

HEALTH SELECT COMMISSION

Venue: Town Hall,
Moorgate Street,
Rotherham S60 2RB

Date: Thursday, 14th July, 2011

Time: 9.30 a.m.

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972
2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press

6. Communications

9.30 a.m.

7. Introduction to New Scrutiny Arrangements
- the Chairman, Councillor Jack, to report

9.35 a.m.

8. The Future of PALS at the Health Advice Centre (Pages 1 - 2)
- Helen Watts, NHSR

9.50 a.m.

9. Specialist Children's Heart Surgery Consultation (Pages 3 - 12)
- update by Deborah Fellowes

9.55 a.m.

10. Introduction to new Health and Wellbeing Cabinet Portfolio
- Councillor Wyatt, Cabinet Member for Health and Wellbeing, to present

10.10 a.m.

11. Centre for Public Scrutiny Development Areas (Pages 13 - 16)
- Kate Taylor to report

11.00 a.m.

12. Future Work Programme

13. Dates and Times of Future Meetings:-

- Thursday, 15th September, 2011 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 27th October, 2011 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 8th December, 2011 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 26th January, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 8th March, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
- Thursday, 19th April, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Health Select Commission
2.	Date:	14th July, 2011
3.	Title:	The future of PALS at the Health Advice Centre
4.	Directorate:	NHS Rotherham Patient and Public Relations

5. Summary

Almost 80% of contacts to PALS are by telephone, email or letter. The remaining 20% constitute drop-in callers primarily from people accessing Rotherham Community Health Services or EU migrants as part of a document checking service. RCHS is now under the management of the Rotherham NHS Foundation Trust and the document checking service is now managed by GPs. This means that the numbers of drop-in enquiries are likely to reduce over the coming months.

For staff security reasons, there are always two members of PALS staff present when the centre is open. This means that the centre is forced to operate restricted opening times and is vulnerable to frequent ad-hoc closures due to lack of staff availability. This creates an inconsistent and unreliable service for patients and the public.

The proposal is to relocate PALS from Rotherham Community Health Centre to Oak House with the aim of improving the responsiveness and quality of the PALS telephone service. At Oak House the issue of staff security is negated and other NHS staff in the building will be supported to deal with the more frequent requests for information (80% telephone contacts request help for emergency dental treatment).

6. Recommendations

That the Health Select Commission:

Understand the rationale for relocating the service and support the proposal.

7. Finance

Some minimal costs will be incurred due to staff travel expenses although there will also be reductions in this area. There may be opportunities for income generation on the space vacated but there are no firm plans at this stage.

8 Risks and Uncertainties

The vast majority of contacts are by telephone which will be handled in the same way as the current service provision. A free phone service (existing provision – no financial implications) direct to PALS will operate from RCHC and both joint service centres.

9 Policy and Performance Agenda Implications

None

10 Background Papers and Consultation

Staff consultation, NHS Rotherham Board and Commissioning Executive Committee approval, JSCNC and discussions with trade unions. Health Scrutiny Select Commission.

11 Contact

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ROTHERHAM BOROUGH COUNCIL – REPORT

1.	Meeting:	Health Select Commission
2.	Date:	14 July 2011
3.	Title:	Update: Specialist Children's Heart Surgery; Consultation
4.	Directorate:	Chief Executive's All wards

5. Summary

Safe and Sustainable – the NHS review into the future of children's congenital heart services in England proposed to change the current service model. Health Overview and Scrutiny Committees are being consulted as part of the statutory consultation process. This report updates members of the Health Select Commission of developments.

6. Recommendations**That the Health Select Commission:**

- a. **agrees that the nominated members from the former Children and Young People's Scrutiny Panel continue in their role for the duration of this review;**
- b. **comments on the report and refers any concerns/issues regarding the review of children's cardiac services to the Rotherham Council representative on the Regional Health Overview and Scrutiny Committee;**
- c. **notes the Cabinet response to the consultation;**
- d. **receives further updates of progress.**

7. Proposals and Details

7.1 The proposals set out in Safe and Sustainable - A New Vision for Children's Congenital Heart Services in England consultation document, are the outcome of a national review process. The four month public consultation period closed on July 1st 2011.

In summary, it is proposed that the reconfigured Congenital Heart Networks across England that would comprise all of the NHS services that provide care to children with Congenital Heart Disease and their families, from antenatal screening through to the transition to adult services. However, in doing this there will be a reduction in the number of NHS hospitals in England that provide heart surgery for children from the current 11 hospitals to 6 or 7 hospitals in the belief that only larger surgical centres can achieve true quality and excellence.

