

**HEALTH SELECT COMMISSION**  
**12th September, 2013**

Present:- Councillor Steele (in the Chair); Councillors Barron, Beaumont, Dalton, Hoddinott, Middleton, Wootton and Watson, together with Mrs. V. Farnsworth, Mr. R. Parkin and Mr. P. Scholey.

Apologies for absence were received from Councillors Goult, Havenhand, Kaye, and Roche.

**22. DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

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

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

**24. COMMUNICATIONS**

Janet Spurling, Scrutiny Adviser, reported on the following:-

1. Previous Scrutiny Reviews

The response from Cabinet had been received for the Continuing Health Care and Residential Care Homes scrutiny reviews and would be going to the Overview and Scrutiny Management Board next week. All recommendations have been accepted and monitoring reports would be presented to the commission in due course.

2. CQC Hospital Inspections

New style inspections of NHS acute hospitals were commencing. The inspection teams would spend longer inspecting hospitals and cover every site that delivered acute services and eight key services areas:-

- Accident and Emergency.
- Maternity.
- Paediatrics.
- Acute Medical.
- Surgical Pathways.
- Care for the Frail Elderly.
- End of Life Care.
- Outpatients

Engagement with the public and Health Scrutiny would feature strongly. The initial list covered eighteen Trusts including some that

were high risk, some low risk and some that were in between those two extremes. Rotherham was not one of the eighteen and Airedale was to be the first one in the North.

3. Local Health Website

Public Health England had launched a new online tool to help Councillors, Local Authority officers and other partners. The website included health information presented clearly for users. The information was available at upper and lower tier Local Authority level, as well as by Ward, using interactive maps, summary charts and more detailed reports. The website could be found at the following link, but an executive summary was to be provided for all Members of the Select Commission:-

<http://www.localhealth.org.uk/#v=map9;l=en>

4. JHOSC Meeting - 13 September, 2013

A new review was being established at this meeting to consider the whole lifetime pathway of care for people with congenital heart disease. Councillor Steele would be in attendance.

5. The Health Scrutiny and Care Quality Commission Event for Health Scrutiny Members in York which was due to take place on Thursday, 26<sup>th</sup> September, 2013 had been postponed and a new date was to be confirmed.

6. L.G.Y. & H. Events

A report had been circulated outlining forthcoming events, detailing co-ordinated activity to make best use of resources.

7. Briefings – Sign Up

The following briefings were available to sign up for:-

- LGiU Monthly Health and Social Care Round Up.
- Minding the Gap - the Local Government Regional capacity building project for health inequalities for Yorkshire and Humber.

8. From Yorkshire and Humber Health Scrutiny Officer's Network

CCG allocations

NHS England was currently reviewing the local allocation of resources across the full range of its responsibilities, covering both allocations to CCGs and the budgets available for direct

commissioning functions in area teams. 'Indicative' future funding allocations for CCGs, suggest a reduction for the North of England overall by 3.84% (approx. £722 million) and all CCGs across Yorkshire and the Humber were likely to see a reduced allocation of funding to varying degrees.

9. The Chairman and Vice-Chairman of the Health Select Commission held a positive meeting with the Chair and the Manager of Healthwatch to look at ways for joined up working.
10. A report was also being prepared to look at protocols for the work of and links between the Health Select Commission, Healthwatch and the Health and Wellbeing Board and was due for submission to this Select Commission shortly.

## **25. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 11th July, 2013.

Reference was made to Minute No. 17 (Health and Wellbeing Board) and whether or not any further information was yet available for S11 relating to Domestic Abuse Injuries. No information had yet been received and this would be investigated further.

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

## **26. HEALTH AND WELLBEING BOARD**

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 10th July, 2013.

With regard to Minute No. S18 (Performance Management Framework) there seemed to be some confusion over the age range for NEETS of being 12-14 and it was suggested that this be clarified.

Reference as also made to Minute No. 24 (Health Select Work Programme) and the clarity that was required to ensure all relevant parties were kept up-to-date with report outcomes.

