation and loneliness
  - ✓ increased physical activity
  - ✓ welfare benefits
- Social Prescribing represents an important first step to engaging with community based services and wider statutory provision

- Without Social Prescribing many patients and carers would be unaware of or unable to access these services



Wellbeing Improvements

- **83% of patients made progress in at least one outcome area**



20% reduction in A&E attendances

21% reduction in in-patient stays

21% reduction in out-patients

3500 patients referred

For every £1 spent – at least £3 saving

It is a win/win!!

- ✓ The CCG benefits, as it addresses inappropriate admissions.
- ✓ The GP's benefit, as it gives them a third option other from referral to hospital or to prescribe medication.
- ✓ The Voluntary and community sector benefit, as it supports their sustainability.
- ✓ **And most importantly -** the Patient and Carers love it as it improves quality of life, reduces social isolation and moves the patient from dependence to independence.

Case Studies

Three broad outcome themes emerged:

- ✓ **Improved well-being**: in particular mental well-being, anxiety and depression, personal confidence and self-efficacy.

  "If it wasn't for the group, I might not be here now because I'd been that down and depressed….just getting out of the house has helped me with the fear, anxiety…talking to people lifts your mood and forget about problems at home."

- ✓ **Reduced social isolation and loneliness:** linking people with limited mobility and social contact with the wider community.

  "It's someone coming to talk to me and with me and they acknowledge me…because you can sit and stare at space and people take no notice whatsoever…I feel like I belong to a society."

- ✓ **Increased independence:** linked to improvements in physical health. Includes undertaking in independent social and community action.

  "I was on my own, I was totally on my own…Each day I'm getting better and better…before I could hardly walk…I'm feeling very positive, each day I get up and I just can't believe how much I've come on."

HEALTH AND WELLBEING BOARD
8th July, 2015

Present:-

Councillor David Roche	Advisory Cabinet Member (Adult Social Care and Health) **(Chair)**
Councillor Gordon Watson	Advisory Cabinet Member (Deputy Leader)
Councillor Taiba Yasseen	RMBC Appointed Member
Stella Manzie	Commissioner and Managing Director
Ian Thomas	Strategic Director, Children and Young People's Services
Professor Graeme Betts	Interim Director of Adult Social Services
Terri Roche	Director of Public Health
Michael Holmes	Policy Officer
Dr. Julie Kitlowski	Vice-Chair, Rotherham Clinical Commissioning Group
Chris Edwards	Chief Operating Officer, Rotherham CCG
Chief Superintendent Jason Harwin	Rotherham District Commander, South Yorkshire Police
Tony Clabby	Chief Executive, Healthwatch Rotherham
Shafiq Hussain	Voluntary Action Rotherham
Tracey Clarke	RDaSH
Zena Robertson	NHS England (Yorkshire and Humberside)
Lynda Bowen	Public Health
Councillor Stuart Sansome	Chair – Health Select Commission (observer)

Apologies for absence were received from Jo Abbott (Public Health), Steve Ashley (Rotherham Local Safeguarding Children Board), Louise Barnett and Tracey McErlain-Burns (NHS Rotherham Foundation Trust) and Janet Wheatley (Voluntary Action Rotherham).

1. WELCOME TO NEW MEMBERS

The Health and Wellbeing Board welcomed new members to their first meeting : Councillor Yasseen, Terri Roche (Director of Public Health) and Zena Robertson (NHS England, Yorkshire and Humberside).

2. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from members of the public or the press.

3. MINUTES OF PREVIOUS MEETING

Resolved:- (1) That the minutes of the meeting held on 22nd April, 2015 and of the special meeting held 18th May, 2015, be approved as correct records.

(2) That the progress of the following matters be noted:-

(a) Minute No. S75 (22 April 2015 – Consultation of Drugs and Alcohol Public Expenditure) – the recovery hub located at Carnson House, close to the Rotherham town centre, will be opened very soon; the beginning of the public consultation exercise (originally scheduled for October 2014) had been delayed and Board Members will be informed of the revised timetable;

(b) Minutes of the special meeting held on 18 May 2015 – Board Members noted that there has been further dialogue between the Borough Council and the Head Teacher and the Chair of the Governing Body of School A. The dialogue had been positive and the reference to Government Ministers would be a last resort, to be used only if the dialogue with School A did not progress satisfactorily.

