HEALTH SELECT COMMISSION
9th July, 2015

Present:- Councillor Sansome (in the Chair); Councillors Ahmed, Alam, Burton, Elliot, Fleming, Godfrey, Hunter, Khan, Mallinder, Price, Rose, Rushforth and M. Vines and Vicky Farnsworth (Rotherham Speakup).

Apologies for absence:- Apologies were received from Councillors Smith, Turner and Robert Parkin.

13. DECLARATIONS OF INTEREST

There were personal interests declared by Councillors Fleming, Hunter, Parker, Price and Rose, on the range of matters included on this meeting's agenda. All of these Councillors were either employees, or relatives of employees, within the National Health Service. As their interests were of a personal (and not prejudicial) nature, the Members remained in the meeting and spoke and voted on the items.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no separate questions from members of the public or the press, although a member of the public did attend and asked various questions relating to items 19 to 22 below.

15. COMMUNICATIONS

(1) Use of 'yellow cards' during debate

The issues being dealt with by this Select Commission were complex and often a lot of jargon used for Adult Social Care and Health. To ensure that everyone was able to participate fully in discussions, the yellow card system used previously at other Scrutiny Panels/Select Commissions was being reintroduced. If any Member of the Commission required clarification on a question or on a term used they should raise the yellow card.

(2) Joint Health Overview and Scrutiny Committee (JHOSC)

Congenital Heart Disease Services would be considered further at a meeting of the Health Select Commission during September, 2015.

(3) Chantry Bridge GP Practice, Greasbrough

Tenders were being invited for the provision of a new Alternative Provider Medical Services (APMS) contract for the delivery of GP services at the Community Health Centre at Greasbrough. The new Service would commence during November, 2015.

(4) Carnson House

The launch of the new Drug and Alcohol Recovery Hub would take place on Wednesday, 15th July 2015 (details previously circulated to Elected Members).

(5) Access to GPs and RDaSH CAMHS Reviews

The response to the RDaSH CAMHS Scrutiny Review would shortly be submitted to Commissioner Newsam's meeting. The Interim Director of Adult Social Care and the Director of Public Health were responding to issues arising from the Scrutiny Review of Access to GPs.

(6) Care Quality Commission - Quality Summit

Consequent upon the inspection of the Rotherham Foundation Trust earlier in 2015, the Care Quality Commission's summit with stakeholders to discuss outcomes and action plans would take place on Monday, 13th July, 2015; the Chair of the Select Commission would be attending the summit.

(7) Publication of the 2015 Health Profiles

The overall local health and child health profiles, 2015, had now been published and would be circulated to Members of the Select Commission, together with links to the appropriate Internet websites.

16. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting of the Health Select Commission held on 11th June, 2015, be agreed as a correct record, with the clerical correction of the inclusion of Councillor Ahmed in the list of Members who had given their apologies for absence for that meeting.

17. HEALTH AND WELLBEING BOARD

The contents of the minutes of the meeting of the Health and Wellbeing Board held on 18th May, 2015, were noted. Members were informed that further reports would be submitted, from time to time, to various meetings of Elected Members on the suicide prevention matters which had been considered at that meeting.

Adult Mental Health had also been discussed at that meeting, including support for adults post-diagnosis. The report discussed at the Board's meeting related to children and young people, although the continuing work on suicide prevention considered all ages and there was vigilant monitoring and thorough investigation of any cases.

The Advisory Cabinet Member confirmed the establishment of a new commissioning sub-group, which would begin its work by considering issues concerning adult mental health.

Reference was also made to the most recent meeting of the Health and Wellbeing Board which had taken place yesterday, 8th July, 2015. A written report was being prepared in response to the recommendations of the Scrutiny Review of Access to GPs. It was also noted that amendments to the process for responses to scrutiny reviews was currently being developed.