Safe and Sustainable consulted on the following areas:

- Standards of care: proposed national quality standards of care to be applied consistently across the country
- Congenital heart networks: development of networks to coordinate care and ensure more local provision (e.g. assessment, ongoing care)
- The options: the number and location of hospitals that provide children heart surgical services in the future
- Better Monitoring: improvements for analysis and reporting of mortality and morbidity data

The options for the number and location of hospitals that provide children's heart surgical services in the future are:

Option A: Seven surgical centres at:	Option B: Seven surgical centres at:
<ul style="list-style-type: none"> • Freeman Hospital, Newcastle • Alder Hey Children's Hospital, Liverpool • Glenfield Hospital, Leicester • Birmingham Children's Hospital • Bristol Royal Hospital for Children • 2 centres in London¹ 	<ul style="list-style-type: none"> • Freeman Hospital, Newcastle • Alder Hey Children's Hospital, Liverpool • Birmingham Children's Hospital • Bristol Royal Hospital for Children • Southampton General Hospital • 2 centres in London¹

¹ The preferred two London centres in the four options are Evelina Children's Hospital and Great Ormond Street Hospital for Children

Option C: Six surgical centres at:	Option D: Six surgical centres at:
<ul style="list-style-type: none"> • Freeman Hospital, Newcastle • Alder Hey Children's Hospital, Liverpool • Birmingham Children's Hospital • Bristol Royal Hospital for Children • 2 centres in London¹ 	<ul style="list-style-type: none"> • Leeds General Infirmary • Alder Hey Children's Hospital, Liverpool • Birmingham Children's Hospital • Bristol Royal Hospital for Children • 2 centres in London¹

Currently Rotherham children with serious congenital heart problems are referred to Leeds Teaching Hospital Trust for treatment, based at Leeds General Infirmary. LTHT also supports outreach clinics at Rotherham Foundation Trust (RFT). Colleagues from RFT estimate that approximately 300 children use the clinic in Rotherham per year.

Leeds only features in 1 of the four options for service configuration. If closed, it is proposed that Rotherham children and families will receive services from one of the following: Newcastle, Birmingham or Leicester. Alternative proposals for configuration of services can be put forward.

7.2 Health Overview and Scrutiny Committee Involvement

7.2.1 Health Overview and Scrutiny Committees² are being consulted as part of the statutory consultation process and because it affects more than one Local Authority area, this is being coordinated in Yorkshire and Humber through a Joint Committee (chaired by a Member from Leeds City Council). There has been two meetings of the Joint Committee to date (minutes and papers are available on-line). Further meetings are planned with various representatives from health bodies and patients/parents groups from across the region to gather evidence to inform the Committee's formal response to the consultation. Information is also being sought by the Committee in respect of patient flow and a health impact assessment of the proposals on the region's population. This information is expected shortly.

It should be noted that the period for Joint Health Overview and Scrutiny Committees to respond to the consultation has been extended to October 5, 2011.

² Under Rotherham's previous overview and scrutiny arrangements, health scrutiny responsibilities were delegated to the former Children and Young People's Scrutiny Panel if they relate to children's health matters

7.2.2 The former Children and Young People's Scrutiny Panel (in its health scrutiny role) nominated one member from Rotherham Council (Cllr Shaukat Ali) to be part of this joint committee. The Children and Young People's Scrutiny Panel also formed a small member working group consisting of Cllrs Ali, Falvey and Sims to inform Rotherham's input to the process.

7.2.3 All Council Members have been previously contacted by email for their views on the proposals. These have been used to inform questions to witnesses and lines of inquiry. It is suggested that any further comments/concerns from the Health Select Commission are referred to the member working group for Cllr Ali to raise with the regional committee. Further updates of progress will be submitted to this committee in due course.

7.2.4 As the members of the working group are familiar with the issues and have undertaken considerable work meeting with parents, MPs and local clinicians, it is proposed to continue with these arrangements for the duration of the review.

7.3 Local Discussions

7.3.1 Given the complexity and sensitivity of the issue, the working group held an initial meeting with colleagues from Rotherham Foundation Trust and NHS Rotherham to discuss how the proposals may impact upon local services.

In particular, concerns have been raised about the following:–

- access to facilities for Rotherham children and families, particularly in emergency or acute situations;
- sustainability of local clinics;
- retention and future development of specialist skills;
- sustainability of intensive care facility at Leeds Teaching Hospital Trust should it no longer be a specialist facility.

