HEALTH SELECT COMMISSION

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

Date: **Thursday, 8th December, 2011**

Time: **9.30 a.m.**

A G E N D A

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

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

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of previous meetings (Pages 1 - 19)

8. Health and Wellbeing Board (Pages 20 - 28)
   - minutes of meeting held on 26th October, 2011

9. Health Inequalities Summit
   - presentation by Rebecca Atchinson and Dr. John Radford

10. Public Health in the Local Authority Context
    - presentation by Dr. John Radford

11. Breastfeeding Review - Update and Action Plan (Pages 29 - 31)
    - report by Rebecca Atchinson and Kate Green

12. Consultation - Avastin (Pages 32 - 36)

13. Dates and Times of Future Meetings:-

- Thursday, 26th January, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 8th March, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 19th April, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham

HEALTH SELECT COMMISSION
Thursday, 15th September, 2011

Present:- Councillor Jack (in the Chair); Councillors Barron, Beaumont, Beck, Burton, Dalton, Goulty, Hodgkiss, Steele and Wootton.

Also in attendance were Victoria Farnsworth (Speak Up), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society) and Mr. P. Scholey (UNISON)..

Councillor Wyatt and Brian Walker were in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Blair and Turner.

11. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

13. COMMUNICATIONS

Councillor Wyatt, Cabinet Member for Health and Wellbeing reported the following:-

(1) NHS Rotherham Board
The Board had met for the last time and had migrated to a Cluster level Board which covered the 4 South Yorkshire areas and Bassetlaw, headed up by Andy Buck.

The Cluster Commissioning Group was to meet for the first time on 3rd October.

(2) Health and WellBeing Board
The Board was to hold its first meeting on 21st September.

(3) Public Health Annual Report
The report was to be considered by the Cabinet on 21st September.

(4) Health Inequalities Summit
Work had already commenced at the Rotherham Show (see Minute No. 17).

14. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 14th July, 2011, were noted with the addition of Mr. Scholey in attendance and the apologies of Councillor Beck and Mr. Wells.

15. REPRESENTATION ON WORKING GROUPS

Resolved:- That the Select Commission be represented on the following Groups

as follows:-

Health, Welfare and Safety Panel
Councillors Wootton and Dalton (substitute)

Recycling Group
Councillor Jack

16. PARK REHABILITATION CENTRE - CONSULTATION

Representatives of NHS Foundation Trust were in attendance to give an overview of the consultation currently taking place regarding the Park Rehabilitation Centre at Badsley Moor Lane, Rotherham.

Patients, users and staff of the Centre had been encouraged to complete a survey which had closed on 11th June together with meetings with users and groups using the facility.

As part of the Trust's recent savings consultation announced early in March, the services provided from the Centre were highlighted as 1 of the further areas for review at a later date of how best to provide services for NHS patients and other service users.

The Park Rehabilitation Centre was an expensive facility and was currently costing £100,000 a year over and above the resources available to the Trust. Along with all other public sector organisations, the Trust was facing massive efficiency savings and, in light of the funding now being made available, the Trust had a duty to examine how NHS services could be provided in a more cost effective manner and ensure that NHS resources were not diverted to subsidise non-NHS services.

Discussion then ensued with the following issues/points raised:-

- The £100,00 was predominantly made up of staffing and energy costs

- Customers highly valued the facility and were prepared to travel some distance to use it

- The site was accessible with ample parking – this would be a problem if the services were transferred to the District General Hospital as well as the distance a user would have to walk into the Hospital having parked their car

- There was no suitable alternative hydrotherapy pool in the Borough. The water was warm and had the most appropriate means of access

- It was a genuine review of the services delivered at the Centre with the aim of listening to service users as to why they used it and did not use other facilities. The review also looked at non-NHS users and what other facilities there were in the locality

- The review was not only considering the financial implications but the impact on patients

- Close work with commissioners to ascertain if anything could be done differently within the Centre

- There would be a potential saving of £150-200,000 for the Hospital if NHS services were ceased at the Centre but that did not include patients potentially having to access the services elsewhere

- If more services were put into the building and made a more efficient and financial viable building, it would be contributing to the vision of delivering services closer to home and giving patients the opportunity of choice

- There were other options available for the site in terms of services. There was a massive opportunity to look at the way rehabilitation services were actually delivered as they were currently all commissioned separately with separate teams of staff and a degree of duplication.

- Investigations had taken place into the "covenant" from when the service had transferred from Firbeck but it could not be located. If it did exist, it was felt that it would not affect any decision and would not prevent RFT from relocating services into the Hospital

- As it would be a reconfiguration of Service, where would the decision be made?

- The NHS part of the Service that was currently delivered at the Centre could be delivered within the Hospital setting. Non-NHS patients were not recognised within the funding model

- There were lifts at the new leisure centres but there would still be issues for some people to use them

- The pools at the leisure centres ran the temperature between 29-31°c; the Park Centre ran theirs at 35°c. There were 2 other hydro pools, 1 in Rotherham and 1 in Sheffield, but they were very shallow

- Leisure pools had different ways of accessing them. There was a hoist and some had inbuilt steps but within the user meetings it had been stated that they were not adequate in terms of handrails etc. Users had been quite clear that it might deter them if they had to access the pool by hoist due to privacy and dignity issues

- An option appraisal was to submitted to the Directors the following week. There would then be a meeting with NHS Rotherham followed by a number of meetings set up, jointly fronted by NHS Rotherham and RFT, with users on the consequences of the review.

Resolved:- (1) That the comments of the Select Commission be fed into the review.

(2) That a letter be sent to the Chief Executives/senior representatives of the Rotherham Foundation Trust, Clinical Commissioning Group and PCT Cluster Board expressing the Commission's concerns regarding the review of the Park

Rehabilitation Centre.

17. ROTHERHAM HEALTH SUMMIT: TACKLING HEALTH INEQUALITIES

Rebecca Atchison, NHS Rotherham, reported that a Health Inequalities Summit was to be held in response to a Cabinet recommendation when considering the Index of Multiple Deprivation 2010. The Index had identified that the health of Rotherham communities appeared to have worsened and showed a high percentage of people were within the highest 10% in the country for health issues. It was felt that a Summit should be held to explore those issues.

In preparation for the Summit, there was a 2 month consultation exercise underway as well as a partnership engagement exercise, of which this Commission was part, to explore some of the reasons for the deterioration.

The consultation exercise had commenced at the recent Rotherham Show using a hand held survey where 426 members of the public had been asked for their perception of health, their views on health and whether they felt members of the community's health had improved or worsened. Approximately 40% felt that the health of the community was getting worse. When asked what they thought were the main causes they cited lack of money, changes in employment/unemployment and rising food costs followed by stress. They knew there were health services out there but were not accessing them.

The initial scoping allowed the officers to use the information within the next stage of consultation with Area Assemblies and communities of interest within the next month.

