HEALTH SELECT COMMISSION
11th July, 2014

Present:- Councillor Steele (in the Chair); Councillors Hoddinott, Hunter, Jepson, Kaye, Swift, Vines, Whysall and Wootton.

Apologies for absence were received from Councillors Dalton and Havenhand.

19. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

20. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

21. COMMUNICATIONS

It was noted that the DoH had issued guidance around Health Scrutiny following the 2013 Regulations. A briefing would be circulated to the Health Select Commission.

22. MINUTES OF THE PREVIOUS MEETINGS

Consideration was given to the minutes of the meeting of the Health Select Commission held on 12th and 25th June, 2014.

Resolved:- That the minutes of the meetings held on 12th and 25th June, 2014, be agreed as a correct record for signature by the Chairman.

Arising from Minute No. 3 (Support for Carers Review), it was noted that the response from the Overview and Scrutiny Management Board would be circulated to Select Commission Members.

Arising from Minute No. 10 (Scrutiny Review: Urinary Incontinence), it was noted that the spotlight review had taken place. A report would be submitted to the September Select Commission meeting.

Arising from Minute No. 17(2) (Rotherham Foundation Trust), it was noted a schedule had been drawn up for meetings with the Chairman, Vice-Chair and the Trust Chief Executive. Notes of the meetings would be submitted to the Select Commission.

23. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 4th June, 2014.

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

Arising from Minute No. S108 (Sector Led Improvement), it was noted that as requested information from the performance clinics had been supplied to the Chairman and Vice-Chair. A number of the actions mirrored the recommendations from the Childhood Obesity Scrutiny Review carried out by the Select Commission.

24. ISSUES FROM HEALTHWATCH

Further to Minute No. 6 (Hear to Help Service) of the meeting held on 12th June, 2014, Melanie Hall, Rotherham Healthwatch Manager, reported that, thanks to the support of Councillors, Voluntary Action Rotherham and John Healey, MP, the CCG had given the Foundation Trust funding to re-commission the Service and reinstate drop-in sessions.

25. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr. John Radford, Director of Public Health, presented the first annual report since the 2012 Health and Social Care Act placed the responsibility for Public Health within local authorities.

The report focussed on an analysis of the causes of death and disability in the Borough and the health inequalities that existed between Rotherham and the rest of England.

It was split into the following sections:-

- Overview
- Public Health Outcomes Framework
- Children and Young People's Health
- Life Expectancy and Cause of Death
- Heart Disease and Stroke
- Cancer
- Liver Disease and Other Digestive Disease
- Mental Wellbeing
- Respiratory Disease
- Mortality from Infectious Disease

Discussion ensued on the document with the following highlighted:-

- Rotherham was doing a lot better than other parts of North England in respect of health inequalities.

- Approximately 70% of health inequalities was due to other determinants of health.

- Maternal and infant health was an issue across the Borough.

- Maternal mental health was a big issue with large numbers of mothers living in poverty, unemployed, using drugs and/or alcohol and depressed. This had a knock on effect on the next generation.

- As the Health Visiting Service transferred into the Local Authority there was a need to look at more innovative methods of working to support young mothers and engage them in society.

- Work was taking place with Planning with regard to incorporating conditions in Planning Policy in connection with takeaways near to schools, as recommended by the Commission.

- Approximately 1/3 of the premature deaths in Rotherham were due to heart disease and stroke. A number of those were preventable in terms of lifestyle interventions e.g. increasing exercise, stop smoking.

- The importance of exercise and healthy lifestyles and how Members can promote activities locally to encourage people to become more active, as well as influencing through policies.

- Encouraging on-site policies in secondary schools.

- Approximately 1/3 of Rotherham's health inequalities was due to smoking related Cancer.

- A number of the respiratory causes of death were linked to historical industries and Pneumonia.

- As a whole, GPs in Rotherham were late in referring patients to hospital with symptoms of Cancer and work was required to improve the referral rate. Some Cancers could be helped by surgery but early detection was imperative and it is important to get out to the public information about the early signs of cancer.

- 1 in 20 respiratory deaths were due to air pollution and was known as the silent killer. There were issues around the M1 corridor but also traffic hotspots - Rotherham was no different from the rest of the country.

