HEALTH SELECT COMMISSION
21st January, 2016

Present:- Councillor Sansome (in the Chair); Councillors Elliot, Fleming, Khan, Mallinder, Parker, Price, John Turner and M. Vines.

Apologies for absence were received from Councillors Burton, Godfrey, Smith, Victoria Farnsworth and Robert Parkin (Rotherham Speakup).

68. DECLARATIONS OF INTEREST

Councillor Fleming declared a Personal Interest as he was an employee of the Sheffield Teaching Hospital Foundation Trust.

69. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

70. COMMUNICATIONS

(1) Wakefield Health Scrutiny Committee
The Chair had attended a meeting for an update on the progress of the Yorkshire Ambulance Service action plan following the CQC inspection. The action plan was nearly complete and an internal audit plan was to be developed to increase the monitoring of the changes to the processes being implemented. Future work included the roll out of a pilot to ensure ambulances were always clean and fully equipped and the development of an Estates Strategy. Progress reports would be submitted in due course.

(2) Podiatry Service
The Chair reported of a recent situation within his Ward concerning the above Service that would end without any consultation having taken place. Following discussion with the Hospital, that decision had now been suspended pending a full review of the process and the availabilities have taken place.

(3) Kirklees and Connect to Support
If Members wished to receive a version of the powerpoint that was included in the “For Information” pack with notes they should contact Janet Spurling, Scrutiny Officer.

(4) Rotherham CCG Commissioning Plan
The final draft was likely to be circulated shortly to stakeholders, including the Select Commission, for comments before it was approved by the Board.

(5) Future Children's Surgery Services
Consultation by the NHS had commenced with an event held at Meadowhall on 12th January, 2016, to capture families and young people's experiences. This was a workstream under the Commissioners Working Together Programme and would probably be scrutinised by the new Joint Health Scrutiny Committee once established.

(6) NHS Planning Guidance from 2016-17 to 2020-21
This was published in December and included nine must do priorities for local health economies including new sustainability and transformation plans, waiting time targets for A&E and ambulance response times, cancer referral and treatment targets, mental health waiting time targets, improved care for people with learning disability, sustainability and quality of general practice.

The briefing notice giving an outline of the Guidance would be circulated to Members.

71. MINUTES OF THE PREVIOUS MEETINGS

Resolved:- That the minutes of the previous meetings of the Health Select Commission held on 3rd and 17th December, 2015, be agreed as a correct record.

Arising from Minute No. 48 (GP Event), a report had been included in the "For Information" pack. A progress report on the GP Strategy and recommendations from the previous Scrutiny Review would be submitted to the April Select Commission meeting.

Arising from Minute No. 51 (Better Care Fund), it was noted that a report was to be submitted to the March Select Commission meeting.

Arising from Minute No. 58 (Proposed Joint Health Overview and Scrutiny Committee), it was noted that Commissioner Sir Derek Myers had approved the Select Commission's recommendations that the Council should be involved in the new Joint Committee with the Chair as its representative.

The Scrutiny Officer had attended a meeting recently with counterparts from the other six local authorities to discuss practical issues such as resourcing and support for the new Committee and to start drafting Terms of Reference.

Arising from Minute No. 59(2) (Rotherham Foundation Trust Quality Account), it was noted that the information requested had not been supplied due to the Chief Nurse being on leave.

Arising from Minute No. 66 (Adult Services Transport Fleet), it was noted that the lead officer had met with Finance and the information should be available shortly.

72. OVERVIEW OF PUBLIC HEALTH/SPENDING THE PUBLIC HEALTH GRANT IN ROTHERHAM

Terri Roche, Director of Public Health, gave the following presentation:-

Health Challenges in Rotherham

- Life expectancy lower than England average
- 9 year gap in life expectancy across the Borough for men and 7 year gap for women

England average men	79.4 years
Rotherham men	78.1 years
England average women	83.1 years
Rotherham women	8.14 years

- Rotherham people live longer with ill health and/or disability than England average
- Rotherham men live 21 years and women 22 years in poor health
- Health Life Expectancy is:

England average men	63.3 years
Rotherham men	57.1 years
England average women	63.9 years
Rotherham women	59 years

Health Challenges

- High levels of unhealthy behaviours (obesity, smoking, alcohol use)
- Too many children not having a good start to life: high rates of smoking in pregnancy, low breastfeeding rates, 11,000 children in poverty
- 1 in 4 will have a mental health problem. Half first experience mental health problem before the age of 14

What is Public Health?

