

HEALTH SELECT COMMISSION
11th September, 2014

Present:- Councillor Steele (in the Chair); Councillors Dalton, Jepson, Swift, Vines and Wootton and Mr. P. Scholey.

Apologies for absence were received from Councillors Havenhand, Hunter, Kaye and Whysall.

31. DECLARATIONS OF INTEREST

There were 2 Declarations of Interest made at the meeting:-

Councillor Swift as a trust member of RDaSH and Chair of PPG
Councillor Dalton as a member of RDaSH

32. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

33. COMMUNICATIONS

(1) A meeting had been held on 7th August with Chris Edwards (Rotherham CCG) and the Chair and Vice to discuss establishing closer links between the Select Commission and the CCG, particularly with regard to sharing information about future plans and consultation on proposed service changes. This meeting was very useful and Councillor Steele gave thanks and appreciation to Chris.

It was agreed that a similar approach be taken with the CCG as with the Foundation Trust with quarterly briefings held with Chief Executive, Chair and Vice with notes from the meeting shared with the Select Commission.

(2) An All Members Seminar will be held on 19th December, 2014, giving an update on the Care Act (2014). Final regulations and guidance are due to be published in October.

(3) The 2014 health profiles had been published and the profile for Rotherham may be found via the following link:

<http://www.apho.org.uk/resource/item.aspx?RID=142148>

(4) A 2GP Cabinet response was to be considered by Cabinet on 24th September and to the Overview and Scrutiny Management Board in October.

- (5) Revised guidance for the Better Care Fund had been issued with all Health and Wellbeing Boards asked to resubmit updated plans by 19th September. The plans should also include a commentary on their forecast for reductions in emergency admissions.
- (6) There was to be a new task force for Mental Health Services, co-chaired by NHS England and DoH, for children which would consider how the commissioning and delivery of the Services could be improved. The task force would look into the role of the voluntary sector and how to help young people online.
- (7) The Joint Health and Overview Scrutiny Commission would meet later in September to discuss the third and final report regarding the temporary closure of the children's heart surgery unit in Leeds in 2013.

NHSE consultation relating to the new Congenital Heart Disease (CHD) Review was likely to run from September-November. The JHOSC would meet with regard to this.

- (8) There were to be changed to the Friends and Family test. Trusts would be required to collect free text comments from patients and demographic variables alongside test data. Also data must be collected from all inpatient services, including day cases. The data would also be published in a form that was easier to understand and would include levels of participation as well as results. From December the test would be extended to GP services, from January 2015 to Mental Health and Community Services, and from April to Dental Practices and Patient Transport Services.

The Chairman reported that Councillor Hoddinott would no longer be Vice-Chair of the Select Commission and wished her well in her new role as Deputy Leader.

34. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on 11th July, 2014.

Arising from Minute No. 27 (Healthwatch – Child and Adolescent Mental Health Services), due to the volume and ages of the victims of CSE there would likely be an additional workload for CAHMS. A workshop was to be held with the Police and appropriate partners shortly to look at the pressures on services.

Resolved:- That the minutes of the meeting held on 11th July, 2014, be agreed as a correct record for signatures by the Chairman.

35. ISSUES FROM HEALTHWATCH

There were no matters arising.

36. REPRESENTATION ON PANELS AND SUB-GROUPS

The Chairman asked for volunteers to represent the Select Commission on the Environment and Climate Change Steering Group.

Resolved:- That the vacancy be no filled at the present time.

37. PROGRESS ON PLANS FOR NEW EMERGENCY CENTRE

Dr. David Clitherow, Lead GP for Unscheduled Care, RCCG, gave the following powerpoint presentation:-

Proposal

To redesign our urgent and emergency care system to ensure~:

- Patients receive the right care first time – one place to go if you have an emergency or urgent care need
- Patients receive quality care – bringing together the skills of primary care with the skills of accident and emergency in a modern facility
- Rotherham's emergency and urgent care services are sustainable for the future – more and more patients need and will need urgent care and re-investing in this area will make the whole NHS in Rotherham work better

Why do we need to change?

- Rotherham patients told us that the existing system is confusing and they do not know where to go when they have an urgent care need. Sometimes they go to more than one service
- We know that sometimes patients can wait a long time when they access urgent care, we want to improve this
- We know that demand for urgent and emergency care services continues to rise. The existing service may struggle to meet the demand in the future especially with an ageing population
- We know that patients are sometimes admitted to hospital unnecessarily creating pressure on services
- Nationally the evidence base states that 30% of A&E attendances are for conditions which could be treated by primary care
- Nationally the direction of travel is to develop emergency centres

The Vision

To have one Emergency Centre to provide a single urgent and emergency care system for the people of Rotherham, located at the hospital

This means

- Emergency Department staff and Primary Care staff working together to provide a multi-skilled workforce fully equipped to meet the patients' needs
- The GP OOH service and care co-ordination centre will be based there so all urgent care services are together in one place
- It will have better links with Mental Health Services
- It will have better links with Social Care Services
- Enhanced facilities to meet future demand

Discussion took place around the new IT system. There were different systems at present but the new system would be one system for the emergency centre to allow the sharing of information in order to provide the best care possible.

How will it work?

- Patients will book in at reception
- Patients will then be rapidly assessed by a senior clinician
- Diagnostics will be requested if appropriate (x-ray, bloods etc.)
- Patients will then be streamed to the most appropriate clinician to treat their condition. This might mean back to own GP or pharmacy if this is appropriate or direct to a speciality
- The patient will either be admitted to hospital, observed 24 hours, discharged home or alternative level of care

If patients rung the GP Out of Hours Services they would check in at reception via touch screen.

