HEALTH SELECT COMMISSION
18th April, 2013

Present:- Councillor Steele (in the Chair); Councillors Wyatt, Barron, Beaumont, Dalton, Goulty, Hoddinott, Kaye, Roche and Wootton and Vicky Farnsworth (Speak-Up).

Apologies for absence were received from Councillors Beck, Middleton, Peter Scholey and Russell Wells.

70. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

71. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

72. COMMUNICATIONS

Deborah Fellowes, Scrutiny Manager reported the following:-

Children's Cardiac Surgery Review
On March 27th the High Court found that the consultation and decision-making process which underpinned the Joint Committee of Primary Care Trusts (JCPCT) reconfiguration of Children's Heart Surgery Services in England and Wales was flawed and that its assessment of Quality of Services was unfair and unlawful. The case was brought by Save Our Surgery Ltd. (Leeds) a body affiliated to the charity linked to the Heart Unit at Leeds Children's Hospital (part of Leeds Teaching Hospitals NHS Trust).

The National Commissioning Board (the new body replacing the JCPCT) had been asked to reconsider the elements identified by the Judge, including how they arrived at the quality scores, issues of travel and access, co-location of vital services, strength of cardiac care network and financial viability. The Judge had asked that they then report back on their findings and decide upon which Centres were to be designated on those new grounds.

On the same day as the judgement was made, services at Leeds were suspended because of concerns about mortality rates and patient outcomes. There has been considerable press and media attention in this issue. However, after rigorous examination of evidence surgery was reinstated last week, concluding that there was *"no evidence of significant safety concerns in terms of governance, staffing or the management of the patient pathway for surgical care in the unit or referral to other units as required"* and added that *"A number of very positive aspects of practice are present in the service provided… the teamwork is strong, inter-*

professional working is effective, surgical staffing levels are comparable to other units."

The Joint HOSC met in Leeds on April 10th. Cllr Ali has been the scrutiny representative on this body since the process started in 2011.

The meeting was originally convened to discuss the Secretary of State's referral of the proposed closure of the surgical unit to the Independent Reconfiguration Panel and their response. However, following recent developments regarding the provision of Children's Cardiac Surgery and interventional cardiology at Leeds Children's Hospital, the focus of the JHOSC meeting had changed from what was originally planned.

The JHOSC considered the outcome and implications of the High Court ruling that found in favour of Save Our Surgery Ltd. It also considered issues associated with the implementation phase of the review, with representatives from NHS England in attendance. The meeting also focussed on issues/ concerns about the service provision at LTHT, which resulted in the suspension of services.

Following the meeting, the JHOSC concluded "*Our prime concern throughout has been the welfare of the children concerned and limiting the anxiety of their parents and families. We hope that the restoration of services and the outcome of the joint review being made available through NHS England and Leeds Teaching Hospitals Trust will bring families peace of mind and the certainty that their children are in safe hands. We must now focus our attention on the ongoing issue of retaining these key services In Leeds for children and families across the whole of Yorkshire and the Humber"*

Although the IRP was expected to report its findings by April 30th, in light of the Judge finding in favour of Save Our Surgery Ltd. and the requirement placed upon the National Commissioning Board to consider the judgement, it was unlikely that the IRP would report its finding to the Secretary of State within the timescale.

Further information was being sought on when the IRP was expected to report. This would be fedback in due course. In the meantime, a press release had been issued outlining Rotherham's participation in the Joint HOSC and expressing continued support to retain services in Leeds.

Review of Services for Adults with Congenital Heart Disease

The Joint Health Overview Scrutiny Committee had taken the view that there was a strong link between the 2 Services and that the work that had been carried out on the Children's Cardiac Services needed to be linked into the work on the Adult Services. The Committee were requesting that individual authorities consider whether they thought it was the right approach with the 2 reviews being integrated which would necessitate a new set of Terms of Reference.

It seemed appropriate that the Health Select Commission nominate a representative for Rotherham.

Resolved:- (1) That the Joint Health Overview Scrutiny Committee be informed of this Council's endorsement of the proposed linkage of the 2 reviews.

(2) That Councillor Steele represent the Health Select Commission.

Conference
It was noted that Councillor Dalton was to attend a Teenage Pregnancy conference to be held in London on 23rd April, 2014, on behalf of the Cabinet Member of Health and Wellbeing.

73. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 7th March, 2013.

Resolved:- That the minutes of the previous meeting be agreed as a correct record.

74. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 27th February and a verbal update on the meeting held on 10th April, 2013.