- "The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society"
  Faculty of Public Health
- Individual lifestyle factors – social and community networks – general socio-economic, cultural and environmental conditions

Core Functions of Public Health (examples of activity within each function)

- Health Protection (Health Protection Committee, Suicide Prevention)
- Health Improvement (Tobacco Control programme recommissioned, Active for Health funding)
- Healthcare Public Health (Better Care Fund, Potential Years of Life Lost plan)

The Director of Public Health

- Accountable to the Local Authority Chief Executive
- Must have a place on the Health and Wellbeing Board
- Duty to write an annual report on the health of the population – Local Authority has duty to publish the report

Role of Local Authority in Public Health

- Statutory Public Health programmes
  Protect the health of the local population
  Ensuring NHS commissioners receive the Public Health advise they need
  Appropriate access to Sexual Health Services
  National Child measurement Programme
  0-5 Child Health Services (Health Visiting)
  NHS Health Check

What other services does Public Health Commission:-

- Non-statutory Programmes
  Sexual health advice, prevention and promotion
  Adult and child weight management
  Adult and child physical activity
  Substance misuse (drug and alcohol) – Adult and Youth Services
  Tobacco control including Stop Smoking Services
  Children 5-19 health programme
  Non-statutory 0-5 children's health services
  Public mental health
  Nutrition, dental public health, information and intelligence, wider determinants, health at work and more

How is our impact measured?

- Public Health Outcomes Framework
- Overarching indicators – life expectancy/healthy life expectancy
- Four domains
  Wider determinants
  Health improvement
  Health protection
  Healthcare and premature mortality

Public Health Staff Review

- Required within 8 weeks of Director of Public Health appointment (Improvement Plan)
- Simplified structure focussed on:-
  Core Public Health functions
  Supporting integration of Adult Health and Social Care
  Increasing capacity for Children and Young People's agenda
  Increasing support for Health and Wellbeing Strategy delivery

Discussion ensued with the following issues raised/clarified:-

- Public Health funded a national survey (the dental epidemiology survey) which was taken by dentists who went into a selective number of schools and looked at children's teeth, counted the cavities and the extent to which the children had cavities. It was a small survey but the results were extrapolated up to suggest what the health of children's teeth was like. That was in the process of being re-commissioned across South Yorkshire

- An Oral Health Service was currently commissioned which worked with the Early Years Provision where tooth brushing clubs were encouraged and educational programmes for the children and their families. Attempts were also being made to encourage dentists to offer fluoride paint but often it was reliant on the parent being motivated enough to take their child to the dentist

- The annual report would be submitted to the Select Commission in March

- The number of NHS dentists in the Borough

- The annual report would be submitted to the Select Commission by March

- School Nurses were a very important part, as were Health Visitors, in getting messages out to families. It had to be part of the whole system's approach and did not necessarily require extra appointments to give consistent messages to families across the whole health community. The evidence suggested that behaviour change was influenced by consistent simple messages.

- One of the key ways to measure effectiveness in the next 3-5 years would be delivery against the Health and Wellbeing Strategy. The Health and Wellbeing Board, as a partnership, had signed up to the key priorities in the Strategy. Also close effective working with Elected Members who knew their electorate in order to tailor the messages to be relevant to the communities. A more difficult issue was with regard to targeting provision to those at greater need to reduce health inequalities, rather than all services having a universal offer to all people.

Alison Iliff, Public Health Principal, gave the following powerpoint presentation:-

Public Health Grant
- Grant from Central Government
- Ringfenced until the end of 2017/18
- Requirement to report to Government annually on how the grant has been spent

Value of the Ringfenced Grant
- 2015/15 - £14.175M
- 2015/16 - £15,270M (includes £1M in-year reduction plus half year transfer of 0-5 Child Health Services)
- Grant: £54 per head of population
- Under target allocation

Spending on Health and Social Care in Rotherham
- 97% - RMBC and RCCG spending on Health and Social Care Services
- 3% - Public Health Grant

Directorate Spend: Percentage of total RMBC Budget
- 32.10% Children and Young People Services
- 13.40% Economic Development Services
- 29.40% Neighbourhood and Adult Services
- 2.20% Public Health
- 17.30% Resources
- 5.50% Central Services

Public Health Grant Distribution 2015/16
- 9% Public Health salaries
- 73% Contracted Public Health services
- 15% Reallocated services
- 2% Overheads

