

HEALTH SELECT COMMISSION
23rd January, 2014

Present:- Councillor Steele (in the Chair); Councillors Doyle, Dalton, Goulty, Hoddinott, Kaye, Middleton, Roche, Wootton, Havenhand, Sims and Beaumont.

Apologies for absence:- Apologies were received from Wyatt, Barron and Watson.

58. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

59. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

60. COMMUNICATIONS

(1) With regard to the proposed Urgent Care Centre the Vice Chair had received a response from NHS Rotherham Clinical Commissioning Group in relation to the issues raised by the review group. It was noted that design work has now commenced in respect of the proposed building which is scheduled for completion during 2015.

(2) The Chairman clarified the issues which are included in the 2013/14 Work Programme of the Health Select Commission : priority has been given to the scrutiny reviews of (i) support for carers in Rotherham; (ii) services provided by GPs in Rotherham; and (iii) the provision of Incontinence Services. Members also noted that the scrutiny review of Mental Health Services was to take place during the 2014/2015 Municipal Year.

61. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on Thursday 5th December, 2013.

Resolved:- (1) That the minutes of the meeting held on 5th December, 2013, be agreed as a correct record for signature by the Chairman.

(2) That, with regard to Minute No. 50 (Scrutiny Review – Autistic Spectrum Disorder), the requested details of the impact of the CAMHS services be reported to the next meeting of the Health Select Commission.

62. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meetings of the Health and Wellbeing Board held on (i) 27th November, 2013 and (ii) 18th December, 2013.

The Select Commission referred to the following items:-

- (Minute S53 and Minute S62) Integration Transformation Fund (Better Care Fund) – the Health Select Commission requested that a report on this matter, detailing the financial resources, the terms of reference and the operational plan be submitted to the next meeting, to be held on 13th March 2014.
- (Minute S54) – the Public Health Outcomes Framework has been approved by the Cabinet at its meeting held on 15th January 2014.
- (Minute S55) Flu Vaccination Programme – Members noted that no new national guidance had yet been issued.
- (Minute S60) Communications – Members requested details of the bids for funding considered and approved by the Urgent Care Board.
- (Minute S61) Joint Strategic Needs Assessment – Refresh – the consultation process on the draft, revised document has begun and there will be a seminar for all Members of the Council, scheduled to take place on Tuesday 18th February, 2014.

Resolved:- That the minutes of the meetings be received and the contents noted.

63. SEXUAL HEALTH SERVICES

Consideration was given to a report presented by Public Health Specialist Gill Harrison, summarising the Sexual Health Services' commissioning responsibilities of local authorities in relation to the expected delivery measures, as outlined in the Public Health Outcomes Framework for England, 2013-2016. The report also outlined the responsibility which local authorities had in relation to the Health Protection of the population, by the development of local plans and capacity to monitor and manage acute incidents to help prevent the transmission of sexually transmitted infections and to foster improvements in sexual health.

The submitted report also summarised the most recent sexual health data from the Health Protection Report tables, published by Public Health England on 5th June 2013

([http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/STIs/STIs/AnnualDataTables/#1. STI Report](http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/STIs/STIs/AnnualDataTables/#1.STI_Report))

and outlined the implications for Rotherham. This data was now being used in the development of a new strategy for Sexual Health in

Rotherham, taking into account the statutory duty of local authorities to ensure open access to Sexual Health Services for the population.

Members were informed that there were three outcome delivery measures for local authorities, in relation to sexual health, outlined in the Public Health Outcomes Framework for England, 2013-2016. These measures had been included as markers to give an overall picture of the level of sexual infection, unprotected sexual activity and general sexual health within the population. The delivery measures were:-

- to work towards achieving a diagnosis rate for Chlamydia of 2,400 – 3,000 cases per 100,000 population (adults aged 15-24 years);
- to work towards a reduction in the proportion of persons presenting with HIV at a late stage of infection (based on a CD4 count of less than 350 cells/mm³); and
- to work towards a reduction in teenage conceptions.

