HEALTH SELECT COMMISSION
Thursday, 4th December, 2014

Present:- Councillor Sansome (in the Chair); Councillors Dalton, Jepson, Kaye, Swift, Vines and Wootton.

Apologies for absence:- Apologies were received from Wyatt, Hunter and Whysall.

56. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

57. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

58. COMMUNICATIONS

Joint Health and Overview Select Committee
The Chairman reported that he had attended a meeting on 28th November, 2014. There were major concerns from the attendees, some of which had been involved from the beginning, around the failure of NHS England to consult until the standards for Coronary Heart Disease had been accepted. They had been told that until the conditions were accepted, there would be no serious debate or consultation. This was creating a great deal of frustration.

They were also conscious that they had 4 surgeons at Leeds but not the workloads. It was a balance of retaining 4 surgeons/workload against a succession plan given the speciality/experience of the surgeons.

Information Packs
It was noted that a separate pack had been produced containing items for information. Should any Member have any issues to raise on the items contained therein they should be raised under Communications.

Access to GPs Review
The Overview and Scrutiny Management Board had requested a special Health Select Commission meeting to discuss the response due to a lack of detail with how some of the recommendations would be actioned even though they had been accepted.

A special meeting had been arranged on 15th January, 2015, at 9.30 a.m. to which the Clinical Quality Commission, Clinical Commissioning Group and NHS England had been invited.

Meeting with Rotherham Foundation Trust
The last meeting had been held on 24th November the notes of which were not available as yet. At the January meeting the Trust would give an

update on both their action plan and the Quality Account. They were applying to Monitor for the enforcement regarding governance to be lifted.

Seminar
A seminar was to be held on 9th December at 9.00 a.m. on the Care Act.

It was noted that Speak-Up had produced an easy read booklet on the Act.

Care Home Pilot – Waste Medicine Management
Discussions had taken place with Shona McFarlane, Director of Health and Wellbeing.

Medication in care homes was a complex matter delivered in partnership between the resident, their GP, the pharmacist and the care home. Most care homes operated a monitored dosage system or systems determined by the operating company many of which were national organisations. In setting up a contract, the Council required the home to operate a safe system of ensuring that residents received their medication correctly but the Council could not determine which specific system was used.

The key issue when delivering medication in residential care was safety and most homes found that a monitored dosage system resulted in a reduction in errors. The safety of the systems was not matched by flexibility and should someone not take their medication, or prescription change, the pre-filled cartridges were returned to the pharmacist to be destroyed which could result in wastage.

There were times when the prescription was completed incorrectly or the pharmacist did not complete the order correctly which could also result in waste when the homes had to send back the medication.

The in-house service operated 2 different approaches. Both were monitored dosages but for the home where there was 1 GP only, they had to be able to enter into an agreement to run an electronic version which resulted in a simpler to use system which could reduce waste. The Rotherham Clinical Commissioning Group was hoping to move to a '1 care home 1 GP' system which should enable more homes to use the approach.

Minor Oral procedures
At the last meeting it was agreed that the Chairman would write to NHS England with regard to the issues raised by Members about the proposals.

1 Whether the proposals would have a significant detrimental impact on Rotherham Hospital.
NHS England had engaged with the Foundation Trust about the proposals and did not consider that there would be a significant detrimental impact on the hospital. The number of patients who would be treated by an oral

surgery specialist in the community represented a small proportion of the total number of patients treated in the Trust's Oral and Maxillofacial Department. The Foundation Trust would continue to play a major and vital role in the provision of oral surgery procedures but would have a greater proportion of complex cases to manage.

2 It is essential that the contract is awarded to a practice that is easily accessible by public transport.
Accessibility of the service was a primary consideration and this was assessed through the tender evaluation framework developed for the procurement. Bidders were required to include within their premises proposal a description of the public transport services serving the particular location.

3 It is also important that the successful practice is fully accessible for disabled people in terms of both physical access and information about their treatment.
The premises proposed by any potential provider would be assessed to ensure appropriate access for patients with disabilities. However, minor oral procedures would still be available at the hospital and this may be the most appropriate place for some patients. Some patient groups received their regular dental care from the Community Dental Service based at the Community Health Centre and they would also be likely to receive oral surgery treatment at the hospital. The patient clinical pathway took account of patients' other health conditions when deciding on provider and location for treatment.