Public Health Grant – Breakdown of spend on Commissioned Services
- 26% 0-19 Health Services
- 7% Weight Management
- 7% Tobacco Control
- 2.00% Health Checks
- 31% Drugs and Alcohol
- 22% Sexual Health
- Health Protection 1.30%
- Oral Health Promotion 0.70%
- Physical Activity 0.60%
- Community dietetics 0.50%
- Ministry of Food 0.50%
- Mental Health Promotion 0.20%

Public Health Grant – Breakdown of Reallocated Spend

- Children and Young Peoples Services 47%
- Drugs and Alcohol 16%
- Physical Activity 9%
- Other RMBC staff salaries 8%
- Sexual Health 7.40%
- Mental Health – Domestic Violence 6%
- Health Protection 3%
- Noise and Complaints 2%
- Homelessness 1%
- Home Surveys 0.80%

What does the future look like?

- Current cuts – minimising impact to Public Health activity and commissioned services
- Non-statutory programmes likely to be focus for future cuts
- Staff redundancies possible
- Requirement to target services to most vulnerable (removal of universal offer for some?)
- Propose working group of Members to oversee strategic decision about spend of Public Health Grant

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

- Rotherham was receiving less per head than Barnsley, which was below its target per population, and less than Doncaster which was above its target head of population. At the moment it was still largely based on the historical spend made by the Primary Care Trusts on Public Health prior to its transition to local authorities but there were national plans to move towards an allocation formula. However, the allocation formula was very complex and included things such as the standardised mortality ratio for the under 75s, % of the population eating 5 fruit or vegetables a day, % drinking more than recommended levels, % of current adult smokers, diagnosis rate of STI plus market forces factor which took into account the costs of local health care delivery

- There were huge variations across the country the same as it varied in South Yorkshire. There was a spreadsheet for 2014/15 which showed the allocations (to be forwarded to the Select Commission)

- Public Health England had created the Spend and Outcomes (SPOT) tool which looked at certain long term conditions/behaviours where they did look at spend and outcomes but not across the whole picture of Public Health. You would probably find that the health outcomes were clearly linked with deprivation (report to be forwarded to the Select Commission)

- Recognition that this was the Public Health grant not the entire Health grant for the Borough. The graphs within the presentation attempted to demonstrate that the Public Health grant was a tiny slice of the whole Health and Social Care economy in the Borough and the £54 was only a tiny proportion compared to what Health Care actually cost and reflect the need for Public Health to influence the wider NHS & social care spend

- A specific nursing post was funded by Public Health that sat within the Safeguarding Team that supported CSE

- The Equality Impact Assessments were carried out by the Public Health team in conjunction with the providers

- The Service would do its best for 2016/17 to find the additional savings, once known, which were over and above ASR savings. The services would have to be modelled on what there was and what was provided currently to ascertain if things were provided in the right way. Members and partners should be involved because it may be that (a) stop doing things (b) do less or (c) look at ways of delivering services in an entirely different way that provided efficiencies that had not been considered before and it may be that some services would have to be delivered by particular groups

- The Drug Intervention Programme was made available to most areas of the country, but not all, approximately 12 years ago. It had been in 2 parts (1) to place teams of people within police custody cells in order to support the police who were going to test on arrest and check if positive for Class A drugs and (2) an enhanced offer for treatment as at that time the national waiting time for treatment was 3 weeks; the proposal was that would reduce to 5 working days for anyone charged with an acquisitive crime offence. Historically that grant was split into 2. The part that paid for the workers in the cells was transferred to the Police and Crime Commissioner budget who was currently conducting a review of all budgets. The Custody Suite in Rotherham would close at the end of March, 2016, and Rotherham prisoners would be taken to Sheffield. It was not known whether Rotherham staff would transfer to deal with Rotherham prisoners or a new service be commissioned

Resolved:- (1) That the new structure within Public Health to support delivery of the three pillars of Public Health, the Authority's statutory Public Health functions and the Council priorities of the child-centred Borough and health and social care integration be noted.

(2) That the emerging pressures being placed on the Public Health Grant as a result of the announcement in the Comprehensive Spending Review be noted.

(3) That the proposed Public Health commissioning programme for 2016/17 and 2017/18 be noted.

(4) That in principle agreement be given to a Members Working Group being established after the May 2016 local elections to agree the future strategic spend against the Public Health Grant.