(c) Minutes of the special meeting held on 18 May 2015 – Board Members noted that the mental health awareness training courses being arranged are all being well-attended.

4. COMMUNICATIONS

(1) Board Members were reminded of the revised arrangement whereby Councillor David Roche, Advisory Cabinet Member for Health and Wellbeing, is the Chair of the Health and Wellbeing Board, with Dr. Julie Kitlowski, Chair of the Rotherham Clinical Commissioning Group as Vice-Chair.

(2) First anniversary of the report by Professor Alexis Jay on Child Sexual Exploitation - the Borough Council will be issuing appropriate press releases in respect of progress made since the publication of Professor Alexis Jay's report (August 2014) and in order to minimise any negative publicity. This item will be considered further at the next meeting of the Health and Wellbeing Board.

5. CARE ACT PROGRESS REVIEW

Professor Graeme Betts, Interim Director of Adult Social Care, reported on the most recent stocktake which had taken place in June, 2015, on behalf of the Association of Directors of Adult Social Services and the Local Government Association.

The stocktake had highlighted that during April and May, 2015, Rotherham had:-

- undertaken 215 Social Care Assessments, under the Care Act 2014 eligibility

- introduced the Deferred Payments Scheme in June, 2015

- 145 Carers' Assessments under Care Act 2014 eligibility

- 50 customers had requested an assessment as self-funders

The report also stated that:-

- A cap on care costs, set at £72,000 for the over-65s, would come into effect from April, 2016. How the cap would work for younger people still had to be finalised

- The Care Act's emphasis on prevention and wellbeing was driving forward changes as to how Services were accessed and delivered including improvements in:-

  : Connect to Support – now being developed to ensure customer could access Care Act 2014 compliance information and advice including a wider breadth of community-based assets;

  : Commissioning of Advocacy Support via the Council was underway and would ensure that customers could access independent advocacy which had been identified as an area of urgent need; and

  : the Liquid Logic IT System would become the Council's main operating system for Services from April, 2016 and would enable the accurate collation of data to ensure resources were targeted appropriately

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

(2) That the following actions be agreed:-

(a) details shall be reported to a future meeting of this Board, during the Autumn, 2015, explaining the timescale for implementation of the changes and including the average time taken for the processing of claims; and

(b) the ICT Strategy Group shall examine the way in which the Liquid Logic IT System shall integrate adequately with partner organisations' ICT systems.

6. RMBC INTEGRATED SERVICES - ADULT MENTAL HEALTH REVIEW

Consideration was given to a report, presented by Professor Graeme Betts, proposing that the partnership agreement between the Council and RDaSH be renegotiated due to the gradual loss of social care focus and the priority given to complex mental health issues.

A strengthened social care model was an essential element within an integrated approach to mental health. The current model of integration had failed to fully utilise the benefits of working together. It was timely to review the current partnership agreed to explore alternative integrated working with health partners.

Rotherham was working with commissioning colleagues in North Lincolnshire and Doncaster to develop a core Service Level Agreement. This would ensure that local authorities had a unified approach to commissioning services from RDaSH, that there would be a clear social care voice existing within the integrated Mental Health Service and also ensure control over the Council elements of staff and management.

Emphasis was placed on the multi-agency approach to this issue and it was agreed that South Yorkshire Police shall be included in the membership of the multi-agency group alongside the Clinical Commissioning Group, the Borough Council and RDaSH

Discussion took place on the circumstances of young people who have mental health issues and the support available from the Child and Adolescent Mental Health Services (CAMHS). Such individuals may eventually undertake the transition to Adult Social Care.

The Board agreed that the provision of mental health services required a much broader approach than has previously been the case in the Rotherham Borough area. The availability of appropriate support services from within the voluntary and community sector, for people suffering mental illness, was acknowledged and would be the subject of further consideration by this Board.

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

(2) That there shall be a partnership approach to the examination of the cases of young people in the Rotherham Borough area, who are suffering mental illness, to ensure that they shall have an orderly transition to the mental health services available from Adult Social Care.

