

**HEALTH SELECT COMMISSION
13th April, 2017**

Present:- Councillor Sansome (in the Chair); Councillors Bird, Albiston, Andrews, Cusworth, Elliot, Elliott, Ellis, Fenwick-Green, Marriott, John Turner, Williams, Wilson and Short.

Also in attendance:- Councillor Simpson.

Apologies for absence were received from Councillors Brookes, Ireland and Marles.

88. DECLARATIONS OF INTEREST

Councillor J. Elliot declared a personal interest in Minute No. 92 below (RDaSH Quality Account), because of her role as a public member of the RDaSH NHS Foundation Trust. Having declared her personal interest, Councillor J. Elliot spoke in respect of that item and voted.

89. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

90. COMMUNICATIONS

Members were reminded of the discussions about the Health Select Commission's work plan for the 2017/18 Municipal year, which would commence at the rising of this meeting.

91. MINUTES OF THE PREVIOUS MEETINGS HELD ON 2ND MARCH, 2017

Consideration was given to the minutes of the previous meetings of the Health Select Commission held on 2nd March, 2017. Members noted that:-

(a) (Minute No. 81) Adult Care – Local Measures Performance Report – 2016/17 Quarter 3 – the demonstration of Liquidlogic and the cohort data dashboard, to Members of this Select Commission, was scheduled to take place on Thursday, 8th June, 2017; and

(b) (Minute No. 82) Response to Scrutiny Review – Child and Adolescent Mental Health Services (CAMHS) - performance data has been requested from RDaSH CAMHS and will be distributed to Members of this Select Commission in due course.

Resolved:- That the minutes of the previous meeting, held on 2nd March, 2017, be approved as a correct record.

92. RDASH QUALITY ACCOUNT

Consideration was given to a briefing paper submitted by the Scrutiny Officer concerning the “Quality Dashboard” of the Rotherham Doncaster and South Humber (RDaSH) NHS Foundation Trust. The report stated that reconfiguration had involved the creation of place-based care groups across the Trust. Services in the Rotherham Care Group were:-

- Adult and Older People’s Mental Health Services;
- Learning Disability Services;
- Drug and Alcohol Services.

Members were informed that, each year in June, all NHS Trusts were required to publish a Quality Account as part of their annual report and accounts. These Quality Accounts are written to a given overall format with mandatory information, including performance on targets. The Quality Account includes progress on the quality priorities and actions agreed in the previous year and an outline of the priorities for the coming year.

Members received a presentation from Dianne Graham (Care Group Director, RDaSH) and Gavin Portier (Head of Quality, RDaSH) about the Rotherham Quality Dashboard (a document containing information about health services’ performance). The presentation highlighted the following matters:-

- The Care Quality Commission Well-Led Inspection and “What Next” including (the connection between management and staff);
- Since 2015, the Rotherham Doncaster and South Humber (RDaSH) NHS Foundation Trust has moved from a “requires improvement” rating to a “good” rating, as a consequence of Care Quality Commission assessments;
- Launch of the Sustainable Improvement Plan for the Trust – the objective of “outstanding status” after Care Quality Commission assessment;
- Patient Care Experience – emphasis on improvement of communication with patients; especially improving the provision of information to patients prior to them receiving health care and treatment;
- The emphasis which the Care Quality Commission has placed upon improvements to the Pharmacy Service;
- Progress with the Medication Management Initiative;
- Specific actions required in respect of the “Sign Up to Safety” campaign, to reduce avoidable pressure ulcers;

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- Quality Improvement Strategy (including addressing specific matters raised by patients using the Child and Adolescent Mental Health Services);
- The Rotherham Vocational Service worked with the Inpatient Occupational Therapists at Swallownest Court, to consider providing a therapeutic space for community patients to engage in ‘job skills’ prior to returning to work;
- The three Quality priorities for 2016/17, to be in accordance with national priorities : (i) Mental Health Five Year Forward View; (ii) People with learning disabilities; (iii) Future In Mind.

