

HEALTH SELECT COMMISSION

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

Date: Thursday, 15th September, 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
7. Minutes of previous meeting (Pages 1 - 6)
8. Representation on Working Groups
 - (1) Health, Welfare and Safety Panel
One Member plus a substitute
Meets quarterly on a Friday
(next meeting on 23rd September)
 - (2) Recycling Group
One Member
Meets quarterly on a Tuesday at 10.00 a.m.
(next meeting 20th September)
9. Park Rehabilitation Centre - Consultation (Pages 7 - 11)
- Kerry Rogers, Chief of Corporate and Legal Affairs, NHS Foundation Trust
10. Rotherham Health Summit: Tackling Health Inequalities
- verbal report by Carol Weir and Rebecca Atchinson, NHS Rotherham

11. CfPS Health Reform Project (Pages 12 - 26)
 - presentation by Linda Phipps, CfPS, and Kate Taylor

12. Consultations
 - Allocation Options for Funding for Local HealthWatch
Verbal report by Shona McFarlane, Director of Health and Wellbeing

 - Proposed Changes to Registration for Care Quality Registration
Verbal report for Shona McFarlane, Director of Health and Wellbeing

13. Dates and Times of Future Meetings:-
 - 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

**HEALTH SELECT COMMISSION
14th July, 2011**

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

Apologies for absence were received from Councillor Kirk and Mr. Richardson.

1. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. COMMUNICATIONS

The Chair welcomed the new Members to the Select Commission and looked forward to their contributions.

It was noted that the Co-optees would only serve a 1 year's term due to a review taking place later in the year.

4. INTRODUCTION TO NEW SCRUTINY ARRANGEMENTS

The Chair reported that the role of the Health Select Commission would be:

- To be the Council's designated scrutiny body for any issue relating to health and the Public Health agenda
- To look at partnership and commissioning arrangements in relation to health and wellbeing and their governance arrangements
- Health improvements and the promotion of wellbeing for adults and children of Rotherham
- Measures to address health inequalities
- Food Law and Environmental Health
- Issues referred to it by the Local Involvement Network (or successor body)

5. THE FUTURE OF PALS AT THE HEALTH ADVICE CENTRE

Helen Watts, Head of Patient and Public Relations, and Helen Wyatt, Patient and Public Engagement Manager, NHS Rotherham, reported on the proposal to relocate PALS from the Rotherham Community Health Centre to Oak House, Bramley.

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

Also, for staff security reasons, there were always 2 members of PALS staff present when the Centre was open. This meant that the Centre was forced to operate restricted opening times and was vulnerable to frequent ad-hoc closures due to lack of staff availability. At Oak House the issue of staff security was negated and other NHS staff in the building would be supported to deal with the more frequent requests for information.

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

- Hopefully the majority of telephone calls would be answered straight away and would not need to be passed onto someone else. It was known that the majority of the calls related to dental services/emergency dentist
- In January, 2011, there had been 200 drop-in callers to the Health Advice Centre which had been consistent until March. At the end of March, the document checking service for EU migrants had transferred to GP practices and had seen the figures drop to 62 and 84 for April and May respectively. The average number of telephone calls a month was 400-450
- Staff had also worked with those that required assistance to complete paperwork. The relocation would enable an appointment service to be offered with the officer meeting the client at a convenient location and time
- For anyone who visited the Health Advice Centre there would be a free telephone number they could ring
- Clients could still drop-in at Oak House and see a member of PALS if available. If not, arrangements would be made for a visit
- The move would enable staff to be more pro active rather than reactive

Resolved:- (1) That the proposal to relocate the service be supported.

(2) That a report be submitted in 6 months.

6. SPECIALIST CHILDREN'S HEART SURGERY CONSULTATION

Deborah Fellowes, Policy Manager, reported on the consultation that had taken place on the Safe and Sustainable – A New Vision for Children's Congenital Heart Services in England. The 4 month consultation had closed on 1st July, 2011.

It was proposed that the reconfigured Congenital Heart Networks across England would comprise of all of the NHS Services that provided 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 would be a reduction in the number of NHS hospitals in England that provided heart surgery for children from the current 11 hospitals to 6/7 in the belief that only larger surgical centres could achieve true quality and excellence.

Health Overview and Scrutiny Committees were being consulted as part of the statutory consultation process and, because it affected more than 1 Local Authority area, this was being co-ordinated in Yorkshire and Humber through a Joint Committee. It should be noted that the period of Joint Health Overview and Scrutiny Committees to respond to the consultation had been extended to 5th October, 2011.

Currently Rotherham children with serious congenital heart problems were referred to Leeds Teaching Hospital Trust for treatment which also supported outreach clinics at Rotherham Foundation Trust. Leeds only featured in 1 of the 4 options for service configuration. If closed, it was proposed that Rotherham children and families would receive services from 1 of 3 (Newcastle, Birmingham or Leicester).

The former Children and Young People's Scrutiny Panel nominated 1 member from Rotherham (Councillor Ali) to be part of the Joint Committee. The Scrutiny Panel also formed a small member working group consisting of Councillors Ali, Falvey and Sims to inform Rotherham's input to the process.

It was proposed to continue with the above arrangements for the duration of the review and for any comments/concerns from the Health Select Commission to be referred to the member working group for Councillor Ali to raise with the Regional Committee.

The Cabinet had responded separately to the consultation opposing the closure of Leeds as a surgical centre.

Resolved:- (1) That the nominated members from the former Children and Young People's Scrutiny Panel continue in their role for the duration of the review.

(2) That comments on the report and any concerns/issues regarding the review of Children's Cardiac Services be referred to the Council's representative on the Regional Health Overview and Scrutiny Committee.

(3) That the Cabinet's response to the consultation be noted.

(4) That further updates be submitted in due course.

7. INTRODUCTION TO NEW HEALTH AND WELLBEING CABINET PORTFOLIO

Councillor Wyatt, Cabinet Member for Health and Wellbeing outlined the remit of the new Cabinet Member portfolio created to link into the major structural changes within both the Health Service and Local Authority through the Health Reform Bill currently working its way through Parliament.