- E-cigarettes and trying to ban them in schools and on non-Council sites.

- Importance to increasing uptake of Healthchecks.

- There had been an increase nationally in Liver disease and Liver cirrhosis. There were 3 main causes – alcohol cirrhosis, fat due to obesity and Hepatitis B. Rotherham had very good vaccination

programmes against Hepatitis B in terms of “at risk” groups including occupational groups.

- There was an epidemic of Hepatitis C which was largely found in intravenous drug users who were at high risk of cirrhosis.

- Late referrals to the Stop Drinking Service.

- The Hospital reported a rising trend of young women with significant issues with alcohol

- Real challenge with regard to mental ill health and the upsurge in the last 12-18 months of suicide in Rotherham plus growing awareness of the issues of mental wellbeing in the elderly, especially those who lived alone unsupported.

- It was a major cause for people being off work, not only those who had severe mental illness, but those who felt anxious, low and had difficulties in coping with day-to-day life.

- Research had discovered social networks that discussed self harm and suicide and almost normalised it. How agencies should respond and intervene to support young people change their attitudes was extremely difficult and complex.

- Making Every Contact Count – about discussing mental health openly and being aware that it was extremely common. Work had taken place with front line staff to try and identify those who may be at risk and get access to services to support them. Gender differences with regard to suicide and seeking support were noted.

- Work had taken place with the Youth Cabinet with regard to self-harm and support offered to address self-harm issues. The Safeguarding Board had also worked with schools to respond to the issue.

- Quite often self-harm was a way of staying alive and remaining in control, however, it did put people at risk and may result in permanent disability or death.

- It was not a case of pushing people to do something they did not want to do but provide them with the environment that allowed them to do things that were more healthy.

- At risk groups were 4-20 times more likely to die from influenza than non-risk groups. Currently in Rotherham GPs managed to vaccinate 60% of those in the at risk group. Rotherham was 1 of the national pilots to introduce a School Influenza Vaccination Programme for Y7/8 pupils in the attempt to stop transmission home.

- The recommendations from this year's annual report will be reported in next year's report.

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

(2) That an update be submitted on progress in reducing health inequalities.

26. HEALTHWATCH ANNUAL REPORT AND ESCALATION POLICY

Melanie Hall, Manager, Rotherham Healthwatch, presented Healthwatch's annual report and Escalation Policy and Procedure.

The report included:-

- Summary
- Our Work
- Changes that had happened this year
- Gathering local people's views and making them known
- Enabling local people to monitor the standard of local care services
- The involvement of local people in the Commissioning and Scrutiny of local services
- Making reports and recommendations about local care services
- Providing advice and information about access to care services
- Working with The Care Quality Commission and escalations of good practice
- Sharing views with Healthwatch England
- Working with the people of Rotherham
- Engagement methods and activities
- Who are our members
- Our volunteers
- Our Board and governance

Rotherham Healthwatch's Mission was to be the first point of contact for all of Rotherham's communities and individuals, to help them to have a means of improving their own and others quality of health, wellbeing and social care by promoting the local people's following rights:-

- The right to essential services
- The right of access
- The right to a safe, dignified and quality service
- The right to information and education
- The right to choose
- The right to be listened to
- The right to be involved
- The right to live in a healthy environment

Discussion ensued on the report with the following highlighted:-

- An area for improvement was the collection of data with regard to information and advice given
- Examples of where Healthwatch had made a positive impact
- Healthwatch worked with NHS England and had escalated a number of complaints to them
- Rotherham Healthwatch was held in high esteem and had won a national award for its work
- Currently the Healthwatch contract was held by Parkwood Healthcare but as from 1st September, 2014, Rotherham Healthwatch would be run by Rotherham people and become a social enterprise

Discussion then ensued on the Escalation Policy and Procedure the aim of which was to ensure safe and uniform standards of reporting on the quality of health and social care providers were delivered. It provided clarity to the public, providers and stakeholders as to when Healthwatch would escalate concerns/complaints/compliments/comments.