73. DETAIL OF PUBLIC HEALTH PROPOSED EFFICIENCY SAVINGS TO PUBLIC HEALTH SERVICE PROVIDERS

Anne Charlesworth, Public Health Commissioning and Quality Manager, presented details of the Public Health proposed efficiency savings of 1.8% across commissioned services.

The All Service Review process undertaken by Public Health during June and July, 2015, had identified a savings programme to deliver the requested £1M from the Public Health budget over 3 years from April, 2016-19. Part of the savings programme included a cost efficiency reduction from the large NHS contracts held as follows:-

0-19 Children's Health including Health Visiting from 2016 full cost
Sexual Health
Substance Misuse

In addition it was also proposed that 1.8% efficiencies could be delivered across the Stop Smoking Support programme area.

The service providers had been asked to identify how the savings could be achieved with minimal impact to patients and to work with leads in Public Health for each area to identify any areas of service that needed to vary in the service specification that was in place. Timely and helpful responses had been received from the South West Yorkshire Partnership NHS Trust and RDaSH. A less detailed response had been obtained from the Foundation Trust in respect of how the savings would be made, however, they had indicated that they recognised that the efficiencies would need to be delivered. Some services would also be going out to tender as outlined in the Appendix to the report.

Lynn Cocksedge, Head of Contracts and Business Development, Foundation Trust, stated that the discussions to date had been very difficult but progress had been made and the Trust was confident that they would be able to deliver the savings with as little impact as possible. With regard to the Health Visitors Intervention, it was a management restructure and not a clinical provision restructure. A number of meetings had been set up with Public Health to further progress the areas that were referenced in the report and as well as internal meetings within the Trust. Due to some of the issues impacting upon staff, consultation by the Trust would be carried out in accordance with the associated regulations.

Discussion ensued with the following issues raised/clarified:-

- Many of the services were previously under the domain of the NHS. Part of the process was to bring them in line with all other Council processes and, therefore, the tendering process would be in accordance with the Council's procurement framework. There would be supplementary clauses such as adherence to NICE guidelines and registration with the Care Quality Commission if applicable. Attention was drawn to the briefing paper on procurement and commissioning in the information pack

- It was the Trust's intention to look at the footfall of each of the Sexual Health Clinics as some were better used than others but to ensure as limited impact on clients as possible. It may be that some had different hours of opening to accommodate clients. It was hoped that detailed information regarding the number of clients at clinics would aid better commissioning of Sexual Health services. GP surgeries also provided such services

- The integrated model provision of Sexual Health was provided in Sheffield and one that Rotherham was moving towards as well but had taken a little longer to get embedded within the workforce. Several other areas of the country had also moved the integrated model to as a way of being able to provide a bigger range of things from more bases effectively and the model Rotherham was looking to recommission

- The all services review process had not offered a very detailed mechanism to look at the proposals which were very different in nature. A method had been devised of trying to gauge what the different areas of risk may be which resulted in the risk scores some of which would have greater impact of partners and some on patients. Those that were still to be worked up with the Foundation Trust had been rated in accordance with the information available at the present time; these could be amended once the work had been completed

- The School Nursing service would form part of the 0-19s procurement exercise with the current date for publication on Yortender being May. There was a lot of work to be done before then in fully agreeing it with Children and Young People Services to ensure it covered everything they wished the services to cover and consultation with other partners

- Public Health were currently reviewing both the Public Health statutory functions "must dos" and "would like to dos" within the 0-19s procurement exercise as to what was currently provided and what might not be able to do in the future with possibly a move towards more targeted provision

Resolved:- (1) That the proposed savings from SWYFT and RDaSH by way of implementation in the contracts from 1st April, 2016, be noted.

(2) That the savings for the Foundation Trust and the proposed recommissioning and procurement of service in 2016/17 be noted.

(3) That the increased recognition of the serious Public Health challenges facing the Rotherham population and of the relatively small level of the Public Health Grant be noted.

(4) That the commitment for the grant to be utilised to support the work of the Health and Wellbeing Board and the prevention agenda in the Borough be endorsed.

74. HEALTH AND WELLBEING BOARD

The minutes of the Health and Wellbeing Board held on 25th November, 2015, were noted.

75. UPDATES FROM IMPROVING LIVES SELECT COMMISSION

The next meeting of the Improving Lives Select Commission was on 3rd February, 2016.

76. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

77. DATE OF FUTURE MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 17th March, 2016, commencing at 9.30 a.m.