

HEALTH SELECT COMMISSION
14th June, 2018

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Jarvis, Marriott and Rushford, Vicky Farnsworth and Robert Parkin (Rotherham SpeakUp).

Apologies for absence:- Apologies were received from Short, Taylor and Williams.

The webcast of the Council Meeting can be viewed at:-
<https://rotherham.public-i.tv/core/portal/home>

1. NEW MEMBERS

The Chair welcomed Councillors Albiston and Cooksey to their first meeting of the Select Commission. Councillor Taylor was also a new Member but had submitted his apologies for the meeting.

2. VICKY FARNSWORTH

The Chair reported that this would be Vicky's last meeting of the Select Commission.

The Chair thanked Vicky for her valuable contributions to the meetings.

3. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

5. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 12th April, 2018.

Resolved:- That the minutes of the previous meeting held on 12th April, 2018, be approved as a correct record.

Arising from Minute No. 84 (Urgent and Emergency Care Centre Update), it was noted that the Chief Officer had confirmed that Care UK had had the contract for 5 years but had chosen not to renew it as the company was looking to refocus their business. There had not been any financial penalties.

Arising from Minute No. 86 (South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update), it was noted that the Committee had met on 12th June at which updates had been submitted on Hyper Acute Stroke Care and the implementation of changes to Children's Surgery and Anaesthesia.

Although planning was continuing for the changes to Hyper Acute Stroke agreed by the Joint Committee of Clinical Commissioning Groups last year, the outcome of an appeal hearing on 25th June to have a Judicial Review was awaited.

Designation visits to ensure hospitals would meet the required specification for Children's Surgery and Anaesthesia had been completed. Hospitals had action plans they were working on. Implementation of the changes should have commenced in quarter one but would now be from quarter 3. Clinical Working Groups had been developing the care pathways and most had now been signed off. Further information had been requested from the NHS.

The update from the JHOSC on the Hospital Services Review would be considered under Minute Nos. 99 and 100.

Councillor Roche, Cabinet Member, Adult Social Care and Health, reported that, with regard to the Hyper Acute Stroke Unit, he had formally complained to the Clinical Commissioning Group and Sir Andrew Cash with regard to the lack of formal consultation.

6. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT "THE HEALTH AND WELLBEING OF THE WORKING AGE POPULATION"

Terri Roche, Director of Public Health, introduced the 2017 independent annual report with the aid of a powerpoint presentation together with Gill Harrison, Public Health Specialist.

The 2015 and 2016 annual reports had been the first 2 in a series of 3 planned annual reports that worked through the life course, focussing on key health issues at different stages of life.

Living well was important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life could increase life expectancy and making the right life choices could reduce the likelihood of premature death and suffering certain long term conditions.

The 2017 annual report focussed on living and working well and was broken down into chapters on:-

- Mental Health, Wellbeing and Loneliness
- Dealing with Drug and Alcohol Misuse

- Tackling the Issue of Domestic Abuse
- Looking after Sexual Health
- Towards a Smoke-free Generation
- Addressing Obesity
- Physical Activity
- Long Term Conditions
- Environments and Health
- Cancer Screening
- Flu Vaccination
- Making Every Contact Count
- Work and Health

The key recommendations in the report were:-

- Work and health in partnership – to help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work
- Making Every Contact Count (MECC) – working with partners to deliver MECC (Healthy Chats) which was a key component of the Rotherham Integrated Health and Social Care Strategy
- Mental Health – Public Health to lead on the implementation of the Better Mental Health For All Strategy with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing
- Physical Activity – Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as the Authority's award winning parks (green spaces), promoting active travel and working the Planning Department to develop obesogenic environments
- Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the Health and Social Care Plan

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

- Possible correlation between the loss of heavy industry and the increase in men's life expectancy
- Decline in women's healthy life expectancy
- Lack of control over online gambling
- Clarification required as to whether the 27.2% not in work referred to those who had illnesses or those who were long term unemployed