7. HEALTH AND WELLBEING BOARD GOVERNANCE AND FORWARD PLAN

Further to Minute No. S76 of the meeting of the Health and Wellbeing Board held on 22nd April, 2015, Dr. Julie Kitlowski, as Vice-Chair of the Board, introduced the submitted report about the updated terms of

reference of the Health and Wellbeing Board and its forward plan of agenda items which would be considered at future meetings. Copies of both draft documents were appended to the report. The report and subsequent discussion highlighted the following salient issues:-

: the Vice-Chair of the Board will be someone not connected to the Borough Council;

: changes to the membership of the Board were noted, with all members (ie: elected people and paid officials) having equal status and voting entitlement;

: meetings of the Board – their frequency and use of alternative venues;

: Better Care Fund – the Board has a role in ensuring the effective delivery of Rotherham's Better Care Fund plan;

: learning from the good practice of other local authorities' Health and Wellbeing Boards;

: ensuring that all members of the Health and Wellbeing Board exercise due diligence in avoiding any conflicts of interest with regard to the issues under consideration;

: the involvement of the press and public in meetings of the Health and Wellbeing Board and the use of the various social media (eg: Twitter account) to publicise the Board's work and role;

: arrangements for the future webcasting of meetings of the Health and Wellbeing Board and the necessary equipment and facilities required (currently, webcasting would only occur for meetings held in the Council Chamber of the Rotherham Town Hall).

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

(2) That the draft terms of reference of the Health and Wellbeing Board, as now submitted, be approved.

(3) That the Health and Wellbeing Board's forward plan of agenda items for the 2015/16 Municipal Year, as now submitted, be approved.

(4) That the Health and Wellbeing Board declares its agreement, in principle, to the webcasting of the Board's future meetings and the Board shall undertake further consideration of the equipment, facilities and finances required.

8. HEALTH AND WELLBEING STRATEGY

Further to Minute No. S77 of the meeting of the Health and Wellbeing Board held on 22nd April, 2015, it was noted that the draft of the Health and Wellbeing Strategy will be distributed to all Members of the Board during July 2015. The Strategy will be considered by partner organisations and at some Borough Council internal meetings and there will be further discussion at the next meeting of this Board, prior to formal approval of the Strategy in September 2015.

9. BETTER CARE FUND

Further to Minute No. S78 of the meeting of the Health and Wellbeing Board held on 22nd April, 2015, Lynda Bowen gave an update on the performance of the Section 75 Agreement and the Better Care Fund (BCF) Plan for Rotherham.

A reporting and monitoring timetable had been developed for the Section 75 Agreement including reporting to the Health and Wellbeing Board to ensure the BCF national conditions for accountability were full met and ensured the Authority met the NHS England requirements and timescales for submitting quarterly returns.

The Section 75 Agreement set out two pooled funds comprising a total of 72 separate schemes not all of which were fully operational. The BCF Operational Group was ensuring progress was being made to implement the few remaining schemes still in the planning stage.

A joint review was underway on BCF scheme 13 which was the largest of the 16 schemes and contained some projects which may need to be refocused to relate more closely to BCF strategic priorities. Currently some major projects received a small portion of BCF funding yet had a major impact on the delivery of the BCF targets. It may be that reprioritising existing projects could see a simplified, streamlined and more effective way of reporting and monitoring how Rotherham was focussing on BCF metrics especially on reducing non-elective admissions and increasing patient and customer satisfaction.

The review of service focussed upon the appropriateness for BCF funding, patient and customer satisfaction, monitoring and metrics, accountability and reporting, value for money and Service delivery. It should be completed by the early Autumn with a report being submitted to the Board at that time.

The Quarter 4 (2014/15) monitoring report had been submitted to NHS England in accordance with the timetable. Performance had been in line with expectations and, although the target for reducing non-elective admissions had not been reached, it had been anticipated as the BCF plan was not fully implemented in the quarter.

Resolved:- (1) That the progress that had been made in projects, plans and the Section 75 Agreement for the Rotherham Better Care Fund, including closer and more integrated joint working between health and social care and revised and strengthened governance for the BCF, be noted.