Specific reference was made to:-

- commissioning and reporting arrangements for sexual health services – enabling the assessment of the effectiveness and value for money of these services;
- the effectiveness of sexual health screening programmes and the management of patient contacts;
- the funding of 'out-of-area' services, as patients may themselves choose where they accessed treatment services;
- comparisons of the incidence of sexually transmitted infections in Rotherham and around the country;
- the role and function of the Rotherham Sexual Health Strategy Group;
- the provision of sexual health education in schools;
- specific treatments e.g. contraception services;
- the measures in place to reduce the incidence of teenage pregnancy;
- safeguarding and protocols;
- examination of trends, over many years, in respect of sexually transmitted infections e.g. rates of Chlamydia are relatively high, but are reducing;
- the need for early intervention and prevention of infection (e.g. the Chlamydia screening programme, work with schools, colleges and VCS groups);

- the overall use of the finance and resources available for Sexual Health Services, including the commissioning of services;
- ensuring that adequate advice about the prevention of infection was provided to patients;
- local Public Health services provided by GPs.

Resolved:- (1) That the report be received and its contents noted.

(2) That the statutory responsibilities of this Council in the commissioning of Sexual Health Services be noted.

(3) That the Health Select Commission supports the development of a new strategy for Sexual Health Services in Rotherham.

64. SCRUTINY REVIEW - INFORMATION FOR CARERS

Further to Minute No. 30 of the meeting of the Health Select Commission held on 12th September, 2013, consideration was given to a report presented by the Scrutiny Manager setting out the main findings and recommendations of the scrutiny review of support for carers in Rotherham. The draft review report was submitted for consideration by the Health Select Commission.

The report and discussion highlighted the following salient issues:-

- the recommendations for future actions, arising from this scrutiny review; Members noted that some of the issues raised are resource-intensive and their implementation may depend upon the allocation of limited resources;
- the review of performance targets;
- partnership working with GPs in the provision of services;
- the importance of providing emotional support for carers – including the creation of a multi-agency ‘carers’ pathway’;
- the availability of the Better Care Fund, which ultimately did not provide additional funding for the delivery of local authority services (details of this Fund are to be reported to the next meeting of this Select Commission).

Members placed on record their appreciation of the work undertaken by the scrutiny review group.

Resolved:- (1) That the report be received and its contents noted.

(2) That, subject to appropriate amendments being made to the review report and its recommendations, as now discussed, the Health Select Commission endorses the findings and recommendations of the scrutiny review of support for carers in Rotherham.

(3) That the report and recommendations of this scrutiny review, as amended in accordance with resolution (2) above, be forwarded to the Overview and Scrutiny Management Board and to the Cabinet for further consideration.

65. PUBLIC HEALTH OUTCOMES FRAMEWORK

Further to Minute No. 165 of the meeting of the Cabinet held on 15th January, 2014, consideration was given to a report presented by the Director of Public Health concerning the Council's statutory functions for health protection and health improvement. Public Health England monitored the responsibilities through the Public Health Outcomes Framework (PHOF). Members were informed of arrangements for monitoring of the Framework and the action being taken to address the outcomes.

The Council's wider responsibilities for population health required a co-ordinated approach, involving all partner organisations. The PHOF focused on the causes of premature mortality. The Rotherham Health and Wellbeing Strategy supported early intervention and prevention as part of improving performance against the PHOF and the key lifestyle factors that influenced avoidable mortality. The Outcomes Framework had to be reviewed quarterly to monitor improvements in performance. Public Health would lead this agenda and report to Cabinet by exception. Priority measures included those for avoidable mortality, which also featured as a key outcome for the Integrated Transformation Fund.

Public Health would agree with partner's action plans to address under-performance and complete a report card on each indicator. Where the Indicator was an outlier, the report card would be submitted to the appropriate planning or commissioning group.

It was noted that agreement needed to be reached on which performance measures were regularly reported to the Health and Wellbeing Board. These should be indicators which were closely linked to the six locally determined priorities which followed the Health and Wellbeing Strategy. If these high level indicators showed no improvement or were significantly underperforming, the Health and Wellbeing Board would agree actions to be taken or hold a performance clinic with partners to develop a remedial action plan to engage action. Where a performance clinic was held, the issue would be reported to Cabinet. The emphasis of the performance clinics would be on innovation and doing things differently, to facilitate improvement and change.

The Indicators not included in the top six strategic issues would be addressed elsewhere within the local performance framework. The actions would re-focus activity on the early intervention and prevention agenda for long term and sustainable impact. The submitted report provided a framework for this process and summarised the early progress being made.

