

HEALTH SELECT COMMISSION
Thursday, 15th September, 2011

Present:- Councillor Jack (in the Chair); Councillors Barron, Beaumont, Beck, Burton, Dalton, Goulty, Hodgkiss, Steele and Wootton.

Also in attendance were Victoria Farnsworth (Speak Up), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society) and Mr. P. Scholey (UNISON)..

Councillor Wyatt and Brian Walker were in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Blair and Turner.

11. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

12. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

13. COMMUNICATIONS

Councillor Wyatt, Cabinet Member for Health and Wellbeing reported the following:-

- (1) NHS Rotherham Board
The Board had met for the last time and had migrated to a Cluster level Board which covered the 4 South Yorkshire areas and Bassetlaw, headed up by Andy Buck.

The Cluster Commissioning Group was to meet for the first time on 3rd October.

- (2) Health and WellBeing Board
The Board was to hold its first meeting on 21st September.

- (3) Public Health Annual Report
The report was to be considered by the Cabinet on 21st September.

- (4) Health Inequalities Summit
Work had already commenced at the Rotherham Show (see Minute No. 17).

14. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 14th July, 2011, were noted with the addition of Mr. Scholey in attendance and the apologies of Councillor Beck and Mr. Wells.

15. REPRESENTATION ON WORKING GROUPS

Resolved:- That the Select Commission be represented on the following Groups

as follows:-

Health, Welfare and Safety Panel
Councillors Wootton and Dalton (substitute)

Recycling Group
Councillor Jack

16. **PARK REHABILITATION CENTRE - CONSULTATION**

Representatives of NHS Foundation Trust were in attendance to give an overview of the consultation currently taking place regarding the Park Rehabilitation Centre at Badsley Moor Lane, Rotherham.

Patients, users and staff of the Centre had been encouraged to complete a survey which had closed on 11th June together with meetings with users and groups using the facility.

As part of the Trust's recent savings consultation announced early in March, the services provided from the Centre were highlighted as 1 of the further areas for review at a later date of how best to provide services for NHS patients and other service users.

The Park Rehabilitation Centre was an expensive facility and was currently costing £100,000 a year over and above the resources available to the Trust. Along with all other public sector organisations, the Trust was facing massive efficiency savings and, in light of the funding now being made available, the Trust had a duty to examine how NHS services could be provided in a more cost effective manner and ensure that NHS resources were not diverted to subsidise non-NHS services.

Discussion then ensued with the following issues/points raised:-

- The £100,00 was predominantly made up of staffing and energy costs
- Customers highly valued the facility and were prepared to travel some distance to use it
- The site was accessible with ample parking – this would be a problem if the services were transferred to the District General Hospital as well as the distance a user would have to walk into the Hospital having parked their car
- There was no suitable alternative hydrotherapy pool in the Borough. The water was warm and had the most appropriate means of access
- It was a genuine review of the services delivered at the Centre with the aim of listening to service users as to why they used it and did not use other facilities. The review also looked at non-NHS users and what other facilities there were in the locality
- The review was not only considering the financial implications but the impact on patients

- Close work with commissioners to ascertain if anything could be done differently within the Centre
- There would be a potential saving of £150-200,000 for the Hospital if NHS services were ceased at the Centre but that did not include patients potentially having to access the services elsewhere
- If more services were put into the building and made a more efficient and financial viable building, it would be contributing to the vision of delivering services closer to home and giving patients the opportunity of choice
- There were other options available for the site in terms of services. There was a massive opportunity to look at the way rehabilitation services were actually delivered as they were currently all commissioned separately with separate teams of staff and a degree of duplication.
- Investigations had taken place into the “covenant” from when the service had transferred from Firbeck but it could not be located. If it did exist, it was felt that it would not affect any decision and would not prevent RFT from relocating services into the Hospital
- As it would be a reconfiguration of Service, where would the decision be made?
- The NHS part of the Service that was currently delivered at the Centre could be delivered within the Hospital setting. Non-NHS patients were not recognised within the funding model
- There were lifts at the new leisure centres but there would still be issues for some people to use them
- The pools at the leisure centres ran the temperature between 29-31°C; the Park Centre ran theirs at 35°C. There were 2 other hydro pools, 1 in Rotherham and 1 in Sheffield, but they were very shallow
- Leisure pools had different ways of accessing them. There was a hoist and some had inbuilt steps but within the user meetings it had been stated that they were not adequate in terms of handrails etc. Users had been quite clear that it might deter them if they had to access the pool by hoist due to privacy and dignity issues
- An option appraisal was to submitted to the Directors the following week. There would then be a meeting with NHS Rotherham followed by a number of meetings set up, jointly fronted by NHS Rotherham and RFT, with users on the consequences of the review.