(2) That the quarterly report submitted to NHS England relating to the performance of the Better Care Fund plan for Rotherham during the last quarter of 2014/15, as set out in Appendix 1 to the submitted report, be noted.

(3) That the reporting timelines for future submissions of returns to NHS England, as set out in Appendix 2 to the submitted report, be noted.

10. HEALTH SELECT COMMISSION UPDATE

The Chair introduced items which have been considered by the Borough Council's Health Select Commission, as part of the scrutiny process:-

(1) Scrutiny Review of Access to GPs

Discussion took place on the following recommendations of the Borough Council Scrutiny Review about Access to GPs, which have been referred to the Health and Wellbeing Board for response:-

(i) Health and Wellbeing Board should consider developing a Borough-wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.

Initial Response – the Borough Council's Communications Team will prepare an appropriate document for consideration.

(ii) Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.

Initial Response – a number of initiatives are already underway, including a campaign being broadcast by Radio Hallam. Details will be provided to operators of the South Yorkshire Police emergency response telephone system, enabling operators to respond with appropriate health information to '999' calls.

(iii) In light of the future challenges for Rotherham outlined in the report the Review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care

Initial Response – Rotherham has 58 GPs per 1,000 population, which is similar to the average figure for the Yorkshire and Humberside region. Therefore, Rotherham is unlikely to attract the incentive payment for the recruitment of GPs. Appropriate marketing will continue to take place in order to recruit GPs and Social Workers to the Rotherham Borough area.

The following scrutiny recommendation was also discussed:-

Rotherham MBC, when considering its response to the Scrutiny Review of supporting the local economy, should ensure health partners are invited by the Planning Department to be part of the multi-disciplinary approach to proposed new developments.

Initial Response – there should be dialogue between the Health Services and Planning Officers in terms of the design of residential areas, so as to include health benefits (eg: walking routes; fitness trails). In addition, there should be discussion about the appropriate level of provision of health services for Rotherham's new communities (eg: the Waverley development and the proposed future development of Bassingthorpe Farm, Greasbrough).

(2) Scrutiny Reviews of CAMHS

Discussion took place on the 12 recommendations of the Borough Council Scrutiny Review of CAMHS, the Child and Adolescent Mental Health Services.

It was noted that the multi-agency Mental Health Working Group will be considering a detailed response to the recommendations. Both RDaSH and the Rotherham Clinical Commissioning Group have begun joint working on the development of a clearer breakdown of costs and on the definitions of treatment, so as to inform future outcome measures.

11. LOCAL GOVERNMENT ASSOCIATION - OFFER OF SUPPORT ON HEALTH AND SOCIAL CARE

Consideration was given to correspondence from the Local Government Association concerning the range of social care improvement and health integration programmes, initiated by the Department of Health and with the aim of providing support for Health and Wellbeing Boards. The correspondence described the range of support being made available for Health and Wellbeing Boards, especially in supporting systems leaders to be effective in their role and to plan ahead.

A limited amount of funding was being provided to each region to enable co-operative working to support the delivery of the Programme. The Department of Health will also provide additional funds specifically to support the implementation of the Care Act 2014 and the NHS will allocate funding to NHS regions to support the implementation of the Better Care Fund in partnership with local government.

It was agreed that members of the Health and Wellbeing Board be invited to make suggestions of suitable projects for which bids might be made by the Board for the funding available from the Local Government Association (Michael Holmes will issue the invitation and collect responses).

12. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held at Oak House, Moorhead Way, Bramley, on Wednesday, 26th August, 2015, commencing at 9.00 a.m.

Notes from Health Select Commission and Health partners meeting - 23 July 2015

Present: Louise Barnett (TRFT), Helen Dabbs (RDaSH), Chris Edwards (RCCG), Cllr Sansome
Apologies: Cllr Mallinder Notes: Janet Spurling, Scrutiny Officer

Purpose of the meeting
This would be the first of a series of quarterly meetings to discuss the current and future work of health partners and when HSC would be involved - engagement, future plans and receiving progress reports on action plans.