Specific reference was made to:-

- life expectancy and healthy life expectancy – causes of mortality and disability;
- reward grant in 2015-16 to local authorities being most successful regarding health inequalities, based on the outcomes framework

Resolved:- (1) That the report be received and its contents noted.

(2) That the proposed framework and reporting structures to address performance on the Public Health Outcomes Framework, as described in the report now submitted, be noted.

(3) That the use of the Public Health Outcomes Framework as a mechanism to deliver the Health and Wellbeing Strategy's aim of moving services to prevention and early intervention be noted.

66. RESIDENTIAL CARE SCRUTINY REVIEW - MONITORING REPORT

Further to Minute No. 64 of the meeting of the Cabinet held on 4th September 2013, consideration was given to a report presented by the Director of Health and Wellbeing describing the progress being made by Senior Management, Residential Managers and Human Resources Business Partner in line with recommendations from the Scrutiny Review of the Council's residential homes. The report included details of progress with the proposed restructure of the homes and service, in accordance with the budget savings and proposals for 2013/2014.

Reference was made to the following salient issues:-

- value for money, the use of limited resources and the requirement for financial savings; Members noted that the recruitment of staff was continuing and there had also been issues relating to the level of staff sickness absence;
- efficiencies made in respect of specific budgets (eg: revised procurement for the food budget, facilitating individual choice of meals from a wider-ranging menu);
- the quality of care services being provided.

Resolved:- That the report be received and its contents noted.

67. INTEGRATED HEALTH, EDUCATION AND SOCIAL CARE SERVICE FOR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

Consideration was given to a joint report presented by the Director of Schools and Lifelong Learning describing the proposal to integrate services across Social Care, Education and Health for children with a Special Educational Need or Disability (SEND) in Rotherham. This proposal was in line with Government requirements for reforms in commissioning and provision for SEND across Education, Health, Social Care and wider partners as set out in the Department of Health's SEN Green Paper 'Support and Aspirations; a New Approach to Special Educational Needs and Disability and with joint commissioning as set out in the Children and Families Bill 2013.

The submitted report described the improved outcomes for children and their families, legislative requirements for the Council, key principles, benefits and potential risks of this integrated approach. Members noted that the proposal was in line with the joint Health and Wellbeing Strategy for Starting Well, Developing Well and Living and Working Well. The Strategy stated that changes would take place in services to meet the reductions in revenue as demanded by the coalition Government.

The SEN Green Paper 'Support and Aspirations; a New Approach to Special Educational Needs and Disability set out the following vision:-

- Early Identification – streamlining assessment processes and development of the Education, Health and Care Plan;
- Giving Parents Control – Creation of a 'Local Offer' covering including the choice for families to opt for a "Personal Budget";
- Improved Learning and Achieving – improved outcomes for children and young people across schools and colleges;
- Preparing for Adulthood – Seamless service from birth to 25 years, with smooth transition;
- Services Working Together for Families – development and expansion of joint commissioning arrangements.

The official timeline required the reforms to be in place by September 2014.

The report also outlined current service provision (including SEND services), the proposed integrated approach and the importance of improving outcomes for children, young people and their families.

It was noted that the Cabinet had endorsed the proposal for consultation, which would last for the maximum required period of 45 days. This action would enable the reconfigured joint approach service and the required revenue spending reductions to be implemented from April 2014 (Minute No. 168 of the meeting of the Cabinet held on 15th January 2014 refers).

Members referred to the following salient issues:-

- the pooled budget arrangements (local authority and health services) and the need to ensure value for money;
- the development of a project plan, for eventual submission to Members;
- the role and function of the Young Adult Transition Team;
- the provision of equipment for children and young people with Special Educational Needs (e.g. Rotherham Equipment Store);
- the process of consultation in respect of the new arrangements, which would be the subject of future reports to Elected Members;
- the requirement to achieve reductions in revenue spending on the integrated health, education and social care services.

Resolved:- (1) That the report be received and its contents noted.

(2) That the proposals to integrate services across Social Care, Education and Health for children with a Special Educational Need or Disability, as detailed in the report now submitted, be noted.

(3) That a further report be submitted to a future meeting of the Health Select Commission, during the Autumn 2014, detailing the proposals for the new arrangements for integrated health, education and social care services for children, young people and their families.

68. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 13th March, 2014, commencing at 9.30 a.m.