Discussion ensued with the following issues raised:-

- Importance of looking at the issues for Rotherham

- Usefulness of Ward-by-Ward data

- The Mormot report was important as it also included how communities felt and operated in terms of solution. There were things that would help at a local level to inform how health inequalities were tackled as 1 of the key issues Marmort highlighted was that communities that operated as communities well were the one that addressed health inequalities

- Members were more than welcome to attend any focus group/community of interest

- Parish Councils and Voluntary Action Rotherham were also suggested as points of contact

- It was recognised that health inequalities was very complex and 1 answer would not fit all. A holistic approach was being taken to identify a whole range of things that may possibly influence and those that could not influence at the current point in time

- Following the Health Summit, an action plan for the whole Council, PCT and

wider partners would be drawn up

The Summit was to be held on 30th November, 2011.

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

(2) That a further report be submitted as to Rotherham's position.

18. CFPS HEALTH REFORM PROJECT

Kate Taylor, Policy and Scrutiny Officer, and Linda Phipps, Centre for Public Scrutiny, gave the following powerpoint presentation:-

Centre for Public Scrutiny (CfPS) Programme
- Programme funded by the Healthy Communities Team at Local Government Improvement and Development
- To provide early insight into the development of accountability arrangements
- Consider ways of working between Scrutiny, Health and Wellbeing Boards and Clinical Commissioning Consortia

Project aims: Rotherham
- To understand new structures and accountabilities within the context of the new health reforms
- To examine ways in which the Health Select Commission, GPs, Clinical Commissioning Groups and Health and Wellbeing Boards can work together
- To understand how scrutiny can remain effective in a situation of reduced but more integrated resources
- To enable Rotherham to demonstrate its leadership in health scrutiny through participation in the next phase of Scrutiny Development Area (SDA) activity
- To participate in learning activities to capture and share project learning and insight
- To enhance Rotherham's own process of scrutiny

Workshop 1: Health and Wellbeing Board Representatives
Stakeholder and Role Mapping
- Vast number of organisations identified – demonstrating the complexity of the Health and Wellbeing agenda
- There are a number of 'layers' in the structure from local organisations and agencies which Rotherham can control, to those which Rotherham has no control over
- There needs to be a relationship between other Boards which sat alongside the Health and Wellbeing Board locally
- Organisations are changing or being re-shaped and although the map may look the same, the roles and responsibilities may change
- Health Select Commission is "Cat with a Paw" – probing and asking questions about what difference X has made and what could be done differently

Questions raised

- Health and wellbeing is also about economic wellbeing, regeneration and education – where does this fit in and how does the Health and Wellbeing Board influence these aspects?
- How do we get private sector (providers) involved; how do we influence them including workplace health?
- What is the future of joint planning boards – will GP commissioning become the new partner when PCTs are abolished?
- How does the general public input into the Health and Wellbeing Board? Is this through GPs/Councillors etc. who already have a relationship with people in communities?
- How do Safeguarding Boards fit with the Health and Wellbeing Board?
- How does the Health and Wellbeing Board fit the Local Strategic Partnership, Safer Rotherham Partnership/Adults and Children's Boards?
- How will public health be commissioned? Does there need to be a public health commissioning board?
- Are we doing enough for young people?

Worksop 2: Members of the Health Select Commission
Structure Processes and Protocols

- Paul Plsek on good governance – 3 dimensions: structures, processes, patterns
- Produced table of 'What is needed' and diagram to show processes:-
  Structures
  Terms of Reference
    - Is the membership right?
    - Do we have people common to both the Health and Wellbeing Board and GP Commissioning?
    - What are the accountabilities?

  Processes
    - Monitoring and performance
    - Communicating between various groups
    - Review of big themes e.g. education and health
    - Democratic deliberation

  Protocols/Behaviours
    - Conflict resolution
    - Learning from other areas
    - Managing conflicts of interest

Questions raised in relation to Scrutiny Role

- What do we mean by 'holding to account' – does this mean 'influencing' or calling organisations in to ask why outcomes/targets had not been met?
- Who has the power to control and direct things around to achieve the best outcomes?
- Who checks that contracts enable the right activity in relation to the commissioning plans?
- Is if the role of scrutiny to look at and ask questions regarding major service changes or will these go to the Health and Wellbeing Board in the future or both?
- Where will ideas come from in future for scrutiny work programmes?

- Should this be developed with the Health and Wellbeing Board or the chair?
- Should this be 'bottom up' from direct local experience as a Council, the Joint Strategic Needs Assessment or Health and Wellbeing Strategy and complaints?
- Or from all directions?

What should Scrutiny be asking

- Are we commissioning the right services to meet Joint Strategic Needs Assessment priorities?
- Are contracts producing the right activity in relation to commissioning plans?
- Are we meeting national targets for Health inequalities outcomes. If not, what more should be done?
- Are we reducing specific conditions e.g. diabetes or teenage pregnancy?

National learning

- Rotherham project had formed part of national learning
- Action learning Event attended by Councillors Jack and Wyatt
- CfPS Publication in October, 2011

Rotherham Learning
How do you see Health Scrutiny in the future?

- What are the key issues
- How would you like to work with the Health and Wellbeing Board
- How do we keep 'Scrutiny' at the centre

Discussion ensued on the presentation with the following points raised:-

- Include the Fire Service and Ambulance Service on the list of providers
- The need to get the questions, actions and purpose right so as to achieve the best outcomes for the people of Rotherham
- The need to work with the Cabinet Member for Health and Wellbeing and the Health and Wellbeing Board

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

(2) That the officers and Members involved in the Workshop be thanked for their efforts.

19. CONSULTATIONS

Shona McFarlane, Director of Health and Wellbeing reported on the following 2 consultations:-

(1) Funding Allocation Options for Local Health Watch and PCT Deprivation of Liberty Safeguards

- Health and Social Care Bill
  Local Health Watch – transfer to local authority October, 2010 onwards
  PCT Deprivation of Liberty Safeguards from October, 2012
  Independent Mental Health Allocates April, 2012

Consultation closes on 18th October, 2011

- National Picture

- Consultation Area 1
  Health Watch Allocation – 2 Options
  - Option 1 – Adult population adjusted for area costs (relates to the size of the population)
    Local Health Watch option 1 without floor – adult population adjusted for area costs
    Local Health Watch option 1 with floor – adult population adjusted for area costs with a minimum payment of £20,000

  - Option 2 – the social care relative needs formula (relates to the relative need of the population)
    Local Health Watch option 2 without floor – adjusted to the relative need of the population
    Local Health Watch option 2 with floor – adjusted to the relative needs of the population with a minimum payment of £20,000

- Consultation Area 2
  PCT Deprivation of Liberty Safeguards – 3 Options
  Identify grant to local authorities based on:-
  - Adult population, adjusted for area costs
  - Adult social care relevant needs formula
  - PCT DOLS caseload data or
  - With or without a minimum allocation of £2,000

Resolved:- (1)(a) That the consultation response with regard to consultation area 1 (Health Watch Allocation) be that this Select Commission favours option 2 based on relative need.

(b) That the consultation response with regard to consultation area 2 (Deprivation of Liberty Safeguards) be that this Selection Commission favours option 2 i.e. that there should be a minimum allocation to reflect economics of scale and standard minimum costs.

(2) Proposed Changes to Registration for Care Quality Registration

Resolved:- (a) That a sub-group be established consisting of Councillors Jack, Burton and Steel and Russell Wells to consider this consultation.