Resolved:- That the minutes be received and the contents noted.

## **27. REPRESENTATIVE ON WORKING PARTY**

Resolved:- That Councillor Watson represent the Select Commission on the Environment Climate Change Working Group.

**28. CHILDHOOD OBESITY**

Consideration was given to a report presented by Janet Spurling, Scrutiny Officer, which provided an overview of the workshop held by a sub-group of the Select Commission to consider the re-commissioning of Childhood Obesity Services in Rotherham.

The Sub-Group were provided with the local context for the Rotherham Healthy Weight Framework and details of the current services provided. The Framework brought together strategies to both prevent and treat obesity. Due to the high number of overweight and obese adults and children across Rotherham, there was a continued need to provide several services with different levels of intervention for both adults and children.

The present services for children were contracted to 31<sup>st</sup> March, 2014. It was proposed to re-commission the services subject to funding being agreed at the same level. Targets would be in line with NICE Guidance and recent Department of Health best practice guidance.

It was noted that children and families appeared to express a preference for participating in clubs rather than attending Rotherham Institute of Obesity (RIO). The respective balance of services in the two areas and referral criteria would be revisited when determining the new contract specification.

Public Health worked closely with providers, partners and other services as part of the Whole Population Prevent Activity underpinning the four tiers in the model. The sub-group was interested in exploring additional areas that could contribute to preventative activity and stressed the importance of connectivity across the Council with wider policies linking in to support reducing childhood obesity.

The Sub-Group also considered an overview of the wider issues including:-

- Planning
- Leisure and Green Spaces
- Schools
- Health Implications
- Business Rate Incentives

The report also made recommendations with regard to both the Service re-commissioning and to wider Council policies which should also be supportive of the work to reduce and mitigate the impact of childhood obesity.

The Head of Health Improvement valued the involvement in the two meetings, welcomed any opportunity to improve performance and had received positive feedback on reducing childhood obesity. From the

numbers involved in the services over the past four years, there had been 4,000 weight management successes.

A discussion and answer session ensued and the following issues were raised and subsequently clarified:-

- Parents cannot always be blamed for their children being obese and agencies must look at outside influences or encourage parents to involve their children in menu planning/meal preparation.
- Reasons for the greater emphasis on the More Life Weight Management Camp as part of the Rotherham Healthy Weight Framework.
- Role of the Local Planning Authority with the consideration of a 400 m exclusion zone for new fast food takeaway businesses near schools.
- Pros and cons for the “closed door” policy by keeping pupils on school premises at lunchtime.
- The wider issue of enforcement and legislation to keeping children on school premises and the wish for them to consume healthier food.
- Personal choice by students when supermarkets and takeaways are easily accessible.

Resolved:- (1) That the positive work being carried out in Rotherham on childhood obesity through the Healthy Weight Framework be noted.

(2) That the following recommendations of the Sub-Group be endorsed and forwarded to the Overview and Scrutiny Management Board:-

- The balance of activities commissioned for children between clubs and RIO should be reviewed as there appears to be an expressed preference for attendance at the clubs;
- Establish interim contract monitoring and improved data management for obesity services once re-commissioned.
- Promote more individual success stories of children and young people who have done well on the programmes to encourage others.
- Consider including targets for referrals to weight management programmes as part of the new specification for school nurses.
- Provide more information about services and encourage greater engagement with parents through schools, particularly in primaries, to reach children at a younger age.
- Continue to promote whole family interventions and free activities such as walking initiatives and park runs.

- Promote Rothercard more extensively to encourage increased participation in activities.
- Explore the feasibility of introducing a healthy vending policy in DCL leisure centres.
- Introduce a 400m exclusion zone for new fast food takeaway businesses near schools in Rotherham.
- Strengthen the requirement for report authors to show awareness of the health implications of their proposals.
- Feed in the points regarding whole population prevention activity and how this related to schools.

(3) That a further report be submitted to the Health Select Commission by the Head of Health Improvement on the new contract specification and criteria for Childhood Obesity Services.