Summary of main discussion points:

Inspections

- Key actions and timescales are being worked on following the CQC inspection of Rotherham Hospital and will be shared with attendees at the Quality Summit held on
  13 July. Some actions will involve partners.
- An action plan in response to the CQC children's safeguarding inspection is being developed and will focus on interactions between partners.
- Both will need to link in with the LSCB CSE delivery plan where applicable.
- Pressures on the school nursing service – recruitment and retention, increasing workloads, attendance at case conferences, balancing case loads and preventive work.
- RDaSH have had initial discussions with the CQC this week regarding their inspection commencing 14 September and will result in 18 separate reports across all the services. Key services for Rotherham will be mental health and learning disability.
- Rotherham specific issues will be pulled out from the findings.

Budget pressures/Commissioning

- Spending review and budget pressures – DCLG budget unprotected and health budget protected but still annual QIPP savings and efficiencies to make and the funding formula was changed to be based on population age, favouring communities with longer life expectancy.
- Possible impact on preventative work although the Public Health budget is ringfenced.
- Some health services are commissioned by RMBC not RCCG – school nurses, sexual health services and health visitors.
- Pressures on the learning disability service from meeting the needs of people with extremely complex needs. One case in particular well managed by RDaSH.

RDaSH CAMHS

- A quality summit has been instigated to consider various issues – workforce, performance, finances, service specification and contract.
- Gaynor Connor is the Improvement Director brought in to oversee this work.

Scrutiny

- Standard agenda item on Health and Wellbeing Board for issues arising from scrutiny.
- Response to RDaSH CAMHS scrutiny review being worked on and RDaSH will be contacted about their response to the recommendations.
- Importance of PHSE education, although not statutory, and work with schools on prevention and giving the right messages to young people (recommendation on this in review).
- Positive training session for HSC members in June facilitated by Chris.
- Scrutiny work programme – the Commissioners wish HSC to focus on health and social integration.
- BCF has led to improvements in joining up work by partner agencies but is resource intensive for a small percentage of the overall budget.
- HSC identified BCF13 joint commissioning as a key area to focus on.
- Should there be one overarching commissioning plan with individual organisational plans sitting below this?
- Need for a whole system vision and approach, across primary care, acute and community, mental health, intermediate care and social care. To include physical estate audit and rationalisation and agile working.
- Future development of primary care and how this links in with community transformation and social care, including early intervention.
- Best practice visits for health and social care integration e.g. NE Lincs, Sandwell (mental health) could be multi-agency to cover different perspectives.
- Looking at Rotherham services that are already integrated/co-located and seeing what works well and what could be improved.
- Further development of the seven localities model for health and social care

Agreed actions:

1. CCG to attend HSC in October to present an overview of progress and their proposals and priorities for the coming year, possibly with an additional workshop session for Members if more detail required.
2. Action plan following the Children's safeguarding inspection to be shared with HSC.
3. RDaSH to invite HSC input into the CQC inspection and to invite the Chair to the Quality Summit.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**24 September 2015**
3.	**Title:**	**CQC Inspection Yorkshire Ambulance Services**
4.	**Directorate:**	**Resources and Transformation**

5. Summary

The report provides Members with a summary of the outcomes of the CQC Quality Summit for Yorkshire Ambulance Services held on 18 August 2015 following the CQC inspection earlier this year. Although areas of outstanding practice were identified there are a number of areas for improvement. The overall rating for the Trust is "requires improvement".

6. Recommendations

That Members:

Consider and comment on the report.

- **Agree that the Yorkshire Ambulance Service Quality Account sub-group will consider the findings of the inspection and resulting action plans when they scrutinise the Quality Account.**

- **Agree that Wakefield lead on the follow up work on behalf of the Joint Health Overview and Scrutiny Committee ensuring all JHOSC Members are briefed and invited to future monitoring meetings.**

7. Proposals and Details

During January and February 2014 the Care Quality Commission (CQC) carried out an inspection of Yorkshire Ambulance Service NHS Trust (YAS). The five key questions asked of services and providers were:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Following such an inspection a Quality Summit is then convened to develop an action plan and recommendations based on the findings of the inspection team – "must do" actions and "should do" actions. A range of stakeholders are invited to the Quality Summit to hear the findings and response and to contribute to the action plan. A hyperlink to the inspection report is included in section 11.