18. COMMUNITY TRANSFORMATION

Chris Holt, Chief Operating Officer, Rotherham Foundation Trust, gave the following presentation about Transforming Unscheduled Health Care:-

- Community Transformation launched in April 2014;

- Focus on five priorities
  - A Better Community Nursing Service
    Reconfigured around locality teams
    Better leadership, clinical supervision and governance
    Additional nurses (14 whole time equivalent posts) against the 2014/15 establishment
    New ICT equipment, full connectivity

  - Integrating Services in Health and Social Care (for issues such as falls, respiratory and neurological cases)
    Developed new Integrated Rapid Response (merging Fast Response, Advanced Nurse Practitioners)
    Respiratory Care Pathway agreed
    Investment in Integrated Falls and Bone Health Care Pathway
    New Service model for Neuro Rehabilitation

  - An Enhanced Care Co-ordination Centre
    Resourced to provide 24 hours', s7 days per week cover
    Hub for new supported Discharge and Admit Prevent Pathways
    Develop single point of access for Community Nursing referrals

  - Utilisation of alternative levels of care
    Agreed model for Community Unit to target frail/elderly
    Discharge to Assess beds commissioned at Waterside Grange
    Three supported Discharge and Admission Prevention Pathways

  - Better Governance and Performance Management
    Performance Framework established across all Community Teams
    Reporting mechanisms and indicators agreed with Teams

Bi-monthly meetings held between Clinical Commissioning Group and Community Teams

- 'Input' and milestone focus

- Secured successfully – need stage 2, as the initial programme had concluded in March 2015

- Acute was delivering but had struggled during the Winter

Current Situation – an Opportunity
- Provider of Acute and Community Services
- Community Transformation enablers
- A focus to improve within Acute
- Take a 2 to 3 year view
- Address other key enablers (Emergency Centre, 7/7 Services)
- Outcome and performance driven

Origins of the Programme
- Five Year Forward View
- Future Hospital Commission – Future hospital: caring for medical patients

A Future Model of Care
- Generalist Inpatient Pathways
  The Medical Division: unified clinical, operational and financial management
  7 days per week by trained doctors using Standard Operating Procedures
- Specialist Inpatient Pathways
  Specialist procedures, clinics, ambulatory care and community support, specialist education, training and research

The Ambition
- Strengthened acute take and ambulatory care
- Ward reconfiguration and reduced bed base
- 7-day assessment of appropriate patients
- Community physician support for localities
- Reduction in acute length of stay
- Length of stay at home/Usual Point of Residence to be main indicators
- Primary, secondary and community partnerships

Five Key Priorities
- Emergency access and admissions
- Structured and systematic management of in-patient beds (acute and intermediate)
- Embedding Admission Prevention and Supported Discharge Pathways

- Integration of Acute and Community Care Pathways
- Partnerships with social care, mental health, voluntary sector partners

The presentation and subsequent discussion highlighted the following issues:-

: B1 Ward (at the Rotherham hospital) – reorganisation;

: the role of the Carats nurses (Community Assessment, Rehabilitation and Treatment Scheme); the multi-disciplinary team and the co-ordination of care; the multi-disciplinary teams review care plans daily for patients and telephone the Care Co-ordination Centre for advice and to arrange further care/support;

: 'key enablers' – examples being the Emergency Centre; providing around-the-clock services; Health Service working alongside the Adult Social Care Teams;

: staffing and national shortages, having an appropriate mix of skills for the changes and the use of agency staff in appropriate positions;

: staff morale and being able to "take people with you" when making changes;

: the national call for more hospital beds (to care for the ageing population) and the increasing pressures on community care; the availability of medical specialists and consultants to provide care in the community;

: reducing delayed transfers of care (DTOC) as the longer that people remain in acute wards, the more difficult it becomes for them to return home;

: services for people who have learning disabilities; ensuring that care providers understood the nature of learning disabilities;

: care in the community (and the use of individual care plans) being sufficient to ensure that patients do not have to return to hospital;

: reassurance for the general public that the allocation of hospital care, or of care in the community were dependent upon medical decisions and were not to be 'target-driven'; it was noted that outcome measures were useful in terms of ensuring quality of service;

: the strategic health care changes being made were consistent with changes being made elsewhere in the country; communication between the various NHS Trusts; ensuring the consistency of quality standards; triangulation of performance data; the availability of specialist care;

: being an integrated Trust for Acute and Community Services was advantageous in controlling patient pathways and ensuring people were only admitted to hospital when they needed to be;

: the future model would result in more of the specialists going to the patient rather than patients being moved round the hospital or being in a specialist bed when they did not need to be;

: the challenge of 7 days' per week services and the involvement of staff in developing services; appropriate use of therapists instead of other medical specialists; use of multi-disciplinary teams in patient care;

: the 3 pathways : integrated rapid response (IRR) pathway; community bed base; intermediate care (therapeutic care).