20. DATES AND TIMES OF FUTURE MEETINGS:-

Resolved:- That meetings be held during 2011/12 on the following dates commencing at 9.30 a.m. in the Town Hall:-

27th October
8th December
26th January, 2012
8th March
19th April

JOINT IMPROVING LIVES/HEALTH SELECT COMMISSIONS
Thursday, 27th October, 2011

Present:- Councillors Ali, Barron, Beck, Blair, Buckley, Goulty, Hodgkiss, Jack, Kaye, License, Pitchley, G. A. Russell, Sharman, Steele and Turner, Ann Clough (ROPES) Russell Wells (National Autistic Society).

Councillor G. A. Russell was in the Chair for Minutes No. 21-26 and Councillor Jack was in the Chair for Minutes No. 27-30.

Councillors Doyle, Lakin and Wyatt were in attendance at the invitation of the Chairs.

Apologies for absence were received from Councillors Beaumont, Dalton and Wootton, Janet Dyson, Jim Richardson, Peter Scholey and Mark Smith.

21. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

22. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

23. COMMUNICATIONS

(1) Councillor Blair
Councillor Jack welcomed Councillor Blair back after his recent absence due to ill health.

(2) Single Point of Contact
A new NHS telephone service was commencing 24 hours a day, 7 days a week, until the end of March, 2012, where members of the public could ring for health advice on the best place to get treatment for their illness before attending A&E. The telephones were staffed by local doctors and nurses.

The number was 0333 321 8282.

24. ADULT SOCIAL CARE SERVICES PORTFOLIO

Councillor Doyle, Cabinet Member for Adult Social Care, and Councillor Lakin, Cabinet Member for Safeguarding Children and Adults gave the following powerpoint presentation:-

"Rotherham People Calling the Shots" - Service Priorities for 2011/12 and Beyond
Last 12 months achievements

- Care Quality Commission (CQC) assessed Services 'Performing Excellently' – November, 2010
- CQC assessed Customer Service 'Best Performing' – January, 2011
- CQC assessed Stroke Support 'Best Performing' – January, 2011
- Learning Disability Service identified as 1 of the best in Yorkshire and Humber
- Customer Service Excellence Award

- National recognition for safeguarding adults
- Best performing local authority for Personalisation
- Best ever KPI performance
- Overall value for money – average costs and excellent quality of care
- Awards included:-
  LGYH Winners – PHD in Personalisation
  MJ Awards Winners – Personalisation Transformation
  APSE Winners – Best Council contributed by shortlisted Home from Home, Carers Centre

Customer Achievements

- 1,000 more customers/carers were supported
- 300 more assessments undertaken
- 70% of Service users now received a personal budget – national leaders, 702 people receive a Direct Payment
- 689 more annual reviews completed
- 2,232 new pieces of assistive technology and 1,326 items of equipment – 546 more than previous years.
- Improved timeliness of assessments and care packages
- Increased customers living at home after 3 months following hospital discharges
- 4,000 people have been seen through Carers Corner
- All residential, nursing care and home care providers were rated good or excellent – none rated 'poor' by CQC in the top 4 Councils
- Safeguarding – raised awareness - increased alerts

Customer Outcomes

- 97% of customers were satisfied with the care and support they received
- 92% of customers felt safe
- 31% reduction in complaints

2011/12 Year Ahead

- People in need of support and care had more choice and control to help them live at home
  - Increasing the use of assistive technology and equipment
  - Increasing annual reviews
  - Increasing people who have access to personal budgets to 100%
  - Put in place HealthWatch
- People in need get help earlier before reaching crisis
  - Expand the range of information available 24/7
  - An Enablement Service within 48 hours
  - A faster service for Occupational Therapy
- Carers get the help and support they need
  - Provide more support to younger carers
  - Increased the number of shared lives carers by 50%
  - Increased advice and guidance through the Carers Centre
- Transforming the customer access, journey and experience for Adult Social Care
  - Easier access
  - Faster response
  - Personalised service

- Vulnerable people were protected from abuse
  - Improving sharing information with CQC
  - Improving standards in all care homes
  - Strengthening local Safeguarding Procedures

Significant Challenges

- Deliver budget savings through Service transformation
- Deal with Service specific pressures and demographic pressures while remaining within budget
- Ability to achieve target increase in charges
- Implications of the NHS and Social Care Bill including GP Commissioning – new relationships
- Effective Health and Wellbeing Boards and HealthWatch
- Maximising receipt of Continuing Health Care for customers
- Ability of external organisations to respond effectively and efficiently to customers' needs
- Very difficult market conditions – the recession – affecting housing, domiciliary care etc.
- Commissioning and Safeguarding – Standards of Care in Residential Settings – Winterbourne
- Local Account – Transparency Agenda

A question and answer session then ensued:-

- Early intervention was essential. Previously there had been a number of different services to help and assist but that was now simplified to 1 point of contact who would follow the client through either helping them access services themselves or enable them to provide for themselves. An all Member seminar was to be held to provide Members with information on the new processes

- Correspondence had been received stating that the facility at Badsley Moor Lane would not be closing. Work would be taking place with NHS Rotherham to maximise the services available at the site and transfer services from the hospital

- The CQC was currently consulting on the way it registered services and would possibly stop registering some to enable to focus on priority services such as residential homes. The Care Quality Standards were not changing and were what all providers had to be put through when initially registered. Rotherham also had a Home from Home Service where Contract Officers and advocates spoke directly with residents and families about their experience, giving a personalised view of that Home. Consideration was being given to extending it to Domiciliary Care

- Rotherham was the lead authority in working with CQC to develop an information sharing portal that could be updated on a daily basis with any comments/concerns about a registered service

- The issue of young carers in Rotherham was important and not enough was done. Where they were known within schools they would receive support but quite often that was not the case. John Healey, M.P. was

running a campaign for a Young Carers Card that should make provision to young carers better than it currently was. It was also a priority of this year's Youth Parliament

- The issue of the number of unregistered carers in Rotherham

- Given staff reductions, the use of technology was important e.g. merger of Rothercare and Access Direct gave a new service whereby 1 telephone call enable you to be fed into the various pathways for the desired outcome

Councillors Doyle and Lakin were thanked for their presentation.

25. JOINT STRATEGIC NEEDS ASSESSMENT - DEMOGRAPHIC AND FUTURE TRENDS

Miles Crompton, Corporate Policy Team, gave the following powerpoint presentation:-

- Life Expectancy

- Projected Growth Age Groups 2008-2028

- Projected Growth in 85+ Population

- Implications for 2020: Residents aged 65+

- Prevalence of Dementia by Age

- Projected Service Implications

- Ageing Households

- Low Income Pensioners
  51,300 pensioners
  28,800 state pension only (56%)
  18,100 in Pension Credit household (35%)
  11,200 in Guarantee Credit Households (22%)
  Government estimates 1/3 of those eligible for Pension Credit do not claim
  Possibly 27,000 low income pensioners (53%) or 19,500 Guarantee (38%)

- Disability

- Health

- Projected Costs – Older Peoples Mental Health Services

- Projected Care Gap – Cabinet Informal Care Projections 2005-2041
  Older people needing care projected to rise from 600,000 to 1.3 million (+117%)
  Adult child carers projected to rise from 400,000 to 500,000 (+25%)
  Gap projected to rise from 200,000 to 800,000

More emphasis on spouses and formal care

- Older Carers
  35,000 carers, most aged 45-64
  5,300 are aged 65+
  19% increase by 2020
  36% increase by 2030
  Rising Care needs
  17,400 need help with domestic tasks
  14,200 need help with personal care
  25% increase projected in both by 2020

- Estimated Ethnic Change 2001-2009
- Summary
  Ageing and rising population
  Oldest age groups will increase most
  Rising age related conditions
  More older people living alone
  Low income pensioners
  Poor health and high rates of disability
  Rising care needs
  Growing ethnic diversity
  Serious implications for Social Care

A question and answer session ensued:-

- A lot of people did not know they could claim for benefits so the true picture was not known

- There were medical advancements being made but the focus should still be on prevention

- The Government was aware that there was low take up of Pension Credit. It was estimated that approximately 1/3 was not taking it up in Rotherham that were eligible. Council Tax Credit and Pension Credit had low take up and more work needed to be done

Miles was thanked for his presentation.