(4) That a presentation be made to the Health Select Commission from the provider(s) of Childhood Obesity Services about their services and development plans once commissioned.

(5) That consideration be given to the current legislation and whether this could be revised similar to that for smoking.

## **29. SCRUTINY REVIEW OF HOSPITAL DISCHARGES**

Consideration was given to a report presented by Deborah Fellowes, Scrutiny Manager, which set out the findings and recommendations of the above Scrutiny Review.

The four main aims of the Review had been:-

- Definition of a good discharge from hospital and, therefore, how was a failed discharge identified.
- Reasons for failed discharges.
- Discharge arrangements for those with care plans and those without.
- Patient experiences.

The review was conducted by way of a spotlight review and made eight recommendations:-

1. That ways should be considered as to how to involve Community Services more effectively with complex cases and their discharge arrangements.
2. The perception of problems relating to discharge was not supported by factual information, therefore, feeding this back to Elected Members should be a priority. Methods to achieve this should be

explored. Any individual issues raised with an Elected Member needed to be fed in by the most appropriate route. Recommendation 2 also applied to staff and should be built into training programmes

3. Communications were key within the discharge process and scope to improve this should be explored. Literature in plain language and making the process understandable for vulnerable patients should be considered.
4. The Care Co-ordination Centre and its discharge support service were supported by Members and they request that a progress report on this is brought to the Health Select Commission in 6-12 months.
5. Members welcomed the re-activation of the Operational Discharges Group and requested a progress report on their work in 6-12 months. This should also go to the Health Select Commission.
6. Members endorse the implementation of the business process re-engineering as a result of this review and request that the outcomes are monitored by the Health Select Commission
7. The policy on speeding up delayed discharges due to patient choice should be looked at as part of the business re-engineering process.
8. ***Cabinet should consider whether Social Care Services should be provided at a greater level out of hours to move towards a 7 day week service, however, members noted the potential resource implication of this***

Discussion ensued on the integration between health and social care services and whether this could feed into the integration funds that were going to be available for Councils.

Reference was also made to the mismatch between perceptions about discharges and the actual reality of the situation.

Resolved:- (1) That the findings and recommendations be endorsed.

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

(3) That the report be considered by the Health and Wellbeing Board.

(4) That the Cabinet response to the recommendations be fed back to the Health Select Commission.

### 30. SUPPORT FOR CARERS

Consideration was given to a report presented by Janet Spurling, Scrutiny Officer, which confirmed how the Health Select Commission and the Improving Lives Select Commission had agreed to undertake a joint Scrutiny Review of Support for Carers. To begin evidence gathering and setting the context, the report submitted provided a profile of carers in Rotherham and an overview of the Carers' Charter and Joint Action Plan for Carers.

A carer was defined as an adult/young person who provided unpaid care for a partner, relative, friend, an older person or someone who has a disability or long term illness including those with alcohol/substance misuse and mental illness.

The 2011 Census showed that Rotherham continued to have a higher rate of people with limiting long term illness than the national average of 17.6% - 56,588 (21.9% of the population). It also revealed that Rotherham's population was ageing faster than the national average with a 16% increase in the number of people aged over 65. Those aged over 85 increased at over twice this rate.

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long term physical or mental ill-health/disability or problems related to old age. The number of people providing 20-49 hours care had increased as had the number providing 50 or more hours.

The Rotherham Carers' Charter and Joint Action Plan for Carers 2013-16 had been reviewed and published in March, 2013. Work would focus on 4 priority outcomes based on the views and experiences of carers. The priorities also linked to the 6 priorities in the Health and Wellbeing Strategy:-

Priority 1 – Health and Wellbeing: all carers will be supported to make positive choices about their mental and physical health and wellbeing

Priority 2 – Access to Information: accessible information about the services and support available will be provided for all carers in Rotherham

Priority 3 – Access to Services: all carers will be offered and supported to access a range of flexible services that are appropriate to their needs

Priority 4 – Employment and Skills: all carers will be able to take part in education, employment and training if they wish to.