He referred to:-

- Shift in public resources into the private sector i.e. GPs
- Shift in involvement in local government with a number of functions returning from the Health Service
- Work with GP commissioning and Health Service providers under the umbrella of the Health and Wellbeing Board
- Social Care - a significant proportion of the Council's resources were allocated to Adult Social Care
- Early intervention and prevention
- Resources would be transferred to the Local Authority who was taking responsibility for Public Health
- Health Indicators 1 of the biggest challenges facing the Authority
- Sport and sport development
- The Department of Health had made funds available to support the Health and Wellbeing Board
- Would welcome members of the Commission taking on specific pieces of work
- Use of Assistive Technology/Telehealth

Councillor Wyatt was thanked for his presentation.

8. CENTRE FOR PUBLIC SCRUTINY DEVELOPMENT AREAS

Kate Taylor, Policy and Scrutiny Officer, reported that Rotherham had been successful in becoming a Centre for Public Scrutiny Development Area. This would involve undertaking 2 key pieces of work in relation to the Health Reform and relationships between Scrutiny and the Health and Wellbeing Board and a review into health inequalities locally as follows:-

Development Area 1 : Scrutiny and the Health Reforms

Over the coming months, as Health and Wellbeing Boards and GP Consortia begun to take shape, it would be important for scrutiny to understand its role and relationship with the new partnerships. In order to understand these new relationships and ensure that they were inclusive, transparent and accountable, the Centre for Public Scrutiny had secured additional funding to work with a number of scrutiny committees across the country to understand the complexities and help to carve out the best ways that Scrutiny, GPs and Health and Wellbeing Boards could work together and support each other.

Rotherham, along with 6 others, had been chosen to become a Scrutiny Development Area. This would 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
- Being at the heart of developing the new accountability arrangements
- Learning from other areas – in action learning meetings
- Showcasing the work undertaken locally to the wider sector

The funding would run from July, 2011 and conclude with the publication of learning and practice in October, 2011.

There would be a meeting on 20th July, Chaired by Councillor Wyatt, Cabinet Member for Health and Wellbeing, of all the key players involved in the Health and Wellbeing Board. A further meeting would be held to develop a stakeholder map illustrating the relationships, roles and responsibilities would be within the Board.

A workshop session would also be taking place on the morning of 12th August, for all members of the Select Commission to attend. This would be an opportunity to help shape the role and relationships between Scrutiny and the Health and Wellbeing Board and would be facilitated by the expert advisor from the CfPS. The Chair would like to encourage as many as possible to attend this session, as it would be a key piece of work for Rotherham. Further details to be sent out shortly.

Development Area 2 – Health Inequalities

The Centre for Public Scrutiny had appointed 6 new Scrutiny Development Areas for the 2nd phase of their Health Inequalities Programme of which Rotherham was 1.

The 6 areas would help the CfPS pilot a new impact model of scrutiny that aimed to make scrutiny more outcome focussed 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 would also be using the learning from the 1st phase of the Health Inequalities Programme, 'Peeling the Onion', which involved 10 local authorities working with the CfPS to develop the new impact model.

Rotherham would 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. The project would conclude in December, 2011, when Development Areas would be expected to share their findings and showcase the work undertaken locally.

Being a Scrutiny Development Area would require additional Health Select Commission meetings as the current 6 weekly meeting arrangements would not be adequate for ensuring both projects were completed within the timescales. It may also require additional contributions from members which would be arranged as far as possible around existing contributions.

A large part of the work was actually looking at what the issues were and coming to a decision on what issues the Commission should review. It was suggested that there be a shortlist of 5 possible issues and look at each 1 in detail to ascertain what information and intelligence there already was on each and then decide which to review. To undertake this project a sub-group would be established of which Councillor Steele would be the Chair. Its first meeting would be held on 27th July at 10.30 a.m.

Resolved:- (1) That the success in becoming a Centre for Public Scrutiny Development Area be noted.

(2) That a sub-group be established consisting of Councillor Steele (Chair), Councillors Dalton, Jack and Turner and Peter Scholey and that the first meeting be held on 27th July at 10.30 a.m.

9. FUTURE WORK PROGRAMME

The Chair reported that the Commission's work programme for 2011/12 was in draft but that, up until December, 2011, would focus on the work involved in the previous agenda item.

The Health Reform agenda, establishment of the Health and Wellbeing Board and completion of the Health and Wellbeing Strategy, would be key pieces of work as well as the cross cutting work with the Improving Lives Select Commission which was to consider Adult Social Care.

If any Member had any suggestions for other pieces of work they should contact Kate Taylor.

10. 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:-

15th September, 2011
27th October
8th December
26th January, 2012
8th March
19th April

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1. Meeting:	Health Select Commission
2. Date:	15 September 2011
3. Title:	Park Rehabilitation Centre – Consultation
4. Directorate:	NHS Rotherham/ Rotherham Foundation Trust

5. Summary

This report provides an overview of the consultation which is currently taking place in relation to the Park Rehabilitation Centre at Badsley Moor Lane, Rotherham.

Further details as to the progress and outcomes of the report will be tabled on the 15 September, when a representative from Rotherham Foundation Trust will also be in attendance to answer any questions raised by the Select Commission members and to discuss any issues, concerns and next steps.

6. Recommendations

The Health Select Commission Members:

- **Consider the information in relation to the information provided, and;**
- **Discuss and contribute to the consultation, to help ensure the best and most appropriate outcome for the review**

7. Proposals and details

Rotherham Foundation Trust (RFT) is currently undertaking a review of services delivered from the Park Rehabilitation Centre and this is still ongoing. Patients, users and staff were encouraged to complete a survey which closed on 11 June, the results of which are being collated. Meetings with users and groups using the facility have also been undertaken. The options/recommendations resulting from the review will dictate the next steps including engagement and consultation. A board meeting with both Commissioner and Provider is due early September.