26. CARING FOR OUR FUTURE - DEPARTMENT OF HEALTH CONSULTATION

Deborah Fellowes, Scrutiny and Policy Manager, and Shona McFarlane, Director of Health and Wellbeing, presented a joint report on the emerging national policy agenda regarding reform of the Social Care System.

On 15th September, 2011, the Government launched "Caring for Our Future: Shared Ambitions for Care and Support", an engagement for people who used care and support services, carers, local councils, care providers and the voluntary sector about the priorities for improving care and support.

Caring for Our Future was an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's Vision for Adult Social Care and to

discuss with stakeholders what the priorities for reform should be.

The Law Commission said that adult social care law was outdated and confusing, making it difficult for people who needed care and support, their carers and local authorities to know what they were entitled to.

The Commission on the Funding of Care and Support recommended that the amount people had to spend on care over their lifetimes should be capped although people in care homes should continue to pay a contribution towards their living costs. It also recommended that the current system of means-tested support should be extended so that more people could get additional help in paying for care.

An engagement exercise had been launched to generate a wider discussion on 6 key themes:-

- Improving quality and developing the workforce
- Increased personalisation and choice
- Ensuring services were better integrated around people's needs
- Supporting greater prevention and early intervention
- Creating a more diverse and responsive care market
- The role of the financial services sector in supporting users, carers and their families.

The Government would publish a White Paper in Spring 2012 alongside a progress report on funding reform.

Attached to the report was an appendix setting out the questions that were being asked in each of the 6 areas. A draft response was circulated at the meeting. The closing date for responses was 2nd December, 2011.

Resolved:- That any comments be supplied to either Deborah Fellowes or Shona McFarlane for inclusion in the response as soon as possible.

27. AGEING WELL STRATEGY FOR ROTHERHAM

Deborah Fellowes, Scrutiny and Policy Manager, presented a report on the work ongoing with regard to the development of an "Ageing Well" Plan for Rotherham focussing on the recently completed consultation exercise.

Demographic changes in Rotherham over the next 15 years would lead to an increase in the proportion of older people living in the Borough, particularly the 80+ age group. This had the potential to add to the pressures on health and social care provision.

To address the challenges, the Council and NHS Rotherham had agreed to develop a strategic commissioning approach that would ensure the pressure of an ageing population did not lead to an increase in dependency on high cost specialist services. The Ageing Well Plan would set out how they would work with people as they aged.

The report provided a summary of the main findings of a community engagement exercise which took place during December, 2010 and January,

2011. Participants' top 8 priority areas were:-

- Making sure information about services and support was shared and accessible
- Making sure people were told about support and services early
- Tackling crime, the fear of crime and transport issues for older people
- Working with the NHS and partners to help prevent falls and strokes
- Tackling social inclusion
- Tackling fuel poverty
- Promoting healthy lifestyles
- Supporting carers to engage in physical recreation/breaks

Face to face interviews revealed several areas of concern which people felt were not represented in the Ageing Well Plan and should be:-

- Provision of a safe accessible place in Rotherham town centre for older people to meet and socialise
- People to treat older people and their opinions with respect, particular emphasis upon health, council and police staff and utilities providers
- Visible recognition of the contribution older people make to our community
- Positive use of language and images when producing information about older people and for the benefit of older people
- Provision of an equivalent to the discontinued Rotherham News

It was noted that a Plan would be compiled and subject to further consultation.

Resolved:- That the completed consultation exercise and the implications for an Ageing Well Plan for Rotherham be noted.

28. CONTINUING HEALTH CARE

Shona McFarlane, Director of Health and Wellbeing, gave the following powerpoint on Continuing Health Care in Rotherham as follows:-

Context
- Specific eligibility criteria
- Assessment/decision making process set out in legislation
- Single National Framework set out in 2007

Funding
- Long term health and social care needs with a primary focus on health needs – Continuing Health Care
- Long term social care needs with needs that should be met in nursing care accommodation – fixed rate NHS contribution plus local authority costs of core placement – Free Nursing Care
- Long term social care needs with health needs met through primary care – local authority (or self-funded) residential care

National Framework – Best Practice
- Checklist (initial screening tool)
- Decision support tool

- Fast track pathway tool
- Assessment – undertaken by multi-disciplinary team
- Recommendations of MDT – should be accepted by PCT, panel in place
- Consultation with local authority when ending funding

Whole System Issue
- Assessments
- Providers
- Changing needs
- Customers

Relative Spend
- 2006/7 – 112 people cost £2.15M
- 2007/8 – 215 people cost £2.82M
- 2008/9 – 573 people cost £7.72M
- 2010/11 – 795 people cost £10.86M
- Spending per head of population improved from 10th to 8th of 15
- Number of people received CHC funding has reduced – down from 7th best to 11th
- Although ranking has improved, Rotherham was below the average spend per head of population
- Main areas of variation
  - Older people with dementia – less than half the regional average
  - People with physical disability – 1/3 below the regional average
  - People with learning disability – 10% below average but improving

Issues and Challenges
- Funding levels
- Delays in assessments
- Customer experience – timely access
- Communications on changes in funding decisions

A question and answer session ensued with the following issues highlighted:-

- Once the issue of delays in assessments had been known, the concerns had been raised in partnership meetings.

- The national Directions Framework stated that, prior to a decision being made to withdraw funding, the PCT had to consult with the local authority as the burden of responsibility for the social care element of the care package would fall on the local authority. The Panels were multi-agency. However, it was felt that a decision made at a Panel meeting to stop funding was not sufficient consultation, so there was dialogue between the partners. It was acknowledged that the protocol for shared funding for complex care packages could be improved

- The responsibility for continuing health care would pass to the CCG but it was not known as to how the Group would continue to deliver. It was presumed that there would not be a change given that the national Direction was not going to change

- There was an Independent Review Panel held by the Strategic Health Authority if a customer felt that the decision made about their continuing health care application was unfair. Initially a customer would submit an appeal to the PCT who would seek to resolve that in Rotherham. If a customer was not satisfied with the response it would then pass to the Independent Review Panel. The Strategic Health Authority sometimes asked a neighbouring health group to hear an initial appeal with further stages going through to the Strategic Health Authority

- The End of Life funding had specific criteria. There were moves at the moment to change the definition of long term conditions and include people with cancer because people were living longer with cancer

- The Council had built in an expectation that there would be an increase in the amount of Continuing Health Care funding which would be received by customers to fund their care. Since the implementation of the Framework it had been a simpler process and been successful. The take up of Continuing Health Care in Rotherham had increased but still did not meet regional average

- An older person with the definition of "living in residential care" may be eligible for free nursing care but if their needs changed and they needed Continuing Health Care their care would be free to them. If they failed to be defined as legible for continuing health care they would continue to pay care costs and impact on the local authority was that it continued to pay the residential care costs

- The impact on the local authority was that it continued to pay the residential care costs rather than being paid through the NHS so the burden fell on the customer and local authority.