Resolved:- (1) That the information now presented about Transforming Unscheduled Health Care be noted.

(2) That a further report be submitted to a future meeting of the Health Select Commission as part of its work programme on health and social care integration.

19. HOSPITAL DISCHARGES

Chris Holt, Chief Operating Officer, Rotherham Foundation Trust, presented additional information requesting by the Select Commission following the update on the Hospital Discharges Scrutiny Review in October, 2014.

The additional information related to:-

Appendix A – figures for delayed discharges and complaints relating to discharges
Appendix B – details about the work of the Care Co-ordination Centre
Appendix C – information about the SAFER care bundle

Members discussed the following items:-

: targets on the Trust's website and hospital re-admission rates (Members requested further information on this matter);

: the increasing number of delayed discharges, the average waiting time for assessment by a Social Worker (the increased number of patients with complex needs may affect this time); use of agency staff may sometimes cause delays; the efforts being made to reduce the dependency on agency staff;

: improved communication with patients ought to reduce the number of complaints.

The Select Commission thanked Chris Holt for his presentation.

Resolved:- (1) That the report be received and its contents noted.

(2) That further reports on the specific actions being taken in response to the scrutiny review of Hospital Discharges continue to be submitted to meetings of the Health Select Commission.

20. SCRUTINY REVIEW MONITORING REPORT - URINARY INCONTINENCE

Rebecca Atchinson, Public Health Officer, presented a 6 months' progress review of the Health Select Commission's Scrutiny Review recommendations concerning Urinary Incontinence. The updated action plan was appended to the submitted report.

Members noted that progress had been slower than anticipated. The challenges of addressing urinary incontinence in isolation from wider health and wellbeing issues may have resulted in the medical condition not receiving the profile it needed to fully implement the recommendations formulated by the Review. There may also be a need to identify at risk groups for the physical activity recommendations, as it was recognised that their needs may be different.

The Select Commission noted that additional grant money had been obtained to fund more physical activities for people who had long-term conditions (linking activities with pelvic-floor exercises where appropriate). Training had also been provided for Care Home staff on the treatment of people with urinary incontinence (and should be included as part of the service commissioning process). Further dialogue was needed about the information provided by the Community Continence Service (CCS), to avoid duplication and also with regard to alternative ways of providing training for care home staff

Members noted that some of the recommendations of the Scrutiny Review had yet to be implemented (eg; the wider availability of the pelvic-floor exercises at exercise sessions for older people; development of an internet website containing appropriate information about physical exercise).

The Select Commission noted that the 'call-to-action' website would enable people to search for physical/sports activities, available to all throughout the Rotherham Borough area, in which they may participate. It was anticipated that the website would be in use during October 2015. The need for public availability of details of such activities was emphasised.

Public Health staff were working with the Community Continence Service and engaging with their service users to develop the correct messages for the public to be broadcast on PHTV.

Members noted the emphasis upon communication, education and prevention, especially in maternity and parenting classes. It was suggested that partner organisations should also be involved in the provision of appropriate preventative measures. The difficulties for children and young people who had urinary incontinence was also acknowledged.

Members thanked Rebecca Atchinson for her presentation.

Resolved:- (1) That the report be received and its contents noted.

(2) That the actions being taken on the recommendations and responses to the Scrutiny Review of Urinary Incontinence, as now reported, be noted.

(3) That a further progress report be submitted to a meeting of the Health Select Commission in six months' time.

Footnote – subsequent to the meeting, additional information was obtained from Active Rotherham for inclusion with the minutes:

Pelvic Floor Exercises
The Public Health Service had attempted to encourage pelvic floor exercises in the Active Always programme and make links with the Continence Nurses at Rotherham hospital. It had been slow progress, however, the aim was to deliver training to all instructors on the exercise programmes (including leisure centres) to help with providing examples of how people could incorporate suitable exercise into everyday activities and not just when they attended a class. Another aim was to ensure there was evidence to show the measures described had taken place. Active Rotherham was working with colleagues in Public Health on the programme and aimed also to roll it out in the new Sport England Active for Health project.

