HEALTH SELECT COMMISSION
12th June, 2014

Present:- Councillor Steele (in the Chair); Councillors Dalton, Havenhand, Hoddinott, Vines, Whysall and Peter Scholey.

Apologies for absence were received from Councillor Jepson, Kaye, Swift and Wootton.

1. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. COMMUNICATIONS

LGIU Policy Briefings/Minding the Gap
Details of how to sign up for the briefings had been circulated to Members.

A further useful resource was the recently published A Cllr's Guide to the Health System in England which was available on the intranet under Member Learning and Development Resources.

Support for Carers Review
The Cabinet's response to the review was to be considered by the Overview and Scrutiny Management Board on 20th June. All 11 recommendations had been accepted and progress monitoring reports to be submitted to the Select Commission in due course.

Access to GPs Review
NHS England were involved in discussions with regard to Clinical Commissioning Groups being more closely involved in commissioning primary care with a range of models including joint or co-commissioning. There were mixed views on the issue such as the impact this may have on relationships between the CCGs and GPs as well as concerns regarding conflicts of interest. The Rotherham CCG had expressed an interest in managing GP contracts in their 5 year plan believing it would facilitate the development of system-wide care pathways needed to achieve efficiencies.

It was felt that this required further discussion as there appeared to be a conflict of interest.

Resolved:- That this issue be included on a future Select Commission agenda.

Health Conference on 16 July
There was one spare place from those booked by commission members; details available from Janet Spurling.

July Meeting
A ballot was currently underway for possible industrial action on 10th July, the diaried date for a meeting of the Select Commission. Depending upon the outcome, it may be that the date of the meeting would be changed. Members would be notified of the revised date and time.

4. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on 17th April, 2014.

Arising from Minute No. 85 (RDaSH Quality Accounts), it was noted that the document had been circulated to Select Commission members requesting comments by 20th June, 2014.

Resolved:- That the minutes of the meeting held on 17th April, 2014, be agreed as a correct record for signature by the Chairman.

5. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meetings of the Health and Wellbeing Board held on 23rd April, 2014.

Arising from Minute No. S95(b) (National Child Measurement Data) it was noted that a multi-agency performance clinic had been held to examine the issue from different perspectives. A set of actions to try and address the issues had been produced and look at alternative Performance Indicators. The outcome of the clinic had still to be reported to the Health and Wellbeing Board.

Resolved:- (1) That the minutes of the meeting be received and the contents noted.

(2) That the information arising from the performance clinic be forwarded to the Chairman and Vice-Chairman.

6. ISSUES FROM HEALTHWATCH

Nathan Batchelor, Research and Information Officer, Healthwatch Rotherham, reported the following:-

- The annual report would be available on 30th June. He thanked those who had contributed to the report

- The 'Hear to Help' Service, a free support service for hearing aid wearers in Rotherham provided by Action on Hearing Loss, a voluntary organisation, had unfortunately lost their funding. A number of comments had been received which had been forwarded to the Prevention of Hearing Loss and John Healey, MP, and had received an extension for a month. RFT had put in an alternative service to help residents but there was concern that there was no service provision in the Dinnington and Kiveton Park areas. Comments had been received from residents in those areas

- A report on RDaSH CAMHS services, put together by a number of parents and carers, would be available shortly on Healthwatch Rotherham's website

7. ROTHERHAM FOUNDATION TRUST QUALITY ACCOUNT

Tracey McErlain-Burns, Chief Nurse, and Hilary Fawcett, Quality Governance Lead, gave the following powerpoint presentation:-

Quality Account

- The focus of the Quality Account is on how we take assurance that the services we provide are safe, effective and enabling our patients, their families and carers to have a positive experience of care

Looking Back – our quality improvement for 2013/13

- Priority 1 – Patient Safety – Intraoperative Fluid management (CQUIN) - Achieved
- Priority 2 – Improving Data Quality - Improved
- Priority 3 – Review of Death Certificates - Achieved
- Priority 4 – Patient Experience – Dementia – Not achieved

Looking Forward – TRFT Quality Objectives 2014/15

- 1 – SAFE – Mortality – Deliver a 4 point reduction in HSMR

- 2 – SAFE – Harm free Care (HFC)
  - 2.1 Minimum 96% HFC
  - 2.2 Zero avoidable pressure ulcers grade 2-4
  - 2.3 Zero avoidable falls with harm

- 3 – RELIABLE – Achieve all national waiting time targets
  - 3.1 Cancer
    - 3.1.1 2 week waits
    - 3.1.2 31 days
    - 3.1.3 62 days
  - 3.2 A&E
  - 3.3 18 weeks

- 4 – CARING AND RELIABLE – Friends and Family (FFT)
  4.1 Achieve an A&E net promoter score (NPS) of 75
  4.2 Achieve an IP NPS of 83
  4.3 Achieve a maternity NPS of 83
  4.4 Achieve a 40% response rate for A&E, maternity and in-patients combined