The Chair suggested that a joint Scrutiny Review be held commencing in January, 2012.

Shona was thanked for her presentation.

Resolved:- That a joint Scrutiny Review be held consisting of Councillors Beck, Pitchley, Steele, Ann Clough and Russell Wells.

29. REVIEW OF CHILDREN'S CONGENITAL CARDIAC SERVICES JOINT HEALTH OVERVIEW AND SCRUTINY (YORKSHIRE AND THE HUMBER)

Caroline Webb, Senior Scrutiny Adviser, reported on the main issues identified by the Joint Health Overview and Scrutiny Committee and the recommendations put forward to the Joint Committee of Primary Care Trusts in response to the Review of Children's Congenital Cardiac Services in England.

It was noted that a formal decision was not expected until mid-December, 2011.

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

(2) That all those concerned with the Member Working Group be thanked for their input to the process.

HEALTH AND WELLBEING BOARD
Wednesday, 26th October, 2011

Councillor Wyatt	Cabinet Member for Health and Wellbeing **(in the Chair)**
Jo Abbott	NHS Rotherham
Cath Balazs	Yorkshire Ambulance Service
Councillor Blair	Health Select Commission, RMBC
Robin Carlisle	Rotherham CCG
Councillor Doyle	Cabinet Member for Adult Social Care
Pat Drake	Yorkshire Ambulance Service
Councillor Jack	Health Select Commission, RMBC
Brian James	Rotherham NHS Foundation Trust
Councillor Lakin	Cabinet Member for Safeguarding Children and Adults
Shona McFarlane	Director of Health and Wellbeing, RMBC
Debbie Smith	RDaSH
Kate Taylor	Scrutiny and Policy Officer, RMBC
Joyce Thacker	Strategic Director, Children and Young People's Services
Alan Tolhurst	NHS South Yorkshire and Bassetlaw
David Tooth	Chair, Rotherham CCG
Councillor Turner	Health Select Commission, RMBC
Helen Watts	NHS Rotherham
Chrissy Wright	RMBC
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were received from Karl Battersby (RMBC), Christine Boswell (RDaSH), Tom Cray (RMBC), Matt Gladstone (RMBC), Chris Edwards (NHS Rotherham), Martin Kimber (RMBC), Dr. John Radford (NHS Rotherham) and Fiona Topliss (NHS Rotherham).

S12. MINUTES OF PREVIOUS MEETING

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

Arising from Minute No. S7(2) (Centre for Public Scrutiny Health Reforms), it was noted that the final report had not been published as yet.

Arising from Minute No. S8 (Public Health Transition to Local Authority), Jo Abbott reported that it was hoped to co-locate to Riverside House from April, 2012. Nationally, papers from the Department of Health were awaited – Role of Department of Public Health within Local Authorities, Role of Public Health England, Public Health Outcomes Framework and Finance. Work was also taking place on Statutory Regulation.

S13. YORKSHIRE AMBULANCE SERVICE 'LOOKING TO THE FUTURE' PUBLIC CONSULTATION

Pat Drake, Non-Executive Director, and Cath Balazs, Operations Manager, Yorkshire Ambulance Service, reported on the Service's proposal to apply for Foundation Trust status in 2012. Consultation had commenced on 12th September and run until 4th December, 2011, seeking views about the plans and help to shape the way that ambulance services were provided in the future.

They gave the following presentation:-

Looking to the Future as an NHS Foundation Trust
- Would still operate to NHS principles
- Be subject to CQC inspection
- Regulated by Monitor to protect the public's interest
- Be free to shape how they provided and developed services

What were they trying to achieve?
- Continuing to save lives
- Bringing care closer to home
- Maintain safe and high quality services together with high levels of satisfaction

Future Plans and Priorities
- The new NHS 111 number
- Improve how it dealt with major trauma in Yorkshire
- Improve clinical outcomes for patients with a stroke, cardiac arrest or STEMI

How would the Foundation Trust be accountable?
- Members/community-Governors-Non-Executive Directors–Executive Directors
- Council of Governors
  13 Public Governors
  4 Staff Governors (3 front line/1 support staff)
  7 Appointed Governors

Public Constituencies
- People would join the 4 constituencies where they lived
- Number of Governors based on local population
- Minimum age 16

Appointed Governors
- 7 Appointed Governors – always a minority
- Strategic Partners – Acute Trust, Mental Health Trusts, Local Authorities, PCTs, Police
- Reflect the 4 areas balancing urban and rural

Public Consultation
- 12th September-4th December, 2011
- Future plans
- Public and staff membership
- Council of Governors
- Other comments

Consultation Questions
- Do you support the plans for the future?
- Should the minimum age for membership be 16?
- And the same for Governors?

- Are the 4 proposed public constituencies right?
- Do you agree with the split between front line and support staff?
- Do you agree with the proposals for how the Council of Governors would be made up?

What happens after consultation?

- YAS Board to consider the analysed results
- Consultation feedback would form part of the analysis used by Monitor to assess the application
- Start to recruit Members – January, 2012
- Elections for 'shadow' Council of Governors – Autumn, 2012

Discussion ensued with the following issues raised/highlighted:-

- The Service's performance had improved and was on course to hit its target
- The Yorkshire and Humber Local Government structure may be the best vehicle to appoint representatives
- Although the telephone response was based in Wakefield, the actual crews deployed were local
- A Foundation Trust would allow more flexibility to promote services that fitted with local need
- Should the Board have 1 of the Governor positions?
- It was the understanding that by 2016 all provider services had to become Foundation Trusts or alternative arrangements would be made

It was noted that the Health Select Commission would be submitting a formal response to the consultation.

Pat and Cath were thanked for their attendance.

S14. TERMS OF REFERENCE

In accordance with Minute No. S2, the revised Terms of Reference were submitted for consideration incorporating suggested comments that had been received.

Discussion ensued on the document particularly the issue of voting rights with the following views expressed:-

- What would the Board ever have to vote on?
- The Board's aim was to give an overarching strategic direction to the Health and Wellbeing commissioning activities of the Health commissioners and the Local Authority commissioners; it was not a commissioning body
- The Board should be setting the direction for those commissioning services against the strategic direction. There had been no discussion as yet as to what happened when the strategic direction was not achieved
- Under governance arrangements there should be voting rights laid down as a fallback position should the situation ever arise
- Should HealthWatch be a voting member?
- The Board was to seek solutions through representatives working together and a decision to be made by consensus. This did not sit with voting rights

– Should there be a core membership with invitees?

Agreed:- (1) That further discussion take place with regard to voting rights.