4 If information is available about the number and location of dental practices who already offer such procedures without needing to refer patients to the hospital.
At present no dental practices in Rotherham held a contract with NHS England to provide the services.

5 What arrangements will be in place for ongoing monitoring of service quality in the new contract?
All NHS England dental providers were monitored to ensure a high quality service was provided. Qualified dentists were employed as dental advisers to the commissioning and contract management team and they had a key role in monitoring service quality, mainly through practice inspections and record card audits. Providers also had to carry out patient satisfaction surveys, annual audits and to implement systems that supported the provision of a quality service.

Resolved:- That the Commission's satisfaction with the response to the issues raised be noted and the proposals be supported.

59. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on 23rd October, 2014.

Resolved:- That the minutes of the meeting held on 23rd October, 2014, be agreed as a correct record for signatures by the Chairman.

Arising from Minute No. 51 (NHS Rotherham Clinical Commissioning Group – Commissioning Plan 2015-16 – Transforming Community Services), it was noted that Joanna Saunders, Public Health, was the lead officer for the transforming of the 0-5 Child Services Partnership and would submit a report to the Select Commission.

It was also noted that the Foundation Trust would give an update on the Community Transformation programme to the January meeting.

Arising from Minute No. 54 (Health and Wellbeing Board Strategy Progress – Prevention and Early Intervention – NHS Health Checks) it was noted that Health Checks were aimed at everyone over the age of 40-74 years.

60. HEALTH AND WELLBEING BOARD

The Select Commission noted the minutes of the Health and Wellbeing Board held on 24th October and 12th November, 2014.

Councillor Doyle, Cabinet Member for Adult Social Care and Health, informed the Commission that since the last meeting of the Board the Council, Clinical Commissioning Group and South Yorkshire Police had signed up to the Mental Health Crisis Concordat.

Progress on the Health and Wellbeing Strategy and plans for refresh would be presented to the Select Commission at its meeting in March 2015.

61. ISSUES FROM HEALTHWATCH

There were no matters arising.

62. CHANTRY BRIDGE GP REGISTERED PATIENT SERVICE

Richard Armstrong, Interim Director of Commissioning, NHSE, and Dominic Blaydon, Head of Long Term Conditions and Urgent Care, CCG, presented a report on the actions taken to date and those being considered by NHS England in order to ensure adequate, high quality future provision of GP services in the Chantry Bridge area of Rotherham.

Current services were located in the Community Health Centre on Greasbrough Road and were part of the contract with Care UK together with the Out of Hours Service and the Walk-in Centre.

Appendix A of the report provided a detailed account of the context and position regarding future provision as well as:-

- Introduction and background to the existing service
- Current position
- Demographic information
- Other Primary Care services at Chantry Bridge
- Engagement
- Procurement principles
- Risk management
- Next steps

Discussion ensued with the following issues raised/clarified:-

- The service had commenced in 2009, commissioned at that time by the Rotherham Primary Care Trust to provide both a registered practice for patients as well as walk-in patients who chose to visit during the extended opening hours and for convenience due to its central location for people working in Rotherham

- The contract had been let for 5 years with an expectation that the practice list would grow to 5,000-6,000 people

- At the time of the contract coming to an end in May, 2014, the practice had a list of approximately 1,700 and Care UK still provided a walk-in service

- During the 2013 changes to the NHS structure the responsibility for Urgent Care Services (walk-in centre and out of hours) moved to the Clinical Commissioning Group. NHS England remained responsible for commissioning GP services provided to a registered list of patients

- Notification had been received that Care UK wished to withdraw from the provision of GP services but were willing to continue with the provision of out of hours services. Negotiations had resulted in an extension of the contract until September, 2015. This was timed to coincide with the opening of the new Emergency Centre at Rotherham Hospital but site issues have meant a delay to the opening date

- Barnsley Clinical Commissioning Group were co-commissioners for the out of hours service and had agreed to end their contract with Care UK in May 2015. Rotherham CCG would be receiving a paper from Care UK on the costs of continuing alone with out of hours

- Consultation with the registered patients had commenced to ascertain their preference. Options to explore would be whether there was a possibility of commissioning another practice in the area or another GP practice willing to take on the full patient list

- Need to ensure effective engagement with patients who were new arrivals/faced language barriers and patients with learning disabilities

or autism. It was noted that not many patient participation groups included disabled people

