

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

**Date:- Thursday,  
17th March, 2016**

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

**Time:- 9.30 a.m.**

**HEALTH SELECT COMMISSION AGENDA**

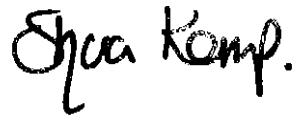
1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To consider any item which the Chairman is of the opinion should be considered as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Minutes of the Previous Meeting (Pages 1 - 11)

**For Discussion**

8. Rotherham Foundation Trust Quality Account (Pages 12 - 29)  
Tracey McErlain-Burns, Chief Nurse to present
9. Update on Better Care Fund (Pages 30 - 38)  
Jon Tomlinson, Assistant Director Commissioning (Adults), to present
10. Rotherham Doncaster and South Humber NHS Foundation Trust Quality Account (Pages 39 - 51)  
Karen Cvijetic, Head of Quality and Patient Engagement, to present
11. Work Programme 2016/17

## For Information

12. Update from Improving Lives Select Commission
13. Healthwatch Rotherham - Issues
14. Date of Future Meeting  
Thursday, 14<sup>th</sup> April 9.30 a.m.



**SHARON KEMP,**  
Chief Executive.

### **Membership:**

Councillors Sansome (Chair), Mallinder (Vice-Chair), Ahmed, Burton, Elliot, Evans, Fleming, Godfrey, Hunter, Khan, McNeely, Parker, Price, Rose, Rushforth, John Turner, Smith and M. Vines.

Co-opted Members:

Vicky Farnsworth and Robert Parkin (Rotherham Speak Up) and Peter Scholey.

**HEALTH SELECT COMMISSION**  
**21st January, 2016**

Present:- Councillor Sansome (in the Chair); Councillors Elliot, Fleming, Khan, Mallinder, Parker, Price, John Turner and M. Vines.

Apologies for absence were received from Councillors Burton, Godfrey, Smith, Victoria Farnsworth and Robert Parkin (Rotherham Speakup).

**68.       DECLARATIONS OF INTEREST**

Councillor Fleming declared a Personal Interest as he was an employee of the Sheffield Teaching Hospital Foundation Trust.

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

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

**70.       COMMUNICATIONS**

(1) Wakefield Health Scrutiny Committee

The Chair had attended a meeting for an update on the progress of the Yorkshire Ambulance Service action plan following the CQC inspection. The action plan was nearly complete and an internal audit plan was to be developed to increase the monitoring of the changes to the processes being implemented. Future work included the roll out of a pilot to ensure ambulances were always clean and fully equipped and the development of an Estates Strategy. Progress reports would be submitted in due course.

(2) Podiatry Service

The Chair reported of a recent situation within his Ward concerning the above Service that would end without any consultation having taken place. Following discussion with the Hospital, that decision had now been suspended pending a full review of the process and the availabilities have taken place.

(3) Kirklees and Connect to Support

If Members wished to receive a version of the powerpoint that was included in the "For Information" pack with notes they should contact Janet Spurling, Scrutiny Officer.

(4) Rotherham CCG Commissioning Plan

The final draft was likely to be circulated shortly to stakeholders, including the Select Commission, for comments before it was approved by the Board.

(5) Future Children's Surgery Services

Consultation by the NHS had commenced with an event held at Meadowhall on 12<sup>th</sup> January, 2016, to capture families and young people's experiences. This was a workstream under the Commissioners Working Together Programme and would probably be scrutinised by the new Joint Health Scrutiny Committee once established.

(6) NHS Planning Guidance from 2016-17 to 2020-21

This was published in December and included nine must do priorities for local health economies including new sustainability and transformation plans, waiting time targets for A&E and ambulance response times, cancer referral and treatment targets, mental health waiting time targets, improved care for people with learning disability, sustainability and quality of general practice.

The briefing notice giving an outline of the Guidance would be circulated to Members.

**71. MINUTES OF THE PREVIOUS MEETINGS**

Resolved:- That the minutes of the previous meetings of the Health Select Commission held on 3<sup>rd</sup> and 17<sup>th</sup> December, 2015, be agreed as a correct record.

Arising from Minute No. 48 (GP Event), a report had been included in the "For Information" pack. A progress report on the GP Strategy and recommendations from the previous Scrutiny Review would be submitted to the April Select Commission meeting.

Arising from Minute No. 51 (Better Care Fund), it was noted that a report was to be submitted to the March Select Commission meeting.

Arising from Minute No. 58 (Proposed Joint Health Overview and Scrutiny Committee), it was noted that Commissioner Sir Derek Myers had approved the Select Commission's recommendations that the Council should be involved in the new Joint Committee with the Chair as its representative.

The Scrutiny Officer had attended a meeting recently with counterparts from the other six local authorities to discuss practical issues such as resourcing and support for the new Committee and to start drafting Terms of Reference.

Arising from Minute No. 59(2) (Rotherham Foundation Trust Quality Account), it was noted that the information requested had not been supplied due to the Chief Nurse being on leave.

Arising from Minute No. 66 (Adult Services Transport Fleet), it was noted that the lead officer had met with Finance and the information should be available shortly.

## 72. OVERVIEW OF PUBLIC HEALTH/SPENDING THE PUBLIC HEALTH GRANT IN ROTHERHAM

Terri Roche, Director of Public Health, gave the following presentation:-

### Health Challenges in Rotherham

- Life expectancy lower than England average
- 9 year gap in life expectancy across the Borough for men and 7 year gap for women
 

England average men	79.4 years
Rotherham men	78.1 years
England average women	83.1 years
Rotherham women	8.14 years
- Rotherham people live longer with ill health and/or disability than England average
- Rotherham men live 21 years and women 22 years in poor health
- Health Life Expectancy is:
 

England average men	63.3 years
Rotherham men	57.1 years
England average women	63.9 years
Rotherham women	59 years

### Health Challenges

- High levels of unhealthy behaviours (obesity, smoking, alcohol use)
- Too many children not having a good start to life: high rates of smoking in pregnancy, low breastfeeding rates, 11,000 children in poverty
- 1 in 4 will have a mental health problem. Half first experience mental health problem before the age of 14

### What is Public Health?

- "The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society"  
Faculty of Public Health
- Individual lifestyle factors – social and community networks – general socio-economic, cultural and environmental conditions

### Core Functions of Public Health (examples of activity within each function)

- Health Protection (Health Protection Committee, Suicide Prevention)
- Health Improvement (Tobacco Control programme recommissioned, Active for Health funding)
- Healthcare Public Health (Better Care Fund, Potential Years of Life Lost plan)

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The Director of Public Health

- Accountable to the Local Authority Chief Executive
- Must have a place on the Health and Wellbeing Board
- Duty to write an annual report on the health of the population – Local Authority has duty to publish the report

Role of Local Authority in Public Health

- Statutory Public Health programmes
  - Protect the health of the local population
  - Ensuring NHS commissioners receive the Public Health advice they need
  - Appropriate access to Sexual Health Services
  - National Child measurement Programme
  - 0-5 Child Health Services (Health Visiting)
  - NHS Health Check

What other services does Public Health Commission:-

- Non-statutory Programmes
  - Sexual health advice, prevention and promotion
  - Adult and child weight management
  - Adult and child physical activity
  - Substance misuse (drug and alcohol) – Adult and Youth Services
  - Tobacco control including Stop Smoking Services
  - Children 5-19 health programme
  - Non-statutory 0-5 children's health services
  - Public mental health
  - Nutrition, dental public health, information and intelligence, wider determinants, health at work and more

How is our impact measured?

