HEALTH SELECT COMMISSION
13th March, 2014

Present:- Councillor Steele (in the Chair); Councillors Doyle, Barron, Dalton, Havenhand, Kaye and Wootton, Vicky Farnsworth (SpeakUp), Robert Parkin (SpeakUp) and Peter Scholey.

Councillor Doyle was also in attendance at the invitation of the Chairman.

Apologies for absence were received from Councillors Beaumont, Goulty, Hoddinott, Middleton, Sims, Watson and Wyatt.

69. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

70. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chairman reported receipt of a written question from the Youth Cabinet as follows:-

"Many young people do not know who their School Nurse is, the full range of help and support they provide or how to contact them. We have found that increasingly young people are experiencing mental health issues which may result in self-harm or other related health issues and do not know where to go to for help and support.

Can School Nurses have more of a presence in schools and be accessible to all young people with clear information publicised about the services they provide?"

The Chairman requested that he be supplied with the answer in writing which he would forward to the Youth Cabinet.

71. COMMUNICATIONS

(1) Childhood Obesity Cabinet Response

The Cabinet's response had been submitted to the Overview and Management Board in January, 2014. Of the 12 recommendations, 10 had been accepted and 2 deferred (revising the report template to show consideration of health implications and promotion of the Rothercard). A monitoring report was due to be submitted to the Commission in July but, as work was currently taking place on the pre-tender questionnaire and current providers continuing until October, it may be more appropriate to delay until a more appropriate time.

(2) Work Programme

The Mental Health Review was to roll over into 2014/15 as the Carers Review and Childhood Obesity mini-Review had been carried out which had not formed part of the original Programme. Mental Health Services was potentially a very large Review so there needed to be a clear focus as to what it should centre upon.

The 2014/15 Work Programme would need to be agreed by June so any suggestions would be welcomed by the end of April.

(3) Public Health Conference

The Chairman reported that he had recently attended the above conference. A written report would be submitted in due course.

(4) "Working Together for a Healthier Rotherham"

The Chairman reported that a conference, entitled as above, was to be held in Rotherham on 16th July, 2014, at the New York Stadium.

(5) Rotherham Heart Town

The initiative had done very well to be short listed for a national award.

72. MINUTES OF THE PREVIOUS MEETINGS

Consideration was given to the minutes of the meeting of the Health Select Commission held on 9th and 23rd January, 2014.

Arising from Minute No. 61 (CAMHS), Janet Spurling, Policy Officer, reported that the formal target was approximately 18 weeks. With regard to statistics for the incomplete pathway within 8 weeks i.e. patient waiting, December had stood at 63% and January 66%. In terms of the completed pathway within 8 weeks, i.e. starting treatment (currently defined as the second appointment), it was 79% for December and 71% for January. The CCG was working closely with CAMHS with regard to data quality and revisiting the definitions.

Resolved:- That, with the addition of co-optee members Vicky Farnsworth, Robert Parkin and Peter Scholey being added to the attendance of the 23rd January minutes, the minutes of the meetings held on 9th and 23rd January, 2014, be agreed as a correct record for signature by the Chairman.

73. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meetings of the Health and Wellbeing Board held on (i) 22nd January and (ii) 11th February, 2014.

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

74. PHARMACEUTICAL AND MEDICINES WASTE

Stuart Lakin, Head of Medicines Management, Rotherham Clinical Commissioning Group, presented a report on the work taking place in Rotherham to reduce pharmaceutical and medical waste as identified in the Select Commission's 2013-14 work programme.

