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

Date:- **Thursday, 20 July 2017** **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 Meetings held on 15th June, 2017 (Pages 1 - 11)

For Discussion

8. Membership of the Health, Welfare and Safety Panel 2017/2018
   To nominate one Member to represent the Select Commission on the above Panel for the 2017/18 Municipal Year

9. Adult Social Care - Provisional Year End Performance 2016-17 (Pages 12 - 18)

10. Learning Disability Update
    Verbal update by Anne Marie Lubanski, Strategic Director, Adult Care and Housing

11. Health Select Commission Work Programme (Pages 19 - 31)

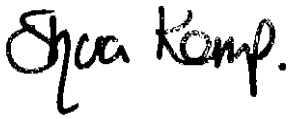
For Information

12. Notes of from Quarterly Briefing with Health Partners (Pages 32 - 34)

13. Healthwatch Rotherham - Issues

14. Health and Wellbeing Board (Pages 35 - 45)
Minutes of meeting held on 31st May, 2017

15. Date of Next Meeting
Thursday, 15th June at 9.30 a.m.



SHARON KEMP,
Chief Executive.

Membership:

Chairman:- Councillor Evans
Vice-Chairman:- Councillor Short
The Mayor (Councillor Rose Keenan), Councillors Allcock, Andrews, Bird, R. Elliott, Ellis, Ireland, Jarvis, Marriott, Rushforth, Tweed, Whysall, Williams and Wilson.

Co-opted Members:
Vicky Farnsworth and Robert Parkin (Rotherham Speak Up) and Peter Scholey.

HEALTH SELECT COMMISSION
15th June, 2017

Present:- Councillor Evans (in the Chair); Councillors Allcock, Bird, Elliott, Rushforth, Short and Whysall.

Apologies for absence were received from The Mayor (Councillor Eve Rose Keenan) and Councillors Andrews, Ellis, Jarvis, Keenan, Marriott, Williams and Victoria Farnsworth (SpeakUp).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. COMMUNICATIONS

Members of the Select Commission were reminded about the demonstration of the Liquid Logic database and cohort data for Adult Social Care which was to take place on 4th July at 4.30 p.m.

4. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH APRIL, 2017

Consideration was given to the minutes of the previous meetings of the Health Select Commission held on 13th April, 2017.

Members' attention was drawn to the supplementary information which had been supplied after the meeting with regard to domestic abuse training (Minute No. 92 RDaSH Quality Account).

With regard to Minute No. 93 (Whole School Approach to Prevention and Early Intervention), it was noted that former Select Commission Member Councillor Cusworth had volunteered to attend the final meeting of the whole steering group as she had attended previous ones. The Select Commission would receive feedback in due course.

Resolved:- That the minutes of the previous meeting held on 13th April, 2017, be approved as a correct record.

5. EVALUATION OF THE INTEGRATED LOCALITY PILOT

Dominic Blaydon, Associate Director of Transformation, and Melanie Simmonds, Strategy and Transformation Manager, presented an evaluation of one of the existing transformational initiatives that was currently underway – The Health Village Integrated Locality Pilot. The report was supplemented by the following powerpoint presentation:-

Key Challenges
- Funding challenges in Health and Social Care
- Increase in older population
- Difference between actual and healthy life expectancy
- Development of new care models
- Early intervention and prevention
- Self-management
- Public expectation
- Fragmentation of services
- Strengthening leadership at all levels

Key Elements of new Service Model
- Multi-disciplinary team
- Breaks down professional and organisational boundaries
- Team supports GP practice populations (Clifton and St. Ann's)
- Designated care homes
- New technology supports interface between locality and acute care
- All workers are co-located
- New leadership model evolving
- Operates a Virtual Ward
- Referral management service

Team Composition
- Community Nurses, Rotherham FT
- Physiotherapists, Rotherham FT
- Occupational Therapists, Rotherham FT
- Social Workers, Rotherham MBC
- Mental Health Workers, RDaSH
- Social Prescribing, VAR
- Community Link Workers, Rotherham MBC

A New Approach
- Community Reablement
- Management of Long Term Conditions
- Community Nursing
- Parity of Esteem
- Assessment and Care Management
- Community Development

Outcomes
- Reduction in unscheduled hospital admissions
- Reduction in admissions to hospital for assessment
- Non-elective bed days
- Average length of stay in hospital

Roll Out
- November 2017-March, 2018 Scoping and Design
- March 2018 Designed and agreed contracting model

- April 2018-2020 Phased implementation
- October 2020 Evaluation, conclusion and conference

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

- The regulatory responsibility for care homes rested with the CQC. Local Authorities had a duty, as did other public services, to ensure safeguarding and there were powers within their contracts to carry out visits. Rotherham had a dedicated Care Homes Team involved in the Locality Pilot which had reached out to care homes and supporting staff

- The Care Home Support and Locality Teams within the new structure would assist in spotting any issues in care homes

- An away day had been held earlier in the year to allow staff to come together and discuss the difficulties they were experiencing and to agree a joint vision. A staff evaluation before and after the event showed an increase in their satisfaction levels. A further evaluation would be conducted in July to ascertain if they were still engaged, motivated and empowered which reflected on how well the project performed

- There were national issues regarding computer systems linking together with no plans to introduce one system across Acute, Primary and Community Care. However, Rotherham was way ahead of other local authority areas in terms of developing the links and creating a system which increased visibility and then facilitating the interface between Primary, Community and Acute Care. It would continue to be an ongoing challenge until there was single system across the NHS

- Liquid Logic used a client's NHS number enabling the system to read across as to where the person was in the health and care system

- The Village had been chosen for the pilot as there were higher admission rates from the area which was also one with higher deprivation

- Bed blocking was not only an issue in the Winter, however, integrated localities should start to relieve the impact especially when it was rolled out to all localities

- Work was taking place with the Team and Heads of Service looking at the resources needed to roll the Pilot out. If the Health Foundation bid was successful it would provide additional resources to support the work and alleviate those pressures on the individuals allowing

them to concentrate on development. However, the funding was not being relied upon with a clear plan for development of the locality

- Work was also taking place on the impact and pressures in the system and mitigating the risk on other parts of the system

- There had been a lot of interest from other parts of the country in what Rotherham was developing and the interface between Acute and Primary Care

- IT, sharing of information across organisations and having a single care record were major barriers. The next challenge would be a single integrated recording system and care plan

- There would be a full evaluation of the Pilot in December, 2017

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

(2) That the results of the full evaluation be submitted to the Select Commission in December.

6. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015-16

Giles Ratcliffe, Public Health Consultant, introduced the 2015/16 independent report which highlighted some of the successes in Rotherham as well as a frank assessment of some of the challenges faced as a community. A powerpoint presentation was given on healthy ageing living well and living longer as follows:-

Why focus on healthy ageing?
"Provides the opportunity to shine the light on the rich asset that older people are within our society and also to consider the changes that are developing within our older population"
Considerations include:-

- Ageing population
- Changing communities
- Older people as local asset
- Value of focussing on prevention
- Improving quality of later life

Local data highlights

- Rotherham's over 65s population is growing the fastest. By 2025:-
  21.7% of population will be over 65
  Over 85s population will rise by over 40%
- Rotherham has lower life expectancy than England (men and women)
- Life expectancy and healthy life expectancy gap is greater than England average (men and women)
- Poor perception of "their own health" reported in Census surveys by older people in Rotherham

Healthy Ageing Framework Structure
Four sections

- Healthy behaviours and lifestyles
- Age friendly environment and community support health
- Encouraging social inclusion
- Quality integrated services and prevention interventions

Healthy behaviours and lifestyles – adding life to years and years to life
Includes

- Obesity
- Fruit and veg
- Inactivity
- Alcohol
- Tobacco
- Sexual health
- Living with long term conditions (LTCs)
- Making Every Contact Count (MECC)

Key messages

- To promote the 5 a day and balanced diet messages and their importance in later life including hydration
- Older adults to be more active and meet CMO guidelines of 150 minutes per week including strength and balance activities
- It is never too late to stop smoking
- Alcohol misuse in later life leads to increased hospital admissions
- Older people are made aware of the health risks of regular and excessive alcohol use