One comment on its own may not indicate risk or the quality of a service, however, many comments of the same nature/regard to the same service would. The criteria set out in the Escalation Policy indicated what could be an indicator or risk, poor or good quality service, along with timeframes for services to take action.

The report set out in full details of the Policy and Procedure.

It was noted that:-

- In the last 3 weeks there had been 2 “urgent” level of escalation but only 3 in total
- Healthwatch had the power of “Enter and View” which was considered at the low level of the escalation process. This would be appropriate where further information was required from the people using a Health or Social Care service and/or to satisfy Healthwatch that a change had been made following issues they had received. It had not been used in Rotherham
- Rotherham Healthwatch had tried to ensure that they were seen as different from the Care Quality Commission
- Healthwatch England were very keen that all Healthwatch’s implemented Rotherham’s Escalation Policy

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

(2) That the Escalation Policy and Procedure for handling comments and concerns be noted.

(3) That the Select Commission receive 6 monthly updates.

27. HEALTHWATCH - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Melanie Hall, Manager, Healthwatch Rotherham, presented the report produced in partnership with a group of local parents into the work of the Children and Adolescent Mental Health Services

Nationally, health and social care provision was being evaluated in light of the Francis report as well as a national review of CAMHS as part of the Children's Plan.

In Rotherham stakeholders had come together to produce and deliver the Rotherham Emotional Wellbeing and Mental Health Strategy for children and young people. The Strategy would inform service planning and commissioning for the next 5 years. The aims of the investigation were to:-

- Seek views on how local people believed the culture of CAMHS was affecting Service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham knew about the activity

To enable Healthwatch to achieve the above, 3 methodologies were used:-

- A purpose designed survey
- A public 2 day event gathering views on themed topics
- A review of the Healthwatch Rotherham Database

From all the statements made it could be concluded:-

- that there was a high level of dissatisfaction with the Service provided
- parents/carers did not feel listened to
- felt blamed for the problems they and their child were experiencing
- did not feel included or able to participate
- no clarity on what to expect from CAMHS and what services they provided
- difficult to make a complaint
- complaints were not handled consistently or in a timely manner
- waiting times to be seen were too long leaving families feeling unsupported
- when children were discharged from the service it did not always include families and they were unaware they had been discharged
- no crisis planning leaving families feeling unsupported and not sure what to do

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

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- This issue was moderate on the escalation policy
- A good response to the report had been received from RDaSH and a meeting between the participants and RDaSH was to be held
- It was accepted that the numbers of people with concerns was quite small but they had had negative experiences and the challenge to RDaSH was to prove that these were the exceptions and not the rule
- Healthwatch had looked into CAMHS because it did not meet the needs of Rotherham's young people. It was acknowledged that it was mainly the voice of the young people's parents who, although very vocal, were still not getting anywhere due to the mechanisms they were using.
- They were not being asked to change clinical practices but to be very clear about their customer services, how they treated the families and that they acknowledged the skills the families had
- The Health and Wellbeing Board Customer Charter that partners were asked to sign up stated how every individual should be treat as well as the NHS Constitution

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

(2) That CAMHS be included as part of the Select Commission's work on Mental Health and Wellbeing during 2014/15.

28. EMOTIONAL WELLBEING AND MENTAL HEALTH STRATEGY FOR CHILDREN AND YOUNG PEOPLE 2014-19

Paul Theaker, Operational Commissioner, and Ruth Fletcher-Brown, Public Health Specialist, gave the following powerpoint presentation:-

CAMHS Commissioning
- More providers than just RDaSH
- More commissioners than just Rotherham CCG

CAMHS Tiered Model of Provision
- Commissioners
  NHS England
  Rotherham CCG
  RMBC
- Providers
  Private Sector
  RDaSH CAMHS (Sheffield Health and Social Care, Nottinghamshire Healthcare)
  RMBC
  Voluntary Sector
  GPs, RFT

Where key services fit in the Tiered Model

Tier 1

- Health Services - School Nurses, Family Nurse Partnership, Midwives, Accident and Emergency, LAC Nurse, Health Visitors, GPs, Dieticians, Sexual Abuse Referral Centre, Rotherham Institute of Obesity and Parenting Support Advisory Service
- Social Care – Youth Offending, Parent Support Advisory Service and Family Recovery Programme
- Education – Rowan Centre
- Voluntary Sector - Barnardos