Members of the Health Select Commission raised the following salient issues:-

- Time frames for implementation of the quality improvement proposals (and the emphasis upon continuous improvement);
- RDaSH new ways of reporting; the use of comparative material from previous years;
- Use of locality-based management structures;
- Use of “happy or not” consoles and the limitations of the computer licensing; the implications for customer feedback (eg: “your opinion counts” and score cards); collation and analysis of all customer feedback information;
- Reviews of cases of suicide; ensuring that services are able to learn from all cases of suicide; the community awareness work (eg: in relation to loneliness and isolation); campaign targeting men; review of patients’ discharge from hospital who may pose a risk of suicide, including seven day follow up;
- Access to community based services and the development of a single point of access for patients with mental health issues and other vulnerabilities;
- Safeguarding of adults and children – importance of training for staff at all levels; effective processes and recording of training undertaken and staff competences;
- Triggers in respect of the “duty of candour;”
- Reporting of medicine-related errors; the use of the “ten-point checklist” in order to assess whether an error could have been avoided; presence of “speak-up guardians” enabling staff to discuss issues of concern;

- Cases where patient restraint has to be undertaken; training and refresher training for staff in the use of restraint procedures; information provided to families in cases where a patient has had to be restrained; suggestion made to review cases of restraint by an independent person;
- Concerns regarding reference in the dashboard to access to training for staff in dealing with domestic abuse/violence issues;
- Analysis of complaints and whether outcomes lead to service improvement;
- Development of an Autism Strategy for Rotherham;
- Work with the Care Co-ordination Centre to integrate mental health and learning disability:

Members asked to be provided with copies of the RDaSH complaints procedure.

The Select Commission thanked the representatives of RDaSH for the informative presentation.

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

(2) That this Select Commission suggests that RDaSH, in association with its partner agencies, should provide domestic abuse training for staff.

(Councillor J. Elliot declared a personal interest in the above item because of her role as a public member of the RDaSH NHS Foundation Trust. Having declared her personal interest, Councillor J. Elliot spoke in respect of this item and voted.)

Following the meeting additional information was requested and obtained with regard to the issue of access to domestic abuse training:

Domestic violence and abuse training is incorporated in the Local Safeguarding Children Board (LSCB) Toxic Trio training, which is ongoing and delivered by RDaSH and RMBC.

There is also domestic abuse training run by Adult Services, through a training pool who are delivering their own domestic abuse training, which also covers the DASH (Domestic Abuse, Stalking and Honour Based Violence) risk assessment tool and MARAC (Multi Agency Risk Assessment Conference).

The LSCB is currently in negotiation with the Domestic Abuse Co-ordinator to provide some extra sessions later in the year around teenage relationship abuse and other associated issues which are not covered in great depth at present due to time constraints on the workshops.

There is a DA e-learning module available to all staff and partners on the RMBC Directions website as well.

It was confirmed that the reference to training being suspended related to a period when the Council's previous Domestic Abuse Co-ordinator had left the Authority and there had been a gap before the new Co-ordinator was appointed, which had had an impact on overall training capacity.

93. WHOLE SCHOOL APPROACH TO PREVENTION AND EARLY INTERVENTION

Further to Minute No. 70 of the meeting of the Health Select Commission held on 19th January, 2017, consideration was given to a report of the Scrutiny Officer concerning the recommendation of the scrutiny review of the Child and Adolescent Mental Health Services that in its leadership role with schools, the Borough Council should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards children and young people's emotional wellbeing and mental health.

Individual Members reported on their visits to specific schools (eg: progress at the Maltby Academy and at Wales High School). The Select Commission requested information about the progress at a wide range of schools and it was agreed that such information would be included within a further progress report to be submitted to a meeting of this Select Commission during September, 2017.

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

(2) That the progress by schools piloting a whole-school approach to promoting mental health and wellbeing, as now reported, be noted.

94. IMPROVING LIVES SELECT COMMISSION UPDATE

Councillor V. Cusworth provided an update in respect of issues considered at the Improving Lives Select Commission meetings:-

- Overview of the Provision and Services for Children and Young People with Special Educational Needs and Disability (SEND) in Rotherham;
- SEND Information Advice and Support Service (SENDIASS) Annual Report April 2015/ March 2016.
- Rotherham Children and Young People's Plan 2016 to 2019;
- Children's and Young People's Services Performance Report - January 2016/17;
- Looked After Children – health outcomes;
- Early Help and Family Engagement Monthly Performance Report, as at Month End: January 2017.

Councillor Cusworth was thanked for providing her report.

95. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME

The Health Select Commission received an update report from the Scrutiny Officer concerning the Joint Health Overview and Scrutiny Committee (JHOSC) for the Commissioners Working Together Programme. The issues highlighted from the recent meeting were:-

- Recap of the cases for change by clinicians – an anaesthetist and a stroke consultant and a run-through the consultation findings report.
- Three members of the public representing local campaigning groups in Barnsley, Doncaster and Sheffield all made a short presentation, raising some concerns but also making links more widely into Sustainability and Transformation Plans (STPs) and future scrutiny of these.
- Discussion of submissions from hospitals and the issues they had raised which will also feed into the business case and be responded to, including hospitals' potential loss of income from changes to services. Reiteration that both proposals are not about saving money in the NHS and there may be a short term increase in costs for Hyper Acute Stroke services.

Hyper Acute Stroke

- Investment in the ambulance services to meet increased demand for transfers – Joint Clinical Commissioning Groups will consider resources as part of the business case if the proposals go forward.
- The longer term intention to move stroke care in Sheffield from the Royal Hallamshire Hospital to the Northern General Hospital (Sheffield), which the majority of people at the meeting had not been aware of in advance of the submission from the Sheffield Teaching Hospitals NHS Foundation Trust
- The increased volume of stroke patients cared for at Rotherham Hospital was noted and the improved performance by the Trust on stroke care was welcomed. With regard to the *Sentinel Stroke National Audit Programme (SSNAP)* indicators, this mainly related to the acute phase rather than the hyper-acute phase.
- Rotherham was still not providing a seven days' service, only Sheffield and Doncaster were. Two consultants are unable to cover a full seven days' service, so there is the issue of workforce resilience and needing to future-proof.

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- Recruitment and need for a regional workforce strategy – possibly some future joint appointments across hospitals and a meeting is due between NHS England and Health Education England about the medical and wider workforce across senior and junior staff.
- For each additional patient having thrombolysis it has been calculated that this leads to a saving of £11,000 across Health and Social Care services, as well as a better outcome for the individual.

Children's Surgery and Anaesthesia

- 18-24 months' work to develop the options through a series of workshops;
- Reiterated that this would affect small numbers of patients; therefore, only a small number of ambulance transfers and if the care pathway was correct, patients would be taken directly to the correct hospital;
- Issues about staff undertaking procedures through the day but not then doing them in the evenings or at weekends (in relation to anaesthetists) – good attendance by anaesthetists at events and key criteria was firstly the age of child (under or over 3 years), then complexity and type of surgery required.
- Template being developed to ensure all hospitals met the required standards for care on the relevant tiers of paediatric care.

Consultation

- High volume of web hits and use of social media not then converted into formal responses.
- The telephone survey response was less negative than the people who had self-selected to respond.
- Introduction of the telephone survey in the consultation process, following the mid-point review was undertaken by an independent company who undertook the sampling.
- Public meetings and meetings with community groups raised the same themes as the surveys/telephone survey for both proposals.
- The on-line poll was suggested by the Consultation Institute at mid-point review and questions were checked with a market research agency (in response to some concerns that they were leading questions).
- For future consultations it was suggested to avoid the Christmas period and to keep the JHOSC fully informed about any changes to the consultation process, once it has begun.

- The Joint Committee of Clinical Commissioning Groups will have a meeting on 24th May 2017 (in public with web-casting) to make the final decision regarding the proposals and the consultation report will be one of the pieces of work that inform the business case and the final decision on future service reconfiguration.
- A number of JHOSC members wished to see the business case in advance of that meeting, but this will not happen other than being able to access the papers the week before the meeting, on publication. There will be another meeting of the JHOSC in June or July 2017, which will be an opportunity to discuss the final decision and to discuss future scrutiny following any changes.

During discussion, Members of the Health Select Commission expressed concern about the apparent intention to move hyper acute stroke care from the Rotherham Hospital to Sheffield and Doncaster. Members asked to be informed of further details of this proposal, as well as information about the thrombectomy procedure.

Resolved:- That the information be noted.

96. HEALTHWATCH ROTHERHAM - ISSUES

The representative of Healthwatch Rotherham, Mr. Tony Clabby, reported that the following documents are available to view on the Healthwatch Rotherham Internet web site:-

- guide to mental health and wellbeing services in Rotherham;
- Health and social care signposting directory.

97. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 11th January, 2017, were noted. Reference was made to Minute No. 54 (Voice of the Child Lifestyle Survey 2016) which has been considered in detail by the Improving Lives Select Commission, at its meeting held on 1st February, 2017.

98. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 15th June, 2017, commencing at 9.30 a.m.