

THE FORMER ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 14th April, 2011

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Burton, Hodgkiss, Kirk, Middleton, Steele and Turner.

Councillor Doyle was in attendance at the invitation of the Chair.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Ms J Dyson and Mr. P. Scholey (UNISON).

Apologies for absence were received from Councillors Goulty, Wootton and Victoria Farnsworth (Speak Up).

91. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

92. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

93. UPDATE ON CHANGES WITHIN THE NHS: NATIONALLY, REGIONALLY AND LOCALLY -

Chris Edwards, Chief Operating Officer, NHS Rotherham, gave the following powerpoint presentation:-

White Paper – Equity and Excellence – Liberating the NHS - Headlines

- Commissioning by GPs
- Role of regulators, monitor and CQC strengthened
- Reduce management costs 45%
- Major ‘listening exercise’

Timeframe

- April, 2011
 - Shadow NHS Commissioning Board
 - Shadow Health and Wellbeing Board
- April, 2012
 - Healthwatch established (views of patients and carers)
 - Strategic Health Authorities abolished
- April, 2013
 - PCTs abolished
 - GP consortia take up commissioning responsibilities
 - Local authorities responsible for health improvement

Regional/Sub-Regional

- SHAs abolished April, 2012
- Clusters – Andy Buck appointed as CEO
- 6 in Yorkshire and the Humber
 - Calderdale, Kirkless and Wakefield

- The Humber (4 PCTs)
- South Yorkshire and Bassetlaw
- Leeds
- Bradford
- North Yorkshire and York

Cluster Responsibilities

- Performance: safety, quality, finance requirements of the NHS Operating Framework
- Efficiency: QIPP to improve delivery
- Transition: to new NHS arrangements described in the Health and Social Care Bill subject to parliamentary approval. Development of GP commissioning consortia establishing commissioning support organisations and transferring public health responsibilities to local authorities

Local Picture – NHS Rotherham

- Abolition of NHS Rotherham April, 2013
- New management structure and governance arrangements to manage transition
- Establishment of GP consortia in shadow form
- Complete 'Shaping our Future' – transfer of RCHS – TRFT, RDaSH, Social Enterprise, Hospice

NHS Rotherham – Current Position

- Meeting financial targets
- Reduce running costs by 45% (2 rounds of VR completed)
- Performance currently judged as 'good'
- Good quality secondary care (all foundation trusts)
- Good reputation

Single Integrated Plan

- Challenging next 4 years
- Plan assumes growth in allocations of 2.2% each year 2.8%
- Providers have to make 4% efficiencies (approximately £12M a year, £48M over 4 years)
- But we still require further system efficiencies of £24.5M over 4 years
- Total efficiencies required - £73M over 4 years

The Future

- GP consortia development
- £73M savings across health services for Rotherham patients required over 4 years
- Establishment of NHS commissioning support bodies
- Development of Healthwatch and Health and Wellbeing Boards
- Public health transfer to RMBC

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

- The Government had announced a 'pause' on the proposals, which meant that the way forward was uncertain - NHS Rotherham was trying to make

sure it was in a position to react/adapt to whichever Policy developed

- In respect of Public Health, the detail on the devolvement of budgets had not been determined as yet but it was expected that funding would be transferred from the NHS to Social Care to cover the elements of the service that were being transferred
- Public Health would transfer to 2 bodies; Public Health England would take responsibility for the research element and public health functions such as health improvement and health promotion would transfer to the Local Authority. The funding currently received by the NHS would transfer to the Council
- A 45% reduction in management costs would undoubtedly increase risk. The cluster arrangements would work when gaps appeared and would work together to plug them
- Over prescription of medicines was 1 of the top 3 programmes
- There were no specific efficiency programmes relating to the older people's services. The services in the hospital would be subject to 4% efficiency each year
- Patients should not notice any difference in service due to the clustering of GPs. The intention was to manage and restrict growth and not to reduce services
- There was the risk of waiting lists growing but it was the aim to manage GP referrals at 1% a year. The GPs felt that there a number of the referrals could be managed differently
- There was no reason why a representative of the GP Consortia could not attend the Scrutiny Panel
- It was the intention to have high level engagement with the voluntary sector and involve them wherever possible

Resolved:- That Chris be thanked for his informative presentation.

94. QUALITY ACCOUNTS

(a) Rotherham Foundation Trust

The 4 key priorities identified for 2010/11 had been:-

- Reducing the number of deaths
- Reducing the number of patients who fell whilst in hospital
- Increasing the number of 'Inpatient Survey' questions where you rated them in the top 20%
- To reduce the number of pressure ulcers acquired in hospital

It was proposed that the priorities for 2011/12 be:-

- Medicine Management (i.e. the way drugs were dispensed/managed)

- A&E reconfiguration and recruitment of staff
- Reduction in re-admission rates
- Improved pathway for patients with Chronic Obstructive Pulmonary Disorder
- Improved pathway for patients with Fractured Neck of Femur
- Improved pathway for patients at End of Life
- Improved pathway for patients suffering from Dementia
- Improved pathway for patients with Diabetes

There was a feedback form at the end of the report.