- Public Health Outcomes Framework
- Overarching indicators – life expectancy/healthy life expectancy
- Four domains
  - Wider determinants
  - Health improvement
  - Health protection
  - Healthcare and premature mortality

Public Health Staff Review

- Required within 8 weeks of Director of Public Health appointment (Improvement Plan)
- Simplified structure focussed on:-
  - Core Public Health functions
  - Supporting integration of Adult Health and Social Care
  - Increasing capacity for Children and Young People's agenda
  - Increasing support for Health and Wellbeing Strategy delivery

Discussion ensued with the following issues raised/clarified:-

- Public Health funded a national survey (the dental epidemiology survey) which was taken by dentists who went into a selective number of schools and looked at children's teeth, counted the cavities and the extent to which the children had cavities. It was a small survey but the results were extrapolated up to suggest what the health of children's teeth was like. That was in the process of being re-commissioned across South Yorkshire
- An Oral Health Service was currently commissioned which worked with the Early Years Provision where tooth brushing clubs were encouraged and educational programmes for the children and their families. Attempts were also being made to encourage dentists to offer fluoride paint but often it was reliant on the parent being motivated enough to take their child to the dentist
- The annual report would be submitted to the Select Commission in March
- The number of NHS dentists in the Borough
- The annual report would be submitted to the Select Commission by March
- School Nurses were a very important part, as were Health Visitors, in getting messages out to families. It had to be part of the whole system's approach and did not necessarily require extra appointments to give consistent messages to families across the whole health community. The evidence suggested that behaviour change was influenced by consistent simple messages.
- One of the key ways to measure effectiveness in the next 3-5 years would be delivery against the Health and Wellbeing Strategy. The Health and Wellbeing Board, as a partnership, had signed up to the key priorities in the Strategy. Also close effective working with Elected Members who knew their electorate in order to tailor the messages to be relevant to the communities. A more difficult issue was with regard to targeting provision to those at greater need to reduce health inequalities, rather than all services having a universal offer to all people.

Alison Iliff, Public Health Principal, gave the following powerpoint presentation:-

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Public Health Grant

- Grant from Central Government
- Ringfenced until the end of 2017/18
- Requirement to report to Government annually on how the grant has been spent

Value of the Ringfenced Grant

- 2015/15 - £14.175M
- 2015/16 - £15,270M (includes £1M in-year reduction plus half year transfer of 0-5 Child Health Services)
- Grant: £54 per head of population
- Under target allocation

Spending on Health and Social Care in Rotherham

- 97% - RMBC and RCCG spending on Health and Social Care Services
- 3% - Public Health Grant

Directorate Spend: Percentage of total RMBC Budget

- 32.10% Children and Young People Services
- 13.40% Economic Development Services
- 29.40% Neighbourhood and Adult Services
- 2.20% Public Health
- 17.30% Resources
- 5.50% Central Services

Public Health Grant Distribution 2015/16

- 9% Public Health salaries
- 73% Contracted Public Health services
- 15% Reallocated services
- 2% Overheads

Public Health Grant – Breakdown of spend on Commissioned Services

- 26% 0-19 Health Services
- 7% Weight Management
- 7% Tobacco Control
- 2.00% Health Checks
- 31% Drugs and Alcohol
- 22% Sexual Health
- Health Protection 1.30%
- Oral Health Promotion 0.70%
- Physical Activity 0.60%
- Community dietetics 0.50%
- Ministry of Food 0.50%
- Mental Health Promotion 0.20%



Public Health Grant – Breakdown of Reallocated Spend

- Children and Young Peoples Services 47%
- Drugs and Alcohol 16%
- Physical Activity 9%
- Other RMBC staff salaries 8%
- Sexual Health 7.40%
- Mental Health – Domestic Violence 6%
- Health Protection 3%
- Noise and Complaints 2%
- Homelessness 1%
- Home Surveys 0.80%

What does the future look like?

- Current cuts – minimising impact to Public Health activity and commissioned services
- Non-statutory programmes likely to be focus for future cuts
- Staff redundancies possible
- Requirement to target services to most vulnerable (removal of universal offer for some?)
- Propose working group of Members to oversee strategic decision about spend of Public Health Grant

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

- Rotherham was receiving less per head than Barnsley, which was below its target per population, and less than Doncaster which was above its target head of population. At the moment it was still largely based on the historical spend made by the Primary Care Trusts on Public Health prior to its transition to local authorities but there were national plans to move towards an allocation formula. However, the allocation formula was very complex and included things such as the standardised mortality ratio for the under 75s, % of the population eating 5 fruit or vegetables a day, % drinking more than recommended levels, % of current adult smokers, diagnosis rate of STI plus market forces factor which took into account the costs of local health care delivery
- There were huge variations across the country the same as it varied in South Yorkshire. There was a spreadsheet for 2014/15 which showed the allocations (to be forwarded to the Select Commission)
- Public Health England had created the Spend and Outcomes (SPOT) tool which looked at certain long term conditions/behaviours where they did look at spend and outcomes but not across the whole picture of Public Health. You would probably find that the health outcomes were clearly linked with deprivation (report to be forwarded to the Select Commission)

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- Recognition that this was the Public Health grant not the entire Health grant for the Borough. The graphs within the presentation attempted to demonstrate that the Public Health grant was a tiny slice of the whole Health and Social Care economy in the Borough and the £54 was only a tiny proportion compared to what Health Care actually cost and reflect the need for Public Health to influence the wider NHS & social care spend
- A specific nursing post was funded by Public Health that sat within the Safeguarding Team that supported CSE
- The Equality Impact Assessments were carried out by the Public Health team in conjunction with the providers
- The Service would do its best for 2016/17 to find the additional savings, once known, which were over and above ASR savings. The services would have to be modelled on what there was and what was provided currently to ascertain if things were provided in the right way. Members and partners should be involved because it may be that (a) stop doing things (b) do less or (c) look at ways of delivering services in an entirely different way that provided efficiencies that had not been considered before and it may be that some services would have to be delivered by particular groups
- The Drug Intervention Programme was made available to most areas of the country, but not all, approximately 12 years ago. It had been in 2 parts (1) to place teams of people within police custody cells in order to support the police who were going to test on arrest and check if positive for Class A drugs and (2) an enhanced offer for treatment as at that time the national waiting time for treatment was 3 weeks; the proposal was that would reduce to 5 working days for anyone charged with an acquisitive crime offence. Historically that grant was split into 2. The part that paid for the workers in the cells was transferred to the Police and Crime Commissioner budget who was currently conducting a review of all budgets. The Custody Suite in Rotherham would close at the end of March, 2016, and Rotherham prisoners would be taken to Sheffield. It was not known whether Rotherham staff would transfer to deal with Rotherham prisoners or a new service be commissioned

Resolved:- (1) That the new structure within Public Health to support delivery of the three pillars of Public Health, the Authority's statutory Public Health functions and the Council priorities of the child-centred Borough and health and social care integration be noted.