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- Other reasons for numbers of domestic abuse incidents increasing besides more reporting and changes to recording
- Intention to work with Children's Services and partners to look at Adverse Childhood Events – it was known that events such as domestic abuse and neglect in children's early years had a massive impact on them not just physically but also psychologically
- The measure for healthy life expectancy was based on a national annual survey where a number of the population were asked whether they were in good or bad health. It was the same questions across the whole country
- Although not perfect the BMI (Body Mass Index) measure was the most accurate and acceptable one to the population
- There was still research to take place as to the effects of e-cigarettes and there was no legislative control over them as there was for passive smoking
- Work was being carried out on perinatal mental health. There was emerging research about the stress effecting the development of the unborn baby
- Addressing long-term methadone use as in the past the Drug Strategy had focussed on maintenance but work was now taking place on persuading users the best thing for them was to be drug free
- The Specialist Misuse Service had been commissioned to deal with any drugs and not just opiate based drugs
- Children's Services did a lot of work identifying domestic abuse and work was taking place with Housing Officers
- Although an excellent service, early access to the Abortion Service was low by all age groups. Work was to take place to ascertain the reasons why and speak to Service users. There were 2 Abortion Services commissioned in Rotherham one of which also provided the service in Doncaster. There was a marked difference between the access in Doncaster to that of Rotherham
- Speakup worked with a number of women with learning difficulties who did not fully understand sexual health and contraception. The Sexual health Strategy Group did acknowledge this point and agreed that more work needed to be done with this particular cohort of the population

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- Access through GPs to help stop smoking in pregnancy needs more work but the midwife should offer smoking cessation products or support
- Although it was felt that vaping had been responsible for a significant dip in the number of people smoking, reducing tobacco dependency would be the priority due to the other carcinogenic substances in cigarettes not just the nicotine. Currently it was not recorded how many people vaped.
- There was no regulation on take-away foods to include sugar, salt and fat content although work had been done elsewhere with restaurants to produce healthier dishes
- More work was needed with regard to parent education but it came down to funding and prioritisation. Training was carried out with Health Visitors about weaning and there was a Childhood Weight Management Programme for the whole family
- There was no powers under Planning Legislation with regard to fast food take-aways. The professional body of Directors of Public Health had lobbied the Government on this issue
- The Plan dealt with the symptoms but there was insufficient focus on prevention including Adverse Childhood Events
- Statistics to be provided with regard to treatment and recovery from cancers compared to the national average as well as at what point in the disease cycle people accessed care
- Until recently GPs had delivered the NHS Health Check Service. The Service had now been moved into Get Healthy Rotherham in an attempt to target the population groups most at risk
- Clarification sought as to whether adults with learning disabilities were still offered the flu vaccination
- MECC was being evaluated up and down the country. Every time training was carried out trainee contact details were taken and they were told they would be contacted on a regular basis and asked to submit an anonymised case study in terms of how MECC had been used and received. All the information submitted would be captured
- During the training it was made very clear that they were not expected to approach a member of the public and start asking them questions; if they brought up a health issue during conversation that was an opportunity to be taken advantage of

- MECC website included simple signposting with a location view of where services were located (national or local) in addition to self-care information.
- MECC training could be offered to Members
- The recommissioned Lifestyle Service focussed on the most deprived 5 areas – Rotherham East, Rotherham West, Boston Castle, Rawmarsh, Maltby and Wingfield Valley. It was acknowledged that there were significant areas of deprivation in other Wards but it was hoped that they would be picked up through the work of Thriving Communities and work with Members

The Chair thanked Terri and Gill for their presentation.

Resolved:- (1) That the annual report of the Director of Public Health be noted.

(2) That the recommendations within the report be supported with further feedback on the progress made on the detailed action plan submitted in due course.

(3) That illegal highs, in particular spice, be included within the Substance Abuse section of the Plan as a specific element.

(4) That the Select Commission ensures that Services take account of the Director of Public Health Annual Report in Service Planning and Delivery

(5) That the Sexual Health Strategy be submitted to the Select Commission in due course.

(6) That the Sexual Health Strategy include a specific element regarding education and communication to people with learning disabilities and those with barriers to communication.

(7) That the Director of Public Health discuss with colleagues in Children's Services the issue and impact of Adverse Childhood Events and health interventions as part of the Public Health agenda.

7. NOTES FROM HEALTH VILLAGE EVALUATION WORKSHOP

Janet Spurling, Scrutiny Officer, reported that a sub-group of 4 Members (Councillors Evans, Elliott, Jarvis and Short) had met to discuss the key findings and challenges from the final evaluation of the Health Village Pilot.

The aim of the sessions was to feed into the discussions about the best way of rolling out the integrated model across the rest of the Borough,

across localities with differing demographic profiles and health needs.

Arising from the notes of the meetings the following issues were raised that it was felt should be included in the outcome measures for the wider rollout:-

- Qualitative information
- Staff perception of how it was working in the multi-disciplinary teams
- Liaison and communication with carers
- Carer feedback
- Patient experience and catching user feedback

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

(2) That the issues highlighted above be conveyed to the relevant officers.