The recent update provided on the RFT website states:

Following the recent announcement by The Rotherham NHS Foundation Trust that a Review is being undertaken in respect of services currently located at The Park Rehabilitation Centre, the Trust would like to confirm that all of the views and information that it receives will be fed into the Review process. The Trust is currently collating views from patients, staff and the wider community. Individual responses will not be issued, however, as we have already stated, everyone's views will be actively considered.

As part of the Trusts' recent savings consultation announced early in March, the services we provide out of the Park Rehabilitation Centre were highlighted as one of the further areas for review at a later date. The Rotherham NHS Foundation Trust (TRFT) is committed to involving and listening to the people who use their services. As you will be aware, we are facing tough choices due to the economic climate and as a result of an ongoing financial situation we face by providing services at the Park Rehabilitation Centre, we are announcing a review of how best to provide services for our NHS patients and other service users.

A recent price increase for non-NHS services at the Centre which was designed to make the services provided more financially affordable for the NHS received a number of complaints. It is clear that patients and other users value the services provided at Park Rehabilitation Centre and, as a result, we considered a review of the entire service to be the best way forward.

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

This review will involve as many service users, staff, health partners and other partners as possible to determine how best to provide all the current NHS funded and non-NHS services and balancing the needs of patients with the reality of the financial situation.

Rotherham Foundation Trust wants to work with the public in order to ensure services are available for our NHS patients and more broadly for the people of

Rotherham. If you would like to be involved in the review or have any comments please email: parkrehabreview@rothgen.nhs.uk.

Info sent out to those who participated in the review:

The Park Rehabilitation Centre Review

The Trust would like to reiterate its appreciation to all those who have participated in the Park Rehabilitation Centre Review (PRC). We have appreciatively received a high number of survey responses, views via letters and emails, along with invaluable feedback at numerous meetings that have taken place. We continue to be committed in involving and listening to people and all of the views we have received and the information gained have been fed into the Review process.

The next stage in this Review process is to evaluate the responses and work with our health partners to explore the options available to the Trust. The proposals regarding The Rotherham NHS Foundation Trust services will be considered by the Trust's Board of Directors in late September.

The Trust would also like to reinforce the message that no decision has been reached as to the future of NHS services delivered at PRC and we encourage people to continue utilising the facilities. We endeavour to ensure that services are available for our NHS patients and more broadly for the people of Rotherham.

The Select Commission meeting will also be an opportunity to ask further questions in relation to the review and feed in any further comments and concerns.

Background to Facility Development

The Park Rehabilitation Centre is a purpose built facility situated on the Badsley Moor Lane site.

The facility opened in 1991 and was developed to replicate a rehabilitation centre at Firbeck. Firbeck had originally been owned and managed by the Miners Welfare Commission as a miners rehab centre but had, at some point, been transferred to the District Health Authority. Within the terms of the transfer closure of Firbeck was only allowable if an alternative and comparable facility was opened in its place. Hence the PRC facilities reflect the original requirements of a miners rehabilitation centre in terms of the generously sized gym and pool and the lack of adequate changing facilities for females. It also makes it unique as a facility in South Yorkshire and indeed there are very few similar facilities around the country.

Facilities include:

- Reception area
- Large lounge/waiting area
- Large hydrotherapy pool (16 metres x 6 metres, temp 35C)

- Large gymnasium
- Neuro rehabilitation room
- Amputee rehabilitation room
- Occupational Therapy kitchen
- Bedroom - used for transfer training and disabled changing
- Light workshop area – used as admin base for MDT Neuro team, for neuro splinting and for cognitive work requiring quiet area
- Speech and language clinic room
- Consulting room – used by different professional groups
- Outpatient clinic area x 2 (10 cubicles)
- Seminar room

Services provided at the centre include:

Physiotherapy, Occupational Therapy and Speech and Language Therapy are provided from the centre to patients with the following conditions.

- Musculoskeletal (incl. rheumatology)
- Neurological
- Amputations

Adult Psychology services are also provided one day a week.

In addition the PRC accommodates a wealth of self help groups. These are either

- Provided and managed by the PRC as an integral part of a programme of care
- Provided and managed by the PRC on an income generation basis
- Hired directly by a self help group

Self Help related activity

Self help arrangements are in place for discharged patients with ortho or neuro conditions or amputations. The sessions include utilisation of either the gym or pool (or both). In addition a self help back group runs weekly.

Support Group use of Centre

The following groups utilise/hire the PRC facilities:

Group	Facilities used	Frequency
National Ankylosing Spondylitis Society	Pool and Gym	weekly
Neuro Support Group	Lounge	monthly
Stroke Disability	Lounge	monthly
Cardiac Rehab	Pool	weekly
Breast cancer Support	Pool	weekly
Foggy Friends (fibromyalgia)	Pool	weekly

Current Users

Mental Health (RDASH), People with Learning Disability (RDASH and Public Session), Young Adult Transition Team , Child Development Centre (now part of RFT), Public Swim (adult, child, disabled plus carer's) , Swimming Lessons (adult, child), Self Help Swim (day time/evening sessions for people who have had Hydrotherapy with a physio and need to continue their exercises post discharge), Self Help Gym/Weights (orthopaedic, neuro and amputee patients who have had physio or OT and need to continue their exercise programs post discharge), Park Activity Club for Kids (pool, gym and dance groups), Slimming group Yoga , Breast Cancer Support , Voyage (private hire/supported living), Back Group, NASS (National Ankylosing Spondylitis Society), Cardiac Rehab , Foggy Friends (fibromyalgia group) Karate, Football, Littlewood Football, Stroke Disability Group, Neuro Support Group Basketball and ad hoc hire of gym and pool sessions.

8. Finance

The financial implications associated with this service have been outlined in the background information above.

9 Risks and Uncertainties

The review is being undertaken to consider the best options for service users and the people of Rotherham, taking into consideration financial implications and the need to ensure NHS budgets are not re-directed to cover non-NHS services.