(2) That the emerging pressures being placed on the Public Health Grant as a result of the announcement in the Comprehensive Spending Review be noted.

(3) That the proposed Public Health commissioning programme for 2016/17 and 2017/18 be noted.

(4) That in principle agreement be given to a Members Working Group being established after the May 2016 local elections to agree the future strategic spend against the Public Health Grant.

**73. DETAIL OF PUBLIC HEALTH PROPOSED EFFICIENCY SAVINGS TO PUBLIC HEALTH SERVICE PROVIDERS**

Anne Charlesworth, Public Health Commissioning and Quality Manager, presented details of the Public Health proposed efficiency savings of 1.8% across commissioned services.

The All Service Review process undertaken by Public Health during June and July, 2015, had identified a savings programme to deliver the requested £1M from the Public Health budget over 3 years from April, 2016-19. Part of the savings programme included a cost efficiency reduction from the large NHS contracts held as follows:-

0-19 Children's Health including Health Visiting from 2016 full cost  
Sexual Health  
Substance Misuse

In addition it was also proposed that 1.8% efficiencies could be delivered across the Stop Smoking Support programme area.

The service providers had been asked to identify how the savings could be achieved with minimal impact to patients and to work with leads in Public Health for each area to identify any areas of service that needed to vary in the service specification that was in place. Timely and helpful responses had been received from the South West Yorkshire Partnership NHS Trust and RDaSH. A less detailed response had been obtained from the Foundation Trust in respect of how the savings would be made, however, they had indicated that they recognised that the efficiencies would need to be delivered. Some services would also be going out to tender as outlined in the Appendix to the report.

Lynn Cocksedge, Head of Contracts and Business Development, Foundation Trust, stated that the discussions to date had been very difficult but progress had been made and the Trust was confident that they would be able to deliver the savings with as little impact as possible. With regard to the Health Visitors Intervention, it was a management restructure and not a clinical provision restructure. A number of meetings had been set up with Public Health to further progress the areas that were referenced in the report and as well as internal meetings within the Trust. Due to some of the issues impacting upon staff, consultation by the Trust would be carried out in accordance with the associated regulations.

Discussion ensued with the following issues raised/clarified:-

- Many of the services were previously under the domain of the NHS. Part of the process was to bring them in line with all other Council processes and, therefore, the tendering process would be in accordance with the Council's procurement framework. There would be supplementary clauses such as adherence to NICE guidelines and registration with the Care Quality Commission if applicable. Attention was drawn to the briefing paper on procurement and commissioning in the information pack
- It was the Trust's intention to look at the footfall of each of the Sexual Health Clinics as some were better used than others but to ensure as limited impact on clients as possible. It may be that some had different hours of opening to accommodate clients. It was hoped that detailed information regarding the number of clients at clinics would aid better commissioning of Sexual Health services. GP surgeries also provided such services
- The integrated model provision of Sexual Health was provided in Sheffield and one that Rotherham was moving towards as well but had taken a little longer to get embedded within the workforce. Several other areas of the country had also moved the integrated model to as a way of being able to provide a bigger range of things from more bases effectively and the model Rotherham was looking to recommission
- The all services review process had not offered a very detailed mechanism to look at the proposals which were very different in nature. A method had been devised of trying to gauge what the different areas of risk may be which resulted in the risk scores some of which would have greater impact of partners and some on patients. Those that were still to be worked up with the Foundation Trust had been rated in accordance with the information available at the present time; these could be amended once the work had been completed
- The School Nursing service would form part of the 0-19s procurement exercise with the current date for publication on Yortender being May. There was a lot of work to be done before then in fully agreeing it with Children and Young People Services to ensure it covered everything they wished the services to cover and consultation with other partners
- Public Health were currently reviewing both the Public Health statutory functions "must dos" and "would like to dos" within the 0-19s procurement exercise as to what was currently provided and what might not be able to do in the future with possibly a move towards more targeted provision

Resolved:- (1) That the proposed savings from SWYFT and RDaSH by way of implementation in the contracts from 1<sup>st</sup> April, 2016, be noted.

(2) That the savings for the Foundation Trust and the proposed recommissioning and procurement of service in 2016/17 be noted.

(3) That the increased recognition of the serious Public Health challenges facing the Rotherham population and of the relatively small level of the Public Health Grant be noted.

(4) That the commitment for the grant to be utilised to support the work of the Health and Wellbeing Board and the prevention agenda in the Borough be endorsed.

**74. HEALTH AND WELLBEING BOARD**

The minutes of the Health and Wellbeing Board held on 25<sup>th</sup> November, 2015, were noted.

**75. UPDATES FROM IMPROVING LIVES SELECT COMMISSION**

The next meeting of the Improving Lives Select Commission was on 3<sup>rd</sup> February, 2016.

**76. HEALTHWATCH ROTHERHAM - ISSUES**

No issues had been raised.

**77. DATE OF FUTURE MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 17<sup>th</sup> March, 2016, commencing at 9.30 a.m.

# Draft Quality Account 2015/16.

## Presentation to HSC 17 March 2016



**Tracey McErlain-Burns, Chief Nurse**



## Quality ambitions 2014-16

- SAFE -** Mortality. Reduction in HSMR year on year
- SAFE –** Achieve 96% Harm Free Care (HFC) with zero avoidable grade 2-4 pressure ulcers and zero avoidable falls with harm
- CARING & RELIABLE -** Achieve improvement in all Friends and Family (FFT) responses
- RELIABLE –** Achieve all national waiting times targets i.e. 18 weeks, cancer and A&E

# Quality improvements 2015/16

- 100% of unpredicted deaths will be subject to review
- From a baseline of 120 we will reduce the number of patients with a LOS >14/7
- Improved reporting of the deteriorating patient
- Reduce noise at night
- Increase the number of colleagues trained in dementia care & reduce complaints
- Improve complaints response times
- Meet stroke targets