Recommendation 1

- All services should encourage lifestyle behaviour change in older people where appropriate particularly in the most disadvantaged communities. This could be achieved through taking a systematic approach to MECC

Age friendly environment and community supporting health
The impact of where we live on our health in later life and includes

- Role older people play in their communities (e.g. volunteering)
- WHO Age friendly cities and communities
- Excess winter deaths
- Poor quality housing impact
- Cold homes and fuel poverty
- Falls prevention and support

Key messages are to:

- Plan together
  Use a Framework or plan to join activity and work towards a common goal for Healthy Ageing
  Housing need to plan adequately for the ageing population, considering account of tenure changes and promoting independence

Preventing falls and providing early intervention for those who have fell is an important factor in maintaining independence

- Work together
  A wide range of people can identify vulnerable people who may be at increased risk (e.g. cold weather, falls)

Recommendation 2

- Rotherham's Health and Wellbeing Board considers implementing the WHO 'Age Friendly Cities and Communities' and become the first area in South Yorkshire to achieve this accreditation, learning from other UK cities that have already begun this work. This would be complimentary to the Borough's aspiration to be young people and dementia friendly

Encouraging social inclusion

Challenges and opportunities that have an impact in later life includes:-

- Maintaining independence
- Carer responsibilities – for partners, friends, grandchildren
- Income, work, benefits and volunteering (giving back)
- Education and literacy
- Discrimination
- Mental health
- Dementia
- Loneliness and social isolation

Key messages

- Maintaining independence requires all stakeholders to work together and with individuals
- Older people play a significant role as car givers
- Opportunities for over 65s to remain in work are greater
- Volunteering is important as a social activity to combat social isolation and loneliness
- Health literacy is an important factor to support self-management
- Age discrimination needs to continue to be in policy developments
- Dementia prevention and support agenda needs to continue to be considered
- Mental health within later life needs to be responsibility of all organisations across the system

Recommendation 3

- The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness and isolation. To achieve this goal, older people must experience proactive involvement and participation in life and society as a whole

Quality integrated services and preventative interventions
Working together to commission and deliver the best services for older people in Rotherham. Includes:-

- Health and social care integration
- Asset based approaches
- Screening and immunisations
- NHS Healthchecks
- Personalised End of Life Care planning
- Integrated Wellness Services

Key Messages

- Health and social care integration is underway
- Screening programmes identify and treat individuals early
- People 65+ have higher health risks from flu, pneumococcal and shingles
- NHS Health checks detect early signs of illness and disease
- Personalised end of life care planning will increase in importance as our population ages
- Integrated wellness service will target communities and individuals of the greatest need providing a comprehensive behaviour change pathway

Recommendation 4

- All partners to deliver against the aspirations and commitments within the Rotherham Integrated Health and Social Care Place Plan and to continue to strive for the highest quality services for older people. This is to include an increased focus on prevention, early identification and self-management, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them

Next Steps

- Sharing the report with key stakeholders
- Facilitating the development of key actions
- Developing an action plan
- Monitoring and reporting on progress

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

- Rotherham suffered from legacies of its past heavy industries both in terms of individuals in those jobs and a cultural legacy

- Behaviour change was very challenging i.e. how do you change the culture of someone for whom it was tradition e.g. portion size

- The health literacy function was related to overall levels of literacy and what the public's understanding was of health and wellbeing, wellness and fitness. The services and routes into them were not easy to

navigate – the single point of access/single digital offer for lifestyle services was out to tender with the contract to commence in April, 2018

- The rate of smoking in young people had reduced year on year and, although high rates of smoking in adults, Rotherham was better than most areas for quitting smoking. There were issues with alcohol use with the area being one of the highest in terms of admissions to hospital and similarly with substance misuse

- MECC (or Healthy Chats) were part of the Health and Wellbeing Strategy. The commitment from partners had been developed over the past 4 months to train frontline staff to be sufficiently confident to offer advice and signposting to any member of the public they came into contact with and the conversation led into issues of healthy living

- The approach to smoking and nicotine consumption was old fashioned. "Vaping" was something that had progressed far quicker than anticipated and had taken tobacco companies and the Government by surprise. Presently the science had not caught up with the increasing trend and there was no evidence as to its impact. It was not licensed in the same way as tobacco and there were fewer controls on production methods and contents. There was a reluctance on the Department of Health to make any clear statements in support or otherwise of vaping and the Local Authority was limited by national guidance due to there being no evidence base to support an alternative and no guidance as to desired message to young people with regard to e-cigarettes

- Many of the functions the Authority provided were mandatory functions that had to be provided through the Public Health Grant. However, that limited the approach to people who wanted to reduce or cut down smoking with Stop Smoking only allowed to support quitting

- Manchester had done a lot of work on WHO Age Friendly environment taking a whole place view. It was about everybody at every level thinking and reflecting on every decision/policy and whether it helped or hindered older people and hopefully contributed to it being a better place to live. Manchester had used its local communities to develop plans and ideas to develop their own areas to make it age friendly and a more inclusive place for all people to reduce cost and barriers. Some of the things that mattered to young people were the same as to the elderly

- The Local Authority had a good understanding of Health and service assets, however, there were others that were harder to define and measure such as which of the communities were resilient, which had good social networks. Work had/was taking place with regard to Ward profiles and Ward Plans but there was a need to look at it in further detail and understand the full depth of assets

- The Warm Homes funding had focussed on improving housing conditions via installing updated boilers to make properties fit for purpose and fuel efficient. Obviously this was not the whole story with regard to excess winter deaths and still work required on isolation in communities and family finances

- The newly established Financial Inclusion Team within Housing Services focussed on vulnerable peoples' finances

- How RMBC made services such as parks accessible

- The risk factor for social isolation and loneliness was the same as smoking 15 cigarettes a day

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

(2) That a further progress report be submitted on the detailed action plan.

(3) That the previous spotlight review on urinary incontinence be considered in developing the action plan.

7. HSC WORK PROGRAMME 2017-18

Janet Spurling, Scrutiny Officer, gave the following presentation on issues for possible inclusion within the Select Commission's 2017/18 work programme:-

The big five issues

- Rotherham Place Plan (Health and Social Care integration)
  - Prevention, self-management, education and early intervention
  - Rolling out integrated locality working model – 'The Village' pilot
  - New Integrated Urgent and Emergency Care Centre (July 2017)
  - Further development 24/7 Care Co-ordination Centre
  - Building a Specialist Re-ablement Centre
- Adult Social Care (development programme and performance)
- Learning Disability
- Mental Health (child and adolescent)
- Regional Scrutiny – NHS reconfiguration

Continuing from 2016/17

- Big Five
- Public Health – annual report
- Carers – links Adult Social Care Programme
- Access to GPs
- Autism

Each year

- NHS Trust Quality Accounts and provider performance including progress on Care Quality Commission action plans following inspections
- Rotherham NHS Foundation Trust (hospital)
- Rotherham, Doncaster and South Yorkshire NHS Foundation Trust (RDaSH)
- Yorkshire Ambulance Service

Other Suggestions

- Dementia (from discussions in April)
- Suicide Prevention Plans – Parliamentary Select Committee
- Health and Wellbeing Strategy implementation

Methods – for example

- Reports – initial and Select Commission to decide if more work needed and information/progress/monitoring
- Presentations
- Reviews – spotlight or full
- Sub-groups
- Visits
- Service user/patient experience – case study or direct

Select Commission Members were asked to submit any suggestions to Janet.

Resolved:- (1) That the Scrutiny Officer work with the Director of Public Health and Assistant Director of Strategic Commissioning to draw up a draft work programme.

(2) That a draft membership of the Quality Account Sub-Groups be submitted to the next meeting for consideration.

8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME

The Health Select Commission received an update from the Scrutiny Officer concerning the Joint Health Overview and Scrutiny Committee (JHOSC) for the Commissioners Working Together Programme. The issues highlighted:-

- The decision on the reconfiguration proposals for Hyper Acute Stroke and Children's Surgery and Anaesthesia had been postponed from May until 28th June. However, the Joint Committee of Clinical Commissioning Groups would only be making the decision on the Children's Surgery and Anaesthesia on that date as there was further work taking place with regard to Hyper Acute Stroke. The new date had not been announced for that decision.