It had previously been agreed by the regional Joint Health Overview and Scrutiny Committee (JHOSC) that Cllr Rhodes from Wakefield MDC would attend the Quality Summit on behalf of health scrutiny, as Wakefield Clinical Commissioning Group are the lead commissioner for the service. Attached at Appendix 1 is a summary of the Quality Summit prepared by Scrutiny Services in Wakefield and shared with all JHOSC members.

It is proposed that Wakefield Health Overview and Scrutiny Committee will undertake any on-going monitoring of improvement actions from the CQC inspection report, with an invitation to attend such meetings extended to other Health Scrutiny Chairs from the JHOSC.

The inspection outcomes and resulting action plan will be a key focus for scrutiny by the Health Select Commission's YAS Quality Account sub-group, together with the progress on the priorities agreed for this year.

8. Finance
There are no direct financial implications from this report for the Council.

9. Risks and Uncertainties
These are outlined within the inspection report and Appendix 1.

10. Policy and Performance Agenda Implications
RMBC Corporate Plan Priority: Helping to create safe and healthy communities

11. Background Papers and Consultation

Yorkshire Ambulance Service NHS Trust Quality Report, CQC August 2015
http://www.cqc.org.uk/sites/default/files/new_reports/AAAD4912.pdf

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Appendix 1 **Yorkshire Ambulance Service NHS Trust**

Quality Summit

18 August 2015

Overview

The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings as set out in the inspection report. This plan is developed by partners from within the health economy and the local authority.

The Quality Summit considered:

- The findings of the inspection
- Whether the high level action plan proposed by the provider to improve quality is adequate and whether additional steps should be taken
- Whether support should be made available to the Trust from other stakeholders to help them improve.

The recommendations for action will be captured in a high level action plan(s) by the provider. Further work will be required by the Trust and its partners following the Quality Summit to develop the detail beneath the high level actions before moving onto implementation. This will be completed within 28 days of the Quality Summit. Action plans are owned by the Trust and the CQC will expect to be consulted on the adequacy of the action plan before it is agreed. The Trust Development Authority (TDA) will hold the Trust to account for the delivery of the action plan.

Introduction

The CQC provided an overview of the inspection process and the outcome. The considerable delay from inspection to publication was acknowledged (seven months). It was suggested this was primarily due to 'process issues'. There was a sense of frustration from the Trust at the delay in publicising the inspection report.

The CQC set the inspection process and the outcomes within the context of the revised inspection model indicating that so far only two organisations had been rated outstanding, few rated inadequate with most in the middle, highlighting that the bar had been set high. In terms of the Trust it was suggested they "are only a short walk away from being good". It was acknowledged that the Trust had made progress since the inspection and that it was important to focus on the positives. It was suggested that the momentum of improvement would require the continued support of the wider health economy.

Presentation of inspection team key findings

The CQC provided a summary presentation of the report's findings. (Inspection report previously circulated) including an overview of ratings. It was emphasised that the only area rated inadequate was resilience.

CQC ratings for Yorkshire Ambulance Service

	Safe	Effective	Caring	Responsive	Well –led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires Improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Inadequate	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overall Trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Outstanding practice and areas for improvement

The CQC summarised the outstanding practice and areas for improvement (see inspection report previously circulated).

There were no specific questions arising from the presentation.

Trust presentation – response to inspection findings

The focus of this session provided an overview of the Trust, key challenges and the response to the inspection findings.

The Trust began by providing a positive context to their presentation by outlining the following initiatives:

- Successful introduction of NHS 111 service
- Integrated patient pathways – end of life care, mental health, Vanguard bid, community paramedics
- Clinical Quality Strategy – improved patient outcomes – e.g. cardiac arrest
- Accreditation for Emergency Operations Centres and business continuity
- Patient experience award winners
- Valued based recruitment
- Delivering financial plan and cost improvements
- Positive community and staff engagement
- Strengthening of Corporate Governance

It was emphasised that prior to the inspection there was a number of known challenges including meeting the increased 'Red' demand – major logistical and workforce transformation; management and leadership capacity and capability; the embedding of a professional culture; staff engagement and communication; commissioner engagement and strategic direction; and the scale of transformation.