Resolved:- (1) That the Panel pass any comments they would wish to make to the Scrutiny Adviser.

(2) That the Chair and Vice-Chair meet outside the meeting to formulate a response to the Foundation Trust on behalf of the Panel.

(b) Yorkshire Ambulance Service

Hester Rowell and Steve Rendi presented the 2010/11 Quality Account highlighting the following:-

- CQC agreed that the Service had met the full requirements for registration with them
- Improvements in important areas of quality including incident reporting, management of serious untoward incidents, safeguarding vulnerable adults and children and the development of new care pathways

(c) RDaSH

Michelle Rhodes, Karen Cvijetic and Glyn Butcher gave the following powerpoint presentation:-

What is a Quality Account

- Coalition Government White Papers set out the vision of putting Quality at the heart of everything the NHS does
- Key component of the Quality Framework is the continuing requirement for all providers of NHS Services to publish Quality Accounts
- This is the opportunity to enable the OSC and LINK to review and supply a statement as to whether 'the report is a fair reflection' of RDaSH services
- 2010/11 is the third Quality Account produced by RDaSH

2010/11 Performance

- Monitor
 - Governance – Green
 - Finance – 4 (Good)
- Care Quality Commission
 - Registered with no compliance conditions
- Commissioning for Quality Indicators
 - Achieved 7 of 7 regional indicators

Review of Quality Markers 2010/11

- 3 domains of quality
 - Patient Safety
 - Improved reporting process for Serious Incidents
 - Improved action plans and shared learning from Serious Incidents
 - Environment is monitored to ensure patient safety
 - Patient sensitive information is held securely – through productive ward in in patient services
 - Clinical Effectiveness
 - Physical health check pilot carried out in adult services
 - Environment being improved – modernisation programme includes Rotherham
 - Service modernisation
 - Clinical audits are undertaken and produce action plans to address issues
 - Clinical supervision for clinical staff
 - Patient Experience
 - Patients have access to privacy and are treated with dignity – Essence of Care
 - Information about services and treatment is available to patients
 - Patients and carers are involved in the development of services
 - Feedback (negative/positive) is used to improve the delivery of care – national/ad hoc surveys

Process for 2011-

- Consultation with OSC – presentation/draft Quality Account for comment
- Engagement with User Carer Partnership Council – regular agenda item/draft Quality Account for comment/development of Quality Markets for 2011/12
- Engagement with Council of Governors – regular agenda item/draft Quality Account for comment

Quality Priorities for 2011/12

- Established by clinical teams
- Consultation with User Carer Partnership Council
- Presented to Trust Quality Council
- Process of continuous improvement

Patient Safety

- Clinical supervision market stretched to include safeguarding children supervision
- Serious incident learning stretched to include incidents/serious case reviews
- Patient sensitive information is held securely – stretched to include productive community/record

Clinical Effectiveness

- Productive principals stretched to include productive community
- Independent prescribing
- Development of patient pathways
- Medicines management

Resolved:- [5] That the Panel submit comments on the Yorkshire Ambulance Service's 2009-10 Quality Account.

95. **DIABETES SCRUTINY REVIEW - FINAL REPORT**

Kate Taylor, Scrutiny Officer, submitted the findings and recommendations of the Scrutiny Review of health inequalities associated with diabetes in Rotherham.

A summary of the key findings was:-

- Potentially 1,100 undiagnosed people with diabetes in Rotherham highlighting the need for awareness raising and education in relation to early symptoms in high risk groups
- Obesity and unhealthy lifestyles were prevalent in Rotherham along with high levels of deprivation
- NHS Rotherham had undertaken a project to redesign the Diabetes Services in the Borough addressing a number of issues relating to patient diagnosis and care
- Lack of awareness of the condition with health professionals which had raised questions in relation to the poor management of the condition when patients with diabetes attended hospital for another unrelated issue
- Poor take up of structured education for newly diagnosed patients

The recommendations of the review were set out in the report submitted.

It was noted that since the report had been compiled, further discussions had taken place with NHS Rotherham as to how the recommendations fit in with some having already been developed. Accordingly, the wording on some of the recommendations had been amended to reflect this.

Resolved:- [1] That the findings and recommendations be endorsed.

[2] That the report be submitted to the Performance and Scrutiny Overview Committee for consideration and referral to the Cabinet for approval.

[3] That the response of the Cabinet be reported to this Panel in due course.

96. **ADULT SERVICES AND HEALTH SCRUTINY PANEL**

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 3rd March, 2011, be approved as a correct record.

97. **ADULT SOCIAL CARE AND HEALTH**

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 28th February an 14th March, 2011, be noted and received.