The report highlighted that in Rotherham:-

Summary of Savings

- Nationally 10.7% (£831,292,864.99 per annum) of prescribing expenditure was on appliances (continence/stoma), nutritional supplements and wound care products – Rotherham had managed to significantly decrease the cost whilst improving the patient experience

- Estimating that if Rotherham's nutritional expenditure had increased in line with national cost growth trends since the service redesign – then spending would have been 89% higher, a potential saving of £468,125 per annum

- Continence prescribing costs had decreased in Rotherham by -8.99%

- Management of gluten free products through prescribing by the dietician had resulted in a -19.61% decrease

- Stoma prescribing costs had decreased from £964,687 in 2011/12 to £748,159 in 2012/13 (-22.45%)

- The above savings had been achieved by the improved management of prescriptions and regaining prescribing of appliances from the Direct Appliance Contractors – estimated savings of £1,094,753 against Rotherham's 2012/13 prescribing costs

Reducing Waste

- Patients understood that excess medicines was a waste of NHS resources

- Approximately 300 patient questionnaire had been sent directly to patients in 2012 but had not revealed waste as an extensive problem nor identify any causes of waste

- Continence and stoma patients reported receipt of unrequired products or surplus quantities – requests to practices to change the prescription/appliance companies went unheeded. Similar issues with medication from pharmacists

- Patients were genuinely resistant to tell their doctor that they were not taking a particular medication

- Only intervention demonstrated to reduce medicine waste was the adoption of a 28 day prescription policy – 34 of Rotherham's 36 GP practices had this in place

- Pharmacies were paid for everything they dispensed under the current contract

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

- Care homes tended to throw medication away at the end of the month unnecessarily and order new – no specific figures for care homes but overall waste is estimated at £1.5m in Rotherham

- A pharmacy technician was to be seconded to work with the CCG for a year to look at the pathways of the hospital and wastage

- Consideration was being given to having a pharmacy technician work with care homes. If that resulted in a reduction of waste and saved more than it cost, it may be rolled out across Rotherham

- Need to ensure that patients had a variety of ways to order their prescriptions e.g. out of hours, on line

- Branded versus generic medication

- Consideration given to certain drugs for certain conditions – quality criteria monitoring

- Data was collected by searching the 2 IT systems

- Due to European Legislation, medicines could not be re-issued once they had left the control supply chain even if they had not been opened

- There were very few independent pharmacies in Rotherham – pharmacies were used to competing against each other

- Sheffield – incentivised non-dispense scheme

- The Department of Health had no desire to look at the pharmacy contract in England at present

- Previously if a pharmacy agreed to provide 100 hours a week they would be awarded a pharmacy contract, but now have to prove a need for a pharmacy in a new area

Resolved:- (1) That the progress made in Rotherham in reducing costs with regard to pharmaceutical and medical waste be noted.

(2) That the proposed actions to work towards further reductions in waste be noted.

(3) That a further update be submitted on the progress of the actions outlined in Appendix 1 of the report submitted.

(4) That the Cabinet Member for Adult Social Care be requested to ascertain the practice for pharmaceutical and medicines waste in the Local Authority-owned care homes and to consider taking part in a pilot project.

75. SCHOOL NURSING SERVICE

Anna Clack, Public Health, gave the following powerpoint presentation:-

Healthy Child Programme 5-19
Core ambition to have children and young people who were happier, healthier and ready to take advantage of positive opportunities and reach their full potential

- Framework for universal and progressive services for prevention and early intervention
- Key role was to identify children with high risk and low protective factors
- Partnership working to develop high quality services
- Effective use of resources informed by a local needs assessment
- Delivered to local population regardless of school status – Academies, educated at home
- Evidence based programmes

National Guidance

- Working Together to Safeguard Children
- National Child Measurement Programme 2012/13
- You're Welcome
- Healthy Child Programme

Getting it right for Children and Families – an opportunity to

- Revitalise the profession
- Review and revise local services
- Reaffirm School Nurses as leaders and key deliverers on Public Health
- Develop a framework for local service delivery
- Involve children and young people in Service development
- Provide a Service that is 'in synch with the way young people live their lives'
- Four levels of activity/intervention with safeguarding running through all

Outcome Measures for Children, Young people and Families
- Improved emotional wellbeing of looked after children
- Reduced school absences
- Reduced excess weight
- Reduced under 18 conceptions
- Reduced chlamydia prevalence in 15-24 year olds
- Reduced smoking prevalence
- Reduced alcohol and drug misuse
- Reduced tooth decay in 5 year olds
- Population vaccine cover

