HEALTH SELECT COMMISSION
6th December, 2012

Present:- Councillor Steele (in the Chair); Councillors Beaumont, Beck, Goulty, Hoddinott, Middleton and Wootton, Vicky Farnsworth (Speak Up) and Robert Parkin (Speak Up).

Apologies for absence were received from Councillors Barron, Dalton, Roche and Peter Scholey.

38. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

40. COMMUNICATIONS

Childhood Obesity
Deborah Fellowes, Scrutiny Manager, reported that the Select Commission had received a request from the Self Regulation Select Commission to look at Childhood Obesity.

The Select Commission had received a Corporate Plan Outcomes report which focussed specifically on the issue and, despite work across all agencies, remained on a red indicator. The Health Select Commission had been requested to consider the Service recommendations together with the relevant Cabinet Member at the appropriate point in time.

Resolved:- That a Working Group consisting of Councillors Beaumont, Beck, Hoddinott and Steel meet to consider the Service recommendations.

Environment and Climate Change Strategy Group
Resolved:- That Councillor Beck represent the Health Select Commission on the above Group.

41. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 25th October, 2012.

It was noted that a response had been submitted with regard to the Government Consultation – Water Fluoridation Schemes (Minute No. 35 refers).

Resolved:- That the minutes of the previous meeting be agreed as a correct record for signature by the Chairman.

42. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 31st October, 2012.

Resolved:- That the minutes of the Health and Wellbeing Board meeting be noted.

43. ROTHERHAM FOUNDATION TRUST

Rotherham Foundation Trust

Matthew Lowry, Acting Chief Executive, Rotherham Foundation Trust, attended the meeting to discuss the recent press headlines with regard to potential job losses at Rotherham District General Hospital.

The scale of the financial challenge faced by the Foundation Trust was driven by 2 factors; an assumption made nationally that the contracts the Trust was commissioned for would make an efficiency saving each year of 5% and secondly (2) an agreed Strategy with commissioners, particularly with the NHSR and the emerging CCG, that it needed to shift the balance away from the hospital. A combination of the 2 was creating a sizeable financial challenge for the Trust.

The hospital had to save £50M over 4 years and were nearing the end of the second year; to date, £20M of savings had been made. Currently plans were being drawn up and as yet no formal announcement had been made with regard to redundancies. The Trust was working very closely with the staff side and Trades Union and expected to start the formal consultation process with staff on 14th December, 2012 as to how to try and make savings within the organisation for 2013/14.

There were a number of areas where the Trust did less work and, therefore, needed to reduce its capacity to reflect that situation as well as commissioners commissioning less work. It was also important to recognise that where savings were sought, it was based upon very detailed and focussed work within the organisation and balanced between the need to make savings whilst maintaining the quality of service. Discussions with commissioners were imperative for their help and support to manage transition from the historical model health care and the model service moving forward.

Discussion ensued with the following issues raised:-

- The efficiency savings of 5% was a national position and would be a challenge. In terms of the further savings, some were unique to Rotherham. Rotherham was at the upper end of the reliance on bed care and the town's historical model of care was admission to hospital. There was now an opportunity to make the transition with the help of the commissioners

- It was hoped that the vast majority of the £3-4M services leaving the hospital would transfer into funding for services in the community – negotiations were currently underway. As a minimum it would be expected

to be £1-2M. The Trust was pressing very hard to invest as much in the community as possible which would enable the pace of change. There was a need to move services away from the hospital to the most appropriate setting

- It would be a decision for the local Clinical Commissioning Group

- Services potentially moving from the hospital included a number of out patient services and tests that could be conducted in GP surgeries or by Community Nursing staff in the patient's own home

- There were a number of long term conditions where patients repeatedly went to hospital. This was an opportunity for work to take place with the patient in their own homes/GP practice and provide the same level of care but would be more convenient for them

- There were a number of discreet services where consideration would be given to outsourcing i.e. non-clinical back office services. The best use of resources available to the Trust had to be found

- 3 issues had to be balanced – control, quality and value for money – all really important and each had to be taken into consideration for every individual service

- There was no intention to outsource cleaning and the laundry service

- Close work was taking place with the Trust's main commissioners i.e. NHS Rotherham and the Clinical Commissioning Group to identify what services the hospital provided and what it could safely cease. A good example was the 25,000 follow up outpatient appointments that could be done differently or not at all.