The next part of the presentation focused on action following the CQC inspection with particular emphasis on the 'must do' outcomes.

Cleaning and Infection Prevention and Control

The Trust indicated that they had introduced a weekly review of deep clean and increased IPC audits. The Trust had clarified local management and staff responsibilities for standards at station premises and had also increased staffing cover for the cleaning team.

A new initiative 'Make Ready' vehicle preparation would be introduced in Leeds in September 2015. The Make Ready system provides specialist teams of staff who are employed to clean, restock and maintain vehicles which means that staff, who routinely undertake these tasks, can spend more time treating patients. Under the make ready system vehicles are regularly deep-cleaned and swabbed for the presence of micro-organisms including MRSA and CDifficile. Each vehicle is fully stocked to a standardised specification with equipment checked and serviced regularly. To reduce vehicle breakdowns, on-site vehicle maintenance experts will be on-hand to undertake routine maintenance.

The Trust have reinforced the bare below elbows policy with a Trust-wide campaign planned for autumn and implementing fob watches for staff.

Equipment and Medical Supplies

The Trust had taken immediate action on the HART issues raised in the inspection report, together with an immediate review of consumables. In addition, out of date stock processes had been strengthened at station level and health and safety risk assessments of all premises had been undertaken.

Mandatory Training

The development of 2015/16 training plan to ensure delivery meets compliance requirements had been completed. The Trust had increased management monitoring of compliance which currently stood at 92% overall. New processes had been introduced to ensure staff don't 'slip through the net' of mandatory training and a full review of Trust training needs analysis was to be completed by October 2015 to drive the future training plan.

Action following the CQC inspection – What the Trust should do

The inspection report had highlighted a number of 'should do' actions including emphasis on personal development and staff appraisal. The Trust indicated that they were maintaining focus on PDR completion – current Trust compliance stood at 77%. Additional courses were being rolled out to ensure all appraisers have received appropriate training.

The Trust should ensure that all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. It was indicated that the Trust would maintain e-learning and paper-based workbook delivery and that 92% of staff had now completed this. Training would also be included in the face-to-face clinical refresher course from October.

The Trust should ensure all ambulance stations are secure at all times. Immediate action had been taken during the inspection visit in relation to specific locations and the importance of station security had been reinforced, including an updated security risk assessment for all premises.

The Trust should ensure records are securely stored at all times. The Trust had implemented a records management action plan with a key focus on medical records.

The Trust should ensure risk management and incident reporting processes are effectively embedded across all regions and the quality of identifying, reporting and learning from risks is consistent. The Trust had introduced revised inspections for improvement process together with increased executive scrutiny of risks and updated training. Improved call answering on 24/7 Datix line had been introduced and the Trust had implemented the Freedom to Speak Up recommendations. There had also been a lessons learned bulletin for staff and consultation to inform feedback.

The Trust should ensure there are appropriate translation services available for staff to meet the needs of people who use services. The Trust had updated the standard operating procedure, with improved contract monitoring and reporting through the Clinical Governance Group.

The Trust should review the provision and availability of equipment for use with bariatric patients and that staff are trained to use equipment. The Trust indicated that they had reviewed the utilisation procedures for bariatric vehicles.

The Trust should review the safe management of medication to ensure that there is a clear system for the storage and disposal of out of date medication. The Trust adhered to the Standard Operating Procedure for the safe disposal of medicines and a review of oxygen storage facilities had been undertaken.

The Trust should ensure consistent processes are in place for the service and maintenance of equipment and vehicle fleet. The standard equipment list had been reviewed and re-issued. A Vehicle Preparation Programme would be introduced – first site live in December and a hub and spoke/make ready strategy would commence with a pilot in Leeds in September. The Trust had purchased 110 new PTS vehicles in 2015.