- 15% of the 1,700 lived more than 1 mile from the practice and travelled past other practices largely due to the convenience of extended opening hours

- If patients wished to stay registered in the area efforts would be made to re-procure through advertising the practice to any other provider who wished to take on the responsibility. Due to its small size, it would be expected to become a branch surgery of another practice

- NHS England felt that there was sufficient GP capacity in the area. Given the number of patients who actually lived out of the area it was highly likely that the majority would want to register with a GP closer to home

- The Community Health Services currently located in the building would not be affected by the changes in GP services

- The practice profile showed that 70% of the registered patients were of working age so would suggest they found the extended opening hours more convenient. There was a desire to see extended hours across the Borough and work was taking place with the Clinical Commissioning Group in looking at continuing provision for some form of walk-in centre and extending GP availability into the evenings and weekends. It was an aspiration for the future to commission services for longer periods of GP availability. GP practices were encouraged to submit a bid to the Prime Minister's Challenge Fund which was available to help improve access to general practice and stimulate innovative ways of providing primary care services

- It was not known why the patient list had not expanded. It could be that even though they may not be totally satisfied with their existing practice they could not be bothered to change. Also the service provider already provided the walk-in service for a patient whether they were registered or not so there was no incentive for Care UK to register more

- It was felt that there was still sufficient footfall for the pharmacy to be a viable business. A model being considered in terms of commissioning services from practices was looking at pharmacy services to relieve the strains on GP services and the hospital

- If practices took on more patients they would receive extra income, on average £120 per patient per practice

- If practices chose to close their patient list they had to apply to the Area Team and report why they had chosen that course of action. If it was found to be with no good reason, the application could be refused

or sanctions imposed in respect of the provision. Much of the GP practices chose to be open to register patients

- It was noted that the Friends and Family test would be introduced as from December for GP practices, to be reported monthly. This would be in addition to the national GP Patient Survey.

- NHS England did not allocate patients to a particular GP practice other than in situations where the patient was unable to choose.

Consideration was also given to a report to the NHS England and Health Scrutiny Overview Committee by Healthwatch Rotherham.

Healthwatch Rotherham had been approached by NHS England to help with the engagement around the future of the medical practice. 13 comments had been received regarding the practice relating to appointments/waiting times and other. There were some patients who had been signposted to the practice because of there being a "no boundary" approach and the extended opening hours but some were still reporting problems with appointment/waiting times to see a Doctor even though there were only 1,700 registered patients. Due to the location and layout at the Community Health Centre, many patients perceived the Walk-In Centre and Chantry Bridge GP practice as being one and the same. At the time of presenting the report Healthwatch had not received a response from Care UK who had been given a copy of the report.

Members requested further information from NHS England in order to inform their response to the proposals:-

- Information that NHSE had requested from Care UK with regard to the patient demographic profile and proximity to Chantry Bridge.
- Outcomes of the engagement with registered patients and the six GP practices within one mile of Chantry Bridge.
- An equality impact assessment/equality analysis

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

(2) That a formal response be submitted to NHS England South Yorkshire and Bassetlaw subject to receiving the information above and confirmation of the timescales.

(3) That the Select Commission's thanks and best wishes were given to Mel Hall, Chief Executive, Healthwatch Rotherham, who was leaving the position shortly.

63. CHILDHOOD OBESITY SCRUTINY REVIEW UPDATE

Joanna Saunders, Public Health, presented an update on the Childhood Obesity Review recommendations which had been considered by Cabinet on 16th October, 2013 (Minute No. 95 refers).

The re-commissioning of the Healthy Weight Framework (West Management Services) had commenced in May, 2014, following Cabinet approval (Minute No. 223 of 19th March, 2014, refers). The whole Healthy Weight Framework had been subject to review due to the budgetary pressures and the procurement process suspended at the end of July with all existing services extended to 31st December, 2014. However, the procurement had now been resumed and contracts would be awarded in the New Year.

Rotherham's Healthy Weight Framework continued to attract national interest and its specifications recognised as representing good practice in published papers and guidance.

