

**HEALTH SELECT COMMISSION**  
**26th January, 2012**

Present:- Councillor Steele (in the Chair); Councillors Barron, Beaumont, Blair, Dalton, Goulty, Turner and Wootton.

Councillor Wyatt was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Beck, Jack, Beck, Hodgkiss, Janet Dyson, Jim Richardson and Russell Wells.

**40.           DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**41.           QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**42.           COMMUNICATIONS**

British Heart Foundation - Heart Town

Councillor Wyatt reported that Rotherham had recently signed an agreement with the British Heart Foundation (BHF) to become a Heart Town. This was a joint initiative between the Council and NHSR and a 5 year programme of events and activities with support from the BHF to tackle the growing rate of heart disease in Rotherham.

Councillor Wyatt asked for any interest from Select Commission Members to join the Heart Town Steering Group, the first meeting of which would take place on 6<sup>th</sup> February at 10.30 a.m. at Oak House. Councillors Barron and Beaumont put their names forward.

**43.           MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on 8<sup>th</sup> December, 2011, were noted.

**44.           HEALTH AND WELLBEING BOARD**

Resolved:- (1) That the minutes of the Health and Wellbeing Board held on 7<sup>th</sup> December, 2011, be noted.

Councillor Wyatt reported that at the meeting held on 18<sup>th</sup> January, 2012, the Board had considered a forward plan highlighting the key achievements that had to be made in the next 12 months,

(2) That the Health and Wellbeing Board's forward plan be submitted to this Select Commission.

**45.           RFT QUALITY ACCOUNTS**

Hilary Fawcett, Quality and Standards, Rotherham Foundation Trust, gave the following powerpoint presentation to the Select Commission:-

#### Selecting Priorities: Method

- Consultation process LiNKS, O&Ss, public
- Evidence based
- Risk based
- Linked to CQUINs
- Quality Committee prioritisation process

#### Quality Accounts Improvements 2012/13

- Patient Safety
  - Continue to aim for 95% high risk prescriptions, opiates anticoagulants, antibiotics prescribed as per protocol
  - Expand work on communication incidents: handover/hand-off to encompass OOH scenarios and deteriorating patient
  - Continue to monitor and reduce the risk of any Never Events
  - Increase number of health assessments for looked after children
- Patient Experience
  - Increase the number of nutritional assessments across integrated organisation
  - HV first visit carried out within 10-14 days
  - Increasing compliance with 95% of key measures of End of Life care pathway
- Clinically Effective
  - Reducing admission rates for long term conditions
  - Reducing re-admission rates from care homes within 30 days
  - Reducing weekend mortality rates from April, 2 012 baseline
  - Community occupational therapy assessments carried out within 28 days of referral
- KPIs
  - Linked to Improvement Programmes
  - On-going: Mortality, fluid balance and VTE, falls
  - CQUINs, national priorities

#### What we would like to know

- Any questions?
- Do you agree with the topic selection?
- Written agreement and identification of Indicator by 17<sup>th</sup> February

#### Discussion ensued with the following issues raised/clarified:-

- The Standard set for 2011/12 had not been achieved in full – the focus would be retained on those Indicators but refined and expanded to ensure they encompass Community Services also
- Evidence suggested that nationally mortality rates (deaths in hospitals) increased at the weekend. Many factors contributed to this e.g. unplanned admissions more than likely through A&E. Analysis was required of the data, however, this was not a specific problem in Rotherham
- Significant improvement in the rate of falls. All patients at risk have an assessment and action taken if perceived to be at risk
- Care Quality Commission had conducted a survey in 2011 focussing on 2 areas – Respect and Dignity of Patients and Nutritional Needs of Patients. It highlighted a lot of good practice but also some issues of those not able to feed themselves and staff not having the time to sit and feed them

- Essential the focus on services in the community were not lost as well as those provided in hospital – ongoing review of the services to ascertain how the pathways could be improved and ensure equality of service
- The Health Service had/was suffering budgetary cuts the same as local government. The targets were existing targets that were being worked towards with less resources

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

(2) That a response be submitted on behalf of the Select Commission in accordance with the 17<sup>th</sup> February, 2012 deadline.