It is uncertain as yet as to what alternatives could be made available, but all the responses from this consultation will feed into the review and help inform any future decisions.

10 Background Papers and Consultation

Further details can be found via the following link:

http://www.rotherhamhospital.nhs.uk/park_rehabilitation_centre_review.aspx

11 Contacts

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ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1. Meeting:	Health Select Commission
2. Date:	15 September 2011
3. Title:	Centre for Public Scrutiny Development Area Project – ‘Scrutiny and Health Reforms’
4. Directorate:	Commissioning, Policy and Performance

5. Summary

The Scrutiny and Health Reforms programme has been funded by the Healthy Communities Team at Local Government Improvement and Development, and took place between June and August 2011, with all the learning and practice from each local authority area being published together in October 2011.

The main aim of the programme was to provide early insight into the development of accountability arrangements and consider ways of working between Scrutiny, Health and Wellbeing Boards and Clinical Commissioning Consortia.

Key outcomes and actions

- The HWBB needs to be considered alongside other local boards and consideration is needed as to what the roles and relationships are between them to avoid duplication
- There are a number of ‘layers’ of organisations involved, those which Rotherham has no control over, those which Rotherham has complete control over and those which are joint or partnership arrangements
- A stakeholder map needs to be produced, which all involved agree to and use as a tool for developing structures and processes
- Organisations are being changed or re-shaped in the future and although the map may look the same, the roles and responsibilities may change
- The role of the Health Select Commission was suggested as the “Cat with a Paw” – probing organisations or people in when needed and asking questions about what difference X has made and what could be done differently
- The HWBB and HSC will need to continue to work on how they work together in the future arrangements
- The HSC can add value by developing a focus on the outcomes of commissioning plans and actual activity.

6. Recommendations

That the Health Select Commission:

- Consider the outcomes of the project, including the key questions raised and;

- **Consider how some of these questions could be best answered**
- **Note the outcome in relation to the role of Health Scrutiny; discuss and consider how, as a function, Scrutiny can achieve added value for Rotherham**

7. Proposals and details

7.1 CfPS Programme

Over the coming months as Health and Wellbeing Boards and Clinical Commissioning Consortia begin to take shape, it will be important for scrutiny to develop its role and relationship with these new partnerships. In order to understand these new relationships in more detail and to ensure that Boards and Consortia are inclusive, transparent and accountable, CfPS has secured additional funding from the Department of Health and will work with new development areas from across the country to help carve out the best ways that scrutiny, clinicians and Boards can work together and support each other to achieve good outcomes across health and social care.

Each local authority area successful in becoming a Scrutiny Development Area as part of this programme received up to five days in support from an expert advisor to help deliver a local project. In this instance, the expert advisor worked closely with the lead scrutiny officer to develop a short project which would be specific to Rotherham, based on the current position locally, but which would also provide learning and potentially new resources and tools to use in other areas.

Key objectives of the Rotherham project included:

- understanding new structures and accountabilities within the context of the new health reforms and how they are or can be made (more) transparent, inclusive and accountable
- examining ways in which Health Select Commission, GPs, Clinical Commissioning Groups (CCG) and Health and Wellbeing Boards (HWBs) can work together and support each other
- understanding how scrutiny can remain effective in a situation of reduced, but more integrated resources
- enabling Rotherham to demonstrate its leadership in health scrutiny through participation in the next phase of Scrutiny Development Area (SDA) activity, which builds on the first successful SDA programme
- participation in learning activities to capture and share project learning and insight, including Community of Practice discussions, action learning and other dissemination
- Enhancement of Rotherham's own process of scrutiny

7.2 Current Position in Rotherham

RMBC has led the development of draft Terms of Reference for the Health and Wellbeing Board in Rotherham. An initial, informal meeting of the Board members has also taken place and agreement has been made for the first official meeting of the Board; 21 September 2011.

Rotherham is establishing one GP consortium for the borough. A Clinical Commissioning Group (CCG) is now in place which involves eight GPs with an agreed Chair. This group is currently being supported by NHS Rotherham who will ensure effective transition to clinical commissioning. The Chair of the CCG has been

involved in the developments of the HWBB and the Chair of the HWBB has also been invited to sit on the CCG.

Health Select Commission

Rotherham has recently undergone a review of the overall scrutiny function, which has been both in response to the significant reductions in resources, as well as to change the culture and improve the effectiveness of the way scrutiny is done locally. Health is now one of four Scrutiny Select Commissions which sit under a Management Board. In light of the health reform agenda the Members have been aware of the need to do scrutiny differently, which involves the need to develop relationships with a number of new partners; including GPs and other NHS services, where relationships may not have previously been made. Members were also aware of the key role that scrutiny can play in this changing environment and the opportunities they have to improve public health and reduce health inequalities, and that building effective relationships and links with the Health and Wellbeing Board will be key to success.

Being a part of this project meant Members could attempt to demonstrate how scrutiny can effectively add value and contribute to achieving positive outcomes for local people, and it was felt this would be best achieved through being transparent and responding appropriately to issues and concerns raised through a range of sources, including the Health and Wellbeing Board.

7.3 Project Focus, Objectives and Outcomes

The main focus of the project was to consider the roles and relationships within and between the HWBB and Scrutiny, for this purpose it was decided to undertake two separate workshop sessions; one for members and representatives of the Health and Wellbeing Board and the second for Health Select Commission Members.

Rotherham is also a Scrutiny Development Area with the CfPS for the Health Inequalities project, therefore a project timeline was considered and drawn up, which linked together the two CfPS projects, to ensure there was no confusion between the two; as some Scrutiny members were involved in both. This timeline (Appendix A) provided the structure for the project.

The process and key objectives for each workshop session and are outlined below:

7.3.1 Workshop 1: Representatives of the Health and Wellbeing Board

Members of the HWBB, along with other colleagues and representatives from the various organisations involved in the HWBB were invited to attend a workshop session facilitated by the Expert Advisor and Scrutiny Officer supporting the project.