- Work with hospital clinicians to identify things that could be safely done in a Primary Care setting

- The level of reliance upon urgent care in Rotherham was high compared to other areas of the country

- The vast majority of the costs for Electronic Patient Records had been 1 off Capital. There were some licence costs for the software but that had also applied for the range of different softwares previously operated. It was recognised that there had been issues with the new system which had been made a priority for resolution

- A proportion of the savings would come from Management and Administration (10%) but it should also be noted that it was also expected to make savings across the entire organisation including medics and nursing staff. Where savings to front line services were made, it would be as a result almost entirely of the Trust doing less work e.g. follow up outpatient care

– The Trust had engaged external expertise to help with the 2013/14 plan

– The future of the Walk in Centre was a matter for the Clinical Commissioning Group

The Chairman thanked Matthew for attending the meeting.

Resolved:- (1) That the Acting Chief Executive attend a future meeting of the Select Commission once it had been agreed which services would be transferring into the community.

(2) That a letter be sent to the Clinical Commissioning Group enquiring what funding would be transferred from the Hospital into the community.

Quality Accounts

Dr. Patricia Bain reported that previously annual progress reports had been given to the Select Commission and its predecessor prior to decision making as to which quality improvement programmes the Trust should include in the following year's Programme. It had been decided that progress should now be reported bi-annually and in time to fully consider the Programmes of work, their current status and what Programmes the Commission would consider for inclusion in the 2013/14 Quality Accounts.

Good progress had been made in meetings the targets for 2012/13 and the Trust was confident that they would all be achieved by March, 2013. She particularly highlighted:-

Quality at a Glance Measures
– Q1 reflected 1 MRSA bacteraemia – agreed to be community acquired
– Rate of patient safety incidents per 1,000 admissions had increased although the % where serious harm was caused had decreased
– Nutrition assessment performance dropped below baseline whilst completion/calculation of fluid balance charts had increased
– SHMI (CHKS Live – in hospital deaths only) had increased slightly
– Overall IR1 - reporting was down although still likely to exceed the target of increased reporting year on year if volumes continued at the present rate

Improvement Programmes
– Medications Management had improved on 2nd audit with only 2 areas not reflecting improvement
– Safety Thermometer data submissions reflected on the Trust intranet
– Liverpool Care Pathway metrics reflected an improvement
– Dementia CQUIN due to commence data capture in Q3

CQUINS and Mandated National Quality Board Indicators
– Safety Thermometer monthly data submissions had been successful so far
– Slight improvement for inpatient CQUIN and Community Universal Services template
– Performance against the relevant domains of Indicators, selected by the National Quality Board, was generally on par or exceeding National Peer performance

- Hip surgery Patient Reported Outcomes Measures slightly below national average
- C.Difficile rates – strong performance
- Reporting of patient incidents per 100 admissions had increased but below the national average

Internal and National Benchmarking – Safety Thermometer

- Falls performance internally good with only Urology falling below 95% no harm target
- Community North Team the only team not to achieve the 95% target in relation to pressure ulcers
- Several locations within Acute and Community had not achieved targets in relation to Urinary Tract Infections
- Falls resulting in harm also performed strongly against national and SHA cluster peers

- Overall Harm Free Care – slightly behind national and SHA cluster peers

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

- Better position than last year – important to maintain the improvements during the period of change

- The number of pharmacy staff had been increased on the Ward

- Care Pathways – a common complaint was when someone did not fit into a certain Pathway and could be waiting some time for a diagnosis

- The Trust was moving to provide a diagnostic 7 days service rather than the current 5 days. It would not only apply to tests but also have experienced decision makers being on the Wards for longer periods Monday-Friday and consultants available at weekends as well

- Staff training

Dr. Bain requested that the Select Commission consider where it would wish to see the focus next year.