(2) That the inclusion of the following under point 2.1 (Key Responsibilities of the Board) be agreed:-

- "To promote the development and delivery of services which support and empower the citizen taking control and ownership of their own health"
- "All services delivered in Rotherham ensure the safeguarding of vulnerable adults and children"

(3) That the inclusion of the following under 2.2 (Operating Principles) be agreed:-

- Setting clear strategic objectives and priorities
- Seeking opportunities to increase efficiency across Service Providers
- Holding partners to account

(4) That the last paragraph of point 3 (Membership, representation and conduct) starting "the Health and Wellbeing Board is a commissioning Body ..." be reworded.

(5) That point 5 (Governance and Reporting Structures) be amended to read "Council" and not Cabinet and include the Cluster Board.

S15. ARMED FORCES COMMUNITY COVENANT

Consideration was given to a report outlining how the Armed Force Community Covenant was a voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It was intended to complement the Armed Forces Covenant, which outlined the moral obligation between the Nation, the Government and the Armed Forces at the local level.

This report identified Rotherham's position in relation to the Armed Forces Community Covenant (AFCC) and further outlined the reasons for committing to a covenant and what actions were needed to add substance to make it beneficial to those it was assisting. The Council would lead on AFCC but many of the partner agencies who had a role to play in the initiative had already been contacted. The aim was that agencies agreed to be part of the AFCC and start to look at existing protocols and policies to see if they met the needs of the clients.

Brian James, NHS Rotherham, reported that his organisation was checking that all their systems and processes were attuned to supporting people from the armed forces but not that they received priority treatment.

RDaSH was also involved from a mental health aspect.

It may have implications for commissioning which would need to be reflected.

Agreed:- That respective organisations discuss as to what commitment they would be able to give to the Covenant.

S16. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined under Paragraph 2 of Part I of Schedule 12A to the Local Government Act 1972.

S17. ROTHERHAM SAFEGUARDING AND LOOKED AFTER CHILDREN, PEER CHALLENGE FEEDBACK

Joyce Thacker, Strategic Director, Children and Young Peoples' Services, reported on a recent Peer Challenge facilitated by Local Government Improvement and Development from 3rd-7th October, 2011.

The key focus of the Challenge had been safeguarding and an additional focus of looked after children. The Authority had also requested 4 additional discretionary themes to provide an independent view on progress.

During the week approximately 68 interviews, focus groups and visits had been held with the Peer Team meeting more than 86 officers and Members from across the Council and partners.

The actions and recommendations arising from the Peer Challenge were being fed into the existing Improvement Panel action plan that continued to be monitored following removal of the Intervention Notice in January, 2011.

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

(2) That a progress report be submitted in 6 months in relation to clarity of roles, responsibilities, relationships and leadership around Strategic Boards e.g. Children's Trust Board, Health and Wellbeing Board, Local Strategic Partnership, Rotherham Safeguarding Children's Board and the Rotherham School Improvement Partnership.

(3) That a report be submitted on the 4 Big Things:-

Keeping Children & Young People Safe
Integral to the activity of all partners; specific arrangements put in place to keep the most vulnerable safe from harm

Prevention and Early Intervention
A new focus to help us target our activity effectively; underpinned by prevention and early intervention strategy

Tackling Inequality
The work we will do to narrow the gap between the life experience of the least deprived and most deprived families in Rotherham

Transforming Rotherham Learning
A delivery vehicle that will support us to achieve our vision by developing multi-agency learning communities with child-focused integrated teams.

S18. ROTHERHAM CLINICAL COMMISSIONING GROUP : SINGLE INTEGRATED PLAN

Robin Carlisle, Clinical Commissioning Group, presented a report on the above outlining the Department of Health's requirements and timetable for the production of Rotherham CCG's and NHS South Yorkshire and Bassetlaw's Plan for 2012/13 drawing attention to the process, priorities and efficiency plans.

The 2012/13 NHS Operating Framework was expected on 24th November, 2011, which would confirm or adjust NHS Rotherham's financial assumptions and allocations. As well as setting the NHS commissioning budget, it was likely to contain strict targets for management costs which would have implications for the commissioning staff who would support 2012/13 planning round.

The SIP was likely to be submitted at NHS South Yorkshire and Bassetlaw level but Rotherham CCG would be responsible for the investment and efficiency plans for its delegated budget. The deadline for final submission of the 2012 SIP was 31st March, 2012.

Attention was drawn to the system-wide efficiency programme that would deliver £24.2M of efficiency savings out of a total of £72.8M of efficiency savings required by the NHS in Rotherham by 2014/15. Unless efficiency savings were made there would be no capacity to invest in anything. The report also set out the current thinking on efficiencies.

Discussion ensued with the following issues highlighted:-

- The SIP would not concern Public Health directly – it would be the Plan for commissioning health care services. The responsibility for Public Health between now and April, 2013 laid with NHS South Yorkshire and Bassetlaw
- The Government had 2 sets of Outcomes Frameworks – CCG Framework and Public Health Framework
- Concern that the 2 would not tie in
- Feeling that the Public Health aspect would link in with the JSNA
- The Health and Wellbeing Strategy would set the strategic direction
- There were very prescribed timescales for the 2013/14 SIP
- There was a chapter on "Children" in the JSNA but it was very limited

Due to the prescribed timescales for the 2013/14 SIP, it was important, as a matter of urgency, to include the objectives/priorities from the JSNA for inclusion in the CCG Plans or it would be a further 18 months before they could be included.

Agreed:- (1) That work take place between now and the 24th November on supplying the relevant information from the JSNA for inclusion in the CCG Plan.

(2) That the draft Health and Wellbeing Strategy be submitted to the next meeting of the CCG Executive Group.

S19. ESTABLISHING A COMMON UNDERSTANDING OF TOBACCO RELATED ISSUES

Alison Iliff, Public Health Specialist, presented a report on establishing a common understanding of tobacco control issues facing Rotherham. The report drew attention to:-

The Scale of the Challenge

- Each year smoking caused the greatest number of preventable deaths – 81,400
- The decline in smoking rates had stalled
- National children's rates of smoking (age 11-15)
- Smoking in pregnancy
- Smoking cost the local economy millions every year (£71.9M in Rotherham)
- The annual cost of smoking to smokers (compared to additional costs to our community) – each year, smokers in Rotherham spent approximately £81.5M on tobacco product contributing roughly £62.1M in duty to the Exchequer. This meant that there was an annual funding shortfall of £9.8M in this area

Smoking Attitudes and Behaviours

- Children not adults started smoking – 90% of smokers started before the age of 19
- Children were 3 times as likely to start smoking if their parents smoked
- The majority of children who smoked got their cigarettes from a 'friend'
- The poorer you were the more likely you were to smoke
- Smoking was 1 of the greatest causes of health inequalities
- Poorer smokers were as likely to want to quit and try to quit but half as likely to succeed
- Smokefree environments enjoyed increasing public support.