#### **46. HEALTH INEQUALITIES SCRUTINY REVIEW - DRAFT RECOMMENDATIONS**

Kate Green, Scrutiny Officer, and Councillor Steel, Chair of the Review Group, presented the draft recommendations of the Health Inequalities Obesity: BMI>50 Review Group as follows:-

##### Overview

- Part of a project with the Centre for Public Scrutiny
- Funded by the Department of Health to look at the rate of return on investment of Scrutiny
- Rotherham's review looked at the quality of life and services provided for people with a BMI over 50

##### Review Question

- How can we improve co-ordination between services so as to improve the quality of life and care of people with a BMI>50 and who are housebound and unable to get out of their home unaided, and what would be the 'Return on Investment' of service co-ordination and improving their quality of life and care?

##### What we did

- Review group of 4 Elected Members and 1 Scrutiny Co-optee
- Expert Advisor from the CfPS providing up to 5 days support
- Stakeholder session to help scope the review and gather information from professionals
- Interviews with professionals and 1 individual within the community
- Questionnaires gathering information from professionals

##### What we found out

- Total number of individuals in the 'cohort' was unknown
- Varied degree of co-ordination between services and organisations
- Individuals often only found out about in an emergency situation
- Information and data was difficult to share but would be a huge benefit to Ambulance/Fire Service etc.
- No data sharing protocol specific to the group
- Individuals often could not be discharged from hospital due to inappropriate access/equipment at home – increased bed days
- Awareness of the issues was good across agencies but services were not centrally co-ordinated

- Professionals may not always be aware of the range of services on offer locally which would be of benefit to individuals

#### Recommendations

- Service Improvement  
To establish a negotiation session between relevant strategic officers/organisations to create an action plan to implement the recommendations of the review, including timescales, lead roles and reporting mechanisms and to report back to the Health Select Commission. 4 objectives of the Group to consider:-

Develop a 1 page tick box form to obtain consent from individuals to share information and ensure professionals received appropriate training on how to use this

Develop protocols for joint working and local data sharing specific to this group of people

Briefings for professionals to raise awareness of the range of services available locally for this target group of people

Consider options for central co-ordinating this agenda, either through an appropriate central co-ordinator post or central database/or way of sharing information

- Securing Commitment  
To recommend that Cabinet and the Health and Wellbeing Board takes a lead in securing commitment to action on the recommendations and receive monitoring of implementation reports through an appropriate forum e.g. NHR-led Obesity Group  
Report to go to Improving Lives Select Commission to raise awareness across other agendas
- Prevention  
To agree a joined-up approach to tackling obesity in Rotherham through the Health and Wellbeing Board, acknowledging that treatment and prevention need to work together and ensuring it features as a high priority in the joint Health and Wellbeing Strategy

#### Next Steps

- Discuss and agree recommendations
- Final report to be presented to Select Commission in March
- Once approved by Cabinet, submit to Health and Wellbeing Board

Discussion ensued with the following issues highlighted/clarified:-

- It was known that there were 614 people in the Borough that fell into the category and this should be included in the report, however it was noted that it was not always clear in terms of where these people were in the Borough
- Equality of experience of the individuals was really important
- The review had been carried out with a number of partner organisations. It became apparent that there was a need to work more closely with agencies such as the Fire and Ambulance Services, to help improve the quality of life for those with a BMI>50, who very often were not known about until an emergency situation and they required assistance getting out of their house.

- It was important for assessments to be carried out so that the emergency services had the correct and appropriate equipment to deal with any situation

The Chairman thanked all who had provided background information for the review and made themselves available for interview, including colleagues from NHS Rotherham, the Foundation Trust, GPs and Fire and Ambulance Services.

Resolved:- That the full report be presented to the Health Select Commission in March for consideration and approval, before being submitted to Cabinet and the Health and Wellbeing Board

#### **47. SCRUTINY WORK PROGRAMME**

Kate Green, Policy and Scrutiny Officer, submitted an updated work programme for the Select Commission.

The Overview and Management Board was seeking feedback on the following discussion points:-

- Were the Select Commissions focussing on the 'right' issues in the 'right' way?
- Views on the approach and process
- Views on the work programme – was the balance 'right' – was it achievable?
- What could be done differently or better within current resources?

Discussion ensued with the following issues raised:-

- Reintroduce the mentoring scheme between Co-optees and Scrutiny
- Volunteers within the hospital setting
- Scoping of future reviews to be considered by the Health and Wellbeing Board
- Work programme was not set in stone and any emergency issues could be considered.

Resolved:- (1) That the work programme be noted.

(2) That the Overview and Management Board be informed of this Select Commission's satisfaction with the new scrutiny arrangements.

(3) That the issue of volunteering be raised at the Overview and Management Board.

#### **48. 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:-

8<sup>th</sup> March, 2012  
19<sup>th</sup> April