The Cabinet Member for Health and Wellbeing highlighted:-

- Progress of the workstreams
- Community Alcohol Partnerships
- Police and Crime Commissioner
- NEETS
- Refresh of the Joint Strategic Needs Assessment
- Health and Wellbeing Conference

The following issues were raised by members of the Health Select Commission:-

- Smoking was 1 of the 6 Priority Themes and had set quite ambitious targets to reduce the number of people smoking in Rotherham. The South Yorkshire Pensions Authority invested money in British American Tobacco which meant that Council employees' contributions were being invested in tobacco ironically when the Authority had taken over responsibility for Public Health. Was this an issue for the Health and Wellbeing Board and may be start a conversation with neighbouring authorities?
  Councillor Goulty, representative on the South Yorkshire Pension Authority, stated that this had been discussed in great detail at the last

Pensions meeting due to the new Legislation. For years the SYPA had had a successful investment and ethical policy but it was charged with the duty of getting the best for its membership. A number of councillors and councils had taken it on board in light of the new Legislation so it may be, even though there was a duty to get the best returns, they may be now be able to argue the ethical argument which outweighed the financial

- The target for the number of quitters would be hard to achieve. The biggest issue was that of youth smoking and the prevalence of "bad" cigarettes in Rotherham. A lot of work was taking place particularly with the Tobacco Alliance

- Overarching Information Sharing Protocol – its importance was stressed particularly with regard to issues of child sexual exploitation and domestic violence

- The national charity, Schools Food Trust, worked in schools and colleges on healthy eating. It was suggested that the Health and Wellbeing Board should look at forming links with the Trust and the Obesity Scrutiny Review Group

- 3,000 children in Rotherham who were entitled to free school meals did not take them up. With the impact of the Welfare Reform it was important to continually highlight their availability. It was suggested that the Governors Section request that schools remind parents on a termly basis how to apply for a free school meal

Resolved:- (1) That the minutes and verbal update be noted.

(2) That the Overarching Information Sharing Protocol be submitted to this Select Commission for information.

75. ROTHERHAM HEART TOWN - ANNUAL REPORT

Councillor Wyatt, Cabinet Member for Health and Wellbeing, presented the annual report of the Rotherham Heart Town project outlining the activity undertaken by the Heart Town Partnership and its constituent partners during 2012.

During the first year of the Partnership, activities had included:-

- Establishing a steering group
- Establishing a fundraising branch
- Holding a large stakeholder event
- Attending events to promote the partnership, raise awareness and raise funds
- Establishing the Circle of Hope One Day event

- Running school and health professional education workshops
- Delivering Olympic Legacy events at two schools

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

- Rotherham was looked on as a leading Heart Town by the British Heart Foundation

- 14 new defibrillators were now in place throughout Rotherham

- As a result of the publicity arising from the Fabrice Muamba incident last year, the British Heart Foundation had had to stop funding due to the increase in requests. However, as Rotherham was a Heart Town and worked with the Ambulance Services, the Authority had continued to receive funding

- Staff at the Civic Centre had raised 50% of the funding required to provide a defibrillator

- Ability to measure the impact the defibrillators had had in the future

- 999 should be the first port of call in an emergency. The Ambulance Service would know where the nearest defibrillator was to the address in question. Some of the machines would be publically accessible and others on private property.

- There was no target numberwise for defibrillators but more with regard to location

- Continued funding from the British Heart Foundation due to the ability to demonstrate the rationale for their location as well as the match funding that had been provided.

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

76. HOSPITAL DISCHARGE ARRANGEMENTS

Maxine Dennis, Interim Director of Patient and Service Utilisation, Rotherham Foundation Trust, reported that, due to the pressure and demand on hospital beds and the need to be able to accommodate the admission of acutely ill patients, it was important that the hospital could expedite discharge where the patient no longer needed to be in hospital. Whilst it was important to discharge patients in a timely way it was equally important that the discharge was safe and that patients who had complex discharge needs had their needs carefully planned for and executed. As a result, the Rotherham NHS Foundation Trust had a comprehensive and detailed Discharge Policy which had been systematically reviewed.

There would always be some patients who experienced a delay to their discharge. The Delayed Discharge Act clearly defined the criteria for reportable delayed discharges and the Trust, working closely with the Council, had a low rate of reportable delayed discharges.

The Discharge Policy pulled together all potential complex issues in order to ensure that any discharge or transfer of care was safe and effective whilst keeping the patient/family needs at the centre of the decision making process.