Tobacco Control and Local Authority Role

- The World Bank has developed a '6 strand' strategy for reducing tobacco use:-
  1. stopping the promotion of tobacco
  2. making tobacco less affordable
  3. effective regulation of tobacco products
  4. helping tobacco users to quit
  5. reducing exposure to secondhand smoke
  6. effective communication for tobacco control

Significant and Growling Role for Local Authorities

- Local Authority responsibilities included enforcement on:
  Age of Sale
  'Smokefree' Places
  Smuggled and counterfeit tobacco
  Advertising ban
  From 2013 Local Authorities would take on responsibility to commission services to motivate and support smokers to quit their habit

Working Together for Better Health

- Local Government including Police and Fire
- Local Health Services

- Organisations that work across neighbouring localities within a region
- Employers
- Voluntary sector organisations
- Smokers particularly groups with high rates of smoking e.g. routine and manual smokers

Benefits of Working across Local Boundaries

- Marketing and mass media – to ensure 'health messages' were supportive, clear and do not conflict
- Tackling smuggling – criminal gangs do not pay heed to local government boundaries
- Surveys, research and data collection – cost savings can be had from collectively commissioning research and surveys and sharing the results

Challenges for Rotherham

- Smoking prevalence not declining (although data may not be reliable)
- Smoking in pregnancy was declining, but was still much higher than the national and regional average
- Understanding the apparent increase in young smokers and implementing further programmes to tackle youth smoking
- Cheap and illicit tobacco – continuing availability undermined other tobacco control activity

Key Messages

- Local authorities had a key and important role to play – the NHS alone could not reduce smoking rates
- Smoking was the single biggest preventable cause of health inequalities – reducing rates would bring general improvements in health and cost savings in other areas
- To reduce smoking there was a need to increase the number of quit attempts and the success of each attempt – the poorest smokers should be targeted to narrow the gap in life expectancy between the richest and poorest and improve the health of the poorest fastest

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

(2) That the Rotherham Tobacco Control Alliance produce an annual report setting out its priorities.

S20. ANY OTHER BUSINESS

Mexborough Montague Hospital

The Chair reported that consultation was underway on proposals for changed services at the above hospital which would have implications for Rotherham and Bassetlaw. The consultation would end in December.

Agreed:- That this issue be included on the next Board agenda.

Food Aware Community Interest Company

The Chairman reported that he had been made aware that the NHS funding (£12,000) for the above would cease at the beginning of November. The Company distributed surplus food (fruit and vegetables) to communities

through Children Centres to try and encourage healthy eating.

Agreed:- That the issue be discussed at the Cluster meeting.

S21. COMMUNICATIONS

Single Point of Contact
A new NHS telephone service was commencing 24 hours a day, 7 days a week, until the end of March, 2012, where members of the public could ring for health advice on the best place to get treatment for their illness before attending A&E. The telephones were staffed by local doctors and nurses.

The number was 0333 321 8282.

S22. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 7th December, 2011, commencing at 1.00 p.m. in the Town Hall, Rotherham.

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

Meeting:	**Health Select Commission**
Date:	**8th December 2011**
Title:	**Breastfeeding Scrutiny Report**
Directorate:	**Public Health**

1. Summary

To highlight to the Health Select Commission the progress on the breastfeeding agenda and raise where there is the opportunities for further improvements.

2. Recommendations

That the Health Select Commission:

- **Recognise breastfeeding as a continued priority area for action**
- **Consider where support could be made available to aid continued progress and the achievement of UNICEF Stage 2 in the Spring 2012.**
- **Receive an annual update on the progress from Health Leads**

3. Background

A comprehensive scrutiny review was completed in 2010 exploring the progress made on the breastfeeding agenda, identifying a series of recommendations. These recommendations included;

- Improving the promotion of breastfeeding across Rotherham
- Increasing the number of breastfeeding friendly public places, and
- Increasing the mother to mother support across Rotherham

Since 2010, there has been significant progress made on the breastfeeding agenda with breastfeeding rates on the increase.

Initiation rates:

	2010/11Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1	2011/12 Q2
Actual	59.5	62	63.2	65.2	60.92

6-8 week rates:

	2010/11Q2	2010/11 Q3	2010/11 Q4	2011/12 Q1
Actual	26.6	30.2	31.1	31.6

The main objective for Rotherham is to maintain and improve on these rates, by providing comprehensive support for mothers and creating welcoming breastfeeding environments across Rotherham.

The progress made towards UNICEF Baby Friendly Initiative Stage 2 accreditation in the hospital and community has ensured that staff are trained and mothers are being provided with comprehensive breastfeeding information throughout pregnancy. There are still opportunities to improve the support and advice by providing further activity and support across Rotherham. This support is being explored using new technologies e.g. facebook and askmycommunity. There is also a need to have a coordinated approach to the Breastfeeding Friendly premises.

The main achievements made have included;

- Peer support is provided in the hospital and within the community. 19/22 children's centres have an active peer support group meeting on a weekly basis.
- All children's centres, all libraries and some pharmacies are breastfeeding friendly, a range of other venues are available across the town centre, including Costa and Mothercare.
- Maternal Health Workers provide pregnant women and new mothers with additional support to ensure that breastfeeding is well established, resulting in more new mothers starting and continuing to breastfeed for at least 6 weeks.
- Ask my community have a breast buddies page which promotes the benefits of breastfeeding and provides mothers with a forum to ask questions and communicate throughout the week. http://www.askmycommunity.com/rotherham-breast-buddies

There is further support required to ensure that women in Rotherham continue to receive support in a timely manner. It would be great for Rotherham to encourage all Town Centre venues or Parkgate Retail Park to become breastfeeding friendly to improve the positive perceptions of breastfeeding across the Borough, demonstrating that Rotherham welcomes breastfeeding.

8. Finance

Significant funding from local and national funding streams has been targeted towards increasing the breastfeeding rate and evaluating the success of services and campaigns. From 2012 onwards, funding will be reduced to only key services. Local providers of midwifery and health visiting services will need to prioritise breastfeeding to maintain the improvements made over recent years.

9. Risks and Uncertainties

Risk	Mitigation
1. Lack of progress against UNICEF BFI agenda	Regular audits completed by infant feeding team to review progress. Action plans in place to ensure that all managers and service leads understand outstanding actions.
2. Current levels of support reduced when funding ceases	Discussions between service leads is underway to ensure breastfeeding care pathway continues once funding ends
3. Breastfeeding women not aware of where they can receive breastfeeding support	All breastfeeding women provided with the same information from all breastfeeding support services. This information is also on the askmycommunity website and other local websites.
4. Not all venues want to be breastfeeding friendly, impacting on the perception of how welcoming Rotherham libraries shops, cafes and restaurants are.	Breastfeeding friendly needs to be an inspirational activity that is linked to all strategic developments, to normalise breastfeeding across Rotherham.
5. Employers unsupportive of women returning to work and continuing to breastfeed.	Utilise the support from the Chamber to ensure that all employers understand the rights of mothers and equally the benefits to employees and infant's health from being breastfed and consequently reduced sick leave rates. Use the equality act breastfeeding clauses to help drive change and improvements.

10. Policy and Performance Agenda Implications

If we successfully address breastfeeding it will support activity to tackle health inequalities in Rotherham. It will have a positive impact on reducing NHS spending through improved health and reduced ill health of mothers and babies, conversely a failure to address this will have a negative impact.