7.3.2 A further meeting was held with local parents of children with congenital heart diseases who have accessed services in Leeds. Whilst many of the concerns reflected the views of clinicians, further questions were asked about:

- lengthy 'blue light' journeys across busy road networks;
- support networks for children and their carers and increased disruption and costs, particularly for families on low incomes, if services are re-located;
- collocation of services and whether sufficient emphasis had been placed on the benefits of this in the review;
- transition to adult services.

- 7.3.3** The working group also met with local MPs to inform them of the health scrutiny process and share information. In addition, the views of Youth Cabinet were sought. Their concerns mirrored many of the issues previously raised.
- 7.3.4** Considerable media interest has been generated both locally and nationally. The local press has been contacted by Cllr Ali to seek the public's views on the proposals. In addition, a regional charity, the Children's Heart Surgery Fund has held a number of meetings throughout the Yorkshire and Humber region, including Rotherham.
- 7.3.5** Discussions have also taken place with other South Yorkshire Health Scrutiny support to ascertain any joint areas of concern to feed into the regional consultation.

7.4 Cabinet Response

The Cabinet has responded separately to the consultation, opposing the closure of Leeds as a surgical centre. The response is attached as Appendix A

8. Finance

There are no financial implications directly related to this report.

9. Background Papers and Consultation

Safe and Sustainable - A New Vision for Children's Congenital Heart Services in England: Consultation Document

<http://www.specialisedservices.nhs.uk/document/safe-sustainable-a-new-vision-children-s-congenital-heart-services-in-england-consultation-document>

Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

14th March, 2011:

<http://democracy.leeds.gov.uk/ieListDocuments.aspx?MId=5146&x=1>

29th March, 2011:

<http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=793&MId=5149&Ver=4>

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Safe and Sustainable
Ipsos MORI
Research Services House
Elmgrove Road
Harrow
HA1 2QG

28 June 2011

Dear Sir

Thank you for the opportunity to respond to the "Safe and Sustainable Review of Children's Cardiac Services".

1. In making a response, we fully endorse the principles outlined in the consultation.

- Children - The need of the child comes first in all considerations
- Quality
- Equity
- Personal service
- Close to families' homes where possible

We have specific comments in respect of proximity to families' home (outlined under the headings of blue light transfers; support networks and financial considerations)

- 2. Do you agree or disagree with the statement that ‘Without change there is a risk that in the future some children’s congenital cardiac services may become neither safe nor sustainable’?**

We would support the above statement. However, we would urge the retention of Leeds Teaching Hospital Trust as a surgical centre as we believe that it meets the above conditions and has the capacity to improve its service.

- 3. To what extent do you support or oppose the national standards within each of these seven key themes?**

We would support the seven key themes

- 4. To what extent do you support or oppose the proposal to increase the role of paediatricians with expertise in cardiology in District Children’s Cardiology Services across England?**

See 6

- 5. To what extent do you support or oppose the proposal that current surgical units that are not designated for surgery in the future become Children’s Cardiology Centres?**

We would support this aim. However, should Leeds not be chosen as an option, we have concerns whether the proposed Cardiology Centre would be sustainable in the long term, particularly in respect of retaining and developing specialist staff to support this service.

- 6. To what extent do you support or oppose the proposal to develop Congenital Heart Networks across England?**

We are pleased that the review calls for the strengthening of local heart networks and includes proposals to increase the roles of paediatricians locally. We already have a foundation for this work. Indeed, both parents and local clinicians value the access to regular clinics run locally by Leeds Cardiology staff, including transition nurses, in conjunction with the Rotherham based paediatric team. We are aware that Rotherham clinicians have developed greater degrees of specialism as a result of their collaboration with the Leeds centre, leading to better services for some of the most vulnerable children and young people in Rotherham.

We believe that this is a blue-print that should be rolled out elsewhere. We are not persuaded that this excellent service would be replicated to the same standard should Leeds not be the chosen option.

- 7. To what extent do you support or oppose:**

- The need for 24/7 care in each of the Specialist Surgical Centres?

- The proposal that, in the future, interventional cardiology should be provided only by designated Specialist Surgical Centres

We would support the above aims.

Additional Comments

However, in responding we would also like to make some specific observations that we do not believe have been addressed in the Safe and Sustainable review.

Population

Services should be located in proximity to the population. Currently, Leeds has almost 14 million people within a two hour drive of its hospital. Newcastle has far fewer, with less than three million. Whilst population density appears to be a qualifying factor for hospitals in Liverpool and Birmingham; this standard does not appear to have been applied to the selection of Leeds as an option.