Workshop Objectives: To support and enable all stakeholders involved in the HWBB to discuss the roles, responsibilities and relationships between key organisations, and how best to develop structures to ensure the Board is effective, open and transparent and works effectively with other partners.

Stakeholder and Role Mapping

Attendees of the workshop were divided into two groups (seven people in each) and each group were given a piece of flip chart paper, post-it notes and a number of discs, one with 'Health and Wellbeing Board' and one with 'Health Select Commission' written on, the rest blank for them to write in.

Each group was asked initially to work together to discuss and produce a stakeholder map, considering all the 'key players' or organisations/agencies which need to be considered in relation to the HWBB and Select Commission. They were asked to write these on and place the discs onto the paper whether they felt they best fit – producing a 'map'.

Once complete, each group was asked to consider the roles and responsibilities of each of the players and use post-it notes to place these on the map. They were then asked to consider the accountabilities and relationships between the key players and again, place these onto the map using different coloured post-it notes.

The groups were asked to think about, whilst undertaking these activities, areas of potential overlap, similarities and differences between the organisations and bodies, particularly between the HWBB and Select Commission.

Outcome of Workshop

Two stakeholder maps were produced, one for each group. The two maps which were produced are attached to this report as simplified Word documents, to demonstrate the work which was undertaken. Although these maps are quite simplified and do not necessarily join-up the organisations, they do present good representation of the vast number of organisations/agencies which need to be considered in relation to the HWBB and Health Scrutiny. These basic maps will be used to develop a more detailed stakeholder map, which can be used as a tool for the HWBB representatives and elected members whilst developing this agenda.

During the group work, a number of observations were made by each group in relation to the organisations, roles and structures:

- Although both groups tried to avoid a hierarchy of organisations, it was recognised that this was the case and there were a number of 'layers' in the structure; from local organisations and agencies which Rotherham could control, to those that were higher, which Rotherham had no control over
- There needed to be a relationship between other Boards which sat alongside the HWBB locally, e.g. the Children's and Adult's Boards and discussions were needed as to what these links would be e.g; the HWBB could request Children's Board does more work on a specific identified issue
- It was identified that the role of the Council and Cabinet was significant, with many of the identified 'roads' leading to the Council – although it was also noted that some 'roads' will lead to the Department of Health or other national bodies
- The stakeholder map included a number of organisations that may change or be re-shaped in the future and although the map may look the same, the roles and responsibilities may change

- The role of the Health Select Commission was suggested as the “Cat with a Paw” – bringing in organisations or people when required and asking questions about what difference X has made and what could be done differently
- Select Commission could also ask the HWBB to help with accountabilities, e.g. HWBB holding relevant partners to account
- Consideration was needed in relation to the commissioning of public health services, once public health was part of the local authority remit

Following discussion and feedback from each group a list of key questions which required consideration was produced:

1. Development of health and wellbeing was also about economic wellbeing, regeneration and education as well as ‘health’ – where does this fit in and how does the HWBB influence these aspects?
2. How do we get private sector (providers) involved; how do we influence them inc. workplace health? E.g. Department for Work and Pensions (DWP) is no longer on the Local Strategic Partnership (LSP) Board locally - how can we ensure HWBB links with them to support getting people into work?
3. What is the future of joint planning boards – will GP commissioning become the new partner when PCTs are abolished?
4. How does the general public input into the HWBB? Is this through GPs/Councillors etc who already have a relationship with people in communities?
5. How do safeguarding Boards fit with the HWBB?
6. How does HWBB fit with the LSP; Safer Rotherham Partnership/Adults & Children’s Boards?
7. How will public health be commissioned? Does there need to be a public health commissioning board?
8. Are we doing enough for young people?

Key Learning Points

The process of producing a stakeholder map and considering roles, responsibilities and relationships was seen as a worthwhile exercise. Undertaking this work allowed a number of key people, representing various partners across the borough, the opportunity to consider and debate some of the issues relating to the health reform agenda. Subsequently it was felt that the production of a map would be useful to share amongst all involved and be used as a tool when developing local governance arrangements. This map would also ensure all parties were clear about who was involved and what their relationship was with the Board; which would allow key questions to be asked such as ‘are these the right people?’ and/or ‘are these the right organisations?’.

The groups also identified that there may be a need for a number of different maps to be produced, showing the different layers within the structures; the national organisations which Rotherham could not control, but which had control over what Rotherham could and should be doing, the HWBB and various boards linked to it, as well as the structures which sit underneath the board which would look at specific issues or agendas.

It was identified through the discussion that it was important to foster Rotherham priorities and solutions and ensure the HWBB could shape what was needed locally, whilst being mindful of the national agenda and required outcome measures.

7.3.2 Workshop 2: Members of the Health Select Commission

Members of the Health Select Commission in Rotherham were invited to attend a workshop session facilitated by the expert advisor and Scrutiny Officer supporting the project. The session allowed the Members to reflect on the outcomes of the previous workshop, with the support of the facilitators, and consider the key questions which had been produced and begin to look at their role as 'scrutiny' and how that linked to and added value to the HWBB.

Workshop Objectives: To support and enable Elected Members and co-optees of the Health Select Commission to reflect on the roles and relationships between Scrutiny and the Health and Wellbeing Board, how Rotherham would like to take this forward and what the rest of England can learn from our project.

Outcomes of Workshop

The structures and processes which need to be developed in relation to the health reform agenda are defined in the documentation produced by Government, although these are not always fully understood locally and very often it can be the 'softer' elements of structures such as behaviours and protocols which are not as clearly defined, but which can impact on the processes required.

The group discussed these different elements, from structures to processes and behaviours and considered what was needed for each in relation to the HWBB and associated key players – table 1 below outlines these thoughts.