21. HEALTH AND WELLBEING STRATEGY REFRESH

Michael Holmes, Policy Officer, and Joanna Saunders, Head of Health Improvement, gave the following presentation on the Rotherham Health and Wellbeing Strategy:-

Health and Wellbeing Board
- Established by Health and Social Care Act 2012
- Brings together Council, Clinical Commissioning Group and other key partners including Healthwatch and Service providers
- Produce Joint Strategic Needs Assessment – evidence base for health needs (http://www.rotherham.gov.uk/jsna/)
- Develop Strategy to improve health and wellbeing
- Ensure partners' spending plans were geared towards achieving the Strategy's aims and objectives

Health and Social Care Integration

- Better Care Fund – pooled funding to transform Health and Social Care Services
- Critically it was about person-centred care
- Rotherham Better Care Fund Plan approved January, 2015; key target to reduce hospital admissions

What does the evidence tell us?

- Life expectancy below England average and significant gap between the Borough's most and least deprived areas
- Population changes – ageing population and people living longer with poorer health
- 28.5% of adults were classed as obese, worse than the England average
- Relatively high rate of hospital stays for alcohol-related harm
- Higher than average adult smoking levels and smoking-related deaths
- Rate of sexually transmitted infections was worse than average
- Rates of death from cardiovascular disease and cancer were worse than the England average

Key Health Challenges: Children and Young People

- Child poverty was worse than the England average with 22.8% of under 16s living in (relative) poverty
- 9.8% of children aged 4-5 and 23.4% of children aged 10-11 were classified as obese
- The rate of diagnosis of sexually transmitted infections in young people aged 15-24 years was above the England average
- Relatively high rates of smoking in pregnancy, contributing to increased risk of stillbirth, low birth weight and neonatal deaths
- Rotherham's breastfeeding rate was amongst the lowest in the region – contributing to levels of childhood obesity

The Strategy (2012 to 2015) – Current Thinking

- Explicit focus on children and young people
- Increased emphasis on mental health
- Help people to take responsibility for their health
- Principles of prevention and early intervention
- Work with communities – asset-based approach
- Build on good practice in Rotherham and elsewhere
- Meaningful indicators to measure progress

Feedback from Voluntary and Community Sector

- Increase emphasis on and investment in prevention and early intervention
- Holistic approach to health and Wellbeing Board utilising expertise from a range of organisations
- Recognise key transition points rather than waiting for people to hit crisis

- Real commitment to “asset-based” approach – not just as a cover for cuts
- Make the Health and Wellbeing Board “system” easier for people to access, understand and navigate
- Target the most disadvantaged regardless of age, including a renewed focus on healthy ageing

For September, 2015
- Health and Wellbeing Board approve Strategy including long term strategic outcomes
- Outcomes inform partners’ emerging commissioning plans

After September 2015
- Annual delivery plan, informed by outcomes and indicators, with associated performance measures
- Detailed plans for specific themes/programmes with linkages to wider partnership strategies and objectives
- Further consultation about the strategy

The Health Select Commission Members discussed the following issues:-

: housing need, the availability of appropriate housing and the development of the Older People’s Housing Strategy;

: communication strategy and providing information and services for the most vulnerable people (eg; skills audit, staff training, evidence based quality practice);

: the importance of inter-agency and partnership working, including the voluntary and community sector organisations and service providers;

: the wider determinants of a person’s health (influences include : neighbourhood, housing, employment or lack of employment, lifestyle issues, availability of appropriate services);

: Public Health and Planning working together with regard to housing, infrastructure and provision of activities;

: the availability and impact of services for people (of all ages and in all communities) who experience mental ill health;

: different measures which could be used to help people to stop smoking; it was noted that there had been a reduction in the rate of smoking in pregnancy to 18.3%, which was the lowest it had ever been and the rate of smoking in the general population was 18.9%, also the lowest recorded.

Resolved:- (1) That the presentation on the draft, refreshed Rotherham Health and Wellbeing Strategy, as now submitted, be noted.

(2) That a further report on the final, approved version of the Rotherham Health and Wellbeing Strategy be submitted to the next meeting of the Health Select Commission.

(3) That the Health Select Commission recommends that mental health should be an explicit priority in the refreshed Rotherham Health and Wellbeing Strategy, including the further development of services and support for people of all ages.