CQC Inspection – all standards met
- Consent to treatment
- Care and welfare of people who use the service
- Cleanliness and inflection control
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision

Information Governance
- Information Governance Management – 66% (satisfactory)
- Confidentiality and Data Protection Assurance - 66% (satisfactory)
- Information Security Assurance – 66% (satisfactory)
- Clinical Information Assurance – 66% (satisfactory)
- Secondary Use Assurance – 66% (satisfactory)
- Corporate Information Assurance – 66% (satisfactory)
- Overall 66% (satisfactory)

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

- The mortality rates covered 3 principle measures:- Hospital Standardised Mortality Ratio (covered all deaths in hospital), SHMI (Summary Hospital Level Mortality Indicator) (covered all patients in the community if they died within 30 days of discharge from hospital) and RAMI (Risk Adjusted Mortality Index) (a different way of comparing hospital death rates within the service). A further area to be implemented in 2014 was Chronic Obstructive Pulmonary Disease and Respiratory Disorders especially Acute Pneumonia and the introduction of respiratory bundles

- Infection Control – there had been 7 cases reported of Clostridium Difficile in September-October, 2013, with the precise cause not identified. Since then cleaning, cleanliness standards, cleaning of wheelchairs, changing of curtains and all practices in relation to infection prevention had been looked at. When the outbreak had occurred, the Trust had reverted to the very old fashioned process of isolation and converted a 14 bed into closed door isolation environment and prevented any further spread

- A NEVER event involved factors that the Department of Health described as ones that should never occur if a Trust had implemented all the safety bulletins that have been issued over the previous year.

Details of the event could not be given for possible identification of the patient but assurance targets set

- The CQC had highlighted earlier in the year, the risk that there might be underreporting on patient safety (this was the national picture that gave assurance that Trusts were reporting). It was thought that the CQC may be identifying that Rotherham had a different threshold in reporting compared to other Trusts

- Staffing levels had been monitored i.e. every shift and whether or not the staffing levels were correct. The Quality Account was reporting that on 8% of occasions the Trust had not met the plan for nursing staff levels despite bank nurses and agency staff. 122 applicants were being interviewed for 35 Band 5 nursing vacancies with permission to over-recruit due to the expected loss of approximately 10 nurses a month for natural reasons/retirement/promotion. If unsuccessful, consideration would be given to overseas recruitment because of the demand on Registered Nurses across England. The health and wellbeing offer was being strengthened and sickness management arrangements tightened up

- There was a full establishment of nurses in Community Services and Maternity. A review of the nursing establishment would be considered by the Trust Board shortly. There were some vacancies in the Health Support posts

- As services transferred out to Community Services, the workforce would have to transfer and recognition of the requirements in advance in order to develop competencies of staff but also more importantly confidence of the staff. It was very different working in the hospital to being in a patient's home

- The Accounts contained a number of targets some of which were national. There were potential penalties in that some of the targets were CQUIN targets or contracting for quality improvement. If the targets described did not improve, the CCG could financially penalise the Trust and 1 of the areas where that could be applied was in instances of infection. The £10M cost improvement proposals had to be quality impact assessed and signed off as not having an adverse effect on quality by the medical director and that was being managed. It was not known at this stage whether the CCG would impose any financial penalty. There was a process that if a CCG believed there was a risk to the target they would serve a Contact Enquiry in order to understand whether there were suitable plans in place to prevent the risk maturing. It was felt that the relationship between the CCG and Trust was such that they would be looking to re-invest in order to drive the improvement

Resolved:- That the report be noted.

8. BETTER CARE FUND ACTION PLAN

Tom Cray, Strategic Director, Housing and Neighbourhood Services, and Kate Green, Policy Officer, presented a report which provided a brief overview of the process undertaken to date, NHS England feedback and how the plan would now be implemented.

Discussion ensued with attention drawn to the following:-

- The Risk Register and a summary of each of the schemes which made up the programme were attached to the report

- The new Care Bill was ranked as a "red" risk as the final detail was awaited. Once known, the detail would have to be evaluated to ensure no deviation from what the intended funding outcomes

- 14 schemes – 4 have recently been introduced

- Original plan was RAG rated by the DoE, NHS England and Peer Review and reasonably well received with no red indicators but 7 amber indicators

- Subsequent submission in April addressed the issues highlighted as part of the Peer Review. A multi-agency officer group and a Health and Wellbeing Board task group established. It had now been approved

- There had recently been unsubstantiated information from the Department of Health regarding concerns at a national level about whether the plans were deliverable at a national level and a commissioning point of view and whether would be an adverse effect on a number of hospital trusts across the country. The Kings Fund had made comments about the concept of the BCF nationally. There had been denials by the DoH about the leaks but a letter has been sent to the CCG asking them to review the plan particularly because of the financial aspects of the plan and the potential effects on hospitals. The Local Authority was awaiting as to how the CCG would carry out a review and report to the HWBB