11. Contacts

Rebecca Atchinson, Public Health Specialist, NHS Rotherham.
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Kate Taylor, Policy & Scrutiny Officer, RMBC kate.taylor@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**8th December 2011**
3.	**Title:**	**To look at offering Avastin (off-label) as a first choice treatment for wet age-related macular degeneration.**
4.	**Directorate:**	**NHS Rotherham**

5. Summary

The Clinical Commissioning Group is considering adopting off-label Avastin as the first line treatment of wet age-related macular degeneration (wet AMD) instead of the currently licensed first line treatment recommended by NICE which is Lucentis®.

Public Health has reviewed the evidence base which indicates that both options are similarly safe and effective; however, before making any decision, a consultation is being undertaken with relevant stakeholders including patients, public, clinicians and managers to establish the feasibility of commissioning a service based on Avastin.

The Health select commission is invited to comment on the consultation process and offer its view on the option that the CCG is considering.

6. Recommendations

The Health Select Commission Members:

- **Note the findings of the evidence review**
- **Comment on the consultation process**
- **Feedback its view on the option being considered**

7. Proposals and Details

Background to the treatment
Wet Aged-related Macular Degeneration (AMD)

Wet AMD is the most common cause of visual loss in people over the age of 60 years and there are approximately 26,000 new cases in the UK each year. Rotherham's wet age related macular degeneration (AMD) service was established in October 2008. Every week they receive between 4 and 6 new referrals. Lucentis® is currently given on a monthly basis.

Avastin

Avastin continues to be widely used off-label world-wide to treat a number of eye conditions, including wet AMD. In the US, practice pattern reports from the American Academy of Ophthalmology and the American Association of Retinal Specialists suggest that most US patients receive Avastin rather than Lucentis® for the treatment of wet AMD (Tufail et al, 2010: ABC).

In August 2008 National Institute Clinical Evidence (NICE) issued guidance on Lucentis®, recommending this as a possible treatment for people with wet AMD. Avastin was not considered as it wasn't licensed for the treatment of eye conditions but for certain cancers. NICE are currently reviewing Avastin.

Avastin and Lucentis® are both monoclonal antibodies that act as anti-VEGF and were developed by Genentech which is now a wholly owned subsidiary of Roche. The older drug, Avastin, has been in use for longer which allows more time for long term side effects to manifest themselves and it is reassuring that they have not done so. The newer drug, Lucentis®, has been through a more systematic process of testing within the licensing process.

Labelled drugs

Means that the drug has been licensed for a specific purpose, as a condition of the license, the manufacturer produced a 'label' explaining the indications, risks, and benefits.

'Off' Label drugs

Means that a drug might be labelled for one purpose but can be used:

1. For treating another condition/indication.
2. For a different age group, e.g. to treat children, because many medicines are not licensed for children.
3. For a different dose or route or method of administration.
4. For patients who cannot take licensed formulations.
5. Are administered through a set protocol.

Once a device or medication has been licensed, health professionals may use it 'off label' for other purposes if they:

• are well informed about the product,
• base its use on firm scientific method and sound medical evidence,
• maintain records of its use and effects.
A drug company can choose not to license a drug for another purpose even if it proves to be effective.

NHS Rotherham Procedures

At NHS Rotherham, there are general processes and agreements via Medicine Management Committee that cover GPs for using off-label drugs. If Avastin was chosen as a first choice treatment the liability would be considered as part of a service specification and NHS Rotherham through Medicine Management Committee for approval.

An evidence review (safety and effectiveness), which included most recent comparative clinical and current practice in the UK, was presented at NHS Rotherham's Commissioning Executive and Medicines Management Committee, the summary is stated below:

"Overall Avastin and Lucentis® are very similar both in terms of outcomes and side effects. Both drugs appear to improve visual acuity and this compares favourably to previous treatments. We are still unclear about the long term effects and safety profile of Avastin or Lucentis®" (HH & SS July 2011).

Consultation Process

A number of steps have been taken to move the consultation process forward, these are outlined below:

1. Provider consultation has also been carried out with key clinicians. Further actions agreed to take processes forward.
2. Have collected examples of other PCTs patient literature and commissioning processes.
3. Linked with the South Yorkshire and Humber wider group.
4. Plans to establish a consultation and seek public/ patient opinion and stakeholders to share findings with key stakeholders and committees. Written a public consultation list of questions to pilot, and then roll out to various groups in the New Year.

Actions resulting from Consultation

- Established a safe supply of Avastin.
- Potential liability processes agreed if required.

Progress to date

NHS Rotherham is currently undertaking a consultation process to investigate both clinicians and patients' views of the use of Avastin as the first choice for the treatment of AMD. The Commissioning Executive and the Medicine Management Committee at NHS Rotherham are fully supportive of a move towards Avastin as the first choice treatment for AMD. There has been agreement that NHS Rotherham is

able to indemnify the provider against any potential litigation from treating patients with an off-label drug.

Clinicians delivering the wet AMD service at Rotherham Foundation Trust (RFT) are supportive of the use of Avastin for the treatment of wet AMD as long as a number of conditions are met.

However, they currently feel that we are not at an appropriate stage in discussions to consult with their patients. Therefore we need to establish patient opinion on the use of Avastin via other routes.

The options/recommendations resulting from this consultation will help dictate the next steps in commissioning decisions.

8. Finance

The key source of potential savings is reduced drug costs. A reimbursement scheme for Lucentis exists where the manufacturer pays the cost of the drug if more than 14 injections are used per eye, enabling a mechanism to stop treatment when it is no longer deemed necessary (i.e. vision has stabilised). There is no such corresponding scheme for Avastin; therefore treatment may need to continue indefinitely, if an improvement in vision is sustained. Although from current evidence injections haven't continued.

Therefore the amount of any potential savings will be sensitive to:

- Differences in the need for follow-up
- Drug costs
- Costs of additional investigations
- Whether a proportion or all cost savings would be reinvested into eye health.

Switching to Avastin may release significant amounts of resource; however, this will not be done at the expense of quality of care or patient safety.

9. Risks and Uncertainties

The review is being undertaken to consider the best options for service users and the people of Rotherham, taking into consideration financial implications and the need to ensure NHS budgets are being invested most effectively. It is uncertain as yet as to what final decision will be made, but all the responses from this consultation will feed into the process and help inform any future decisions.

Risks

- Patients might choose to be treated at Sheffield and ask for Lucentis, if we did adopt Avastin as first choice. Therefore Rotherham would have to pay for Lucentis, although Sheffield is undertaking an IVAN clinical trial (where Avastin is used as treatment).
- Ophthalmologists may be reluctant to use Avastin.
- Lack of long term evidence of the safety profile of either drug.
- Patients might have a negative reaction to Avastin.

- The public may object to the use of Avastin.
- RNIB have a working relationship with Novartis who market Lucentis. This may influence the consultation with the public.
- Novartis is looking to expand the indications for the use of Lucentis.

There are differences between the treatment regimes that the current evidence base supports for the two drugs. Therefore, any potential savings from switching to the use of Avastin may be short lived as a result of the potential increased duration of treatment and associated follow-up and investigation costs. Limited evidence on the effectiveness of long-term usage of Avastin.

10. Background Papers and Consultation

Evidence review
Evidence review tables
Paper for Commissioning Executive/Medicine Management Committee

Further details or the above papers can be requested from:

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11. Contacts

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