Since the last update, progress had been made with work underway on a number of the recommendations:-

- Revised Healthy Weight Framework Service specifications now consistent with updated national guidance. Re-procurement would be complete and new contracts awarded across the whole Framework by January, 2015
- The new contracts would include a single point of access and web-based data management system which would ensure all patients were triaged into the correct Service and monitored effectively
- The new School Nursing specification included targets for referrals to Children's Weight Management Services
- Improvements in the relationship between Service providers and School Nursing to enhance their skills in identifying and referring young people
- The national Policy introducing free school meals to Reception and KS1 children had increased meals served per day
- The obesity performance clinic held in May, 2014, had led to enhanced collaborative working on the wider determinants of overweight and obesity with other Council services

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

- 201314 data recently published showed that Rotherham's rates had slightly gone up

- The data was always slightly skewed due to it being a different cohort measured every year

- Public Health England had started to look at trend data averaged on a three year basis to get a better picture looking at Y1-2-3, Y2-3-4 and Y3-4-5

- Over 1,000 children had achieved weight loss through the Service

- Children were very dependent upon their parents getting them to/engaging with the Service and a full family approach was best

- The height and weight measurements were carried out during the term after Christmas up to the Summer. All the results had to be uploaded onto the national system and analysed over the Summer holidays. Due to staff resources all schools were not done at the same time

- Schools were given an indication of when the programme would be coming to them and they wrote to the parents. Should a parent not wish their child to be included they had to opt out

- There were really good levels of coverage – high 90%. The measurements were taken sensitively and people were more comfortable with it taking place now it was more well established

- Currently there was no data connection between a child's height and weight and their attainment. The information could not be passed onto another provider but discussion had taken place as to the extent to which attainment could be broken down in relation to weight in the future

- MoreLife (Carnegie, Leeds) had been the provider of Rotherham's residential summer camp. Generally all the children that stayed achieved a substantial weight loss

- The Services commissioned by Rotherham were built on the model developed by the MoreLife Programme. It was a partnership arrangement between MoreLife and Places for People, Rotherham's leisure provider

- Only children in Reception (aged 4-5) and Y6 (10-11) were measured. The proportion of children who are overweight and obese increased significantly from Reception to Y6

- It was really important that physical and active lifestyles were promoted for the whole family as the children did not have the autonomy to go to playgrounds etc. without parental input and support. It was easier to influence behaviour when the child was younger

- The Carnegie camp was set in a former boarding school where a complete controlled environment could be created for a period of 5-6 weeks. The children ate normal foods with no snacking, sweets, meals ate at the table with others. The food was calorie controlled so the children learnt what was a normal healthy meal and incorporate it into family life when back home. Parents visited and were expected to engage in the education sessions and given a lot of information

about incorporating the messages into family life when the children returned home

- This year 19 young people had gone to the camp. It cost £3,500 per child who had to be agreed between 8-17 years

- In the summer holidays Rotherham also ran intensive support for obese children within the local delivery programme

- Single point of access was important. An assessment was made and a series of questions asked during the process of registration to ascertain what services would best meet their needs

- The funding had originally come from the Rotherham Primary Care Trust. It had been passported through to the Council as part of the ringfenced Public Health grant

- Free school meals had been introduced nationally for younger children and provided a good start in early years but families needed to be aware of the eligibility criteria for when children were older to encourage take up as not all families who were eligible did so

Resolved:- (1) That a further update be submitted by the Head of Health Improvement to the Select Commission in July 2015.

(2) That the Weight Management Service providers be invited to the July, 2015, meeting to talk about their services and development plans.

(3) That further information be provided regarding Recommendation 12 from the review and the points relating to schools that were considered by CYPS Departmental Leadership Team.

(4) That information about the eligibility criteria for free school meals be circulated to the Select Commission.

64. SUPPORT FOR CARERS SCRUTINY REVIEW UPDATE

Janine Moorcroft, Neighbourhoods and Adult Services presented an update on the above joint scrutiny review which had been undertaken by the Health and Improving Lives Select Commissions.

The report highlighted the joint actions agreed by the Select Commissions and incorporated actions from the Carers Charter action plan 2013-16 and the progress made on each.

The review had acknowledged the need for the recommendations to be contained within existing resources and, in the main, there were no financial implications. Now the guidance for the Care Act had been published, the working groups established had a clear direction of what they had to achieve and would be built into the action plan. There was a

further meeting arranged with lead partners in early January to look at the budgetary workstreams in relation to the Care Act.