- There had been ongoing discussions with the CCG regarding the financial deliverability. It was not just a transfer of NHS services to the Local Authority but the accompanying resources as well

- The BCF had forced the CCG to be more open about their own 5 year plans and given the opportunity to look at how they impacted on the Local Authority plans and jointly meet the demographic pressures and the rising expectations of citizens. It had also demonstrated that some of the CCG plans had unintended consequences, estimated to be £5M. Negotiations had focussed on how the CCG "swopped" the

funding they had already received in light of them already having a plan agreed by the DoH

- A further concern which had been leaked to a national newspaper was how the targets affected the business plans of the hospitals. The letter received by the CCG had requested that they be certain that the provider understood the impact of the plans and that the plans had been properly catered for

- It had been emphasised that the CCG must ensure that a whole system approach be taken for any projects so as to avoid the transfer of cost/responsibility somewhere else in the system and to consider the potential effect of efficiencies on outcomes for patients or citizens

- The plan consisted of a series of projects where it was felt the most progress/difference could be made to the citizens of Rotherham within the timescale

- A pilot was to be developed that would enable the sharing of patient information amongst professionals with the appropriate consensus from the individuals concerned

- There had been mixed messages coming from the 2 Governmental Departments of Health and Communities and Local Government with regard to resources and their transfer as well as recognition that it would cause some tension. This had been the case in some parts of the country. The majority of authorities in Yorkshire and the Humber region had taken the same approach as Rotherham

- There was a need for more work to be done on reducing admissions to hospital particularly around falls prevention with care homes. They had equally been affected by the tightening of resources and a partnership approach was required

- The plan did not come into effect until April, 2015, but was currently in a pilot learning year

Resolved:- (1) That the final plan submitted to deliver the Better Care Fund report be noted.

(2) That the Select Commission monitor the plan at 3 monthly intervals.

(3) That consideration be given to inviting the project leads to report on their projects.

9. HEALTH AND WELLBEING STRATEGY - UPDATE ON POVERTY WORKSTREAM

Dave Richmond, Director of Housing and Neighbourhood Services, presented a report on the poverty theme of the Health and Wellbeing Strategy, setting out the extent of the problem, its determinant factors and highlight some of the approaches being taken to tackle the issue.

The Poverty theme had the following outcomes:-

Priorities

- We will make an overarching commitment to reducing health inequalities particularly in areas suffering from a concentration of disadvantage

We will ask the Rotherham Partnership:-

- To look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work
- To ensure that strategies to tackle poverty do not just focus on the most disadvantaged but there is action across the Borough to avoid poverty worsening
- To consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person

Attention was drawn to the following:-

- Much of the work was undertaken at a neighbourhood level as part of the Deprived Neighbourhoods initiative

- The 2010 Indices of Multiple Deprivation (IMD) had highlighted significant concerns in relation to a worsening position for Rotherham.

- Corporately, work was underway to develop a Building Resilience Strategy which would ensure a strategic multi-agency approach towards tackling the key underlying issues affecting poverty in the Borough. Its 4 overarching objectives were:-

    - Maximising access to sustainable, decently paid employment and relevant training
    - Inclusive economic growth that benefits all of Rotherham's communities
    - Helping people to thrive and fulfil their potential
    - Building social capital and helping neighbourhoods to flourish

- A new approach agreed by Cabinet and the Rotherham Partnership based on local leadership and a long term commitment from partners to tackle inequalities in disadvantaged areas. Cabinet Member and Strategic Director leads were identified for each of the 11 deprived

neighbourhoods (as identified through the 2011 IMD) as well as Area Co-ordinators with the remit of:-

- Developing a local rich picture
- Putting in place governance and engagement strategies
- Establishing an action plan
- Making connections with the key players from other agencies to deliver the action plan

– Each priority area had been evaluated to assess progress with emerging issues set out in the report submitted. The following actions were recommended:-

- Children, Young People and Education – stronger links needed to be created between the Area Co-ordinators and the learning communities. Young people in deprived neighbourhoods were not achieving England and Maths to the Local Authority average and of the 16 learning communities predominantly those in the deprived communities were below the Local Authority average

- Adult Skills – increased community engagement activity to build up the connectivity within a community. Consideration to be given to outreach support work in the geographical areas with targeted groups of greatest need. From the 2011 census, 40% of those in deprived neighbourhoods had no qualifications and only 19% had a Level 3 qualification or above

- Employment – targeted action had been undertaken to tackle unemployment. Unemployment and inactivity had to be reduced in order to narrow the distance between neighbourhoods of entrenched worklessness and the City Region average