The Trust should ensure performance targets in relation to patient journey times and access to booking systems continue to be monitored and improve. The Trust had increased PTS call centre staff which had resulted in improved response times. Improved scheduling had resulted in better service efficiency. The Trust had implemented SMS messaging and calls to patients and was working with commissioners on PTS service development. The variance in performance of Patient Transport Services across different areas was noted and that a regional review of PTS was underway. It was also noted that improvement work in relation to patient transport services for renal patients extended across the service.

The final part of the presentation focused on broader action to support the Trust's longer-term goals which included an executive director and associate director/senior management portfolio review; the service transformation programme – major work programmes in A&E, estates and fleet; together with Patient Transport Services. There was a planned increase in the clinical workforce with a revised recruitment and training plan. There was a renewed focus on staff engagement and communication together with improved trade union relationships, including a framework agreement and recognition rights, to include Unite, RCN and GMB, who had previously been derecognised or not recognised for collective bargaining purposes. There was continued engagement with commissioners on the joint urgent and emergency care strategy.

There were no specific questions at this stage.

<u>Development of next steps plan – to agree key actions to issues identified in quality report</u>

This session was chaired by the Trust Development Authority (TDA) and focused on agreeing a high level action plan in response to the findings of the inspection.

It was reported that many areas of the report had been acted upon since the inspection but there was more to be done. It was suggested and agreed that the back bone of the action plan would focus on the 'must do' requirements. The TDA were confident of delivery within timescales. The TDA acknowledged that YAS was different to an acute trust, and that some of the actions would require different approaches. The Trust employed 4,700 staff across a diverse and geographical area which presented particular problems in relation to infection control, for example, when trying to implement and monitor a Trust wide policy.

It was suggested (Cllr Rhodes) that the action plan should have a sharp focus on strengthening Board assurance and independent audit, to ensure better more effective monitoring of performance. Some of the issues identified in the report in relation to patient safety were at the level of basic care and it was concerning that the Trust had not picked up and acted upon these prior to the inspection.

There was a suggestion (from the Chair of the Trust) that the inspection placed little emphasis on the extent and scale of the problem facing the Trust, particularly with regard to demand pressures, recruitment and mandatory training. Resource issues needed to be recognised, particularly in relation to training where staff had to be withdrawn from front line service and that commissioners needed to recognise this and invest in staff cover, as appropriate. Commissioners responded by saying that it was the responsibility of the Trust to ensure the provision of a high quality service and to fulfil the requirements of mandatory training. The Commissioners recognised the workforce challenges together with increased demand and suggested that the Trust could consider a different offer in relation to training. There was a need to revisit planning assumptions and the commissioning strategy was looking towards transformational care. Alternative providers could be considered for the delivery of training.

External support – agree key areas which external support may be required to enable improvements and implementation of action plan

The TDA were providing support to the Trust specifically in relation to governance, risk management and quality measurement. This was also being facilitated through peer support in relation to medical devices and medicines management. It was suggested that Mid Yorkshire Hospitals NHS Trust had undertaken some useful work in relation training on the Mental Capacity Act and would be able to offer support. All stakeholders will provide support and challenge together with wider system support.

Next Steps

The timescale for the development of a detailed action plan in relation to the 'must do' requirements is 28 days from the date of the Quality Summit. The development of the 'should do' improvement plan is 6 weeks. The action plan(s) will be shared with all stakeholders present at the Quality Summit. The inspection report will be published on the 21 August and should remain confidential until that time. Media statements will be agreed between the CQC, YAS and the TDA for release on the 21 August. The TDA will hold the Trust to account for the delivery of the Action Plan. Wider stakeholders will be kept informed of progress and delivery.

Summary

There is clearly an issue in relation to the effectiveness of a Quality Summit so late after the initial inspection and this to some extent muted discussion on the development of an action plan where many areas identified in the report had been addressed. A satisfactory explanation as to why the publication of the report had been delayed was not provided other than to say that it was the result of 'process issues' The Trust were clearly frustrated at the delay in publicising the report.

I spoke with commissioners and the Trust after the Quality Summit regarding on-going monitoring arrangements of the Action Plan and it was agreed that Wakefield Overview and Scrutiny would arrange appropriate meetings with invitations to Y&H scrutiny Chairs and support officers to attend, as agreed.

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