- There would be another meeting of the JHOSC in July. This would provide an opportunity to discuss the final decision for Children's Surgery and Anaesthesia and to discuss future scrutiny following any changes.

Resolved:- That the information be noted.

9. HEALTHWATCH ROTHERHAM - ISSUES

- No issues had been raised.

10. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 8th March, 2017, were noted.

11. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 20th July, 2017, commencing at 9.30 a.m.

Rotherham Metropolitan Borough Council

Public
Health Select Commission

Summary Sheet

Council Report

Health Select Commission 20th July 2017

Title
Adult Social Care – Provisional Year End Performance Report for 2016/17

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Anne Marie Lubanski, Strategic Director of Adult Care and Housing

Report Author(s)
Scott Clayton, Performance Assurance Manager, Performance and Intelligence Team

Ward(s) Affected
All

1. Executive Summary

This report outlines the provisional year end 2016/17 Key Performance Indicator (KPI) results for the Adult Social Care (ASC) elements of the Directorate.

We are providing an early indicative year end performance report to help inform Members and staff of how Adult Social Care has performed over the last year and to identify areas for improvement or further development.

The Council has implemented a new case management recording system, Liquid Logic in year, with a go live date in December 2016. Migration and recording onto the new system has highlighted some operational and performance reporting challenges. All national reporting requirements were met in relation to 2016/17.

Performance overall has been mixed with approximately one third of measures improving and two thirds declining. Perception results from Service User and Carer surveys account for most of the declining performance indicators.

Continued improvements to pathways, embedding of user data recording, plus enhanced reporting functionality during 2017/18 are being delivered.

Recommendations

It is recommended that Commissioners and Members note:

1 The content of provisional summary 'high level' year-end performance results.

2 That a further report is to be presented to the Health Select Commission January 2018 meeting, showing the final submitted detailed results and analysed benchmark comparisons against regional and national data due to be published from late Autumn 2017.

List of Appendices Included

Appendix A - Adult Social Services ASCOF Performance Measures provisional year end 2016/17 scorecard.

Background Papers

No background papers

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Adult Social Care – Provisional Year End Performance Report for 2016/17

1. Recommendations

1.1 It is recommended that Commissioners and Members note:

1.1.1 The content of provisional summary 'high level' year-end performance results.

1.1.2 That a further report is to be presented to the Health Select Commission January 2018 meeting, showing the final submitted detailed results and analysed benchmark comparisons against regional and national data due to be published from late Autumn 2017.

2. Background

2.1 Each Council with Adult Social Services Responsibility (CASSR) have to submit national statutory returns to the Health and Social Care Information Centre (HSCIC) throughout the reporting year. Most but not all 'returns', reflect the activity for the financial year end and are submitted during the May/June period.

2.2 From the Council's submitted data, the HSCIC are able to identify and publish a range of Adult Social Care Outcomes Framework (ASCOF) measures. Some ASCOF's have a joint responsibility element, so may be included in either Public Health Outcome Frameworks or National Health Service (NHS) Outcome Frameworks. They may therefore be submitted through partner processing submissions rather than the Council's e.g. Mental Health ASCOF results are processed via their minimum data set return. These will need to be added to complete the full results.

2.3 The implementation of Liquid Logic (LAS) has highlighted some operational challenges in relation to pathways and these will be reviewed alongside the practical changes which are required in the system. A review of the pathways took place in April 2017 and an improvement plan has been developed to track social work performance and align this to an enhanced understanding of the customer cohort and spend data through the ContrOCC finance system. An Organisational Development plan will also complement this in order to ensure safe and robust practice.

2.4 National reporting requirements have been met primarily, by submitting data stored within the Liquid Logic system but where necessary we have used data from different system combinations. Sometimes the Liquid Logic migrated and recorded data has impacted performance results. This was particularly relevant to Carer performance activity caution is advised, if comparing results to previous performance. Development of additional bespoke reporting will rectify this for 2017/18 reporting.

National reporting is pre-dominantly reflecting 'lag – backward facing' data and performance. Post go-live; the service has commenced using the additional functionality of the new LAS case management and finance

systems to develop initial 'real-time' forward facing performance reporting, via an interactive "Insight Dashboard".

The dashboard has been used to develop high level strategic and operational granular detail of service activity and customers. This is now in the process of being enhanced to enable in year performance management of service activity, spend and customer journey experience. This will use the baseline data stored in LAS from submitted 2016/17 annual statutory returns reports where available or additional development of bespoke reports. A demonstration of the dashboard's functionality was provided to members of the Health Select Commission on 4th July 2017.

2.5 The Adult Social Care 2016/17 KPI suite of indicators had a mixture of national and local measures and Directorate's agreed target ambitions were informed by benchmarking reflecting either continuous improvement or maintenance targets.

2.6 **Appendix A** attached for reference is a table detailing year end performance 2016/17 results.

2.7 Over the coming months we will analyse the Council's and other local authorities data as it becomes available, following publication (from October/November). This will provide a regional, nearest neighbours (IPF) group and national picture of performance. This will be evaluated and benchmarked, to illustrate the Council's rankings relative to other councils.

3. Key Issues

3.1 The in year operational challenges on the service, resulted in performance progress from the anticipated impact of new service delivery models and structures (as part of the Adult Social Care development programme), not being realised to the expected activity levels.

Service User and Carer surveys ASCOF (perception) measures showed greater proportion of declining measures than non-survey mainstream activity measures.

3.1.1 **ASCOF performance headline summary 2016/17** – the 25 national ASCOF measures with known year-end provisional performance data reflects:

- **32% (8 of 25) ASCOF measures are showing improvement** – seven measures improved and one maintained (see table 1 below).
- **Non-survey measures showed a 46% improvement versus a 54% decline split.**
- **Survey measures showed an overall decline of 83% with 71% from Service User responses (5 of 7) and 100% of carer measures declining (5 of 5).**

Table 1. Year End 2016-17 Analysis of 25 known ASCOF measure results

ASCOF - Description		Total	Improved	Declined	No change	Total
1.	Non Survey Measures	13	6	7	0	**13**
	% Percentage		46.15%	53.85%	0.00%	**100.00%**
2.	Survey Measures	12	1	10	1	**12**
	% Percentage		8.33%	83.33%	8.33%	**100.00%**
	2.1 User Survey	7	1	5	1	**7**
	% Percentage		14.29%	71.43%	14.29%	**100.00%**
	2.2 Carer Survey	5	0	5	0	**5**
	% Percentage		0.00%	100.00%	0.00%	**100.00%**
	Total		**7**	**17**	**1**	**25**
	% Percentage		**28.00%**	**68.00%**	4.00%	**100.00%**

3.1.2 **Local performance activity measures** that are comparable against national SALT annual return table data, showed Rotherham completed 34% (rounded) of reviews for all those service users on service over 12 months. Community based service users reviews was higher at 43%, however this was below the 49% completed in 2015/16

Other local 'waiting times' performance measures reporting became unrepresentative of true activity, as the service migrated to Liquid Logic during quarter 3 and are not therefore reportable at this time. However, bespoke LAS reporting in 2017/18 will provide in year performance updates and some indicative year end (fourth quarter) activity data opportunities, that if robust can be included in the January 2018 update report.

3.2 The information is already being used to inform the 2017/18 performance Key Performance Indicator (KPI) suite and aligned targets.

3.3 **Appendix B** will be a PowerPoint slide show, demonstrated to the meeting that presents four themed areas of analysis of the 2016/17 ASCOF measures performance for consideration. This presents an opportunity for Health Select Commission members to consider performance in a wider inter-dependency context, rather than 'stand-alone' performance indicators and promotes challenge and debate.