# So how have we done?

## Mortality

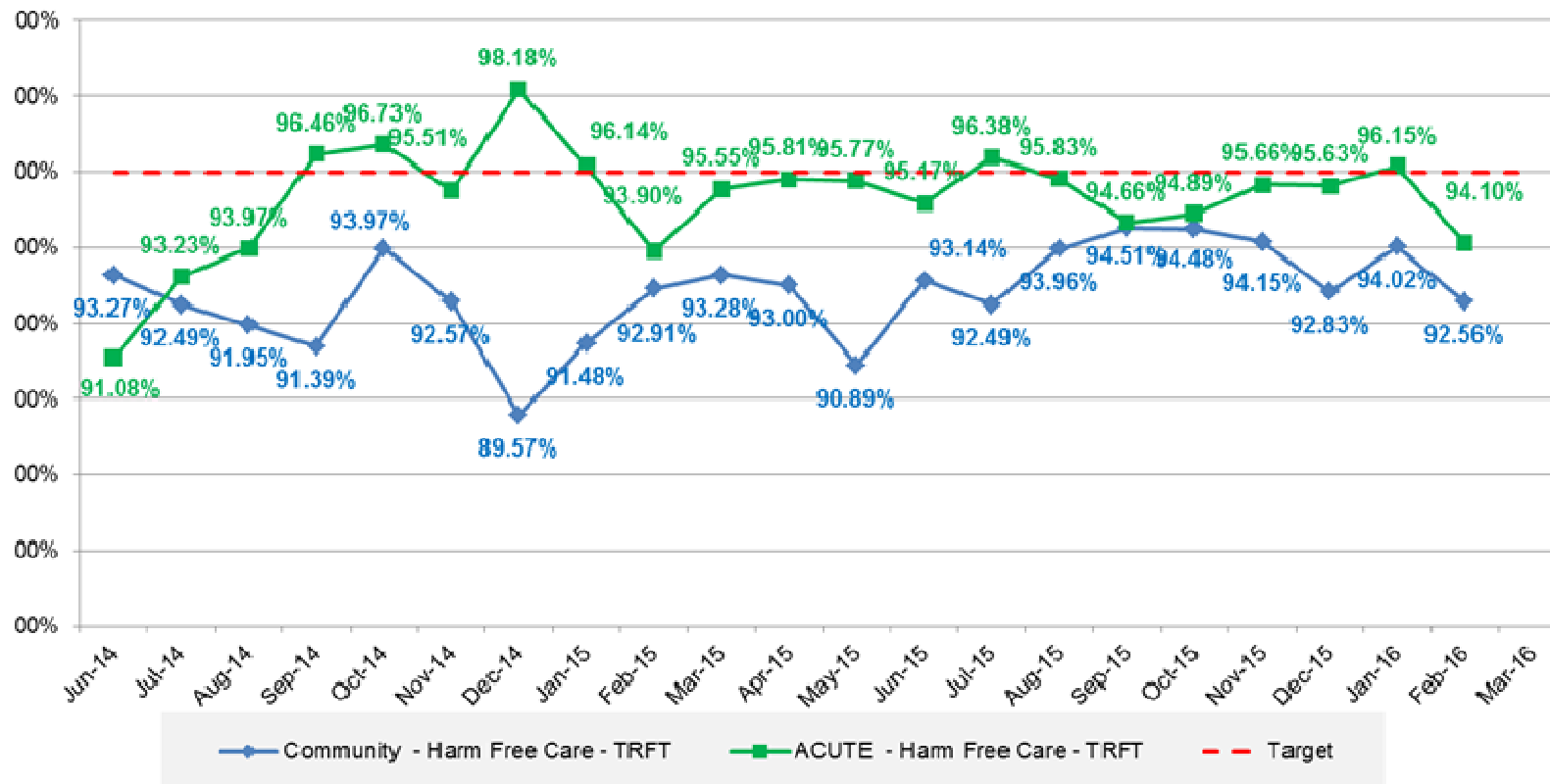
- Rolling 12 month HSMR:
  - December 2014 = 99.28
  - November 2015 = 108.06  
(March 2015 – 112.48)
- SHMI July 2014 to June 2015:
  - 111.64

# Harm Free Care

<p>Achieve minimum 96% Harm Free Care with the following percentage reduction on the 2014/15 baseline:</p> <ul style="list-style-type: none"> <li>• 70% reduction in avoidable pressure ulcers grade 2-4</li> <li>• 50% reduction in avoidable falls with significant harm</li> </ul>	<p>No. Trending at 94.85%; a 0.5% improvement on the previous year.</p>
	<p>Yes – 74% achieved.</p>
	<p>Yes – 57% achieved.</p>

# Harm Free Care

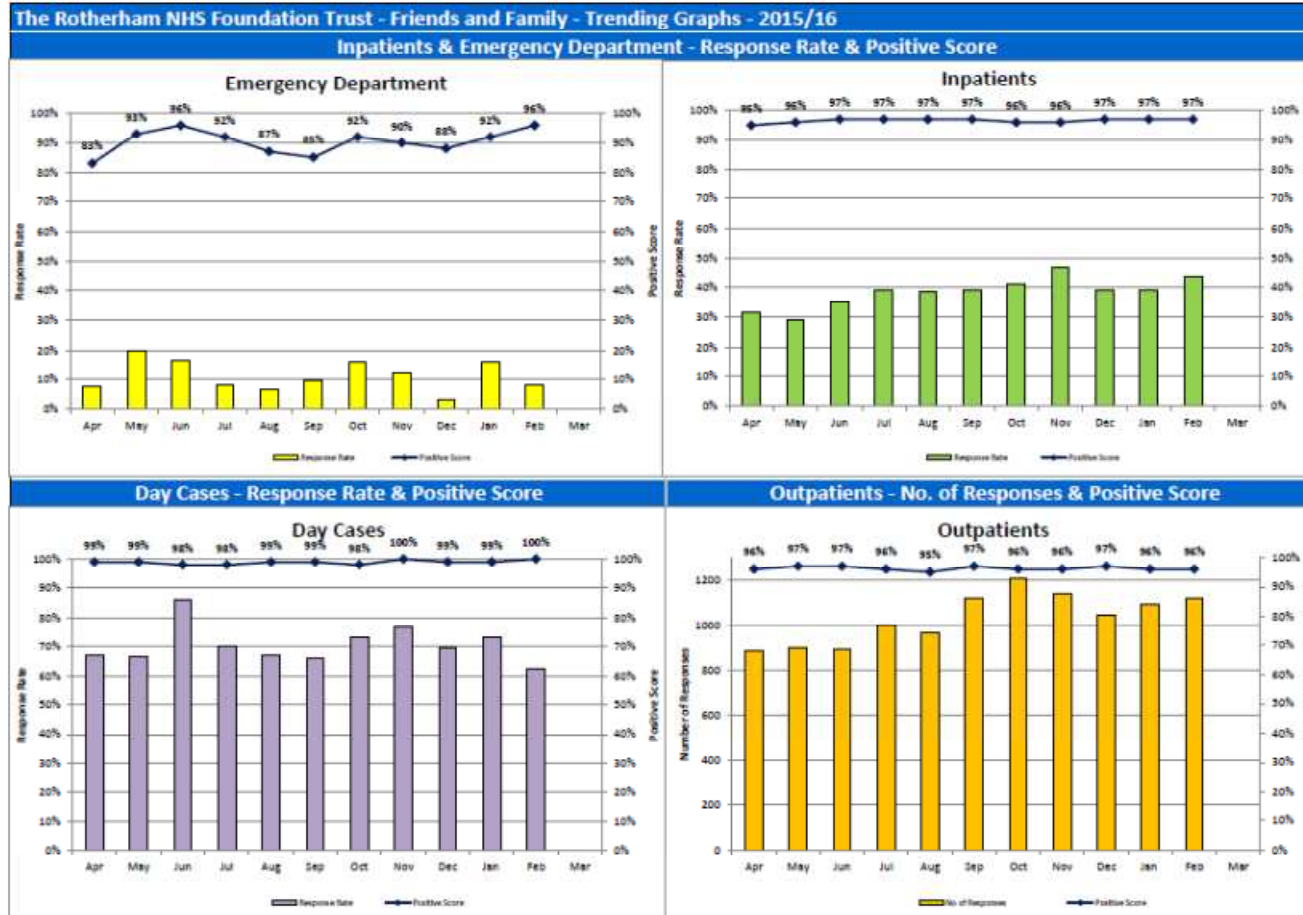
Patient Safety Thermometer - Acute and Community Split



# FFT

Achieve and maintain a minimum 95% positive Friends and Family Test (FFT) score – in-patients	Yes – 97% achieved
Achieve and maintain a minimum 86% positive Friends and Family Test (FFT) score – A&E	Yes – 88% achieved
Achieve a 40% FFT response rate – in-patient areas.	Yes – 41% achieved.

