HEALTH SELECT COMMISSION
8th March, 2012

Present:- Councillor Jack (in the Chair); Councillors Barron, Beaumont, Beck, Blair, Dalton, Goulty, Hodgkiss, Kirk and Steele and co-opted members P. Scholey and V Farnsworth.

Apologies for absence had been received from:- Councillors Doyle, Burton, Wootton and co-opted members J. Evans, J. Richardson and R. Wells.

49. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

50. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

51. COMMUNICATIONS

There was nothing to report under this item.

52. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 26th January, 2012, were noted.

53. HEALTH AND WELLBEING BOARD

Councillor Jack noted that the Health Select Commission work programme had been presented for information to the Health and Wellbeing Board at their last meeting on 29 February. It was flagged up that the Continuing Healthcare Scrutiny Review was currently taking place and that the next meeting of the Commission would have a themed session on the Health and Wellbeing Board and that members of the Board had been invited to attend. If Health Select Commission members had any questions they wished to raise with Board members at that meeting they were welcome to do so and could send questions in advance to Kate Green.

Resolved:- That the minutes of the Health and Wellbeing Board held on 18th January, 2012, be noted.

54. RDASH QUALITY ACCOUNT

Lynsey Blackshaw, Senior Business and Performance Manager, and Tracey Clark, Commercial Development Director, RDaSH, NHS Foundation Trust, gave the following powerpoint presentation in relation to the submitted report on 'Quality Matters' in relation to the Service's annual Quality Account:-

What is a Quality Account:-

- Coalition Government White Papers set out the vision of putting Quality at the heart of everything the NHS did
- Key component of the Quality Framework was the continuing requirement for all providers of NHS Services to publish Quality Accounts
- This was the opportunity to enable the OSC to review and supply a

statement as to whether "the report is a fair reflection" of RDaSH services
- 2011/12 was the 4th Quality Account produced by RDaSH

2011/12 Performance monitoring suggested that: -
- Governance – Amber/Red (at Quarter 3)
- Finance – 4 (Good) (at Quarter 3)
- Care Quality Commission - registered with no conditions
- Commissioning for Quality Indicators were achieving 9 of 9 indicators (at Quarter 3)

Review of Quality Markers 2011/12:-
- 3 domains of Quality:
    1. Patient Safety
    2. Clinical Effectiveness
    3. Patient Experience

Process for 2012:-
- Consultation with OSC – presentation/draft Quality Account for comment
- Engagement with Trust User Carer Partnership Council – regular agenda item/draft Quality Account for comment/development of Quality Markers for 2012/13
- Engagement with Trust Council of Governors – regular agenda item/draft Quality Account for comment/development of Quality Markers for 2012/13
- Draft Quality Account to Trust Clinical Governance Group

Quality Priorities for 2012/13:-
Developed by:-
- User Carer Partnership Council
- Council of Governors
- Business Divisions
- Board of Directors

Board of Directors Quality Priorities:-
3 quality improvement priorities identified by the Board of Directors:-
- Personalised Care Planning
- Record Keeping
- Clinical leadership roles and responsibilities

Council of Governors (CoG) Quality Priorities:-
CoG had identified the following priorities for 2012/13:-
- Personalised care
- Effective, knowledgeable, personalised communication from all of the staff
- Continuously improve communication with, and feedback from, people who used the service through a wide range of methods

User Carer Partnership Council (UCPC) Quality Priorities:-
- Attitudes shown by staff towards people who were diagnosed with a personality disorder
- Service user carer involvement in staff selection and recruitment
- 7 day follow up from discharge, support on discharge from Wards

- Embedding WRAP, mapping what there was and where it was. Connecting discharge and community WRAP Groups
- Access to services (maintaining progress on accessibility and responsiveness)
- Provide information to UCPC on analysis of complaints, trends and lessons learned
- Increase meaningful activities on the Wards

Comments were expected from the OSC in relation to the RDaSH 2011/12 Quality Account- 8 during March, 2012. The document would be disseminated to the full range of RDaSH stakeholders for comment in the coming months. It was noted that this document would be circulated to the Health Select Commission for comment in due course.

Discussion ensued with the following issues raised/highlighted;-

- The content of 'meaningful activities' undertaken by patients on wards
- Identification and separation of the Rotherham element of the RDaSH Quality Account
- Implementation of good practice and lessons learned across all RDaSH settings.

Resolved:- (1) That Lynsey Blackshaw and Tracey Clark be thanked for their presentation to the Health Select Commission and the information shared be noted.

(2) That the Health Select Commission receives the OSC's comments in relation to the RDaSH Quality Account 8 in order to comment on the document when it was available.

55. HEALTH INEQUALITIES SCRUTINY REVIEW BMI>50

Further to Minute No. 46 of 26th January, 2012, the finalised report was presented for approval prior to submission to the Overview and Scrutiny Management Board.

A range of activity took place to gather data and information from various organisations in terms of service provision and costs, as well as gathering the views and experiences of a range of professionals working in the field and individuals out in the community.