4. Options considered and recommended proposal

4.1 None

5. Consultation

5.1 None

6. Timetable and Accountability for Implementing this Decision

6.1 None

7. Financial and Procurement Implications

7.1 None

8. Legal Implications

8.1 None

9. Human Resources Implications

9.1 None

10. Implications for Children and Young People and Vulnerable Adults

10.1 None

11 Equalities and Human Rights Implications

11.1 None

12. Implications for Partners and Other Directorates

12.1 None

13. Risks and Mitigation

13.1 None

14. Accountable Officer(s)

Approvals Obtained from:-

Anne Marie Lubanski, Strategic Director Adult Care and Housing

Nathan Atkinson, Assistant Director Strategic Commissioning

Scott Clayton, Performance Assurance Manager, Performance and Intelligence Team

This report is published on the Council's website or can be found at:-
http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

Appendix A Adult Social Services ASCOF Performance Measures provisional year end 2016/17 scorecard

Line Sequence Number #	ASCOF_ ID Ref	Indicator Title	Good Perf	2014/15 Performance	2015/16 Performance and DoT	2016/17 Performance and DoT	2014-15 to 2016-17 Direction of travel 2 year trend
1	ASCOF-1A	Social Care related quality of life	High	18.5	18.8 ⇧	18.8 ⇔	⇧
2	ASCOF-1B	Proportion of people who use services who have control over their daily life	High	73.9	74.1 ⇧	77 ⇧	⇧
3	ASCOF-1C Part 1A	Proportion of Adults receiving long term community support who receive services via self-directed support	High	76.40%	75.7% ⇩	78.3% ⇧	⇧
4	ASCOF-1C Part 1B	Proportion of Carer's in receipt of carer specific services who receive services via self-directed support	High	-	29.2% ⇧	6.02% ⇩	⇧
5	ASCOF-1C Part 2A	Proportion of Adults on service receiving direct payments	High	17.40%	17.5% ⇧	19.2% ⇧	⇧
6	ASCOF-1C Part 2B	Proportion of Carers on service receiving direct payments	High	-	29.2% ⇧	1.2% ⇩	⇧
7	ASCOF-1D	Carer Reported Quality of Life	High	8.30	-	7.8 -	⇩
8	ASCOF-1E	Adults with learning disabilities on long term service in employment	High	6.00%	5.6% ⇩	4.39% ⇩	⇩
9	ASCOF 1F	Adults receiving secondary mental health services in employment	High	4.90%	5.2% ⇧	-	Awaited
10	ASCOF-1G	Adults with learning disabilities on long term service in settled accommodation	High	78.30%	78.4% ⇧	78.2% ⇩	⇩
11	ASCOF 1H	Adults receiving secondary mental health services in settled accommodation	High	73.10%	74.6% ⇧	-	Awaited
12	ASCOF-1Ii	Proportion of people who use services , who reported that they had as much social contact as they would like	High	40.20%	45.5% ⇧	45% ⇩	⇧
13	ASCOF-1Iii	Proportion of carers, who reported that they had as much social contact as they would like	High	45.50%	-	37.3% -	⇩
14	ASCOF-2A Part 1	Permanent admissions to residential and nursing care homes (18-64)	Low	12.30	20.03 ⇩	17.44 ⇧	⇩
15	ASCOF-2A Part 2	Permanent admissions to residential and nursing care homes (65+)	Low	958.50	808.1 ⇧	662.97 ⇧	⇧
16	ASCOF-2Bi	Proportion of older people (65+) who were still at home 91 days after discharge (effectiveness of the service)	High	83.50%	89.6% ⇧	87.5% ⇩	⇧
17	ASCOF-2Bii	Proportion of older people (65+) who were still at home 91 days after discharge (offered the service)	High	1.50	1.67 ⇧	1.8% ⇧	⇧
18	ASCOF-2C part 1	Average delayed transfers of care from hospital per 100,000 population	Low	9.50	8.3 ⇧	10.92 ⇩	⇩
19	ASCOF-2C-Part2	Average delayed transfers of care from hospital which are attributable to adult social care or both health and adult social care per 100,000 population	Low	2.30	1.6 ⇧	2.45 ⇩	⇩
20	ASCOF-2D	The outcomes of short-term support: sequel to service	High	85.20%	86.1% ⇩	81.9% ⇧	⇧
21	ASCOF-3A	Overall satisfaction of people who use services with their care and support	High	65.00	70 ⇧	68 ⇩	⇧
22	ASCOF-3B	Overall satisfaction of carers with social services	High	48.60	-	42.9 -	⇩
23	ASCOF-3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	High	75.30	-	68.5 -	⇩
24	ASCOF-3D part 1	The proportion of people who use services who find it easy to find information about support	High	76.80	78.3 ⇧	73 ⇩	⇩
25	ASCOF-3D part 2	The proportion of carers who find it easy to find information about support	High	71.60	-	64.5 -	⇩
26	ASCOF-4A	The proportion of people who use services who feel safe	High	61.50	65.9 ⇧	61 ⇩	⇩
27	ASCOF-4B	The proportion of people who use services who say that those services have made them feel safe and secure	High	81.60	84.5 ⇧	81 ⇩	⇩

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Summary Sheet

Council Report
Health Select Commission – 20 July 2017

Title
Health Select Commission Work Programme 2017-18

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Shokat Lal, Assistant Chief Executive

Report Author(s)
Janet Spurling, Scrutiny Officer, Assistant Chief Executive's Directorate
01709 254421 or janet.spurling@rotherham.gov.uk

Ward(s) Affected
All

Executive Summary

This report presents the final draft of the work programme for 2017-18 for Health Select Commission members to consider and agree following discussions in April and a presentation at the meeting on 15 July 2017.

Recommendations

That the Health Select Commission:

1 Receive and approve the draft work programme for 2017-18.

2 Consider and approve the proposed membership for the quality account sub-groups for 2017-18.

3 Note that if any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

List of Appendices Included
Appendix 1 – Draft HSC Work Programme 2017-18
Appendix 2 – Draft Quality Account sub groups

Background Papers
Council Constitution
Minutes of HSC meetings during 2016-17
Notes from work programme planning and prioritisation meeting April 2017

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Overall scrutiny work programme at Overview and Scrutiny Management Board.

Council Approval Required
No

Exempt from the Press and Public
No

Health Select Commission Work Programme 2017-18

1. Recommendations

1.1 That the Health Select Commission:

1.1.1 Receive and approve the draft work programme for 2017-18.

1.1.2 Consider and approve the proposed membership for the quality account sub-groups for 2017-18.

1.1.3 Note that if any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

2. Background

2.1 Health and social care services are undergoing transformation, including closer integration through joint commissioning, locality working and multi-disciplinary teams. This work is an important long term programme that the Health Select Commission has been scrutinising since 2015-16 and will continue to be rolled out over the next few years.

2.2 Overall performance of health partners is scrutinised through their quality accounts, with three sub-groups formed for this purpose. Their work will be supplemented by the quarterly meetings of the Chair and Vice Chair with the Rotherham NHS Foundation Trust; Rotherham, Doncaster and South Humber NHS Foundation Trust; and Rotherham Clinical Commissioning Group, which have been in place since 2014/2015.

2.3 Another significant ongoing piece of work is scrutiny of the NHS Commissioners Working Together Programme, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for HSC in the Constitution.

3. Key Issues

3.1 The proposed work programme in Appendix 1addresses key policy and performance agendas aligned to the priorities in the Council Plan, with a clear focus on adding value.

3.2 The overall priorities for HSC this year are:

- Rotherham Place Plan – health and social care integration
- Adult Social Care performance and development programme
- Learning Disability
- Child and Adolescent Mental Health plus
- NHS Commissioners Working Together Programme (Joint Health Overview and Scrutiny Committee)

3.3 It was agreed at the planning and prioritisation meeting in April, and reaffirmed at the Commission meeting in June, that an essential part of the work programme this year would be to receive updates on work scrutinised at previous meetings. This will ensure HSC members have a clear overview of the progress made, especially in terms of improvements to services and performance measures and in achieving better outcomes.

3.4 For some workstreams it is likely to be a case of seeing and commenting on proposals at an early stage this year and then revisiting the issues or services in the future at implementation stage.

3.5 The intention is that the Health Select Commission will use a range of approaches in its scrutiny work, including visits and service user feedback to supplement reports and performance information.

3.6 At this time Members have not yet identified any issues to scrutinise more deeply in either a full or a spotlight scrutiny review. The April meeting slot has been left vacant to allow for a spotlight review and if any issues would need a full review this would be undertaken outside the scheduled meetings.

4. Options considered and recommended proposal

4.1 This report presents the final draft of the Health Select Commission work programme for 2017-18 for members to consider and approve. Agenda items from June and July have been included so HSC members have the full programme in one document.