It was suggested that the spotlight Review could add value to the recently established Carers Service Review Task and Finish Group by looking at available support from the perspective of carers especially adult carers of adults with long term conditions such as Dementia.



Discussion ensued on the liaison between Children and Young People's Services, especially around the lifestyle survey, given that a high number of young people were also carers.

It was also noted that not all carers were aware of the allowances that were currently available.

The Commission were made aware of some avenues where support was available, the importance of providing the right support and the value of respite care.

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

(2) That Councillors Beaumont, Barron and Steele be part of the Review Group representing the Health Select Commission.

(3) That any comments arising from the report be forwarded to the Review Group for consideration and inclusion in the scope of the Review.

### **31. UPDATED WORK PROGRAMME**

Consideration was given to the updated report presented by Janet Spurling, Scrutiny Officer, setting out the 2013/14 Work Programme for the Select Commission.

The Programme also included a provisional timetable to provide Members with a clear focus and plan and providing supporting officers and partner agencies with advance notice of when their input would be required.

Reference was made to the "How to Improve Health in Rotherham" subject area and it was suggested that in order to understand the wider work of the Health and Wellbeing Board and the work of Public Health that it would be helpful to know how the two linked together and perhaps a presentation to a future meeting would assist.

Resolved:- (1) That the updated work programme, as submitted, be approved.

(2) That the reviews, as suggested, move forward and the arrangements with relevant officers be made.

### **32. ACCESS TO GPS**

Consideration was given to a report presented by Janet Spurling, Scrutiny Officer, which provided an overview of the current NHS England "Improving General Practice – a Call to Action" consultation which would set the context of the above Scrutiny Review.

GP Primary Care Services were commissioned by NHS England through the local area team – NHS South Yorkshire and Bassetlaw. Although the standard appointment time to see a GP should be 48 hours, waiting times were perceived to be much longer in many cases. Evidence provided for the Urgent Care workshop included a survey of 166 patients who attended the Walk in Centres in January, 2013, that showed that before attending the Centre 35% of patients had tried to get a GP appointment, 26% had taken over the counter medicines and 21% of people had not accessed any services before attending. Other consultation by the CCG had also highlighted public confusion about where to go for what health problem.

NHSE was currently undertaking a large scale consultation “Improving General Practice – a Call to Action” to inform the future of general practice services in England as part of its wider consultation launched on 11<sup>th</sup> July, 2013.

The National G.P. Patient Survey Information contained a number of questions and a short presentation on some of the responses received was delivered to the Commission.

The information received from the responses from the survey would be used to inform decisions made as a result of practices requesting changes to their contracts such as:-

- Temporary Closing Lists.
- Mergers with Other Practices.
- Branch Site Closures.
- Changes to Opening Hours.
- Changes to Practice Boundaries.

It was also noted that NHS England also commissioned “extended hours” which in Rotherham mean twenty-nine out of thirty-six practices provided extended hours outside of core hours, which in turn provided an additional ninety-two hours and five hundred and fifty one appointments, in addition to those provided during core hours.

The Commission welcomed this evidence, but expressed some concern that there was still 1:4 people waiting a significant period of see a G.P., but only 57% of people knew how to contact an out-of-hours G.P. service. It would also have been useful to know how many G.P. surgeries offered open surgeries and the detail behind some of the questions in order to understand the position locally.

It was suggested that the review group set up to look at this area be provided with a breakdown for each surgery to understand the problems people were facing, if any, which would assist and feed into the work being undertaken.

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

(2) That the membership of the review group include Councillors Dalton, Hoddinott (Chair), Middleton and Wootton.

(3) That any comments arising from the report be forward onto the review group for consideration and inclusion in the scope of the review.

(4) That the review group consider submitting a collective response to the on-line NHSE consultation.

**33. DATE AND TIME OF NEXT MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 24<sup>th</sup> October, 2013, commencing at 9.30 a.m.