Discussion ensued with the following issues raised/clarified:-

- Carers assessments and care plans were only done for those carers in receipt of social care. This had been acknowledged and would be fed back to the relevant workstream officer. The Care Act guidance would be considered to ascertain what changes were needed to the Carer's Needs Form and Care Plan.

- The update for recommendation 11 focussed more on public sector partners but this would be discussed at the meeting arranged for January, 2015 including all partners.

- Discussions were taking place about Carers Corner moving to the RAIN building next year on a part-time basis, as well as the introduction of a more flexible service in all communities

- It was still a challenge to monitor changes in the numbers of carers. The question was asked at over 75's healthchecks.

- Bi-monthly carers meetings were held.

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

(2) That the incorporation of the scrutiny review actions into the wider action plan be noted.

(3) That an update be submitted in 6 months.

65. ROTHERHAM RECOVERY HUB

Malc Chiddy, Drug Intervention Programme Strategic Manager, presented a report on the above.

The Council, in partnership with Lifeline (Alcohol and Drug 'Tier 2' provider service) had been successful in securing £875,000 capital funding from Public Health England to purchase and refit suitable premises as a Rotherham Recovery Hub to support recovery from drug and alcohol dependence.

The recovery services currently commissioned from RDaSH, alongside Lifeline and other services, would be relocated to the 'Hub' which was expected to be open from April, 2015.

The capital grant scheme was made available to support the recovery focus of the coalition government. Group work, housing, employment, training and lifestyle activities would be provided in a welcoming environment away from the main clinical treatment base offering some

respite for Service users and avoiding them coming into contact constantly with other active drug users.

There had been a substantial level of interest in the funding with over 200 bids submitted. Rotherham's funding allocation had been the single largest grant agreed.

The ex-Youth Offending Service building, 'Carnson House', had been purchased with the process of planning and redevelopment already underway. It was estimated that the premises would be open for use by 1st April, 2015 and fully completed by July, 2015.

Under the funding grant, the premises were owned outright by Lifeline but were to be made available for up to 20 years to Rotherham as a Recovery Hub. After that time the premises became a Lifeline asset to use or dispose of as they saw fit, however, the 20 year timescale could be reduced at any time by the Authority giving the appropriate notice.

Discussion ensued with the following issues raised/clarified:-

- RDaSH would also be in the building

- A management group had been set up and had had its first meeting

- The Hub had to be made available for Alcohol and Drug Services in Rotherham for 20 years as a grant condition

- The building had been used by the Youth Offending Service for the past 20 years so no problems were anticipated from nearby residents and there was little concern regarding the present centres at Lifeline and Clearways.

- It was a recovery hub and not a drop-in centre – it was those during their recovery stage that would be provided support. There would be a programme of work covering debt management, employment, housing, ongoing health etc. with partners brought in to support

- Both Lifeline and RDaSH worked on recovery now and had ways of measuring such. It did not have to be total abstinence but massive steps towards it and getting their life back in order. The main subjects would be housing, training/employment and relationships which were the areas that helped with recovery

- Clients would be seen by a Clinical Worker regarding medication/injections away from the Centre – it would purely be recovery workers they saw at the Hub although the 2 workers would be in contact

- Success was measured by someone not coming back into treatment for 6 months

- Clients would be offered a 12 weeks recovery programme on a rolling basis but would not be expected to stay in the Service for more than 6 months. Exact numbers were being worked up and it was expected there would be an increase to those using services at the moment

- It would not be a 9-5 service. The building would be available for other services such as Alcoholics Anonymous and Narcotics Anonymous in the evening. It was hoped to have evening and weekend sessions but it would not be 24:7 because of staff time. The focus would be on what was best for the service users

- Assurance had been received from the Planning Service that, due to the premises' previous use for more than 10 years, planning permission was not required for change of use

Councillor Doyle, Cabinet Member for Adult Social Care and Health, stated that funding had been awarded due to the excellent innovative scheme illustrating joint work across a number of different agencies. He also reported that he would request that all relevant Ward Members were kept fully informed and involved with the scheme so they could allay any fears that arose from members of the public.

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

(2) That a visit to the premises be made once the project was up and running.

66. DATE OF NEXT MEETING

Resolved:- (1) That a special meeting be held on Thursday, 15th January, 2015, commencing at 9.30 a.m.

(2) That a further meeting be held on Thursday, 22nd January, 2015, commencing at 9.30 a.m.