HEALTH SELECT COMMISSION
1st February, 2013

Present:- Councillor Steele (in the Chair); Councillors Beaumont, Beck, Dalton, Goulty, Hoddinott, Kaye, Middleton, Wootton Mr. R. Parkin (Speak-Up) and Mr. P. Scholey.

Councillor Wyatt, Cabinet Member for Health and Wellbeing, was in attendance at the invitation of the chairman.

Apologies for absence were received from Councillor Barron, Victoria Farnsworth and Russell Wells.

48. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

49. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

50. COMMUNICATIONS

Deborah Fellowes, Scrutiny Manager, reported that, with regard to the proposed closure of the Children's Cardiac Surgical Hospital in Leeds, the Secretary of State for Health had asked the Independent Reconfiguration Panel to look at the Joint Committee of PCTs' decision. The Yorkshire and Humber Joint HOSC had asked for a letter to be written to the Independent Panel outlining its concern about the potential impact of the Service relocation to children and their families in Rotherham.

The Panel had met in Leeds with representatives of the Joint HOSC and other stakeholders earlier that week with a comprehensive presentation by councillors from the Joint HOSC. The outcomes from the meeting was not known. The Independent Panel had a provisional deadline to report back to the Secretary of State at the end of January, 2013.

An update would be given in due course.

51. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 6th December, 2012.

Arising from Minute No. 43 (Rotherham Foundation Trust), it was noted that a summary of outstanding issues from the presentation had been sent by e-mail to which there had been no response as yet.

Concern was also expressed regarding reports in the local press of an alleged letter of resignation from the former Chief Executive which raised important issues relating to the manner in which business was being conducted. The Trust had released a press statement but it did not clarify the situation.

It was proposed that a letter be sent to the Trust expressing the Select Commission's disappointment. If a response was not forthcoming, consideration should be given to requesting the Trust to attend a further meeting.

Resolved:- (1) That the minutes of the previous meeting be agreed as a correct record for signature by the Chairman.

(2) That Councillor Dalton be added to the membership of the Childhood Obesity Working Group.

(3) That a letter be sent to the Foundation Trust expressing the Select Commission's disappointment that no response had been received to the outstanding issues from the Acting Chief Executive's presentation to the December meeting.

(4) The consideration be given to the areas it would wish the Trust to focus it work in 2013/14 at the next meeting.

52. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 16th January, 2013.

Attention was drawn to the Board's 6 Priority Themes, in no priority order of ranking.

An issue for the Board was ensuring all partners were signed up to the information sharing protocol. The British Medical Association had its own guidelines for Doctors which fitted with the protocol.

It was noted that HealthWatch had been put out to tender again with a closing date of 23rd February, 2013.

Resolved:- That the minutes of the Health and Wellbeing Board meeting be noted.

53. HEALTH AND WELLBEING POLICY AND ORGANISATIONAL CHANGES

Councillor Wyatt, Cabinet Member for Health and Wellbeing, gave the following powerpoint presentation:-

National Context – Health and Social Care Act 2012

- NHS Commissioning Board established October, 2012, to commission some national health services and co-ordinate
- Local GP-led Clinical Commissioning Groups
- Public Health England established and local responsibility transferred to local authorities
- Increased democratic accountability and public voice through establishment of local Health and Wellbeing Boards and HealthWatch

Local Implementation - Health and Wellbeing Board

- Local authorities leading co-ordination of health and wellbeing through the creation of high level Health and Wellbeing Boards
- Rotherham Health and Wellbeing Board established September, 2011 as a sub-committee of the Council
- Chaired by the Cabinet Member for Health and Wellbeing
- Produced Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
- Would take on statutory responsibility April, 2013

Core Membership of the Board

- Cabinet Member for Health and Wellbeing (Chair)
- Cabinet Member with responsibility for Adult Services
- Cabinet Member with responsibility for Children's Services
- Director of Public Health
- Chief Executive, RMBC
- Strategic Director of Neighbourhoods and Adult Services
- Strategic Director of Children and Young People's Services
- Strategic Director of Environment and Development Services
- Chair of Clinical Commissioning Group
- Chief Operating Officer, CCG
- NHS Commissioning Board
- Chief Executive, Voluntary Action Rotherham Metropolitan Borough Council Rotherham HealthWatch (once in place 2013)
- Chief Executive, Rotherham Foundation Trust
- Chief Executive, RDaSH
- Co-optees as and when required

Rotherham Clinical Commissioning Group

- Established January, 2011 - all Rotherham GP practices part of it
- CCG Committee currently in place made up of GPs, NHS managers and lay-members
- Chair of Health and Wellbeing Board had a seat on CCG Committee
- Received first wave authorisation to assume full responsibility for commissioning majority of healthcare services for local people April, 2013

Public Health

- Local authorities would take on statutory duty for Public Health in April, 2013
- Rotherham was ahead of the game with Public Health staff now located within the Council whilst the transition took place
- No decision yet as to the long term structural model locally
- Directors of Public Health would be jointly appointed between the Local Authority and Public Health England from April, 2013

