

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