(3) That the Select Commission continue to monitor progress on developing the Health Village and the roll out to the first Partnership Area during its work programme in 2018/19.

(4) That Members be included in the field trip visit to the Health Village, Care Co-ordination Centre and Single Point of Access.

8. **IDEAS FOR HSC WORK PROGRAMME 2018-19**

Janet Spurling, Scrutiny Officer, gave the following powerpoint presentation on the suggested 2018/19 work programme:-

Recap 2017/18 – “Big Five”

- Rotherham Integrated Health and Social Care Place Plan (IHSCP)
- Adult Social Care (development programme and performance)
- Learning Disability
- Mental Health (child and adolescent)
- Joint health scrutiny – NHS reconfiguration

Rotherham Integrated Health and Social Care Plan

- Prevention, self-management, education and early intervention
- Rolling out integrated locality working model – ‘The Village’ pilot
- New Integrated Urgent and Emergency Care Centre (July 2017)
- Further development 24/7 Care Co-ordination Centre
- Building a Specialist Re-ablement Centre

Plus

- Drug and Alcohol spotlight
- Refresh of Health and Wellbeing Strategy
- CCG Commissioning Plan and IHSCP refreshes
- Carers Strategy
- Access to GPs

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- Care Homes
- NHS Trust quality accounts (annual) x 3
- Adult and Older People Mental Health Transformation
- Delayed Transfers of Care

Continuing from 2017/18

- “Big Five”
- Director of Public health – annual report
- Carers – links Adult Social Care Programme
- Monitoring reports past reviews
- Social and Emotional Mental Strategy
- Child and Adolescent Mental Health
- Joint Health Scrutiny – new proposals and implementation of service changes

Other Suggestions

- Autism Strategy
- Health and Wellbeing Strategy implementation
- Primary Care and implementation of GP Forward View
- RDaSH Estate – links to locality working
- Breathing Space – Respiratory Services
- Space for a couple of spotlight reviews on key issues that emerge through the year

Methods – for example

- Reports
Initial and HSC to decide if more work needed
Information/progress monitoring
- Presentations
- Reviews – spotlight or full
- Sub-groups
- Visits
- Service user/patient experience – case study or direct

A further suggestion made in terms of addressing health inequalities was to look at whether any specific targeted work was being undertaken in the Borough's most disadvantaged areas, geographic or communities of interest.

Resolved:- (1) That the final draft work programme be submitted to the July Select Commission meeting subject to endorsement by the Overview and Scrutiny Management Board.

(2) That sub-groups continue to scrutinise the Quality Accounts and performance of 3 NHS Trusts.

(3) That a sub-group be established to scrutinise Adult Social Care performance data.

9. STAKEHOLDER BRIEFING FOR HOSPITAL SERVICES REVIEW

The Chair reported on the recent JHOSC meeting held on 12th June, 2018, at which the key points discussed included:-

- The Hospital Services Review was an independent review. The final report and recommendations would be discussed by the Clinical Commissioning Groups individually at their Governing Body meetings during June and July who may or may not accept the recommendations
- The focus was on sustainable acute hospital services and covered the 5 specialities that had emerged as ones where most impact could be made
- Challenges:
 - Workforce shortages
 - To remove clinical variations in care so that whichever hospital a patient attended they would receive the same care
 - To make more of IT and new technology
- It was reiterated that there were no plans to close any hospitals and for most patients to continue having most of their hospital care in their local hospital
- Not expected to have any redundancies but possibly some new ways of working for some staff and the trade unions were involved
- The focus was on achieving change through greater collaboration between the hospitals in the first instance before thinking about service reconfiguration
- Review looked at options for each of the 5 specialities, tested them against set criteria and came up with recommendations
- A new Transport Reference Group was being set up to include a range of stakeholders including both ambulance services and the public
- A public leaflet would be out soon on the Hospital Services Review and they were developing easy read documents
- The review report, technical annexes and supporting papers were all available on the website at www.healthandcaretogethersyb.co.uk including details of consultation and public involvement to date
- Further update at the July meeting

This item would be included on future agendas.

10. HOSPITAL SERVICES REVIEW Q&A SHEET

Please see Minute No. 99.

11. REMEMBERING GRENFELL

The Select Commission observed a minute's silence in remembrance of those that lost their lives and the many others affected by the Grenfell tower fire last year.

12. ROTHERHAM HEALTHCARE RECORD

The Select Commission noted the leaflet, submitted for information, with regard to the Rotherham Healthcare Record.

13. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 19th July, 2018, commencing at 10.00 a.m.