Joint Health and Wellbeing Strategy

- Set the strategic priorities for collective action to improve the health and wellbeing of local people
- Demonstrated how the needs and issues identified within the Joint Strategic Needs Statement and other local knowledge would be tackled
- Supported the Health and Wellbeing Board to tackle the wider determinants of health and wellbeing – such as Housing and Education
- Enabled commissioners to plan and commission integrated services that met the needs of the whole local community
- Service providers, commissioners and local voluntary and community organisations would all have an important role to play in identifying and acting upon local priorities
- Now in implementation phase with 6 workstream leads identified and Performance Management Framework being developed

6 Strategic Workstreams

- Prevention and Early Intervention
- Aspirations and Expectations
- Dependence to Independence
- Healthy Lifestyles
- Long term Conditions
- Poverty

Performance Management Framework

- The Board had agreed 6 measures to focus on over the next 12 months each with a suite of Indicators:-
  Alcohol
  Obesity
  Dementia
  Smoking
  NEETS
  Fuel Poverty

Local HealthWatch

- HealthWatch England would be the national voice of patients and the public
- HealthWatch would replace the current model of Local Involvement Networks (LINks) along with additional functions

- Local authorities would be required to procure a local HealthWatch by April, 2013
- Work was well underway in Rotherham to develop commissioning arrangements for a Local HealthWatch and tendering had begun

Role of Health Scrutiny

- The Department of Health consulted on proposed changes and regulations for local authority health scrutiny (July, 2012) which included:-
  - Extended scrutiny to all providers of NHS care whether they were from a hospital, a charity or an independent provider
  - Required organisations proposing substantial Service changes and Scrutiny to publish clear timescale for decision making
  - Required local authorities to take account of the financial and clinical sustainability of Services when considering NHS reconfiguration proposals
  - Sought the help of the NHS Commissioning Board to secure local agreement on some Service reconfigurations
- New Regulations would come into force in April, 2013

Key Areas of Work

- Obesity Strategy Group (national conference)
- Rotherham Heart Town
- Rotherham Tobacco Control Alliance
- Suicide and Self-harm Prevention
- Warm Homes, Healthy People/Affordable Warmth/Fuel Poverty
- Council of Governors, Rotherham Foundation Trust and RDaSH

Final Points

- Rotherham was making excellent progress in meeting the requirements and organisational changes set out in the Health and Social Care Act 2012
- The local Health and Wellbeing Board had been observed by the Department of Health and positive feedback had been received
- Development of the local Health and Wellbeing Strategy demonstrated good joint working and collaboration between all partners and there was a real enthusiasm to work together to improve the health and wellbeing of Rotherham people

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

- There were many determinants for health and wellbeing of which 1 was NEETS. NEETS was a priority for the Rotherham Partnership Board which the Health and Wellbeing Board sat alongside

- Some of the Boards across the country were using the Marmot Policy objectives as their broad Framework

- It was clarified that the Public Health grant was £13,790,000 for 2013/14 and £14,176,000 for 2014/15 equating to £53 per head of the population or 2013/14

- 4 tests the NHS Commissioning Board was required to take heed of in any proposal for change:-
  Strong and efficient public engagement
  Consultation with current and prospective need for public choice
  Clear clinical evidence base for the change
  Support for proposals from clinical commissioners

- Not just about finance and the 4 tests had to be strictly adhered to

- The CCG had received early authorisation and had experienced officers to support it from the former Primary Care Trust. In comparison with other areas, Rotherham was ahead of the game. The leadership in the GP community was clear and there was confidence in it. There was another important group that sat beneath it that brought in the other practices that made recommendations to the CCG

- There were good arrangements in Rotherham but it was responsible for commissioning a massive amount of public money and, therefore, required good liaison between it and the Board

- Peformance Management Framework to be discussed at the next Board meeting. It had to be measureable for each of the 6 Priorities

54. "TAKING ON INEQUALITIES IN HEALTH AND WELLBEING LOCALLY. HOW HEALTH AND WELLBEING BOARDS CAN LEAD THE WAY"

Councillor Hoddinott presented a report on a conference she had recently attended, held in Leeds on 17th January, 2013, entitled "Taking on inequalities in Health and Wellbeing locally – how Health and Wellbeing Boards can lead the way" highlighting the following:-

- Health and Wellbeing Boards – "too pink and fluffy"
- Life expectancy had increased by 5 years
- The gap between non-manual and manual workers had not narrowed – social class still mattered more than where you lived
- The most deprived were a long way behind and would require more resources to make a difference
- Employment was positive for health outcomes
- Indirect taxes hit the poorest the hardest
- Miles on the Clock – description for health inequalities
- Be bold – danger that commissioning could follow fads and fashions and had a project piecemeal approach

- Diversity of Boards – membership, frequency of meetings, support networks
- A Board had to have Partnership, Vision and Strategy, Leadership and Engagement
- Importance of making every contact count
- Health Equity Audit
- Community engagement

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

- The need to look at the gaps of drop-offs
- Resources for Health Scrutiny – the size of the new Health agenda would require more resources
- Best Start in Life – should be looking at children from birth – 2 years of age was too late
- Work had taken place 3 years ago in Rotherham – 100 Babies - demonstrating that if there was no intervention with children from birth they were less likely to succeed
- Need to be clear as to why the Authority/agencies were doing what they were doing to tackle social injustice and putting things into place to redress the balance

Resolved:- That the report be noted.