Where we are now
- Delivering elements of Healthy Child Programme
- Key professionals in safeguarding children and young people
- NCMP – offering targeted advice and support
- Integrated HV and SN Team to support seamless transition
- Delivery of efficient and effective vaccination programmes
- Use of system one to evidence outcomes
- Working in partnership on Early Help Strategies
- Offering and co-ordinating targeted support for children and families – CAF's
- Use of the 4 level Service model to categorise need in caseloads on SystmOne e.g. Universal Plus
- Working with agencies to promote emotional health at tier 1
- Offering signposting and support on sexual health
- 'brief interventions' to promote healthy lifestyles

What does a good Service look like?
- A high quality evidence based service
- An appropriately skilled School Health Team
- Efficient delivery of our local Service model
- Involvement of children, young people and families and stakeholders in development, review and evaluation
- All children and young people from school entry age have access to a skilled Public Health Nursing Service
- Working in partnership to get best outcomes
- School Nursing recognised as a career opportunity

The updated Rotherham Service Specification
- Focuses on quality health improvement (outcome measures)
- Is detailed and more prescriptive than the previous specifications
- Has to acknowledge the intense work of the vaccination programme and National Child Measuring programme
- Recognises the separate commissioning of the vaccination programme (NHS England responsibility)
- Ensures children and young people from school entry age have access to a skilled Public Health Nursing Service

– Will deliver the specification (still subject to contract negotiations) with a 10% reduction in the Service contract budget

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

- School Nursing for Special Schools was commissioned separately by the CCG

- The Service consisted of 15.5 full-time equivalent School Nurses, 2 full-time equivalent Staff Nurses and 3 support staff who carried out the Child Measuring Programme and support

- Usually 1 Team would cover a School Learning Community consisting of 1 secondary school and the cluster primary schools. Some did have 2 secondary schools – it was based on numbers. Academies were involved

- The Service was generally based on need and deprivation scoring, however, some had significantly higher numbers of deprivation

- The caseload was between 3,500-4,000 children per Team

- Public Health commissioned the Service from Rotherham Foundation Trust. It would transfer to the Council hopefully next financial year

- The contract would be performance managed by Public Health

- A large part of the Service/time was spent on the National Child Measuring Programme and School Vaccination and Immunisation Programme which was not a Local Authority responsibility. However, there were issues with regard to the funding of the Programme so it had been agreed that in Rotherham it would be a transition year and the contract for School Nursing and the School Immunisation and Vaccination Service would be separated and contracted separately next year. This was a national problem and had been raised with the Local Government Association

- Some schools did not want to have a School Nurse on site which was an issue for the children not knowing how to access the Service. If the school still wanted a vaccination programme but not necessarily a presence on site, a compromise would be reached. Within the specification this issue had been addressed by the use of social media to promote the Service

- Outcome measures for child protection were statutory and were very clear, stipulated in the Safeguarding priorities

- Concern that the standard of school nursing in Special Schools had deteriorated

Anna was thanked for her presentation.

Resolved:- (1) That the presentation be noted and a future update be provided in due course.

(2) That a report on School Nursing in Special Schools be submitted to a future meeting.

(3) That the Strategic Director, Children's and Young Peoples Services, be contacted to ascertain the position with regard to those schools not participating in the School Nursing Service.

76. BETTER CARE FUND

Kate Green, Policy Officer, and Tom Cray, Strategic Director, Neighbourhoods and Adult Services, presented a report on the Better Care Fund and how Rotherham had developed a local plan to meet its requirements.

The Fund was announced by the Government in June, 2013, the spending round providing a catalyst for local authorities and Clinical Commissioning Groups to transform and integrate health and social care. It did not offer any new money but provided a single pooled budget made up of money already in the system to support health and social care services to work more closely together in local areas.

The local plan had been developed by a small multi-agency task group of the Health and Wellbeing Board supported by an officer group and contributed to achieving the overarching vision of the Health and Wellbeing Board i.e. "to improve health and reduce health inequalities across the whole of Rotherham".