Resolved:- (2) That the Select Commission consider where it would wish to see the Trust focus it works in 2013/14.

44. UPDATE ON HEALTH SELECT COMMISSION REVIEWS

The Chair and Deborah Fellowes, Scrutiny Manager, provided updates on the 2 Scrutiny Reviews that were currently taking place.

The Residential Scrutiny Review Group had 1 more scheduled meeting to take place before it commenced formulating its findings and recommendations. It was anticipated that a final report would be submitted to the Commission shortly.

The Autistic Spectrum Disorder Review Group had completed all its scheduled meetings which had included visits to both Aughton Early Years and Winterhill School. It was anticipated that the Review would be completed in the New Year with a report to the Commission shortly after.

Resolved:- That the programme and timescales of the 2 Reviews be noted.

45. WORK PROGRAMME - UPDATE

Deborah Fellowes, Scrutiny Manager, gave a verbal update on 2 issues that would be the Select Commission's next areas of focus e.g. discharge arrangements from hospital and access to healthcare, both of which had been raised at Minute No. 43.

It was the intention to commence the work early in the New Year once the previous 2 reviews were complete.

The Chairman reported that he had requested that the Select Commission be fully involved in the CCG's intention with regard to the future of the Walk in Centre before consultation commenced. It was suggested that a representative of the CCG be invited to the January meeting to discuss their proposals as well as the new 111 service.

Resolved:- That a representative of the CCG be invited to the January meeting to inform the Select Commission their proposals with regard to the Walk in Centre.

46. REVIEW OF CHILDREN'S CONGENITAL CARDIAC SERVICES IN ENGLAND: UPDATE

Councillor Ali reported that the Joint Health Overview and Scrutiny Committee had referred the Joint Committee of Primary Care Trust's (JCPCT) decision with regards to Review of Children's Congenital Cardiac Services in England to the Secretary of State for Health.

The Joint Health Overview and Scrutiny Committee had referred the decision on the basis that it was not in the best interest of local health services across Yorkshire and the Humber nor the children and families they served. The referral was made in accordance with the provisions set out in the Health and Social Care Act (2001) (as amended) and the associated Regulations (specifically Regulation 4(7)) and current Department of Health Guidance.

Their conclusions were:-

- The range of interdependent surgical services, maternity and neonatal services were not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families
- The dismantling of the already well established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks
- The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber

- Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time
- The implications of patient choice and the subsequent patient flows resulting in too onerous caseloads in some surgical centres with other centres unable to achieve the stated minimum number of 400 surgical procedures

Throughout the process, concerns had been expressed about the availability and timeliness of information and the lack of transparency about the decision making process. The Joint Committee had reported it had not been able to consider all the information identified as being necessary to conclude its review and that all Joint Committee members felt that they had been unreasonably denied access to non-confidential information believed to be relevant to the review and the associated decision making processes. A complaint had been lodged with the Information Commissioner's Office regarding the lack of disclosure.

Along with the Joint Committee (Yorkshire and Humber), a number of other Health and Overview Committees had subsequently referred the decision to the Secretary of State for Health. On the basis of the referrals, the Secretary of State had asked for the Independent Review Panel to examine the Joint Committee of Primary Care Trust's decision making process.

Following the Joint Committee's decision, a legal challenge was initiated by the Children's Heart Surgery Fund (now being taken forward by Save Our Surgery (SOS) Ltd.). The legal challenge was based on the premise that the decision making process was inconsistent and flawed. The hearing of the Judicial Review was deferred pending the outcome of the Independent Review Panel.

Resolved:- (1) That the report and referral of the Joint Committee of Primary Care Trust's decision by the Joint Health Overview and Scrutiny Committee to the Secretary of State for Health be noted.

(2) That the Select Commission make a submission to the Independent Review Panel outlining its concerns about the review process.

47. DATE AND TIME OF THE NEXT MEETING: -

Resolved:- That a further meeting be held on Thursday, 24th January, 2013, commencing at 9.30 a.m.