Discussion ensued with the following issues raised/clarified:-

- Rotherham Hospital dealt with approximately 70,000 inpatients a year – admitted for planned procedures or emergencies. This figure did not include any patients that were admitted via outpatients, day surgery, medical day assessment or Accident and Emergency. An additional 75,000 attended A&E

- An increase seen in the number of patients attending hospital. Last year 7.6% increase in emergency admissions and this year already a further 5% increase additional to the 7.6%

- The increase in admissions was significant for the frail elderly persons category. They required a complex discharge plan not just involving the Hospital but across all social care providers

- Rotherham worked in partnership with Primary Care and Social Care colleagues and, as a result, performed very well and had low percentage of reportable delay discharges. However, there were still a number of patients whose discharge plans were very complex and took time to discharge

- It was important that once a patient was fit enough for discharge it was expedited in a timely manner

- “Out of hours” was defined as discharge no later than 10 p.m. but depended upon patient choice. Vulnerable patients would not be discharged in an evening

- Approximately ¼ of discharges were out of hours (which included weekends)

- Reports were received on failed discharge where a patient or other provider felt that the Hospital had failed. Another measure was how many patients were readmitted within 24 hours, 7 days and 28 days. Currently that ran at 10% which did not mean that the Hospital had failed in that 10% but needed to understand the reasons why the patient had returned to hospital. There was no external scrutiny of this

- A patient may return to hospital due to the Hospital's failure but it may also be due to the failure of other parts of the care plan

- Once a patient had been deemed medically fit for discharge currently it was a medical consultant in charge of that person's care who would authorise discharge. Work was currently taking place on where a patient had a plan of care and it had been completed and deemed medically fit for discharge, a Nurse or Doctor qualified to make that decision could authorise discharge

- Some of the reasons for delayed discharge was due to family choice

- Re-admission rates were monitored by CQC – details could be supplied

The Chairman suggested that at the next meeting, to be held at the Hospital, a spotlight review take place on this issue with appropriate representation invited.

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

(2) That Select Commission Members e-mail the Scrutiny Manager with issues they would like to discuss further at the spotlight review to be held on 13th June.

77. URGENT CARE REVIEW - NHS ROTHERHAM

Dr. Ian Turner, GP, Lead for Primary Care Quality and Efficiency, Clinical Commissioning Group, gave the following powerpoint presentation:-

Proposals
- Right care, first time
  Everything for urgent care in one place
- Quality of care
  Bringing together Primary Care skills with the skills and facilities of Accident and Emergency
- Sustainable for the future
  Re-investing in urgent care would make the whole NHS in Rotherham work better

By urgent care we mean
- Treatment/advice for minor injuries or illnesses which cannot wait
  Broken bones
  Burns/scalds
  Infections
  Sprains
  Wounds

Why re-invest in urgent care?

- To improve the quality of care
  Bringing together the skills of primary care and Accident and Emergency in one place
- Because the current system was confusing
  Patients with urgent care needs often do not know where to go or may access several services before they got the care they needed
- To ensure the NHS in Rotherham was sustainable for the future
  More and more patients would need urgent care

A new Urgent Care Centre for Rotherham

- Open 24/7
- Purpose-built at Rotherham Foundation Trust Hospital
- Staffed by experienced and specially trained nurses and GPs
- Joined up with Accident and Emergency
- Reinvesting money from the Walk-in Centre into urgent care
- Urgent care services currently provided at the Walk-in Centre would transfer to the Urgent Care Centre
- The Walk-in Centre would close (but not the building)
- New NHS111 service would provide advice and support for non-urgent care

How the proposals were developed

- Based on best clinical practice
- A review by local GPs
- An assessment of local needs and all of the alternatives
- Discussions with the clinical teams from the Walk-in Centre and A&E
- Discussions with local Councillors, MPs and other stakeholders
- The views of patients and local people

Where we are today

- Hope that the Council would support the proposals and help to improve urgent care for local people
- Recognise that for some the proposals would raise issues. Feedback had already been received on some of the main concerns – would continue to listen and work to address over the coming months

What people were asking about the plans

- Did closing the Walk-in Centre affect other services at the same location?
  No. All of the other NHS and Community Services would remain on site including Family Planning/Sexual Health Services, GP Surgery and clinics
- Would public transport be an issue
  There were already comprehensive public transport services to the hospital and consideration would be given as to how they might be improved with the transport providers and the Trust

- Would car parking be an issue
  Discussions with the Trust. There were already plans for the development of car parking facilities at the hospital

Next Stage – Public Consultation

- Full 12 weeks consultation – 6th May-26th July
- Combination of online, traditional, social and media channels
- Working through local networks of voluntary, community and patient groups
- 4 public meetings

Discussion ensued with the following issues raised/clarified:-

- The Centre would be open 24/7 – longer hours than the Walk-in Centre

- It would provide the same services for patients that required urgent care

- Wanted to encourage people to attend the correct place for their needs. It was known that sometimes the Walk-in Centre was used as a General Practice which was not the optimum place for a patient; it may be more convenient but they may not receive the quality of care required. The GP surgery would remain on the site

- Due to prudent financial planning, the CCG had some non-recurrent funds for the build of the new Centre. Estimated costs were in the region of £1.5M but the full design process would take place once the consultation process has ended

- Discussions were currently underway with the Foundation Trust and Care UK who were the 2 providers of Urgent Care in Rotherham as to the running of the Centre.