The action plan (Appendix 2) demonstrated the specific actions that would be delivered locally as part of the Better Care Fund. The actions were aligned to the 4 strategic outcomes of the Health and Wellbeing Strategy as well as demonstrating how locally they contributed to the 6 national conditions.

Locally plans had to deliver against 5 nationally determined measures:-

- Admissions into residential care
- Effectiveness of reablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient and Service user experience

plus 1 locally agreed measure which Rotherham had chosen as 'emergency readmissions'.

The first draft of the plan had been submitted to NHS England on 14th February, 2014. It was reviewed by NHS England and also by a local authority peer review. Initial feedback was:-

- NHS England suggested that all the information was contained within the plan but needed much more detail before the 4th April submission. Based on what they had seen, it was likely to score "green"

- The Peer Review stated that the plan showed really good evidence and agreed that it was a workable plan. It also referred to engagement with the public and providers, impact on providers, development of actions, degree of transformational change, alignment with Health and Wellbeing Strategy, scoping of projects, finances and transfer of funds from Hospital/Acute Services to Community, Prevention and Early Intervention, performance targets and workforce requirements

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

- Intention of the Fund to transfer money from Acute to Early Intervention and Prevention but was not new money. However, this was complicated due to the two Government Departments (Health and Communities and Local Government) having differing opinions with regard to the Guidance, with the DoH view being recommissioning of NHS services and the CLG referring to whole system transformation.

- Initial submissions had been assessed against criteria that had not been published at the time they had been submitted

- The Officer and Task Groups were meeting on a regular basis where difficult negotiations were taking place which were not helped by the conflicting Government Guidance

- Performance measures still had to be resolved with the Council's representatives striving to ensure they met the 3 aims i.e. drive change, satisfy NHS England and be stretching but achievable. Clarity was also required with regard to some of the re-commissioned projects as to the potential consequences for the Local Authority relating to funding

- The funding would be paid in 2 or 3 tranches; the first 50% being drawn in April, 2014 and then evidence of performance and transformational change to enable drawing down of the remaining 50%. If not, potentially the money could be withheld by NHS England and a damaged reputation

- There had to be a whole system transformation so the plan needed more emphasis on early intervention and prevention

- The important role of unpaid carers in providing support and contributing towards prevention and early intervention as noted in the recent scrutiny review

Resolved:- (1) That the work undertaken to develop a local Better Care Fund plan be noted.

(2) The Health Select Commission notes with concern the issues regarding the outstanding matters relating to the Better Care Fund submission.

(3) The Health Select Commission wants to be satisfied that the projects submitted have taken account of the effects on the whole system, so that citizen experience was improved end to end.

(4) The Health Select Commission would also like assurance that all aspects of the plan were deliverable and that there were no unfunded consequences for the Local Authority.

(5) That the final Better Care Fund be submitted to this Commission in due course.

77. SCRUTINY REVIEW OF CONTINUING HEALTHCARE

The Director of Health and Wellbeing reported on the progress made on the recommendations from the joint Health and Improving Lives Select Commissions' review into Continuing Health Care (CHC).

A senior management group consisting of both RMBC and NHSR staff had agreed a set of actions to ensure effective multi-disciplinary working and delivery of better outcomes for customers:-

- CHC and Social Care Assessments - An improved working relationship now existed and an understanding of each professional's role in participating in a multi-disciplinary assessment and completing the Decision Support Tool. However, it had yet to be seen whether this would impact upon the financial position as positively as was required.

- Assessment, Decision Making and Access to CHC for Children with Complex Needs - For children and young people with significant needs, there were 2 main areas which needed to be improved. Firstly, reviews of current cases and consideration of a number of new cases which had yet to be assessed and considered by the Panel and secondly, an improved system of decision making through a revised

Continuing Care Panel which complied with national guidance on Children's Continuing Healthcare and 'Who Pays'. There had been a commitment to address the backlog by the end of March, 2014, however, it had since become apparent that the Clinical Commissioning Group (CCG) and Commissioning Support Unit (CSU) were unable to meet the deadline and it is now likely to be June. It had since been agreed that the CCG would backdate their financial commitment for cases in 2013/14 to the date from which the package of care started for children and young people agreed as eligible for CHC funding and they were seeking clinical assessment support to carry out the work. CCG and Council staff were meeting fortnightly to progress the agreed programme of work.