Blue-light transfer

Because of the proximity of the motorway and public transports network, the journey to Leeds is relatively simple for patients in Rotherham. Should services relocate to Newcastle or other centres, babies and children in our area would have much greater transfer times to travel. This would not only be the case for specialist heart procedures but also for related procedures in order to ensure heart specialists are on hand in case of a medical emergency. In addition, Newcastle is not well served by a motorway network.

Feedback from local parents all stress that transfers time are critical; having experienced the emergency transport of their children to Leeds for life-saving treatment they have articulated their concerns about whether longer blue light journeys to the other proposed centres would lead to the same positive outcomes. We share their concerns that a blue light journey of three hours plus on a busy road network is neither safe nor sustainable.

Local parents have expressed existing concerns about blue light services and the availability of specialist equipment to support very sick children being transferred. With journey times being lengthened, both parents and specialist staff based at our local hospital believe that patient safety will be compromised. Parents were not reassured at recent consultation events that sufficient consideration has been given to these issues. Given the potential of longer journey times, we share the view that safe transfer cannot be assured under these circumstance.

Co-location

We do not believe that sufficient consideration has been given in the scoring to the co-location of services in Leeds. We are aware that local parents attending Leeds consider co-location to be a positive factor in their child's care and as such its provision is a great reassurance to them. Local clinicians also cite the significance of co-location; be it in terms of better access to specialisms; minimising disruption and blue-light transfers; continuity of care and smooth transition to adult services; and minimising disruption and

stress of parents and carers. We are aware that some of the other options do not have these benefits.

We are aware that local parents attach great value to the services in Leeds; not only in terms of medical care and expertise but also to the support it gives to children and carers in very difficult circumstances. This applied across the team from surgical staff, cardiac nurses or access to counselling services. Basic accommodation is available on site in Leeds, allowing parents to be close to their child whilst undergoing surgery. It is important that such facilities remain available to support parents or carers.

Transition

With the increasing numbers of children with congenital heart defects surviving into adulthood, it is critical that adult services are also safe and sustainable. Given the services are inter-linked, with often the same surgeons performing both adult and paediatric interventions, if Leeds were to close as a surgical centre would the adult service be viable? We do not believe that this issue has been given consideration.

Intensive Care

We are concerned that the closure of Leeds would lead to significant reductions in children's intensive care capacity. This will mean that some children needing intensive care may have to receive care outside of our region or put additional pressure on intensive care beds provided at the other specialist children's hospital locally.

Support Networks

The impact on families, including other siblings, should not be underestimated. Local parents and clinicians spoke of the practical support given to parents or carers by their own families whilst their child was awaiting or undergoing treatment. At present Leeds is accessible via car or public transport, however, if the service was relocated, there was a widespread view that it would be difficult for their families to maintain the same level of support because they would have travel much further distances. They were concerned that this would be difficult if a round-trip of several hours was required, potentially adding to an already stressful and distressing situation.

Examples were given of existing difficulties of getting time-off work to attend appointments and having to use leave entitlements. This may be compounded if more time off was needed to travel greater distances.

We are aware that the impact on parents who do not have access to their own transport is considerable. Currently a journey to Leeds by public transport can involve up to three changes, plus a short walk (often with buggy) to the LTHT. This can often take over two hours. It is envisaged that the journey to any of the other centres on public transport would add between 2-3 hours to the trip. On weekends or out of hours this would be more difficult. This is without taking costs into consideration.

Financial consideration

Yorkshire and Humber has a higher proportion of families on low income families. We envisaged the cost of journeys for Rotherham families would increase if Leeds were no longer the specialist centres. Whilst we are aware that claims can be made for some

travel costs, the overall cost of journeys/ overnight stays and other associated costs could be substantial.

Impact on ethnic minority communities

We have serious concerns that the proposed closure of Leeds as a surgical centre would have a disproportionate impact on ethnic minority communities as our region is home to a greater number of these families who are also disproportionately higher users of this unit.

In conclusion, any decision to close Leeds as a surgical centre would not best serve the interests of some of the most sick and vulnerable children in Rotherham.

Should you have any queries about this response, please contact Deborah Fellowes, Scrutiny and Policy Manager on (01709) 822769 or by email deborah.fellowes@rotherham.gov.uk

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Roger Stone', is positioned above the printed name.