4.2 Appendix 2 sets out the proposed membership for each of the NHS trust quality account sub-groups for consideration.

5. Consultation

5.1 Not applicable.

6. Timetable and Accountability for Implementing this Decision

6.1 Scheduling of agenda items is detailed in Appendix 1.

7. Financial and Procurement Implications

7.1 None arising from this report.

8. Legal Implications

8.1 There are no direct legal implications from this report, although the work programme of the Overview and Scrutiny Management Board (OSMB) and the Select Commissions encompasses statutory duties of the Council.

9. Human Resources Implications

9.1 None arising directly from this report.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The work of the Health Select Commission includes services and support for children, young people and adults, with a specific focus on mental health service transformation and the adult social care development programme.

10.2 Some Members sit on both the Health and Improving Lives Select Commissions, which facilitates information sharing and feedback on relevant issues for children and young people between the two commissions.

11. Equalities and Human Rights Implications

11.1 Scrutiny focuses on promoting equality through improving access to service and support for all and ensuring the needs of groups sharing an equality protected characteristic are taken into account.

12. Implications for Partners and Other Directorates

12.1 The work programme primarily focuses on the Adult Social Care & Housing and Public Health directorates and partner agencies across the local health economy, including Rotherham Clinical Commissioning Group, The Rotherham NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust.

13. Risks and Mitigation

13.1 The development of a clear work programme maximises the potential for Scrutiny to have an impact and mitigates against the risk of using resources with little impact or outcome.

13.2 The programme does need to maintain flexibility to accommodate additional or urgent items that may emerge during the year, for example resulting from pre-decision scrutiny by OSMB. If items are added, this may necessitate a review and re-prioritisation of the work programme by the Commission.

14. Accountable Officer(s)

James McLaughlin, Democratic Services Manager

Approvals Obtained from:

Strategic Director of Finance and Customer Services: N/A
Assistant Director of Legal Services: N/A
Head of Procurement: N/A

This report is published on the Council's website or can be found at:-
http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

Appendix 1 **Draft Health Select Commission Work Programme 2017-18**

Draft Health Select Commission work programme 2017-18

Our big five:

- **Rotherham Place Plan – health and social care integration**
    - Prevention, self-management, education and early intervention (includes Making Every Contact Count & Social Prescribing)
    - Rolling out integrated locality working model – 'The Village' pilot
    - Opening a new Integrated Urgent and Emergency Care Centre (July 2017)
    - Further development 24/7 Care Co-ordination Centre
    - Building a Specialist Re-ablement Centre
- **Adult Social Care performance and development programme**
    - Alternatives to traditional services
    - Commissioning strategies
    - Community assets
    - Customer journey
    - Safeguarding
- **Learning Disability**
- **Child and Adolescent Mental Health**
- **NHS Commissioners Working Together Programme** (Joint Health Overview and Scrutiny Committee)

Meeting Date	Activity and expectations from the meeting	Follow on work from 2016-17	Method
15 June 2017	**Public Health annual report** - Clear understanding of the key issues, inequalities and challenges regarding older people's health in Rotherham, which is important in context of demographic and financial pressures on health and social care and for adult care and health transformation and integration work. - Overview of progress on last year's actions on children and young people's health. - HSC support for the recommendations. *Follow up action:* HSC to receive next annual report in 2018.	✓	**Report and presentation**
	Evaluation of The Village integrated locality pilot (Rotherham Place Plan priority 2) - Understanding of how the new model has operated so far – successes, challenges and evidence of impact for service users/patients. - Learning from the pilot to inform plans to roll out across other localities. *Follow up action:* That the results of the full evaluation be submitted to HSC later in the year.	✓	**Initial report and presentation** **Further report**
	HSC Work Programme - Discussion on content and to consider approaches to scrutinising the agenda items. *Follow up action:* HSC members asked to submit further comments/suggestions.	**New programme each year**	**Presentation**
20 July 2017	**Adult Social Care (ASC) provisional year end performance report on ASC Outcome Framework (ASCOF) measures and year end for local measures** - Overview of performance on the measures, where improvements are being made and ones which remain a challenge. - Seeing the impact of the adult social care development programme and wider transformation over time on performance measures and for individuals. *Follow up actions:* - HSC to receive quarterly progress updates on local measures, in line with the Council Plan reporting arrangements, for information and to decide if any further scrutiny is needed. - HSC to receive final ASCOF report with benchmarking data in January.	✓	**Monitoring Report**

Meeting Date	Activity and expectations from the meeting	Follow on work from 2016-17	Method
	- Any other actions TBC by HSC following the information presented.		
	Learning Disability Update - HSC are clear on the outcomes of the first consultation and resulting recommendations that will go out for further consultation. *Follow up action:* - Future report when second phase consultation has concluded.	✓	**Verbal update** **Further report**
	HSC Work Programme - Final content and possible methods/approaches to agree.	**New programme each year**	**N/A**
	Membership of the sub groups for NHS trusts - TRFT, RDaSH and YAS *For more detail of this work see below*	**Annual standard item**	**N/A**
21 Sept 2017	**Health and Wellbeing Strategy** - Scrutiny of progress to date on implementing the action plans. - Opportunity for HSC to input into the refresh of the strategy. *Follow up actions:* - HSC to feed comments in to inform the revised strategy. - Any other actions TBC by HSC.	**Usually looked at annually**	**TBC**
	Adult and older people's mental health transformation - Summary of transformation plans (plan on a page) - HSC are updated on two key projects - Integrated Rapid Response Team and further development of the Care Co-ordination Centre (RPP priority 4). - Focus on impact made, or that the changes will make, for patients and families/carers. *Follow up actions:* - Further update in November (see below). - HSC to continue monitoring progress on transformation as plans evolve, ensuring they result in improved outcomes for people.	✓	**Presentation** **Service user and carer input?** **Visit?**

Meeting Date	Activity and expectations from the meeting	Follow on work from 2016-17	Method
26 Oct 2017	**Schools mental health pilot evaluation** - Overview of the work in the pilot schools and outcomes. - Scrutiny of plans to maintain progress after the pilot and roll out more widely. *Follow up action:* Any other actions TBC by HSC.	✓	**School event prior to HSC** **Report/ Presentation** **CYPS and schools to attend**
	Scrutiny review update - Child and Adolescent Mental Health Services (CAMHS) - Progress in implementing the recommendations from past joint review with ILSC. - After last update HSC specified six issues to focus on, with agencies to provide performance data and evidence of improving outcomes. - Waiting time data for assessment and treatment - Performance management information - Impact of single point of access with Early Help and if it is preventing escalation - Training and development across the wider CAMHS workforce - Transition from CAMHS - policy and CQUINS. - The final issue was to consider more broadly the impact of locality working - successes, challenges and evidence of impact for service users/patients. *Follow up action:* Any other actions TBC by HSC.	✓	**Report** **Visit to see how new model is working in practice i.e. links Early Help/ School Nursing Service GPs/** **Family/ service user experience?** **Case studies?**
30 Nov 2017	**Carers Strategy implementation – links to Adult Social Care development programme** (*possibly with ILSC to pick up progress on actions for young carers*) - Update on delivering the action plan	✓	**Monitoring report** **Chance for**

Meeting Date	Activity and expectations from the meeting	Follow on work from 2016-17	Method
	- Focus on impact and difference made for carers *Follow up action:* Any other actions TBC by HSC e.g. another monitoring report, area to probe.		**direct carer feedback** **Case studies**
	Adult and older people's mental health transformation - Wider update covering: pathways; clinical review; mental health and the voluntary sector; and RDaSH and locality working. - Focus on impact and difference made, or that the changes will make, for patients and families. - Previous discussions raised two possible areas that could lead to further work such as a spotlight review - Dementia and/or IAPT (Improving Access to Psychological Therapies) *Follow up action:* Any other actions TBC by HSC e.g. another progress report, area to probe	✓	**TBC**
Oct/Nov Dates tbc	• ***The Rotherham NHS Foundation Trust (TRFT)*** • ***Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)*** ***Sub-group sessions for half year progress on NHS Quality Account/Dashboard*** - Overview of performance in quarters 1 and 2 on national measures, local quality priorities for 2017-18 and actions from CQC inspections. *Follow up action:* - HSC to feed in key information to focus on for year-end updates.	**Annual standard item**	**Sub groups - presentation followed by Q&A**
18 Jan 2018	**ASC performance 2016-17** (benchmarking and year to date) - Report including 2016-17 benchmarking data on the ASCOF measures with the other Y&H local authorities and nationally. - Year to date performance on local measures. *Follow up actions:* - HSC to decide arrangements for future reporting on the ASCOF measures (annually or bi-annually) - Any other actions TBC by HSC	✓	**Monitoring Report**