Table 1. Structures, Processes and Protocols

	What do we need to make health reforms work?
Structures	Terms of Reference: <ul style="list-style-type: none"> • Is the membership right? • Do we have people common to both HWBB and GP commissioning? • What are the accountabilities?
Processes	<ul style="list-style-type: none"> • Monitoring and performance • Communicating between various groups • Review of big themes e.g. education and health • Democratic deliberation
Protocols/ Behaviours	<ul style="list-style-type: none"> • Conflict resolution • Learning from other areas • Managing conflicts of interest

Based on the table above, the group considered the structure and processes for Rotherham and produced a diagram (appendix C).

On reflection of the diagram it was highlighted that there was a potential point in the processes where the accountability could break down in relation to the HWBB. Between commissioning plans being produced and approved by the HWBB and subsequent activity taking place there needed to be clear accountability in place to ensure the 'activity' or what is actually contracted, is in line with the 'commissioning' and priorities agreed by the HWBB. This is a role for commissioners to ensure the activity is in line with commissioning plans, but it was identified that this could also be a role for Scrutiny, to provide the 'overview'; ensuring the full commissioning cycle achieves the desired outcomes for local people.

A number of questions were raised in relation to accountability and the role of scrutiny:

- 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 HWBB in the future, or both?
- Where will ideas come from in future for scrutiny work programmes?

- Should this be developed with the HWBB or the Chair?
- Should this be 'bottom up' from direct local experience as a councillor, the JSNA or Health and wellbeing Strategy, and complaints
- Or, from all directions?

Key learning Points - The Role of Scrutiny in the Health Reform

It is considered that the Health Select Commission should be able to ask the right questions about why a specific activity isn't happening, based on information from various sources; e.g. the JSNA, agreed priorities and commissioning plans. However, it is also noted that if Scrutiny can't influence the body or organisation in question there is no point looking at a specific issue – scrutiny needs to be able to influence and only when it can influence can any real impact be made.

The group identified a number of key questions which scrutiny should be asking in relation to commissioning, activity and outcomes:

1. Are we commissioning the right services to meet JSNA priorities?
2. Are contracts producing the right activity in relation to commissioning plans?
3. Are we meeting national targets for Health inequalities outcomes, if not, what more should be done?
4. Are we reducing specific conditions? (e.g. diabetes or teenage pregnancy)

7.4 Summary

The project undertaken with the CfPS had a fairly tight timescale attached to it. Therefore, there needed to be a real focus in the work which was undertaken and an acknowledgement that this was not simply about producing all the answers, but an opportunity to collectively think about developing the processes, relationships and behaviours needed within the new health reform structures.

The work which was undertaken was very well received and has raised some interesting and key questions which need to be asked and answered by the relevant people involved in the HWBB and scrutiny.

Specifically a number of actions were agreed by the HWBB members during their session, including:

- To re-visit and amend the HWBB terms of reference where appropriate based on discussions from the workshop and key questions raised
- Produce a stakeholder map or maps for all parties to agree to and use in future developments of the health agenda

The role of Scrutiny was seen as a 'function' which needs to sit alongside the HWBB, calling in and looking at issues when needed, but also ensuring the right questions are asked to ensure what action takes place locally is in line with the agreed priorities and commissioning plans; ultimately ensuring the best and most

appropriate outcomes for local people. Consideration needs to be given as to how scrutiny should best interact with the HWBB and whether this should be through meeting with the HWBB or Chair on a regular basis and/or receiving minutes and annual reports from the Board to help inform the scrutiny work programme and ensure Scrutiny can affectively look at specific issues when required.

7.5 National Learning

The CfPS programme will provide shared learning for all local authorities nationally, by producing a publication which will bring together the case studies of all the local authority projects, as well as discuss some of the findings and best practice. Rotherham has contributed to this learning through being involved in the programme, producing a case study of the work which has gone on locally and attending an Action Learning Event with all other local authority areas involved. Rotherham was represented at this event by the attendance of the Scrutiny Officer, Chair of the Health Select Commission and Chair of the Health and Wellbeing Board.

The event brought together all local authorities involved in the project, along with the expert advisors. The event was an opportunity to discuss the outcomes of each individual project and consider ways of working between Scrutiny, HWBBs and Clinical Commissioning Groups.

The CfPS publication, due out October 2011, will pull together the outcomes of this event.

Next steps

- 21 September 2011 - HWBB first meeting; to agree and sign-off their terms of reference
- October 2011 - CfPS Publication including case studies from all local authority areas involved in the programme to share learning and outcomes

8. Finance

There are no financial implications directly associated with this project.

9 Risks and Uncertainties

There are a number of risks and uncertainties associated with this agenda, many of which have been highlighted through these workshop sessions and outlined in this report; by the issues and key questions raised.

The Health Reform agenda will continue to be developed over the coming months and next few years, as organisations change or are re-shaped. This will mean the HWBB will need to be mindful of the changing environment and continue to revisit the terms of reference as appropriate, ensuring all relevant organisations and key players, including the public, are involved.

Health Scrutiny will need to work closely with the HWBB and all partners to ensure that as this agenda changes, scrutiny is able to effectively look at issues, ask key questions and ensure the best possible outcomes for Rotherham people.

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.

11 Background Papers and Consultation

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

<http://www.cfps.org.uk/what-we-do/tackling-health-inequalities/>

[http://www.cfps.org.uk/userfiles/file/CfPSPeelingonionfin%5B1%5D\(1\).pdf](http://www.cfps.org.uk/userfiles/file/CfPSPeelingonionfin%5B1%5D(1).pdf)