Councillor Roger Stone OBE
Leader of the Council

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Health Select Commission
2.	Date:	14th July, 2011
3.	Title:	Centre for Public Scrutiny Development Areas
4.	Directorate:	Policy, Performance and Commissioning

5. Summary

The Centre for Public Scrutiny (CfPS) has recently sought interest from local authorities to become Scrutiny Development Areas, which Rotherham has been successful in. Being a Development Area will involve undertaking two key pieces of work in relation to a) the health reform and relationships between scrutiny and the health and wellbeing board and b) a review into health inequalities locally.

6. Recommendations

That the Health Select Commission:

- **Note that Rotherham Health Scrutiny has been successful in becoming a CfPS Development Area and note what this will involve**
- **Agree to take part in the two pieces of work by attending additional scrutiny meetings where needed and being willing to support the dissemination of findings and showcasing the local work to a wider audience**
- **Consider and discuss how these pieces of work should be undertaken; including developing a project plan and ideas for the Scrutiny Review**

7. Proposals and details

Rotherham has been successful in becoming Scrutiny Development Areas for two projects delivered by the Centre for Public Scrutiny. The two projects are detailed below:

7.1 Development Area 1: Scrutiny and the Health Reforms

Over the coming months as Health and Well-being Boards and GP Consortia begin to take shape – it will be important for scrutiny to understand its role and relationship with these new partnerships. In order to understand these new relationships in more detail and to ensure that they are inclusive, transparent and accountable, CfPS has secured additional funding to work with a number of scrutiny committees across the country to understand these complexities and help to carve out the best ways that Scrutiny, GPs and Health and Wellbeing boards can work together and support each other.

Following a recruitment process, Rotherham, along with six other areas has been chosen to become a Scrutiny Development Area. Other areas include:

- Cambridgeshire
- Derbyshire
- Leicestershire
- Norfolk
- Sheffield
- Staffordshire

Being a Scrutiny Development Area will involve:

- Receiving support from an Expert Adviser (up to 5 days in total) to develop relationships with the local Health and Wellbeing board and GP Consortium, and representatives of these
- Being at the heart of developing these new accountability arrangements
- Learning from other areas – in action learning meetings
- Showcasing the work undertaken locally to the wider sector

The programme has been funded by the Healthy Communities Team at Local Government Improvement and Development, and will run from July 2011 and conclude with the publication of learning and practice in October 2011.

7.2 Development Area 2: Health Inequalities

The CfPS has appointed six new Scrutiny Development Areas for the second phase of their health inequalities programme. Rotherham has been successful along with:

- Adur, Worthing and Arun Councils
- Haringey
- Liverpool
- Sheffield
- Tendring

The six areas will help the CfPS to pilot a new impact model of scrutiny - that aims to make scrutiny more outcome focused with clear links to the Marmot objectives and the wider determinants of health with the ability to forecast the impact of their recommendations.

The Scrutiny Development Areas will also be using the learning from the first phase of the health inequalities programme; 'Peeling the onion', which involved ten local authorities working with the CfPS to develop the new impact model.

As a Scrutiny Development Area, Rotherham will be expected to undertake a review of health inequalities (chosen by the Health Select Commission members) with the support of an allocated Expert Advisor from the CfPS (up to 5 days support in total). The project will conclude in December 2011, when Development Areas will be expected to share their findings and showcase the work undertaken locally.

8. Finance

There are no direct financial implications associated with these projects. Support will be provided by the CfPS at no cost – up to 5 days in total for each project.

9 Risks and Uncertainties

Being a Scrutiny Development Area will require additional scrutiny meetings to be arranged, as the current six weekly arrangements will not be adequate for ensuring both projects are completed within the timescales. This may therefore also require additional contributions from the members of the Health Scrutiny Select Commission, which will be arranged as far as possible around existing commitments.

10 Policy and Performance Agenda Implications

The health reform agenda means there will be a need for scrutiny to develop new relationships with key partners, including the Health and Wellbeing Board and GPs. The learning and information gained from being involved in this project will be extremely valuable in ensuring Rotherham effectively responds to the changing environment and that scrutiny is able to add value to the work of the Health and Wellbeing Board.

Piloting a new model for scrutiny reviews into health inequalities is timely, in light of the recent changes to scrutiny locally. It is hoped that taking part in this project will provide Rotherham with an evidence-based model for all future health scrutiny reviews. The outcome of the review undertaken will also be valuable in developing local strategies for tackling health inequalities and in understanding some of the key issues.

11 Background Papers and Consultation

Peeling the Onion – Learning, tips and tools from the Health Inequalities Scrutiny Programme (2011)

12 Contact

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