55. REGIONAL HEALTH SCRUTINY

Cath Saltis, Yorkshire and Humber, reported on the work she was conducting on behalf of the Centre for Public Scrutiny and the Local Government, Yorkshire and Humber on the development of the Health Scrutiny Regulations.

Consultation on the future Regulations governing local authority Health Scrutiny had taken place between July and September, 2012. The Regulations had been expected in January, 2012, however, the Department of Health had published a response to the consultation which gave a good indication as to what the Regulations would look like.

The Act shifted the power of health scrutiny from Health Scrutiny Committees to the Local Authority with powers to enable the Authority to arrange for the functions to be discharged through a HOSC or indeed some other arrangement. The scope had been extended to include providers of NHS and Public Health services commissioned by the NHSC, CCG and local authorities that included providers in the independent and third sectors.

Cath also highlighted the following issues:-

- Power to refer to the Secretary of State should be by the full Council rather than the designated Health scrutiny committee - the draft

response suggested that should the local authority pass the function to a body other than the Overview and Scrutiny Committee then it should be full Council

- If the Health scrutiny committee had the delegated function, additional safeguards should be set in place e.g. requiring the Health scrutiny committees to notify full Council of their intention to refer a matter to the Secretary of State before the referral was made giving the opportunity to debate that intention

- Joint Scrutiny – the Government agreed that this had been an effective means of examining proposals that spanned more than 1 area. It would require the formation of joint scrutiny arrangements where the change proposer consulted with more than 1 local authority

- Health and Wellbeing Boards – would be subject to Health scrutiny. HealthWatch would be able to refer matters to Health scrutiny and should get a response within 20 working days and keep the referrer informed of any action it intended to take

- HealthWatch – described as a "critical friend". There was potential for scrutiny work to duplicate and there were some things that HealthWatch could do that the Health Select Commission could not. HealthWatch at local level would have the power to access that the Select Commission did not but it did have lots of other powers. It had been suggested that as far as possible endeavour to maintain a good collaborative working relationship with HealthWatch whilst maintaining the differing levels of responsibility

- The Health and Wellbeing Board and CCG etc. would be subject to Overview of Health. The working relationship of those bodies would have to be worked through and shared agreement and protocol

- Public Health – whilst coming to the local authority it would be an Executive function and therefore subject to Over and Scrutiny

- National Bodies – some were trying to look at how they could engage with Scrutiny of Health. The Centre for Public Scrutiny was to host a conference the following week in Leeds focussing on care equality commissioning

Cath was thanked for her report.

Resolved:- (1) That, when conducting reviews or looking at issues that the Health Select Commission was particularly concerned, ensure consultation and involvement with the commissioners as well as Service providers.

(2) That the Health Select Commission, when conducting reviews or holding Service proposals to account, the "4 tests" should be used and

incorporated into the type of questions adopted, consideration given to the Health and Wellbeing Board toolkit and start to incorporate into the work of the Commission.

(3) That the Health Select Commission monitor the Health and Wellbeing Board's Performance Management Framework, when developed, and Health and Wellbeing Strategy.

(4) That when the Review into Access of Health Care Services commenced, the work that had already taken place around deprivation, 100 babies etc. be utilised to prevent duplication.

(5) That the Protocols referred to be submitted to the next meeting.

(6) That the Health Select Commission be kept informed of progress with regard to the commissioning of Rotherham HealthWatch.

56. UPDATE ON WORK PROGRAMME – ACCESS TO HEALTHCARE SERVICES

Deborah Fellowes, Scrutiny Manager, reported that she had met with colleagues from the Clinical Commissioning Group. The Access to Healthcare Services was on the current work programme to look at GP Surgeries, the Walk-in Centre and A&E. The meeting had suggested that they were better divided into 2 areas - Access to Emergency Health Care and Access to GP Services.

Access to Emergency Health Care was going out to consultation. An all Members Seminar had been arranged for 13th February, 2013, to inform Members of the proposals. A formal consultation process would then follow.

It was suggested that consideration be given to any further necessary work after the seminar.

Work would then take place on the Access to GPs area.

57. DATE AND TIME OF THE NEXT MEETING: -

Resolved:- That a further meeting be held on Thursday, 7th March, 2013, commencing at 9.30 a.m.