- Health – ensure those working in deprived neighbourhoods were trained in Making Every Contact count, actively promote the availability of free school meals/Health Schools Meals Policies, distribute information regarding the dangers of cheap and illicit tobacco and Area co-ordinators to contact general practices to raise their awareness of local health provision in the community and provide community feedback to the practice. Smoking rates in Rotherham were higher than the England average for the general adult population, in pregnancy and for young people as well as the rates of overweight and obesity in adults. The percentage of Rotherham's adult population with increasing and high risk drinking was similar to the England average but had significantly higher numbers of hospital stays for alcohol-related admissions

- Crime and Anti-Social Behaviour – improve the process for determining what local actions and resources should be applied to emerging problems

- Environmental – data showed that there had been a general increase in the number of complaints made about waste accumulations/flytipping but a marked reduction in complaints about dog fouling and litter.

- Community Engagement – all Co-ordinators to recognise the value of community involvement as a key method of raising aspiration and use community engagement as the focus of cascading information on adult education, employment, health and environment, increase resources, work closer with the Customer Engagement Team to target 'communities of interest' within the disadvantaged areas, improve links to schools within the 11 communities, closer links to environmental work and establish a 'plan of engagement'

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

– "Ask me about the Flag" – in an attempt to improve fuel poverty, the Repairs contract workforce wore the badge for any tenant to ask them about their energy requirements. They could carry out boiler and thermosat checks, give energy saving advice, provide contact number for energy providers and refer people to specialist financial advice etc.

– 9 out of the 11 neighbourhoods had a specific priority relating directly to health inequalities whilst others had actions which impacted on health. There was very little mention of mental health and disability both of which were real barriers to employment. It was acknowledged that the main issues coming forward, and focussed upon, from the 11 deprived neighbourhoods related to Obesity, Alcohol, Smoking, Breastfeeding and Healthy Lifestyles. However, there were a whole raft of things taking place that were interlinked. Mental Health was 1 of the key priorities of the Better Care Fund (BCF) and actions that been taken under that heading would also impact on this workstream. It was also fair to say that mental health issues were not confined to areas of deprivation but occurred Borough-wide. The workstream was attempting to address a set of 5/6 priorities on a Borough-wide basis and working with people in those neighbourhoods to identify the issues that had arisen from the statistics and local people in order to devise a plan that should link up with Borough-wide issues. The Health and Wellbeing Strategy and BCF recognised mental health, loneliness, isolation, the need to support people, need to catch people early, primary and secondary care. They were not highlighted in the deprived neighbourhoods works as there was service provision on a Borough-wide basis

– Not a lot of work had taken place yet with regard to engagement with GPs. It was an area for development

Resolved:- That the progress made against the objectives within the Poverty workstream be noted.

10. SCRUTINY REVIEW: URINARY INCONTINENCE

Janet Spurling, Scrutiny Officer, submitted a report setting out the proposed context to the scrutiny review.

The award winning Continence Advisory Service provided clinical advice, support and treatment to people in Rotherham who experienced problems with bladder and bowel dysfunction. The Service was responsible for supplying disposable absorbent products to eligible patients and prescribing all continence related equipment such as urinary catheters and drainage bags. Staff also provided advice regarding bladder problems or whether Service users ought to be their product needs reviews.

Rotherham transferred the prescribing of continence appliances from GPs to the Community Continence Service in 2009 and was the only CCG/PCT to demonstrate a decrease in continence expenditure over the last 5 years. In the period 2009-2013, continence prescribing costs in England increased by 21.56% whereas in Rotherham costs decreased by 8.99%.

It was proposed that the Service be subject to a focused spotlight review to examine current work and future plans to try and prevent or reduce urinary incontinence and to educate people that healthy lifestyles could also help to prevent incontinence.

Desired outcomes of the review would be:-

- To ascertain the prevalence of urinary incontinence in the Borough and the impact it has on people's independence and quality of life
- To establish details of current continence services and costs and plans for future service development
- To identify any areas for improvement in promoting preventative measures and encouraging people to have healthy lifestyles

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

(2) That Councillor Vines be included on the review group.

(3) That an e-mail be sent to those Members not present to ascertain if they wished to be part of the review group.

11. REPRESENTATIVES TO WORKING GROUPS/PANELS

Resolved:- (1) That Councillors Wootton and Dalton (substitute) represent the Select Commission on the Health, Welfare and Safety Panel.

(2) That Councillor Havenhand represent the Select Commission on the Recycling Group.

(3) That representation be sought from those not present at the meeting to the Climate Change Group.

(3) That Councillors Steele and Hoddinott (substitute) represent the Select Commission on the Regional Joint Health Overview and Scrutiny Committee.

12. DATE AND TIME OF NEXT MEETING

Resolved:- That a special meeting of the Health Select Commission be held on Thursday, 25th June, 2014, commencing at 9.30 a.m.