Tier 2

- Health Services - RDASH CAMHS, Child Development Centre, Paediatricians
- Social Care – Youth Start, Looked After and Adopted Children
- Education - MIND

Tier 3

- Health Services - RDASH CAMHS, Child Development Centre, Early Intervention in Psychosis, Paediatricians
- Social Care – Youth Start, Looked After and Adopted Children
- Education – MIND, Educational Psychology

Tier 4

- Health Services – NHS England
- Social Care – Disability Service, Custody
- Education – Educational Psychology

Background

- May/June, 2013 – Issues with RDaSH CAMHS Service
- 'Contract Query' process October, 2013
- GP Surveys – September and December, 2014, May, 2014
- Universal Workers Survey January, 2014
- 'Top Tips', Directory of Services, locality workers, GP events and IYSS conference

CAMHS Strategy

- Draft format
- Informed by National Guidance and local feedback
- Formalisation of some ongoing work
- From issues raised by families, carers, referrers and services

Draft Recommendations

- Ensure patient/parents/carers input into developing services
- Develop multi-agency care pathways
- Develop family focussed services which were easily accessible and delivered in appropriate locations
- Best value for money for the people of Rotherham
- Flexible working times – not restricted to normal operating hours
- Appropriate training and support for staff

- Transition from Child and Adolescent Mental Health Services to Adult Services
- Multi-agency single point of access (SPA) to Mental Health Services
- Services that demonstrate improved outcomes for children and young people
- Promote the prevention of mental ill health
- Reduce the stigma of mental illness
- Reduce waiting times and improve access

Next Steps
- Engagement of parents, carers and young people
- Finalisation of Strategy
- Continuing joint commissioner/provider improvement work
- Opportunities for engagement
- Pathways event

Discussion ensued with the following issues raised/clarified:-

- Improvement Notice served on CAMHS last year
- GP Surveys had revealed 20% satisfaction rate
- A lot of work and improvement had taken place over the last year
- The Local Authority put funding into the contract but no monies had been realised until receipt of a draft Strategy. Said Strategy had been produced on 31st March, 2014. A CAMHS Strategy was now also a requirement of Ofsted
- A meeting had taken place with parents at which the same issues had been raised as they had with Healthwatch
- Meeting with Youth Cabinet to ascertain how they wished to be involved in the future
- The Strategy would be considered by the Health and Wellbeing Board in September
- It was confusing with regard to the people involved in the CAMHS process – RDaSH CAMHS work should be time limited but there would still be a Social Worker/IYSW/Key Worker working alongside CAMHS.
- Entry to the Service was by referral at present and could be via any agency involved with the young person e.g. Youth Start, Rotherham Mind, GP, Hospital

Resolved:- That the report be noted.

29. HEALTH SELECT COMMISSION WORK PROGRAMME UPDATE 2014-15

Janet Spurling, Scrutiny Officer, presented a report that was to be considered by all the Select Commissions and by the Overview and Scrutiny Management Board with regard to the 2014/15 work programme.

The proposed programme for the Health Select Commission was as follows:-

Continence Services
Child and Adolescent Mental Health Services (CAMHS)
Other Mental Health Services
Nurses in Special Schools
Commissioning Support Unit – Continuing Health Care
Improving Health Outcomes in Rotherham
Quality Accounts
Monitoring Previous Scrutiny Reviews

Also set out in the report, for information, was the Select Commission's terms of reference and the role of the Overview and Scrutiny Management Board

Discussion ensued on the proposed programme:-

- Each Select Commission was to conduct 1 full Scrutiny Review and 1 Spotlight Review a municipal year
- Mental Health and Wellbeing was the Select Commission's focus for 2014/15
- Add Maternity Mental Health

It was noted that Select Commission's work programmes would be discussed by the Overview and Scrutiny Management Board on 18th July.

Resolved:- (1) That the Select Commission's terms and reference and the role of the Overview and scrutiny Management Board be noted.

(2) That the Select Commission's 2014/15 proposed work programme be noted.

30. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 11th September, 2014, commencing at 9.30 a.m.