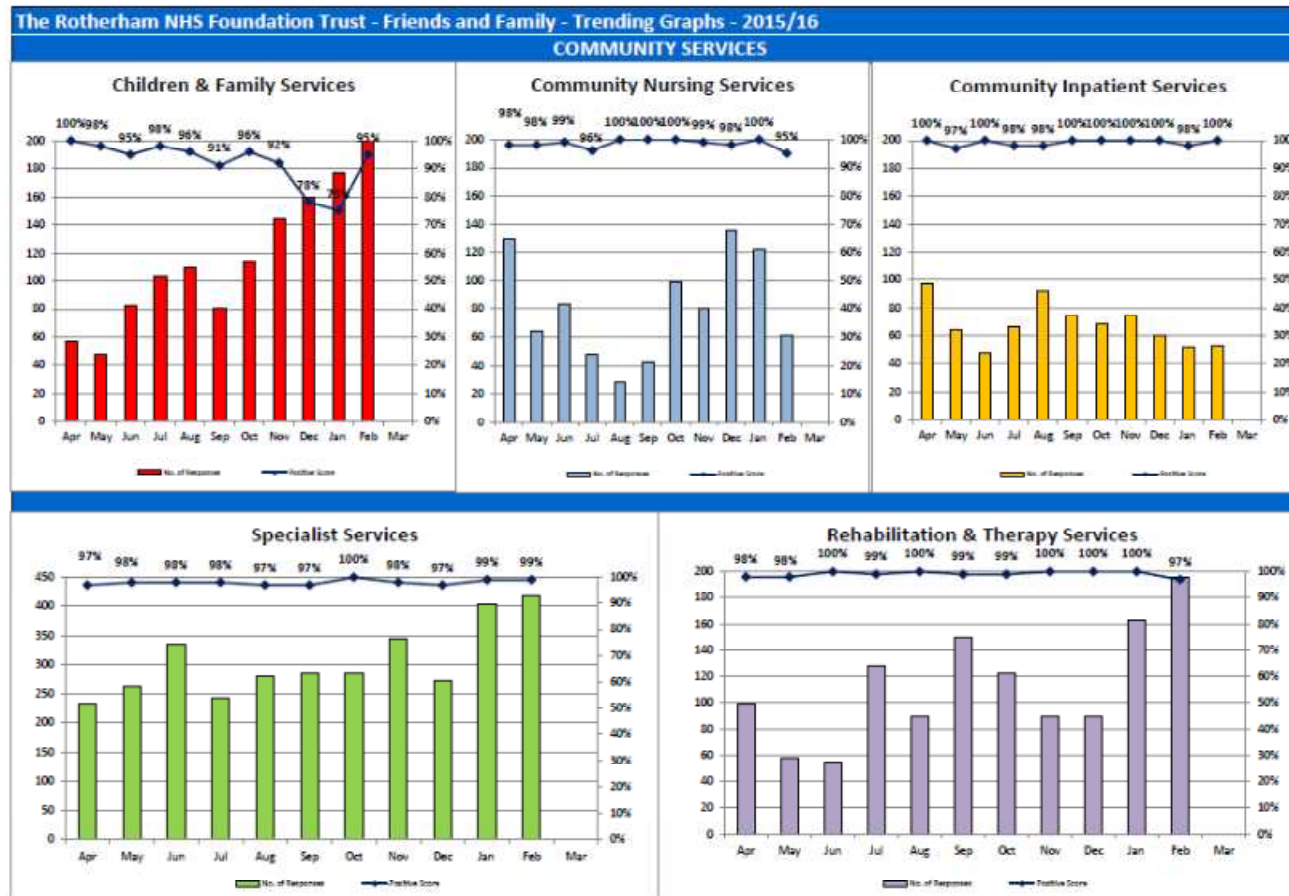
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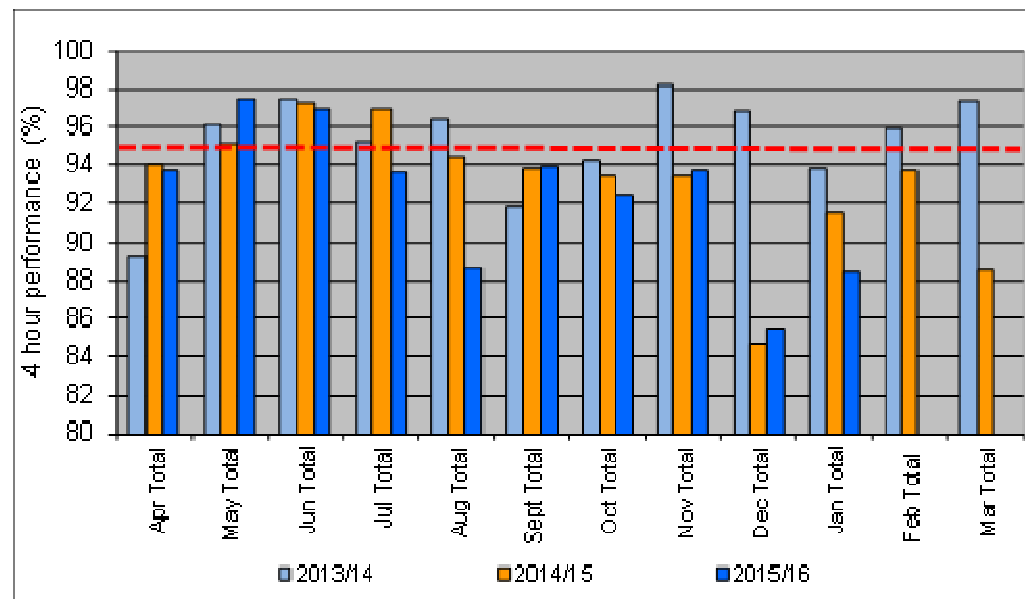
# FFT



# FFT



# National targets – 4 hour access





# 4 hour access – national comparison

Period	TRFT Performance	TRFT Rank (of 140)	England Avg (Type 1)	No. of Trusts >95% (Type 1)
April	93.3%	53	89.8%	31
May	97.3%	9	91.5%	45
June	97.1%	16	91.5%	53
<b>Q1</b>	<b>95.7%</b>	<b>23</b>	<b>91.1%</b>	<b>44</b>
July	93.7%	73	92.5%	55
August	88.6%	113	91.5%	44
September	93.9%	46	90.1%	34
<b>Q2</b>	<b>92.1%</b>	<b>79</b>	<b>91.4%</b>	<b>43</b>
October	92.5%	44	88.6%	21
November	93.7%	29	87.1%	14
December	85.5%	82	86.6%	14
<b>Q3</b>	<b>90.5%</b>	<b>58</b>	<b>87.4%</b>	<b>12</b>