Resolved:- (1) That the comments of the Select Commission be fed into the review.

(2) That a letter be sent to the Chief Executives/senior representatives of the Rotherham Foundation Trust, Clinical Commissioning Group and PCT Cluster Board expressing the Commission’s concerns regarding the review of the Park

Rehabilitation Centre.

17. ROTHERHAM HEALTH SUMMIT: TACKLING HEALTH INEQUALITIES

Rebecca Atchison, NHS Rotherham, reported that a Health Inequalities Summit was to be held in response to a Cabinet recommendation when considering the Index of Multiple Deprivation 2010. The Index had identified that the health of Rotherham communities appeared to have worsened and showed a high percentage of people were within the highest 10% in the country for health issues. It was felt that a Summit should be held to explore those issues.

In preparation for the Summit, there was a 2 month consultation exercise underway as well as a partnership engagement exercise, of which this Commission was part, to explore some of the reasons for the deterioration.

The consultation exercise had commenced at the recent Rotherham Show using a hand held survey where 426 members of the public had been asked for their perception of health, their views on health and whether they felt members of the community's health had improved or worsened. Approximately 40% felt that the health of the community was getting worse. When asked what they thought were the main causes they cited lack of money, changes in employment/unemployment and rising food costs followed by stress. They knew there were health services out there but were not accessing them.

The initial scoping allowed the officers to use the information within the next stage of consultation with Area Assemblies and communities of interest within the next month.

Discussion ensued with the following issues raised:-

- Importance of looking at the issues for Rotherham
- Usefulness of Ward-by-Ward data
- The Marmot report was important as it also included how communities felt and operated in terms of solution. There were things that would help at a local level to inform how health inequalities were tackled as 1 of the key issues Marmot highlighted was that communities that operated as communities well were the one that addressed health inequalities
- Members were more than welcome to attend any focus group/community of interest
- Parish Councils and Voluntary Action Rotherham were also suggested as points of contact
- It was recognised that health inequalities was very complex and 1 answer would not fit all. A holistic approach was being taken to identify a whole range of things that may possibly influence and those that could not influence at the current point in time
- Following the Health Summit, an action plan for the whole Council, PCT and

wider partners would be drawn up

The Summit was to be held on 30th November, 2011.

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

(2) That a further report be submitted as to Rotherham's position.

18. CFPS HEALTH REFORM PROJECT

Kate Taylor, Policy and Scrutiny Officer, and Linda Phipps, Centre for Public Scrutiny, gave the following powerpoint presentation:-

Centre for Public Scrutiny (CfPS) Programme

- Programme funded by the Healthy Communities Team at Local Government Improvement and Development
- To provide early insight into the development of accountability arrangements
- Consider ways of working between Scrutiny, Health and Wellbeing Boards and Clinical Commissioning Consortia

Project aims: Rotherham

- To understand new structures and accountabilities within the context of the new health reforms
- To examine ways in which the Health Select Commission, GPs, Clinical Commissioning Groups and Health and Wellbeing Boards can work together
- To understand how scrutiny can remain effective in a situation of reduced but more integrated resources
- To enable Rotherham to demonstrate its leadership in health scrutiny through participation in the next phase of Scrutiny Development Area (SDA) activity
- To participate in learning activities to capture and share project learning and insight
- To enhance Rotherham's own process of scrutiny

Workshop 1: Health and Wellbeing Board Representatives

Stakeholder and Role Mapping

- Vast number of organisations identified - demonstrating the complexity of the Health and Wellbeing agenda
- There are a number of 'layers' in the structure from local organisations and agencies which Rotherham can control, to those which Rotherham has no control over
- There needs to be a relationship between other Boards which sat alongside the Health and Wellbeing Board locally
- Organisations are changing or being re-shaped and although the map may look the same, the roles and responsibilities may change
- Health Select Commission is "Cat with a Paw" - probing and asking questions about what difference X has made and what could be done differently

Questions raised

- Health and wellbeing is also about economic wellbeing, regeneration and education – where does this fit in and how does the Health and Wellbeing Board influence these aspects?
- How do we get private sector (providers) involved; how do we influence them including workplace health?
- What is the future of joint planning boards – will GP commissioning become the new partner when PCTs are abolished?
- How does the general public input into the Health and Wellbeing Board? Is this through GPs/Councillors etc. who already have a relationship with people in communities?
- How do Safeguarding Boards fit with the Health and Wellbeing Board?
- How does the Health and Wellbeing Board fit the Local Strategic Partnership, Safer Rotherham Partnership/Adults and Children's Boards?
- How will public health be commissioned? Does there need to be a public health commissioning board?
- Are we doing enough for young people?