- There were no financial incentives not to refer people to A&E

- The CCG had engaged with the Local Medical Council as part of the consultation process with regard to urgent care. There was an agreement that most GPs should have some facility to see a patient within the same working day if they had urgent medical needs but it was acknowledged that there was an issue with regard to GP accessibility

- There were advantages of having an Urgent Care Centre located at the hospital e.g. when someone had acute chest pains they could be transferred next door to the hospital but a child with a temperature would be better served at the Centre

- Concern that from some parts of the Borough getting to the hospital site involved 2 buses or parking issues for those travelling by car. The current Walk-in Centre was accessed by a free car park as well as being next to the bus station in a central location. Research had shown that the overall maximum travelling time for a patient in Rotherham would remain unchanged and there would be more advantages than disadvantages

- The issue of parking had been raised and, as part of the consultation on design, it would be ensured that there was an appropriate amount of accessible parking

- The new 111 service was completely separate for this proposal. The money currently spent in Rotherham for Rotherham patients would remain in Rotherham for Rotherham patients and would not transfer to 111

- Use Parish Councils as part of the consultation process

- The detail had yet to be finalised but probably some of the outpatient services accessed at the hospital would be re-located to the current Walk-in Centre. This would also free up parking spaces at the hospital

- The area around the hospital was already gridlocked at certain times of the day – the proposal would exacerbate the situation

- Other areas of the country had closed Walk-In Centres without any consultation, however, that was not felt to be appropriate in Rotherham and wanted to ensure that patients were still able to access appropriate services. It was a Primary-care lead patient care service which had been rolled out in many places across the country and viewed very positively. A lot of work had been carried out with A&E and GPs working alongside as their skill sets complimented each other

- It was envisaged that there would be a skilled nurse triage system. This system was currently operated at the Walk-in Centre and worked very well

- The consultation ran from 6th May-26th June. Hopefully there would then be a position that would enable the CCG to ensure that it was up and running by the end of 2014 if not the middle of 2015

The Chair thanked Dr. Turner for his presentation. However, he felt that the Select Commission was not in a position to respond to the consultation as there was further information required:-

- Statistics for patients journeys
- Proposed opening times
- Predicted costs

Resolved:- That a sub-group, Chaired by Councillor Dalton, be established to further discuss the proposal with particular reference to the above points.

78. RESIDENTIAL HOMES SCRUTINY REVIEW

Deborah Fellowes, Scrutiny Manager, submitted the findings and recommendations of the Scrutiny Review of the 2 residential homes in Rotherham operated by the Council. The review had also included visits to 2 independent homes for benchmarking purposes

The overall aim of the review was to achieve an understanding of value for money, outcomes and quality of Service provision and, in particular, the potential impact of budgets cuts on this. As well as making recommendations to be considered alongside the process of setting and reviewing the 2013/14 budget, it aimed to support the achievement of the Council priorities i.e. ensuring care and protection were available for those people who needed it most and helping to create safe and healthy communities.

The review had been split into 2 distinct pieces of work:-

- To understand the workings of the residential homes set in the context of Adult Social Care delivery, funding and regulations.
- To receive a summary of the work completed by PWC and the main recommendations regarding the future of the Homes

The Key messages from the Review were as follows:-

- The 2 Council Homes would always struggle to remain competitive in terms of costs with the independent sector because of the terms and conditions of the staff employed by the Council

- The majority of the costs of the Homes were related to staffing

- For a number of reasons including vacancy rates and annual leave, staff would regularly find themselves working longer hours than contracted for and also created significant staff shortages

- The high quality of care provided in the Homes was largely attributable to the staff who were proud to work for the Council and extremely committed to driving up quality standards for the residents

- The 2 Home Managers demonstrated an inclusive management style and strong leadership

- The entertainment and activities programme provided for residents were of a high quality

- Costs associated with the maintenance contract and how staff would prefer to be involved in the process

The Chairman thanked Deborah on behalf of the Review Group for her work on the Review and the staff of the 2 Homes for their openness and honesty.

Resolved:- (1) That the findings and recommendations set out in the report be endorsed.

(2) That the report be forwarded to the Overview and Scrutiny Management Board and Cabinet.

(3) That the Cabinet response to the Scrutiny Review recommendations be fed back to this Select Commission.

79. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 13th June, 2013, commencing at 9.30 a.m. to be held at Rotherham District General Hospital.