- Joint Protocol – Had been drafted and work had commenced with Continuing Health Care manager/staff and RMBC CHC Champions – CHC Lead now in post. Specific training for those working in Children's Services would be based upon regional advice following the National Guidance on CHC and take account of the new Panel arrangements. The Protocol would include how to resolve disputes and written guidance for staff produced to ensure consistency and compliance once issued.

- Training – To be delivered jointly by CHC/RMBC leads and rolled out across hospital, Community Health and Social Care Teams. Progress on delivery had been delayed as CCG required to provide information regarding the start date.

  It was noted, that since the report had been produced, the training had been stopped and that the CSU had taken the decision to provide training on a regional basis. This was disappointing given the agreement made and also raised concerns about consistency if people were no longer training with their local colleagues.

The RMBC/CHC Senior Management Group, Personalisation Stream, would continue to meet and consider budget issues/develop cost effective delivery of personal health budgets by 1st April, 2014, based on a pilot project implemented from 1st April, 2013.

The latest Yorkshire and Humberside CHC benchmarking information for the final quarter ending 31st March, 2013, revealed that Rotherham was marked 7 out of 15 in terms of the number of people receiving CHC funding. In terms of actual expenditure Rotherham was ranked 10th and, therefore, still below the average spend per person within the region.

It was noted that Healthwatch Rotherham had approached the CCG and CSU regarding concerns expressed by members of the public regarding the lack of information available and the commissioning of reviews. This was echoed across the region.

The CCG held the CHC budget and had commissioned the CSU to carry out assessments and manage the budget, but the performance management arrangements and outcome measures were unclear.

Resolved:- (1) That the update on progress and issues arising from the Scrutiny Review of Continuing Healthcare be noted.

(2) That due to the concerns expressed, the Clinical Commissioning group be requested to attend a future meeting.

78. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Janet Spurling, Scrutiny Officer, submitted a report on the new review of Congenital Heart Disease Services and the proposal for the establishment of a Joint Health Overview and Scrutiny Committee (JHOSC) (Yorkshire and the Humber) in relation to the review.

The previous work of the JHOSC with regard to the Safe and Sustainable Review of Children's Congenital Cardiac Services in England (SSR) was well known and recorded. There was clear support from the constituent authorities for the work of the JHOSC to continue and for the new review of Congenital Heart Disease Services to benefit from similar robust scrutiny arrangements.

Following the decision to halt the SSR, the JHOSC had continued to meet. It had been made aware of NHS England's intentions for the new review to consider the whole lifetime pathway of care for people with Congenital Heart Disease covering services to both children and adults. The existing terms of reference had been revised to reflect the changed approach and scope of the new review.

Leeds City Council was the administering authority and their Scrutiny Support Unit would continue to provide day-to-day support for the work of the JHOSC. However, in recognition of the level of support already provided and the view from JHOSC members that the new review would benefit from similar robust scrutiny arrangements to those that were in place for the SSR, all constituent authorities had been requested to make a financial contribution of £1,000 per authority for the 2014/15 financial year. A budget for this would need to be identified.

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

(2) That Councillor Steele, Chairman of the Health Select Commission, be confirmed as its nominee to sit on the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the new review of Congenital Heart Disease Services, in line with the terms of reference submitted.

(3) That a report be submitted to Cabinet recommending to Council:-

(a) the support for the establishment of a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the new review of Congenital Heart Disease Services, as set out in the terms of reference submitted, be reaffirmed;

(b) that the relevant functions (in relation to the Council) set out in the terms of reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) be exercisable by that Committee subject to the terms and conditions;

(c) that the Chairman of the Health Select Commission be appointed as the Council's representative to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber);

(d) that any necessary amendments be made to the Council Constitution.

79. 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.