Workshop 2: Members of the Health Select Commission

Structure Processes and Protocols

- Paul Plsek on good governance – 3 dimensions: structures, processes, patterns
- Produced table of 'What is needed' and diagram to show processes:-

Structures

Terms of Reference

- Is the membership right?
- Do we have people common to both the Health and Wellbeing Board and GP Commissioning?
- What are the accountabilities?

Processes

- Monitoring and performance
- Communicating between various groups
- Review of big themes e.g. education and health
- Democratic deliberation

Protocols/Behaviours

- Conflict resolution
- Learning from other areas
- Managing conflicts of interest

Questions raised in relation to Scrutiny Role

- What do we mean by 'holding to account' – does this mean 'influencing' or calling organisations in to ask why outcomes/targets had not been met?
- Who has the power to control and direct things around to achieve the best outcomes?
- Who checks that contracts enable the right activity in relation to the commissioning plans?
- Is it the role of scrutiny to look at and ask questions regarding major service changes or will these go to the Health and Wellbeing Board in the future or both?
- Where will ideas come from in future for scrutiny work programmes?

- Should this be developed with the Health and Wellbeing Board or the chair?
- Should this be 'bottom up' from direct local experience as a Council, the Joint Strategic Needs Assessment or Health and Wellbeing Strategy and complaints?
- Or from all directions?

What should Scrutiny be asking

- Are we commissioning the right services to meet Joint Strategic Needs Assessment priorities?
- Are contracts producing the right activity in relation to commissioning plans?
- Are we meeting national targets for Health inequalities outcomes. If not, what more should be done?
- Are we reducing specific conditions e.g. diabetes or teenage pregnancy?

National learning

- Rotherham project had formed part of national learning
- Action learning Event attended by Councillors Jack and Wyatt
- CfPS Publication in October, 2011

Rotherham Learning

How do you see Health Scrutiny in the future?

- What are the key issues
- How would you like to work with the Health and Wellbeing Board
- How do we keep 'Scrutiny' at the centre

Discussion ensued on the presentation with the following points raised:-

- Include the Fire Service and Ambulance Service on the list of providers
- The need to get the questions, actions and purpose right so as to achieve the best outcomes for the people of Rotherham
- The need to work with the Cabinet Member for Health and Wellbeing and the Health and Wellbeing Board

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

(2) That the officers and Members involved in the Workshop be thanked for their efforts.

19. CONSULTATIONS

Shona McFarlane, Director of Health and Wellbeing reported on the following 2 consultations:-

(1) Funding Allocation Options for Local Health Watch and PCT Deprivation of Liberty Safeguards

- Health and Social Care Bill
Local Health Watch – transfer to local authority October, 2010 onwards
PCT Deprivation of Liberty Safeguards from October, 2012
Independent Mental Health Allocates April, 2012

Consultation closes on 18th October, 2011

- National Picture
- Consultation Area 1
Health Watch Allocation - 2 Options
 - Option 1 - Adult population adjusted for area costs (relates to the size of the population)
Local Health Watch option 1 without floor - adult population adjusted for area costs
Local Health Watch option 1 with floor - adult population adjusted for area costs with a minimum payment of £20,000
 - Option 2 - the social care relative needs formula (relates to the relative need of the population)
Local Health Watch option 2 without floor - adjusted to the relative need of the population
Local Health Watch option 2 with floor - adjusted to the relative needs of the population with a minimum payment of £20,000
- Consultation Area 2
PCT Deprivation of Liberty Safeguards - 3 Options
Identify grant to local authorities based on:-
 - Adult population, adjusted for area costs
 - Adult social care relevant needs formula
 - PCT DOLS caseload data or
 - With or without a minimum allocation of £2,000

Resolved:- (1)(a) That the consultation response with regard to consultation area 1 (Health Watch Allocation) be that this Select Commission favours option 2 based on relative need.

(b) That the consultation response with regard to consultation area 2 (Deprivation of Liberty Safeguards) be that this Selection Commission favours option 2 i.e. that there should be a minimum allocation to reflect economics of scale and standard minimum costs.

(2) Proposed Changes to Registration for Care Quality Registration

Resolved:- (a) That a sub-group be established consisting of Councillors Jack, Burton and Steel and Russell Wells to consider this consultation.

20. DATES AND TIMES OF FUTURE MEETINGS:-

Resolved:- That meetings be held during 2011/12 on the following dates commencing at 9.30 a.m. in the Town Hall:-

27th October
8th December
26th January, 2012
8th March
19th April