# Cancer

## TRFT Cancer Performance Q1 to Q3 15/16

Target	Operational Standard	Q1 2015/16	Q2 2015/16	Oct 2015/16	Nov 2015/16	Dec 2015/16	Q3 2015/16	Nation (Q3)
<i>2ww</i>	93%	94.6%	94.8%	95.2%	95.4%	94.1%	94.9%	94.8%
<i>31 Day First Definitive Treatment</i>	96%	98.6%	98.8%	100.0%	97.0%	100.0%	99.1%	97.9%
<i>62 Day from 2ww</i>	85%	88.7%	85.1%	84.4%	88.9%	100.0%	91.2%	83.5%
<i>Breast Symptoms 2ww</i>	93%	97.3%	96.5%	100.0%	98.1%	97.3%	98.4%	93.4%
<i>31 day Subsequent Treatment</i>								
<i>Surgery</i>	94%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	96.2%
<i>Drug</i>	98%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	99.6%
<i>Palliative Care</i>	TBC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<i>62 Day Screening</i>	90%	100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	93.5%

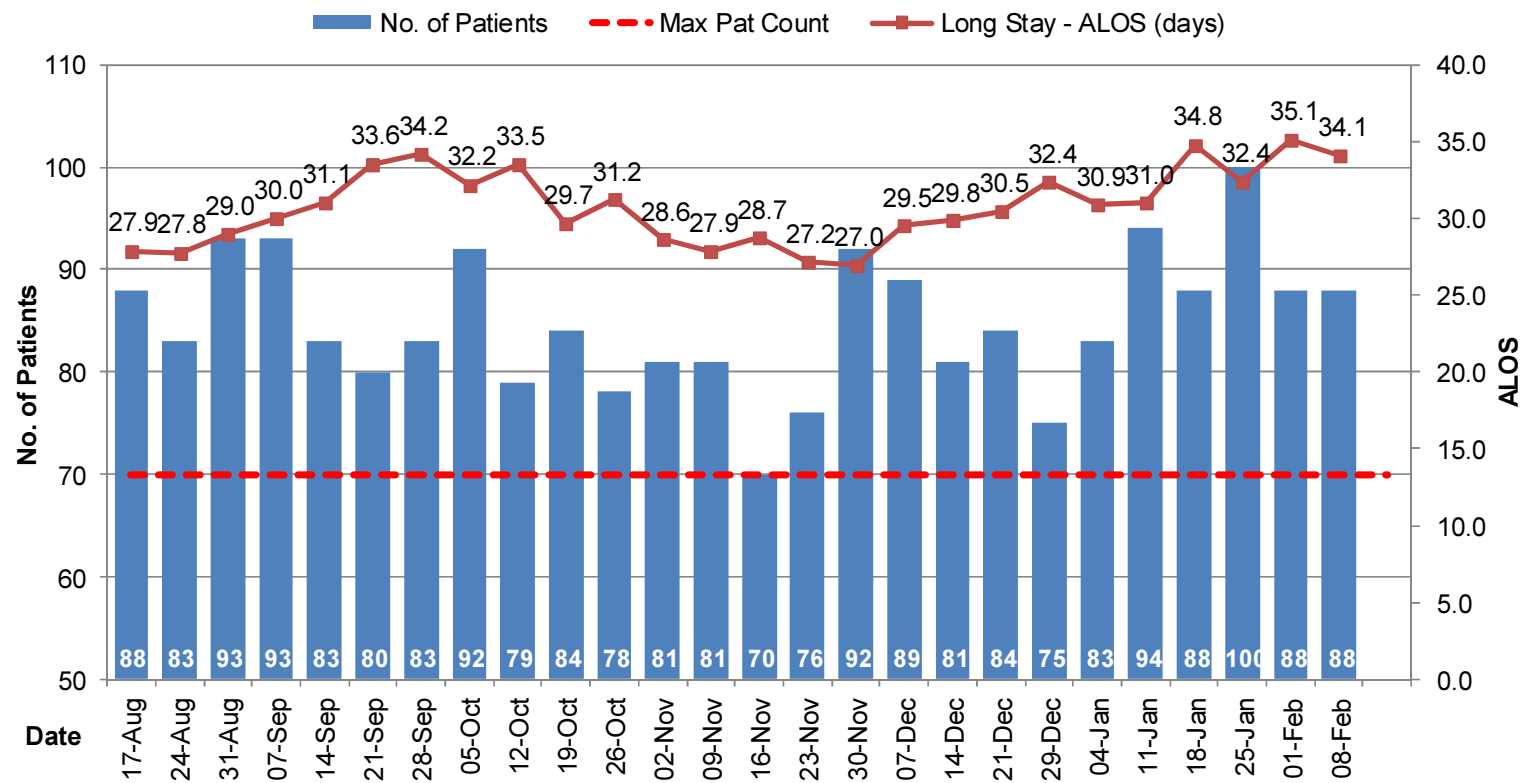
# 18 weeks

## TRFT 18 week RTT Performance Apr'15 to Oct'15

	Q1			Q2			Q3			Q4
	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan
<b>Admitted</b>										
Clock Stops	1,802	1,601	1,509	1,730	1,353	1,617	1,662	1,380	1,065	1,176
Performance (Target = 90%)	93.8%	95.6%	94.5%	95.1%	94.1%	92.5%	91.2%	91.3%	91.0%	89.6%
<b>Non-Admitted</b>										
Clock Stops	4,149	3,890	5,296	5,087	4,145	4,509	4,681	4,355	4,681	3,715
Performance (Target = 95%)	99.4%	99.0%	98.9%	99.0%	98.5%	98.3%	97.7%	96.3%	96.0%	96.2%
<b>Incompletes</b>										
Total PTL	9,798	11,072	11,576	10,141	9,750	11,061	11,176	12,171	11,176	12,511
Performance (Target = 92%)	96.8%	97.3%	97.2%	96.4%	95.2%	96.3%	96.1%	96.0%	95.0%	97.2%