Appendix A – Project Timeline

Appendix B – Stakeholder Maps

Appendix C - Process and Accountabilities Diagram

12 Contact

Kate Taylor

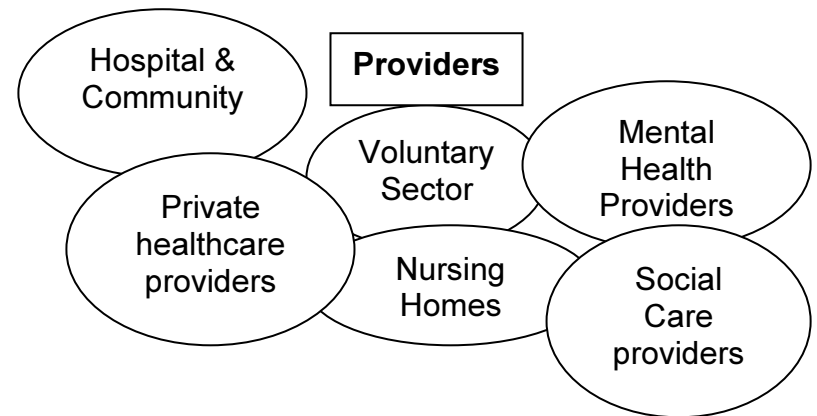
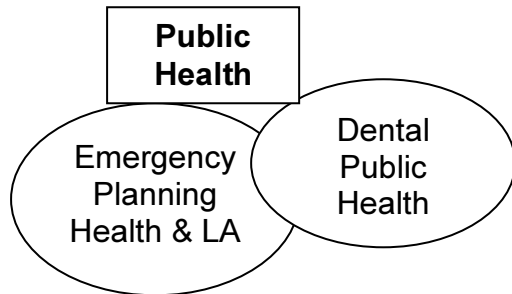
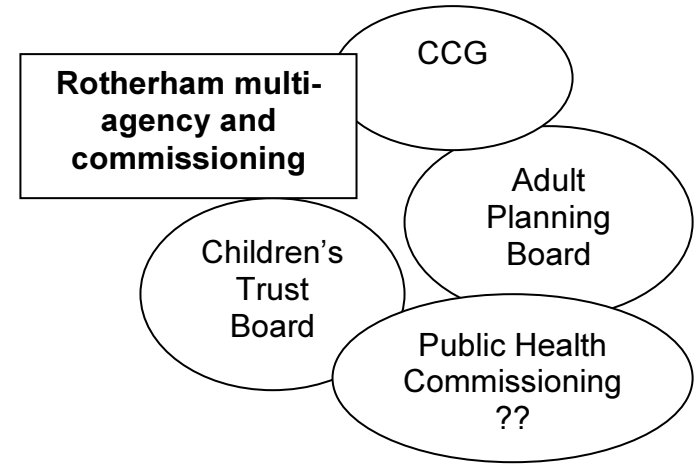
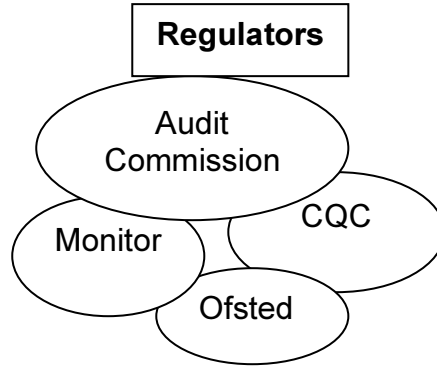
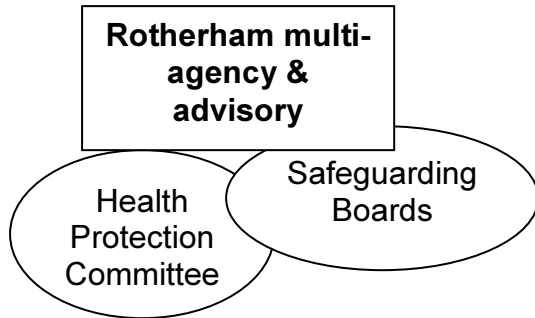
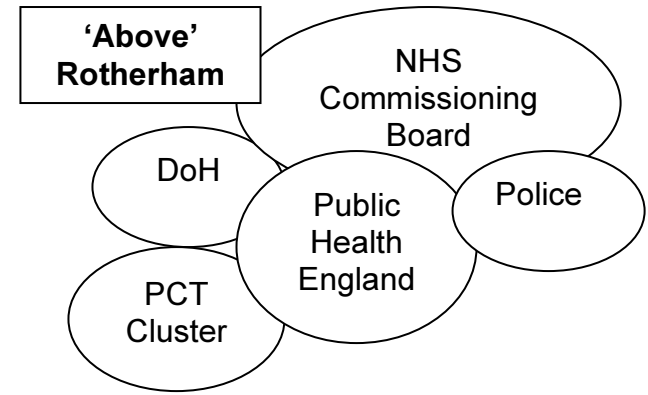
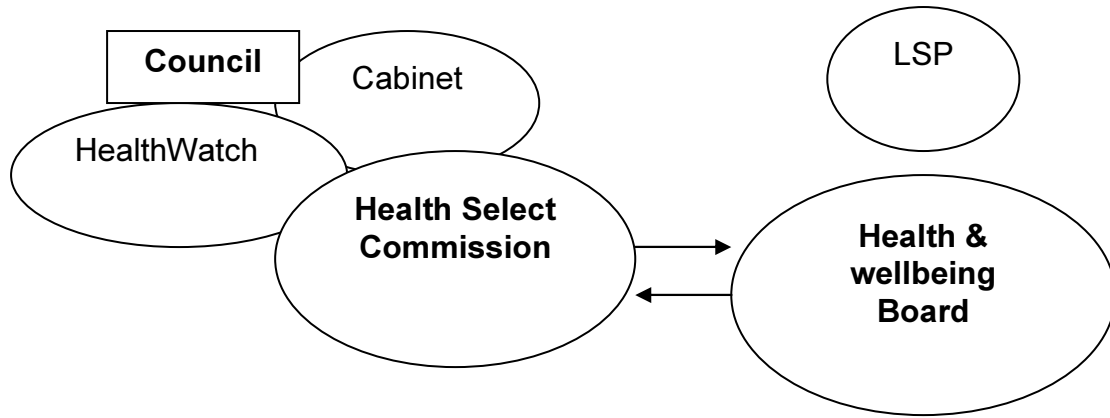
Policy and Scrutiny Officer