Meeting Date	Activity and expectations from the meeting	Follow on work from 2016-17	Method
	Learning Disability and Autism - Report following consultation on proposals for future services. - Progress on the work of the Transforming Care Partnership. - HSC has previously discussed issues for people with older carers. *Follow up actions:* - HSC to continue monitoring progress as plans evolve - Link transformation programme to improved outcomes for local people	✓	**Reports** **Service user and carer input following any changes to services**
	Final evaluation of The Village integrated locality pilot (Rotherham Place Plan priority 2) - As above. - Scrutiny of plans to roll out across other localities. - HSC feedback to inform future plans. *Follow up action:* Any other actions TBC by HSC.	✓	**Report and presentation**
1 March 2018	**Interim GP strategy progress update** - Overview of implementation of the strategy and progress on key outcomes to improve access and equality, deliver new models of care and ensure a sustainable GP workforce (links to recommendations of previous HSC scrutiny review). - Opportunity to explore links to RPP, especially priority 1 (prevention/self-management.) *Follow up action:* Any other actions TBC by HSC	✓	**Presentation and evidence base**
	Update on operation of new Urgent and Emergency Care Centre (RPP priority 3) - Exploring the impact of the new centre in bringing urgent care (previously at the walk-in centre), emergency care and out of hours GPs together on one site. Key issues include waiting times; patient experience; workforce; coping with increased winter demand; impact on GPs. *Follow up action:* Any other actions TBC by HSC.	✓	**TBC**

Meeting Date	Activity and expectations from the meeting	Follow on work from 2016-17	Method
March/ April 2018 Dates tbc	• ***TRFT*** • ***RDASH*** • ***Yorkshire Ambulance Service*** ***Sub-group sessions for year-end progress on NHS Quality Account/Dashboard*** - Overview of performance for 2017-18 and discussion on the local priorities for 2018-19. - Final draft quality accounts circulated for consideration and comment, including on the local quality priorities for 2018-19, in March/April. *Follow up action:* HSC to submit statements for inclusion in the published accounts.	**Annual standard item**	**Sub groups - presentation followed by Q&A**
12 April 2018	**Leave clear for spotlight – theme to be determined by HSC**		**Spotlight review**

Notes:

1. **RPP Priority 1 - Prevention, self-management, education and early intervention**
   Rather than scheduling specific agenda items on Making Every Contact Count and Social Prescribing, exploring how partners are supporting prevention and progressing MECC could be an underpinning theme when scrutinising all agenda items as a key line of enquiry (kloe).

2. **RPP Priority 5 - Building a Specialist Re-ablement Centre**
   This is more likely to feature in the work programme for 2018-19.

3. **NHS Commissioners Working Together Programme** (CWTP Joint Health Overview and Scrutiny Committee or JHOSC)
   As last year this will be a standard agenda item for scrutiny of service reconfiguration proposals affecting more than one local authority.

4. **Sustainability and Transformation Plan/Partnership**
   Scrutiny arrangements tbc based on whether any proposals are Rotherham specific or broader, which may involve the JHOSC.

5. **Yorkshire and Humber JHOSC** (Y&H JHOSC)
   Full work programme tbc but includes congenital heart disease.

Appendix 2

Draft NHS Quality Account sub-groups

	RDaSH	**Rotherham Hospital**	**Yorkshire Ambulance Service**
Chair	**Cllr Evans**	**Cllr Short**	**Cllr Evans**
Members	Cllr Andrews	Cllr Allcock	Cllr Short
	Cllr Ellis	Cllr Bird	Cllr Keenan
	Cllr Ireland	Cllr R Elliott	Cllr Whysall
	Cllr Jarvis	Cllr Tweed	Cllr Wilson
	Cllr Marriott	Cllr Williams	tbc
	Cllr Rushforth	tbc	

Notes from Health Select Commission and Health partners meeting 4 May 2017

Present: Chris Edwards, Rotherham Clinical Commissioning Group (RCCG), Cllr Stuart Sansome, Cllr Peter Short, Kathryn Singh, Rotherham Doncaster and South Humber NHS Trust (RDaSH), Conrad Wareham, Rotherham Foundation Trust (TRFT)

Notes: Janet Spurling, Scrutiny Officer

Purpose of the meeting
This was the final meeting in 2016-17 to discuss the current and future work of health partners, including when/how HSC might be involved.

Summary of main discussion points:

TRFT

CQC inspection

- Quality summit held for stakeholders and partners to discuss inspection outcomes and resulting actions, with the CQC being positive about progress.
- Overall rating was still "Requires improvement" but improvements seen in a number of areas.
- Good reassurance for documents at the Governing Body.
- MCA/DNACPR – improvement from 30% documented to 70% (expect 90+% in six months). Separate task and finish groups for both now to address what is both a process and a training issue.

Financial Plans

- Not signed up to control total as yet for budget as TRFT view is that this is not achievable. There may be ramifications regarding access to STP monies.
- End of year financial position was not strong and the trust had missed its target. Factors were winter pressures and increased spending on locums (medical and nursing) to maintain services. There are issues beyond TRFT's control such as a national shortage of medical staff for A&E departments.
- CX was meeting with NHS Improvement to discuss what was achievable.

Winter plans/New Emergency Centre

- Winter plans are in place and for next winter there will be increased capacity in the new Emergency Centre, which will also be an attractive place to work in terms of attracting and retaining staff.
- There are plans for middle grades and Advanced Nurse Practitioners, but possibly not all in place for next winter, although there are year on year improvements.
- Emergency Centre will help control the front end of care but there is further work required to reduce delayed transfers of care (DTOC). Also there will be a challenge keeping primary care at the same level of service.
- Hope to mobilise adult social care help more quickly next time there are extreme pressures.

Sustainability and Transformation Plan (STP) and Rotherham Place Plan (RPP)

- Working on governance arrangements, including an oversight role for HWBB Chairs
- Memorandum of Understanding will show the level of ambition (produced by end of June)
- Accountable Care Systems – lighter regulation in return for developing new models.
- Key will be how partners mobilise and mutually support.
- Workforce implications include diverting resources to where needed in system.
- Clear separation between the RPP and the South Yorkshire and Bassetlaw STP
- Flagging up that there are some hospital specialties where Rotherham Hospital cannot do things on its own and requires collaboration with other hospitals. In terms of collaboration on services, patients already come to Rotherham from Sheffield for Trauma and Orthopaedics.

- Scrutiny role? – Clear pathway for input, probably not at Yorkshire and Humber level. As at present for the RPP.
- 80% of the STP is in the five individual place plans with only 20% across South Yorkshire and Bassetlaw. Support is needed from tertiary providers for paediatrics, maternity, cardiology and gastroenterology.
- Unlike other local hospitals Rotherham Hospital is not landlocked.
- Aim is for all hospitals to be sustainable, but the most specialised care is likely to be at Doncaster and Sheffield.

Health Education England Training Plans

- Different models in place and training numbers are controlled by the Royal Colleges
- 52,000 nurses in training
- Rotherham tries to ensure a positive experience for junior staff so that they are retained locally and Rotherham is the only area with a full complement for GP training.

RDaSH

Complaints (follow up from April HSC)

- Very few complaints result in compensation for patients/families although there have been a couple recently re ASD diagnosis.
- Staff from a different service area undertake complaint investigations so there is an independent view.
- RDaSH follow the NHS complaints process.
- There has been a reduction in complaints regarding CAMHS.
- Benchmarking takes place across localities and there will be more work to do so nationally
- Two new roles have been created that will help promote organisational learning from complaints and serious incidents. The Trust is establishing a central investigation team, which will provide consistency and mean people have dedicated time to undertake these investigations – rather than clinicians having to fit this in to their existing clinical commitments.