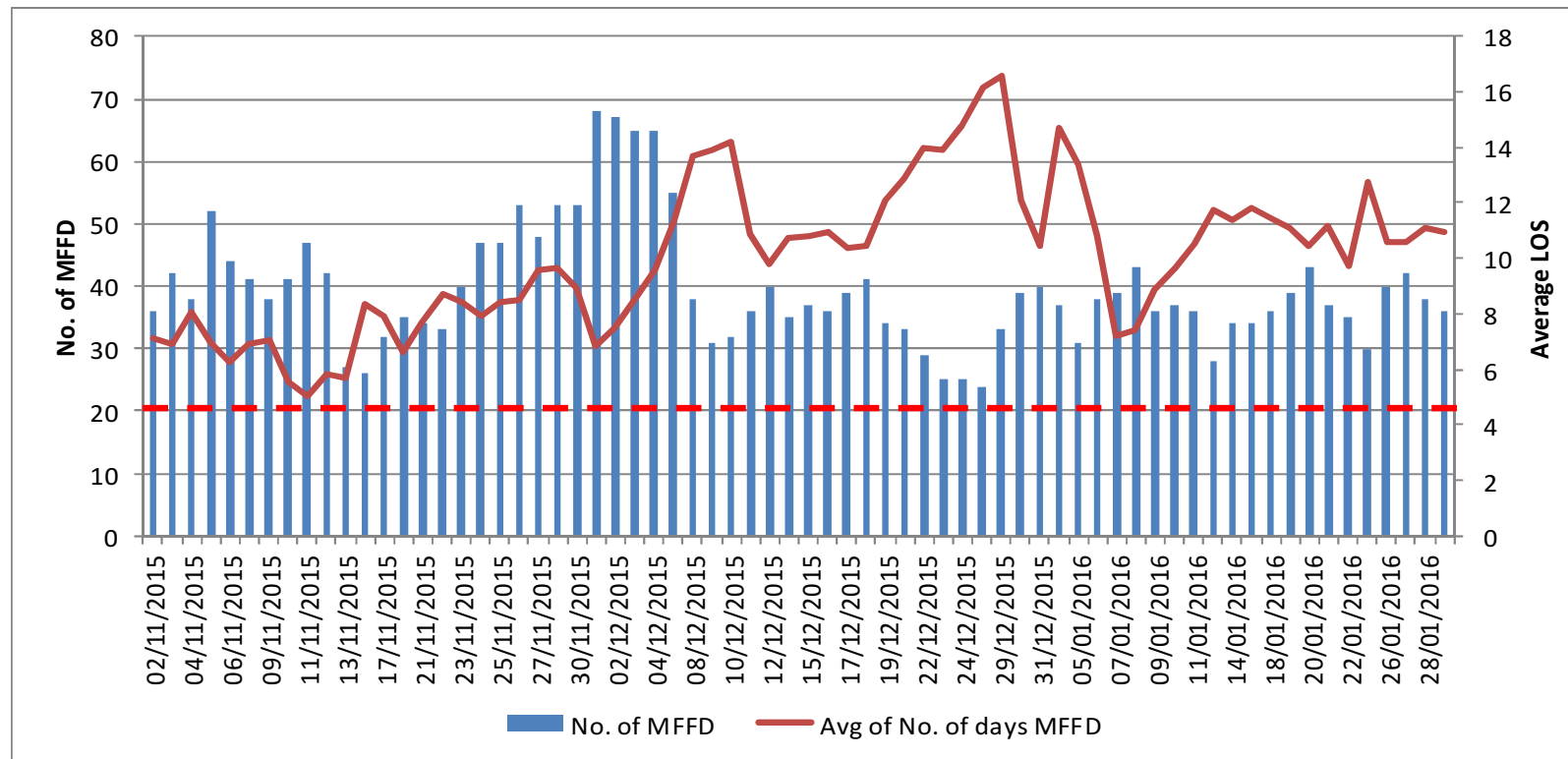
# Long length of stay patients

**No. of long stay patients (>14 days)**



# Medically fit and long length of stay

## Medically fit for discharge patients and LOS



# Other improvement priorities

100% unpredicted death reviews	Yes
Reporting of the deteriorating patient	yes
Noise at night	?
Dementia training	yes
Complaints performance	No
Stroke targets	yes

Improved proportion with AF anti coagulated on discharge; proportion admitted directly to stroke unit and spending 90% of their time on the stroke unit; proportion scanned within an hour. Business case for allied health professional ESD team supported.

61% of TRFT colleagues have had first level dementia training

# Other items to be covered in the Quality Account / Report

- Staff and patient survey results
- Listening into Action work
- Environmental improvements
- Community transformation
- Progression from the CQC action plan to a Quality Improvement Plan
- Serious incidents and Never Events
- Data Quality
- Workforce

# Health Select Commission Thursday 17 March 2016 BCF Update

Jon Tomlinson

Interim AD Commissioning



# Background

- The Select Committee has previously received updates about progress with the Better Care fund (BCF).
- Rotherham has successfully established robust governance and submitted returns to NHS England in a timely manner.
- The BCF remains a key vehicle for integration between the NHS and Local Authorities.

# Background

- The original BCF plan was developed around 2 years ago.
- NHS England recommend that partners review their plans to ensure that progress is maintained and that funds are effectively targeted in the right areas.
- An initial review has been carried out on our plan and the outcomes are as follows

# BCF Review

- The original BCF plan had 72 lines of funding and 15 themes
- The revised plan has 33 lines of funding with 6 Broad themes.
- The 6 themes cover:
  - Mental Health
  - Rehab/ re-ablement and intermediate care
  - Social care purchasing
  - Case management and integrated care planning
  - Supporting carers
  - BCF infrastructure

# BCF Review

- Each theme has then been rag rated in relation to the following: Strategic relevance, service specification in place, performance framework in place, are there any performance issues.
- There are then recommendations about each service within the theme.

# BCF Review

## Theme 1: Mental Health Services

### 1.1 Schedule of Services

Table 1 sets out the schedule of services which focus on mental health.

Table 1: Schedule of Services – Mental Health Services

Service Area	BCF £000	RMBC Additional costs £000	RCCG Additional costs £000	Total Service Cost	Strategic Relevance	Service Specification	Performance Framework	Performance Issues	Recommendation
1 EMI Day Care	100			100	Green	Yellow	Yellow	Yellow	Merge
2 Increased Drug and Alcohol Community based rehabilitation services	59			59	Green	Red	Red	Red	Reallocate
3 Develop community based dementia care service	100			100	Green	Red	Red	Red	Reallocate
4 MH placements - fast response	160			160	Green	Yellow	Yellow	Yellow	Reallocate
5 Adult Mental Health Liaison Service	375		471	846	Green	Green	Green	Green	Review

**Total BCF Spend £794,000**

# BCF Review

- The schedule of reviews have been programmed and will take place between now and October dependent on priority.
- These reviews cover 18 BCF schemes and where there are funding or performance issues or where there are concerns regarding strategic relevance.

# Other BCF Developments

- A joint visioning event has taken place between the NHS and RMBC to further strengthen work around integration.
- Our latest submission confirmed that national targets are being met.
- We continue to perform well against a number of the metrics.
- The BCF has increased by £1.3m from £23.2m to £24.5m.
- Additional funding will be invested in community services.

# Other BCF developments

- New integration measures were introduced for the Q3 submission.
- Further planning guidance has been received during February and March and officers are responding to it.
- A BCF service directory is almost finalised.