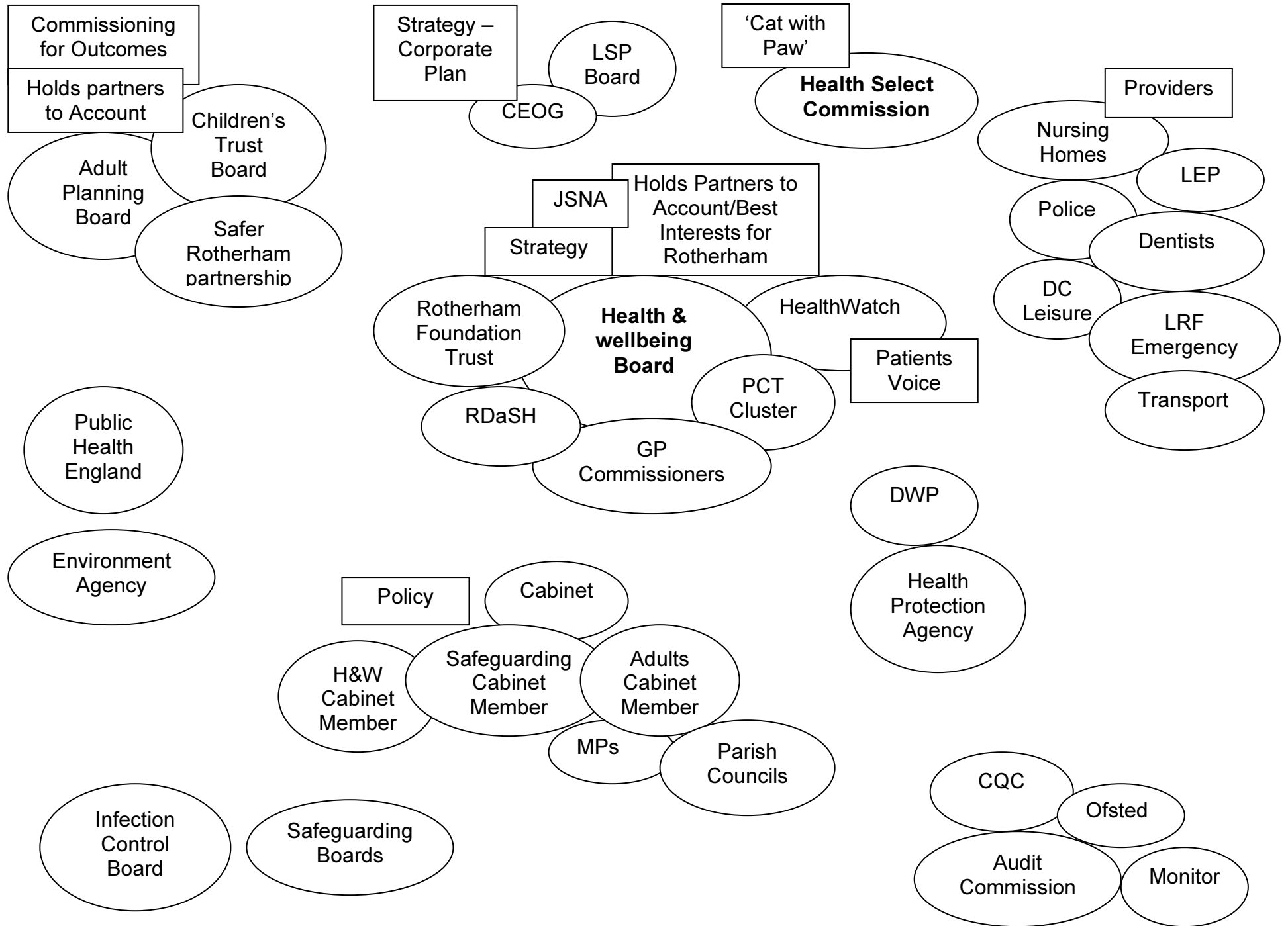
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Appendix A. Centre for Public Scrutiny – Rotherham Development Area: Project Timeline

Timeline	Health Reform Project			Health Inequalities Review		
	Date & Time	Participants	Purpose	Date & Time	Participants	Purpose
14 July – Projects initiated at full Health Select Commission	20 July 2011 1-3pm	Stakeholders	Stakeholders' introductory meeting	27 July 2011 11-12.30 am	Review sub-group	Introduction to ROI model, date planning, shortlist of topics
	10 Aug 2011 2-4pm	HW Board Members only	Mapping roles and accountabilities; reviewing areas of convergence and of difference	1 – 12 August 2011	Officers	Officers collating information to create impact statements for the shortlisted topics
12 Aug – All evidence gathered for Health Reform project	12 Aug 2011 9.30-11.30am	Full Health Select Commission	How Scrutiny members will work with HWBB and GP Consortia: processes & protocols	12 Aug 2011 12 - 1pm	Review sub-group	Decision making meeting – choice of topic using scoring matrix + impact statements
26 Aug – Health Reform project ends	19 Aug 2011 (via email)	Full Health Select Commission	draft Health Reform report circulated for comment			
31 Aug – Action learning Event for Health Reform project	21 Sept 2011	1 st meeting of the HWBB	To consider & approve terms of reference in relation to key questions from project	2 Sept 2011 9.30 – 11.30am	Review sub-group + All identified stakeholders	Stakeholder analysis of topic – linked to wider determinants of health – and questions to ask
28 Nov – Review complete for write-up				15 Sept 2011 11.30-1pm (follows full scrutiny meeting)	Review sub-group	Reflection meeting for review group – to decide key questions/ “lines of enquiry”, and witnesses to call
23 Dec – Health Inequalities Review ends				5 Oct 2011 9.30 – 11.30am	Review sub group	1 st meeting to ‘do’ the review – involving identified witnesses
9 Jan – Action learning Event for health Inequalities review project				28 Nov 2011 2.30-4.30pm	Review sub-group	2 nd review meeting – involving further witnesses as required
19 Jan – Report to full Commission				13 Dec 2011 2.30-4.30pm	Review sub-group	To receive and comment on draft report





Health and Wellbeing Board & Health Scrutiny - Process and Accountabilities Structure