Medication incidents

- Looked at trust wide by the prescribing group with root cause analysis for serious incidents.
- Further work needed to improve data analysis, such as identifying any clusters
- Again independent investigation from staff in other localities takes place

Recording a suicide

- A death is recorded as a suicide when the Coroner's decision is made, so the record may change retrospectively

CQC inspection – specifics for Rotherham

- Main issues were with regard to adult community mental health – a specific client group with complaints about their treatment stopping as there was nothing else. However it could be appropriate to go down the social prescribing route.
- Intensive Community Therapy Team – adults with ASD as there are no specific services

Learning Disability Residential homes

- RDaSH withdrew from providing this service and the move now is more towards a supported living approach.
- Key is commissioners and providers doing this together,

Yorkshire Ambulance Service

- Number of category 1 incidents is very small and the CCG looks at the detail behind response times and the actual time waited by the patient.
- Assurance was given that there had been no undue harm to any patients.

Date and time of next meeting:
Thursday 24 August at 3:30 in Committee Room 3, Rotherham Town Hall

HEALTH AND WELLBEING BOARD
31st May, 2017

Present:-

Councillor D. Roche	Cabinet Member for Adult Social Care and Health **(in the Chair)**
Dominic Blaydon	Associate Director of Transformation, RFT (representing Louise Barnett)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Social Care
Councillor J. Mallinder	Chair, Improving Places Select Commission
Mel Meggs	Deputy Strategic Director, CYPS (representing Ian Thomas)
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Kathryn Singh	RDaSH
Councillor G. Watson	Deputy Leader
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Richard Hart	Public Health
Giles Ratcliffe	Public Health

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG

Observers:-

Councillor Evans	Chair, Health Select Commission
Dr. Sophie Holden	Rotherham CCG
Shafiq Hussain	Voluntary Action Rotherham
Ruth Nutbrown	Rotherham CCG
Janet Spurling	Scrutiny Officer, RMBC

Apologies for absence were submitted by Louise Barnett (Chief Executive, RGT), Superintendent Rob O'Dell (South Yorkshire Police) and Ian Thomas (Strategic Director, CYPS).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

3. COMMUNICATIONS/UPDATES

Discussion took place on the following items:-

Sensory Impairment Centre
The Sheffield Royal Society for the Blind, in conjunction with the Council, was to open a centre for the partially sighted and hard of hearing. The premises were located on Ship Hill, Rotherham.

National Review of Children's Mental Health Services
Tony Clabby, Healthwatch Rotherham, reported that the CQC led review had set up an expert advisory group of which he had been asked to be a member. Rotherham was the only Healthwatch in the country to be invited.

Tony would keep the Board updated on progress made.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 8th March, 2017, were considered.

Matters arising updates were provided in relation to the following items:-

Minute No. 60(3) (Adult Care Development Programme (Better Care Fund), it was not known if the Sub-Group had met as yet.
Action:- AnneMarie Lubanski to follow up

Minute No. 60(4) (Better Care Fund) should read "Draft" Plan.

Minute No. 61(b), it was noted that no comments had been received with regard to the new protocol development between the two Rotherham Safeguarding Boards (Adults and Children's), the Health and Wellbeing Board, the Safer Rotherham Partnership and the Children and Young People's Partnership.

Accordingly, the Board approved the protocol.

Minute No. 61(c), it was noted that a launch of the 'I Age Well' online resource was taking place on 12th July at the New York Stadium which was a tool to help individuals map and manage their ageing journey.

The Healthy Ageing Framework had been re-submitted to the Older People's Forum on 8th March who had helped in its development. Feedback from members of the public had been received to make it more friendly and easy to read.

The Active for Health 12 month evaluation had taken place and a poster presentation was to take place on the progress of the programme.

Minute No. 67 (Loneliness and Isolation), it was noted that the working group had met twice with a provisional date of 19th September for a workshop session. The aim of the session was to bring together all interested organisations to look at the work already taking place and identifying any gaps.

Resolved:- That the minutes of the meeting held on 8th March, 2017, be approved as a correct record subject to the correction of Debbie Smith in the list of observers stating RDaSH and not Rotherham NHS Foundation Trust.

5. HEALTH AND WELLBEING STRATEGY ACTION PLAN AND PROGRESS UPDATE

Terri Roche, Director of Public Health, introduced a progress update on the Health and Wellbeing Strategy together with the full suite of action plans for each aim (Appendix A) highlighting the activity taking place/planned.

Since 2015 the Board had worked well with partnerships vastly improved. It was now in a stronger position to consider what the real challenges were locally and how it could best work together to add value. There had been a number of national strategic drivers influencing the role of local Health and Wellbeing Boards including:-

Sustainability and Transformation Plans
Rotherham's Integrated Health and Social Care Place Plan
Better Care Fund
The Rotherham Plan
Children and Young People's Strategy Partnership
Safer Rotherham Partnership
Local Safeguarding Partnership Protocol

It was suggested that there was a need to consider all of the above and look to streamline the Health and Wellbeing Strategy whilst ensuring the Board's key roles and functions were delivered in the most appropriate way. This should include how the Board was able to influence other agendas, plans and strategies.

The Board sponsors (or their representatives) gave a brief summary of the progress made for each of the objectives relevant to their Aim.

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

- Future updates must include the "so what" element
- Exploration of joint commissioning of the Midwifery Service which paid for the Smoking Cessation initiative
- Development of Ward profiles which would assist in understanding the inequalities throughout Rotherham

- Young people not in education, employment or training, particularly care leavers, were a vulnerable group with some not ready to go straight into apprenticeships. It was, therefore, suggested that organisations should consider pre-apprenticeship programmes
- Improving Lives Select Commission was to conduct a piece of work on Looked After Children apprenticeships. This could be reported back to the Board at a future date
- There was a suggestion that Aims 1 and 2 of the Strategy be merged to become a single aim in relation to children and young people with Ian Thomas as the Board sponsor
- Rotherham's aspirational Social Prescribing initiative was being recognised nationally
- Social isolation was not just felt by the older population
- Use of Social Prescribing in the social isolation work
- Need to capture the measure of actions of Social Prescribing and include within the Aims to highlight the valuable outcome of the work
- Need for all Aims to consider what they contributed to the Mental Health Strategy
- Making Every Contact Count was underway with regard to the 2 previously agreed themes – Alcohol and Tobacco. Work had been taking place with commitment from RDaSH and the Foundation Trust with further discussions around the voluntary and community sector. Initial training was to start in June
- Increase opportunities in the Town Centre for people to use outdoor space for improving their health and wellbeing and ensuring it was an age friendly place
- Need to ensure everyone who was entitled to free school meals took up the entitlement

Resolved:- (1) That the action plans for each aims be noted.

(2) That future action plans should consider the "so what" element.

(3) That future reports provide the statistical contribution the Board had made and how successful they had been using the performance scorecards as a way of presenting this information.

(4) That a report be submitted to a future meeting on Social Prescribing.
Action: Kathryn Singh

(5) That the Town Centre Team present the draft Town Centre Masterplan to the Board as part of the consultation process to allow Board members to consider it in terms of the impact on health and wellbeing.
Action:- Kate Green to liaise with the relevant officer(s) to arrange

6. ACCOUNTABLE CARE SYSTEM

Chris Edwards, Chief Operating Officer CCG, gave a verbal report on the proposed Rotherham Accountable Care System (ACS).

Work had been taking place designing the governance arrangements with the Health and Wellbeing Board being at the centre thereof.

An ACS Board would be established and meet in June to prepare the proposal. The proposals would then be submitted to the Board's 5th July meeting for feedback.

The newly formed ACS Board would then meet on 12th July and report progress and actions to the Health and Wellbeing Board on a routine basis as it went forward.

9 areas had been selected as exemplars within the national STP process. Although South Yorkshire and Bassetlaw was not an exemplar, Rotherham's designed ACS governance would be used as national practice to inform Government policy. Rotherham's model was slightly different to other areas as it was much more inclusive.

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

(2) That the proposed Accountable Care System governance be submitted to the next Board meeting.
Action: Chris Edwards

7. SOCIAL CARE GRANT

AnneMarie Lubanski, Strategic Director of Adult Care and Housing, gave a verbal update on the Social Care Grant.