# *Rotherham Health Select Committee*

**Karen Cvijetic**  
Head of Quality and  
Patient Engagement

*Sign up to*  
.....  
**SAFETY**  
LISTEN LEARN ACT



## Quality Report

- Nationally mandated
- 2015/16 is our eighth Quality Report

# Our CQC ratings (September 2015)...



Last rated - 19 January 2016



	Safe	Effective	Caring	Responsive	Well-led	Overall
10a/10b Station Road	Good	Good	Good	Good	Good	Good
88 Travis Gardens	Good	Good	Outstanding	Good	Good	Good
Domiciliary Care	Good	Good	Good	Good	Good	Good
Substance misuse services	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Community health services for children, young people and families	Good	Good	Good	Outstanding	Outstanding	Outstanding
Community health inpatient services	Requires improvement	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Outstanding	Good	Outstanding	Good	Outstanding

Last rated - 19 January 2016



	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Requires improvement	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Outstanding	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement
Specialist community mental health services for children and young people	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good

# Our overall rating ...

Overall  
Requires  
improvement

Read overall  
summary

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

# What the CQC said we do well ...

## Learning Disability Services

- Solar Centre - commended by patients and carers
- 88 Travis Gardens – Outstanding for Caring

## Adult Mental Health Services

- Mental Health Crisis Teams – Rated Overall by CQC as Outstanding
- Mulberry House – Introduction of the 'Perfect Week'
- Doncaster Perinatal Service
- Rotherham dedicated service for deaf patients with mental health problems

## Children & Young People's Mental Health Services

- Safeguarding Advisor in post and training at a high level across all services
- Out of hours duty system provides excellent coverage of emergency/crisis calls
- Peer Support Workers assist with transition to adult mental health services

## Drug & Alcohol Services

- Peer Mentor Scheme developed, including training packages to provide service users with the skills and knowledge to become Peer Mentors
- Peer Mentors from New Beginnings worked across the services in Doncaster and three had progressed into paid employment

## Older People's Mental Health Services

- Community-based services for Older People rated as Outstanding for Caring
- Young Onset Dementia Day Care offering carer respite and patient engagement
- Male Carers Support Group for patients with Huntingdon's Disease
- Cognitive Stimulation Programme – support patients with cognitive functioning
- Kings Fund advice and guidance to make wards Dementia Friendly

## Our approach and response ...

September 2015 - Immediate actions were taken and action plan drafted following initial feedback from CQC.

November 2015 - Trust Quality Improvement Plan developed following receipt of draft CQC reports.

December 2015 - Executive director leads identified for all quality improvement actions.

February 2016 - Trust Quality Improvement Plan shared at Quality Summit

March 2016 - Action Plan submitted to Care Quality Commission

## Our governance arrangements ...

- Published CQC Reports to the Board of Directors meeting on 28 January 2016
- Monthly action plan updates to Board of Directors
- Monitoring and oversight by Executive Management Team (EMT)
- Divisional action plans monitored through Trust Board of Directors' Sub Committees
- Divisional-level action plans to address local issues and share learning



# PATIENT SAFETY

Quality Metric	BASELINE 2014/15	AIM	Q1 2015/16	Q2 2015/16	Q2 2015/16
<b>PATIENT SAFETY</b>					
<b>Sign Up to Safety</b>					
Number of serious incidents*	88	Aim to reduce major/moderate medication errors to 0 by March 2018	24	17	<b>18</b>
			2015/16 forecast :	82	
Number of Trust reported suicides/suspected suicides*	21		4	5	<b>2</b>
			2015/16 forecast :	18	
Number of Trust reported suicides/suspected suicides expressed as a rate per 100,000 England population*	0.05		0.01	0.01	<b>0.01</b>
			2015/16 forecast :	0.01	
Number of Grade 3 pressure ulcers*	29		2	0	<b>4</b>
			2015/16 forecast :	8	
Number of Grade 4 pressure ulcers*	5		0	0	<b>0</b>
			2015/16 forecast :	0	
Number of restrictive interventions	Not reported in 2014/15	417	301	<b>345</b>	
		2015/16 forecast :	1436		
Number of falls (serious incidents)	2	1	1	<b>2</b>	
		2015/16 forecast :	4		
Number of medication errors	45	8	3	Reported quarter retrospective	
		2015/16 forecast :	32		

# PATIENT EXPERIENCE

Quality Metric	BASELINE 2014/15	AIM	Q1 2015/16	Q2 2015/16	Q3 2015/16
<b>Patient Friends and Family Test</b>					
Percentage of service users/patients who would 'be extremely likely / likely to recommend our service to friends and family if they needed similar care or treatment'	95.6% (Q4, 2014/15)	To achieve % above national average	84.7%	87.3% (July/August 2015)	<b>88.3%</b>
<b>Complaints</b>					
Number of complaints received	124	Aim to reduce by 5% (117 in 2015/16)	33	24	<b>34</b>
			2015/16 forecast : <b>114</b>		
Percentage of complaints 'upheld'	17%	Reduce by 5% (16% in 2015/16)	9.1%	<b>12.5%</b>	Reported quarter retrospective
			2015/16 forecast : <b>10.5%</b>		
<b>Annual Community Mental Health Survey</b>					
Score for 'Overall care received in the last 12 months' (CQC annual community mental health survey)	7.3 (About the same as other Trusts)	Aim to be 'better than other Trusts'	Annual survey results published Autumn 2015	Annual survey results published Autumn 2015	<b>7.2</b>
Score for 'were you involved as much as you wanted to be in agreeing what care you will receive?' (CQC annual community mental health survey)	7.9 (About the same as other Trusts)	Aim to be 'better than other Trusts'	Annual survey results published Autumn 2015	Annual survey results published Autumn 2015	<b>7.7</b>
Score for 'were you involved as much as you wanted to be in discussing how your care is working' (CQC annual community mental health survey)	8.1 (About the same as other Trusts)	Aim to be 'better than other Trusts'	Annual survey results published Autumn 2015	Annual survey results published Autumn 2015	<b>7.7</b>
Percentage of service users who responded to annual community mental health survey	26%	Aim to increase response rate above national average	Annual survey results published Autumn 2015	Annual survey results published Autumn 2015	<b>32%</b>

# CLINICAL EFFECTIVENESS

South Humber  
NHS Foundation Trust

Quality Metric	BASELINE 2014/15	AIM	Q1 2015/16	Q2 2015/16	Q3 2015/16
<b>CQUIN</b>					
Percentage of CQUIN achieved in Mental Health and Learning Disability services	96%	Aim to achieve 100%	100%	100%	Reported quarter retrospective
Percentage of CQUIN achieved in Community services	100%	Aim to achieve 100%	100%	100%	Reported quarter retrospective
Percentage of CQUIN achieved in Forensic services	100%	Aim to achieve 100%	100%	100%	Reported quarter retrospective
<b>Clinical Audit</b>					
Percentage of clinical audits rated as 'Outstanding'	To be developed in 2015/16	To be developed in 2015/16	22%	25%	0%
Percentage of clinical audits rated as 'Good'	To be developed in 2015/16	To be developed in 2015/16	33%	25%	<b>50%</b>



## Finally ...

- Receive HSC comments for inclusion in the Quality Report – May 2016
- Report to Board of Directors – 28 April 2016
- Report to Council of Governors – 13 May 2016
- Report to Monitor – 27 May 2016
- Review by Audit Commission – April/May 2016

# Thank you

## Any questions?

Rotherham Doncaster and South Humber  
NHS Foundation Trust