The key findings from the review were summarised as follows:-

- As of 30th March, 2011, 5,909 people had been identified on GP practice registers in Rotherham with a BMI over 40 and 793 people had been recorded as having a BMI over 50
- There were likely to be additional cases with no recorded BMI, making the total numbers in Rotherham not entirely known
- It was not necessarily known where all the people were; there may be small numbers of people known to each organisation, but not all organisations knew all the people – if information was shared this could benefit organisations by increasing their knowledge of the issue within the community

- There was an issue around sharing data and information between organisations and data protection issues which could prevent relevant information being shared
- There was inconsistency in the policies and procedures within all organisations in relation to this group of people; although there may be protocols in place these were not always joined up between services
- Although some services did have a system in place, there was uncertainty around who co-ordinated this and how
- Assessments were generally only completed when there was a problem, meaning patients were often not identified until there was an emergency
- There needed to be a way of identifying and supporting people before they became isolated and their weight increased to this level
- The obesogenic environment needed to be considered, particularly for certain groups such as people who were physically disabled or those with learning difficulties
- It was important to raise awareness of the healthy weight services available to people in Rotherham, particularly with professionals who may come into contact with individuals on a day to day basis – to encourage use of services
- Being unable to get out of the house unaided greatly affected a person's quality of life; always needing assistance could leave them isolated and unable to be spontaneous
- Being properly assessed and having the appropriate assistive equipment in a person's home could really improve a person's quality of life and independence

Full details of the activity that that had taken place, findings and recommendations were set out in the report.

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

(2) That the report be submitted to the Overview and Scrutiny Management Board prior to submission to Cabinet and/or the Health and Wellbeing Board.

56. TOBACCO CONTROL UPDATE

Alison Iliff, Public Health Consultant, reported that as from April, 2013, the Council would have responsibility for delivering a comprehensive Tobacco Control Strategy as part of the transfer of Public Health under the Health and Social Care Act. A presentation that gave an update on the current key tobacco control issues in Rotherham and performance of the NHS Stop Smoking Services was shared, alongside the submitted report and the Rotherham NHS Stop Smoking Service Annual Report, 2010-11.

It was noted that, as in all other areas, smoking was Rotherham's greatest single cause of preventable illness and early death. Smoking had caused 487 preventable deaths in Rotherham in 2010.

In 2011, the Department for Health published a new national Tobacco Control Strategy that was aimed at reducing the number of deaths from smoking related diseases and substantially reducing healthcare costs associated with smoking. The

Strategy included three inspirational targets and six key actions: -

The inspirational targets were: -

1. Reduce smoking prevalence among adults in England
2. Reducing smoking prevalence among young people
3. Reduce smoking during pregnancy in England

The six key actions were: -

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 second-hand smoke
6. Effective communications for tobacco control

Pertinent statistics were considered in relation to smoking issues:-

- There was a static incidence of smoking in Rotherham at 24%, compared to around 21% England average, and 22% Yorkshire and Humber average.
- Around 8% of children aged 11-15 smoked in Rotherham, compared to an England average of around 5%.
- The prevalence of smoking in pregnant women up until delivery was around 20%, compared to an England average of around 13%.
    - All pregnant women in Rotherham who were smokers had at least one consultation with the Stop Smoking Midwife during their pregnancy.
- The financial costs in relation to smoking were considered, including the costs to the individual smoker, costs to the community and costs to the NHS.
    - Whilst smoking in Rotherham brought an estimated £62.1millions into the Exchequer each year, it was estimated that it cost £71.9millions to the community (including the NHS). This left a shortfall of £9.8millions.
- 83% of smokers had started smoking before the age of 19.
- Children were three-times more likely to start smoking if their parents smoked.
- Smoking was one of the greatest contributors to health inequalities.

Other issues in relation to the availability and consumption were: -

- Branding and promotion of tobacco, including packaging and celebrity /media promotion.
- Tackling cheap and illicit tobacco – removing the supply in local communities ('fag houses', under the counter sales, car boot sales, ice cream vans).
- Regulatory activity, including, removal of vending machines, age of sale and point of sale display issues.
- Smoke free homes and cars.

Simon Lister, Service Manager, Rotherham Stop Smoking Service, detailed the stop smoking interventions available in Rotherham: -

- Cost effectiveness of specialist smoking cessation support against costly medical intervention.
- Facilities within Rotherham provided through the Rotherham NHS Stop Smoking Service: -
    - Quit Stop (Bridgegate);
    - Stop Smoking Centre (Rotherham Hospital);
    - Dedicated service for pregnant women;
    - Dedicated telephone service;
    - Delivered one to one and group sessions across Rotherham (including out of hours);
    - Trained and supported a network of LES advisors;
    - Supported others to deliver stop smoking interventions;
    - Promotional activities;
    - Reporting function.
- Client satisfaction was high amongst those who had used the Bridgegate facility.

Local Authorities had significant and growing roles in relation to enforcement of: -

- Age of sale;
- Smoke free 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. Joint working, and working across local authority boundaries, was already being considered to achieve economies of scale in relation to data collection and analysis, provide clear and consistent media messages and combat organised crime.

Discussion ensued, and the following issues were raised by members of the Health Select Commission: -

- Statistical consideration of the many individuals who would frequently start and stop smoking.
- 'Silent Salesman' consultation that was expected.
- Ban on shop displays in April 2012 for large retailers and April 2015 for smaller retailers.
- Proactive work of the Rotherham Stop Smoking Service.
- Facilities for Rotherham's communities that were further away from the town centre facilities.
- Role of community leaders in promotion of the Rotherham Stop Smoking Service and drives to tackle the use of cheap and illicit tobacco.

Resolved:- (1) That Alison Iliff and Simon Lister be thanked for their presentation to the Health Select Commission and the information shared be noted.

(2) That the Health Select Commission take part in the consultation on 'plain packaging' when it is launched.

(3) That members of the Health Select Commission play an exemplar role in the implementation of tobacco control programmes, and communicate this

message to colleagues, communities and partner organisations to take forward the Tobacco Control agenda.

57. DATE AND TIME OF FUTURE MEETING:-

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