Guidance was still awaited in terms of the funding allocation to Adult Care and would not be released until after the General Election. It was thought that it would be for the purposes of Adult Care and how it impacted upon the system with a clear pathway to discharges from hospital. Rotherham had had a review carried out of the discharge pathway.

The CQC had been requested to identify 20 Section 48 reviews 15 of which would be areas where the system did not work particularly well. No-one knew who would be chosen but Rotherham could potentially be one.

It was noted that this partly referred to hospital admissions and re-admissions but also care homes. The overall percentage of care homes nationally that were inadequate was 23-25% - Rotherham was 23.3%. Rotherham had far fewer of its care homes requiring improvement than any other council or area in the whole of Yorkshire and Humber with the exception of Doncaster (18.4%).

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

(2) That AnneMarie Lubsanski meet with the CCG and Foundation Trust to discuss further.
Action:- AnneMarie Lubanski

8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2015/16 independent report which highlighted some of the successes in Rotherham as well as a frank assessment of some of the challenges faced as a community. A powerpoint presentation was given on healthy ageing living well and living longer as follows:-

Why focus on healthy ageing?
"Provides the opportunity to shine the light on the rich asset that older people are within our society and also to consider the changes that are developing within our older population"
Considerations include:-
- Ageing population
- Changing communities
- Older people as local asset
- Value of focussing on prevention
- Improving quality of later life

Local data highlights
- Rotherham's over 65s population is growing the fastest. By 2025:-
  21.7% of population will be over 65
  Over 85s population will rise by over 40%
- Rotherham has lower life expectancy than England (men and women)
- Life expectancy and healthy life expectancy gap is greater than England average (men and women)
- Poor perception of "their own health" reported in Census surveys by older people in Rotherham

Healthy Ageing Framework Structure
Four sections
- Healthy behaviours and lifestyles
- Age friendly environment and community support health
- Encouraging social inclusion
- Quality integrated services and prevention interventions

Healthy behaviours and lifestyles – adding life to years and years to life
Includes
- Obesity
- Fruit and veg
- Inactivity
- Alcohol
- Tobacco

- Sexual health
- Living with long term conditions (LTCs)
- Making Every Contact Count (MECC)

Key messages

- To promote the 5 a day and balanced diet messages and their importance in later life including hydration
- Older adults to be more active and meet CMO guidelines of 150 minutes per week including strength and balance activities
- It is never too late to stop smoking
- Alcohol misuse in later life leads to increased hospital admissions
- Older people are made aware of the health risks of regular and excessive alcohol use

Recommendation 1

- All services should encourage lifestyle behaviour change in older people where appropriate particularly in the most disadvantaged communities. This could be achieved through taking a systematic approach to MECC

Age friendly environment and community supporting health

The impact of where we live on our health in later life and includes

- Role older people play in their communities (e.g. volunteering)
- WHO Age friendly cities and communities
- Excess winter deaths
- Poor quality housing impact
- Cold homes and fuel poverty
- Falls prevention and support

Key messages are to:

- Plan together
  Use a Framework or plan to join activity and work towards a common goal for Healthy Ageing
  Housing need to plan adequately for the ageing population, considering account of tenure changes and promoting independence
  Preventing falls and providing early intervention for those who have fell is an important factor in maintaining independence
- Work together
  A wide range of people can identify vulnerable people who may be at increased risk (e.g. cold weather, falls)

Recommendation 2

- Rotherham's Health and Wellbeing Board considers implementing the WHO 'Age Friendly Cities and Communities' and become the first area in South Yorkshire to achieve this accreditation, learning from other UK cities that have already begun this work. This would be complimentary to the Borough's aspiration to be young people and dementia friendly

Encouraging social inclusion
Challenges and opportunities that have an impact in later life includes:-

- Maintaining independence
- Carer responsibilities – for partners, friends, grandchildren
- Income, work, benefits and volunteering (giving back)
- Education and literacy
- Discrimination
- Mental health
- Dementia
- Loneliness and social isolation

Key messages

- Maintaining independence requires all stakeholders to work together and with individuals
- Older people play a significant role as car givers
- Opportunities for over 65s to remain in work are greater
- Volunteering is important as a social activity to combat social isolation and loneliness
- Health literacy is an important factor to support self-management
- Age discrimination needs to continue to be in policy developments
- Dementia prevention and support agenda needs to continue to be considered
- Mental health within later life needs to be responsibility of all organisations across the system

Recommendation 3

- The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness and isolation. To achieve this goal, older people must experience proactive involvement and participation in life and society as a whole

Quality integrated services and preventative interventions
Working together to commission and deliver the best services for older people in Rotherham. Includes:-

- Health and social care integration
- Asset based approaches
- Screening and immunisations
- NHS Healthchecks
- Personalised End of Life Care planning
- Integrated Wellness Services

Key Messages

- Health and social care integration is underway
- Screening programmes identify and treat individuals early
- People 65+ have higher health risks from flu, pneumococcal and shingles

- NHS Health checks detect early signs of illness and disease
- Personalised end of life care planning will increase in importance as our population ages
- Integrated wellness service will target communities and individuals of the greatest need providing a comprehensive behaviour change pathway

Recommendation 4

- All partners to deliver against the aspirations and commitments within the Rotherham Integrated Health and Social Care Place Plan and to continue to strive for the highest quality services for older people. This is to include an increased focus on prevention, early identification and self-management, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them

Next Steps

- Sharing the report with key stakeholders
- Facilitating the development of key actions
- Developing an action plan
- Monitoring and reporting on progress

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

- Were those less digitally competent being missed as self-care models increasingly moved to online access? Need to ensure there was always a backup system available and to publicise such facility
- Intergenerational and intercommunity work must not be forgotten
- The Council was in the process of developing a Digital Strategy
- Acknowledgement that in Rotherham, particularly for carers, there was low usage of the digital system
- There was a different perception of using digital on-line services to pay bills opposed to seeking assistance
- Some feared the loss of face-to-face contact
- Need for a future discussion on Rotherham being “age friendly” or “people friendly”

Resolved:- That the report be noted.

9. ROTHERHAM HEALTH PROTECTION ANNUAL REPORT 2016

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2016 which highlighted the joint successes and challenges over the year as identified by the Health Protection Committee.

The organisations represented on the Health Protection Committee collectively acted to prevent or reduce the harm or impact on the health of the local population caused by infectious disease or environmental hazards, major incidents and other threats.

The Health Protection Committee, on behalf of the Director of Public Health, would continue to meet on a quarterly basis to oversee and discharge the Council's Health Protection duties.

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

- Air quality and the recent claims that it contributed to early deaths
- Rotherham's Environment Strategy was to be relaunched and currently out for consultation
- Rotherham had 2 Air Quality Zones

Resolved:- That the report be noted.

10. HEALTH AND WELLBEING BOARD/HEALTHWATCH/HEALTH SELECT COMMISSION - JOINT PROTOCOL

A copy of the existing joint protocol between the Health and Wellbeing Board, Health Select Commission and Healthwatch Rotherham was considered.

It was noted that the Association of Democratic Services Officers was undertaking a review of the Council's Constitution and the joint protocol may be amended from the Council's perspective.

Resolved:- That, upon completion of Council's Constitution review, the Scrutiny Officer, Chair of the Health Select Commission, Healthwatch Rotherham and the Health and Wellbeing Board Chair, meet and consider whether the joint protocol required amending and resubmit to the Board for consideration.

Action:- Kate Green

11. BETTER MENTAL HEALTH FOR ALL STRATEGY

Terri Roche, Director of Public Health, submitted Rotherham's Strategy to promote the mental health and wellbeing of Rotherham people 2017-2020 for information.

The Strategy's action plan would be submitted to the July Board meeting for discussion.

12. DATE, TIME AND VENUE OF THE FUTURE MEETING

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday, 5th July, 2017, at the Carlton Park Hotel, Rotherham.

This Board meeting was to form part of a full day of activity delivered jointly with the CCG including the CCG Annual General Meeting. Members of the public and stakeholders were being encouraged to attend – members of the Board were asked to forward the invitation to their contacts as appropriate.

(2) That future meetings of the Board take place on: -

- 20th September, 2017
- 15th November, 2017
- 10th January, 2018
- 14th March, 2018

All meetings to start at 9.00 a.m. and venues to be confirmed.