22. SCRUTINY REVIEW MONITORING REPAIR - CHILDHOOD OBESITY

Joanna Saunders, Head of Health Improvement, presented an update on the re-procurement of Rotherham's Healthy Weight Framework and the action plan in response to the Scrutiny Review of Childhood Obesity.

The report stated that services in Rotherham's Healthy Weight Framework (tiered weight management services) were re-commissioned with new contracts effective from April 2015. 3 contracts for the delivery of Child Obesity Services had been awarded to two providers. Places for People Leisure would deliver the tier two programme (MoreLife clubs) and MoreLife Ltd will be delivering tier three (MoreLife clubs with 1:1 support) and also tier four (MoreLife residential camp). An explanation was provided of the three tiers of service within the programmes which engaged families and offered healthy eating and dietary advice, increased opportunities for physical activity, including group/team sports and enhanced services for people who had a higher body mass index (specialist input including psychological, dietetic and clinical input as required).

The annual National Child Measuring Programme was discussed which showed variation year-on-year as different cohorts of children were weighed and measured. For the first time, data was now available with 2 measures for the same cohort of children which would help with identifying trends.

The single point of contact had proved very successful and used telephone triage. Internet website and social media access were also in place.

Discussion took place on the availability of information and funding for organisations which provided physical activities within the community (eg: sports; dancing).

Members were informed of the partnership working with schools and academies, especially in terms of guidance on school meals and healthy eating for pupils. Additionally, the Weight Management Programme was being promoted throughout the community. There has been a good take-up of free school meals and "stay on site" policies were being encouraged through the cluster of schools within learning communities.

Information was provided about the success stories of individuals who had benefited from the tiered programme to reduce obesity.

One example was of a young man who had attended the residential camp on two occasions and had continued to reduce his weight through attendance at the club programme, supporting his younger siblings in weight loss as well. He had provided a strong role model for peers and was working at this year's residential camp in a voluntary capacity, thus gaining valuable work experience.

Resolved:- (1) That the progress being made against the recommendations of Rotherham's Healthy Weight Framework, as contained in the report now submitted, be noted.

(2) That the progress being made against the recommendations identified in the original Scrutiny Review and the resources being deployed to reduce levels of childhood obesity, as now reported, be noted.

(3) That the Health Select Commission continue to be informed of progress of Rotherham's Healthy Weight Framework, as it affected all age groups of the Borough's residents.

Footnote : subsequent to the meeting, the information below was obtained in response to a specific question raised and had been included in the minutes:-

Sports Club Development
As part of the Children and Young People's group for Sport and Physical Activity in the Borough area, a club development evening would be delivered from Rotherham United Football Club's New York Stadium, probably during October 2015. The purpose of the event was to invite local clubs to an evening (6pm-9pm) with presentations on a number of topics. At present, the planned topics were expected to be:-

(i) Funding - both the local funding streams available and how to complete a form (what funders were looking for in a bid, key phrases/ buzz words, where local information could be sourced to support a bid; ie: health statistics).
(ii) Club structure - club requirements, paper work, Disclosure and Barring Service/ welfare; etc
(iii) Possibly something about facilities;
(iv) Facilitated session on other club issues raised throughout the evening.

23. PROVISIONAL SUB-GROUPS FOR QUALITY ACCOUNTS

The Scrutiny Officer submitted a report detailing the establishment and provisional membership of the Elected Members' sub-groups which will undertake the scrutiny of health partners' Quality Accounts.

(1) RDaSH – Councillor Sansome (Chair) and Councillors Ahmed, Hunter, Price, Rose and Smith;

(2) Rotherham Hospital – Councillor Mallinder (Chair) and Councillors Burton, Evans, Fleming, Rushforth and R.A.J. Turner;

(3) Yorkshire Ambulance Service - Councillor Alam (Chair) and Councillors Elliot, Godfrey, Khan, Parker and M. Vines.

24. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

25. DATE OF FUTURE MEETINGS

Resolved:- (1) That the next meeting of the Health Select Commission be held on Thursday, 24th September, 2015, commencing at 9.30 a.m.

(2) That, during the 2015/16 Municipal Year, two meetings of the Health Select Commission shall be scheduled to commence at 3.00 p.m.