What difference will it make to the people of Rotherham?

- It will ensure patients see the right clinician first time
- Improved waiting times
- Quality, safe care
- More sustainable services for the future

Timescales

- Relevant Boards for approval – October/November, 2014
- Capital Scheme commences – October/November, 2014
- Capital Scheme complete – September, 2016
- Service model operational – October, 2016

Frequently asked Questions

Q. Will the whole of Rotherham Community Health Centre will be closing after the Walk-in-Centre leaves the building.

A. The centre currently provides health services to patients other than the Walk-in-Centre. There will still be health services provided in the building after the walk-in service leaves.

Q. Is A&E closing, where do I go if I have an emergency?

A. We are not closing the A&E department, we are bringing together all emergency and urgent care services under one roof to make it easier to know where to go when you have an emergency or urgent condition.

Q. What's happening about parking?

A. We recognise that parking is an concern. We know staff park in the patients car park. As part of the scheme we will be building an additional 122 spaces to move staff out of the patient car park, which will free up car parking spaces for the public.

Q. Will I have to pay for parking?

A. Yes. Patients who access A&E now pay for parking. When the emergency centre opens this will not change.

Q. What is going into the health centre when the WIC moves out?

A. We are currently in the process of looking at what services could be better delivered from the community health centre.

A discussion took place with the following being confirmed:

- Patients would be triaged initially by a senior clinician or an advance specialised nurse
- All staff will be under one roof working flexibly together, not two separate services and there will be better integration with out of hours services
- Common protocols would be in place for the Emergency Centre and primary care GPs regarding access to appropriate services and giving common messages to patients
- As the plan progresses groups would be invited to become involved i.e. learning disability/Age UK etc.
- Patient experience simulations prior to the centre opening
- Consideration would be given to a police presence/base within the centre
- The plan to create 122 additional parking spaces is the maximum agreed by planning consent
- Finance had been confirmed. CCG had made a commitment to deliver this project, so assurance there for TRFT. Procurement 21 framework had been used to ensure there is a ceiling on the price of the build and risk sharing with developers
- Reminder of the letter to the Chairman from the Trust regarding parking charges

Resolved:- (1) That the Select Commission receive a copy of the IT procurement proposal.

(2) That the travel plan be shared with this Select Commission.

(3) That the Select Commission receive annual updates.

(4) That the issue of parking spaces be raised with the Planning Service.

38. MINUTES OF MEETING WITH ROTHERHAM FOUNDATION TRUST

The minutes of the meeting with the Rotherham Foundation Trust held on 11th August, 2014, be noted.

39. SCRUTINY REVIEW: URINARY INCONTINENCE

Consideration was given to a report presented by Councillor Dalton which set out the findings and recommendations of the above Scrutiny Review.

The 3 main aims of the Review had been:-

- Ascertain the prevalence of urinary incontinence in the Borough and the impact it has on people's independence and quality of life
- Establish an overview of current continence services and costs and plans for future service development
- Identify any areas for improvement in promoting preventative measures and encouraging people to have healthy lifestyles

A spotlight review was carried out and evidence gathering began in May, 2014, concluding in July, 2014. It had comprised of desk top research and a round table discussion with health partners and the Council's Sport and Leisure Team.

Members recognised the good services provided by the award winning Community Continence Service (CCS) and that the Rotherham CCG had been unique in reducing expenditure on continence products in the last 5 years yet delivering improved outcomes for Service users. The CCS engaged in preventative work and plans for future Service development included greater focus on this particular area. One workstream would be to consider developing an integrated continence care pathway with a single point of access.

General awareness raising with both the public and health and care professionals was needed to emphasise the importance of good bladder and bowel health and how healthy lifestyles choices could help to prevent incontinence. Pelvic floor muscle training had been proved to relief symptoms and may reduce the risk of developing stress incontinence. More people could be encouraged to do the exercises as a preventative measures and there was scope to consider if they could be incorporated more widely within sports and fitness activities.

The review had made 6 recommendations:-

1. RMBC and partner agencies should ensure all public toilets in the Borough are clean and well equipped to meet the needs of people who have urinary incontinence, including suitable bins for the disposal of equipment and disposable products.
2. Greater links should be established between the Community Continence Service and Rotherham MBC Sport and Leisure Team to support people to participate in appropriate sport and physical activity.
3. Rotherham MBC and other sport and leisure activity providers should consider building more pelvic floor exercises into the Active Always programme and wider leisure classes.
4. There should be greater publicity by partner agencies to raise public and provider awareness of:-
 - (a)The importance of maintaining good bladder and bowel health and habits at all life stages (through media such as screens in leisure centres and GP surgeries, further website development, VAR ebulletin and a campaign during World Continence Week from 22-28 June 2015)
 - (b)Healthy lifestyle choices having a positive impact on general health but also helping to prevent incontinence such as diet, fluid intake and being active
 - (c)The positive benefits of pelvic floor exercises as a preventative measure for urinary incontinence, including the use of phone apps for support
5. More work should take place with care homes to encourage staff to participate in the training offered by the Community Continence Service and to increase staff understanding of the impact of mobility, diet and fluid intake on continence
6. That the Health Select Commission receives a report in 2015 on the outcomes of the project considering future service development of the Community Continence Service.

The Review Group and Scrutiny Officer were thanked for their work on this issue.

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

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

40. MENTAL HEALTH SCRUTINY REVIEWS

Janet Spurling, Scrutiny Officer, presented a brief overview of local Mental Health Services to inform the 2014-15 work programme as well as highlighting potential issues to consider for the scope of the Child and Adolescent Mental Health Services review.

Given the wide range of Mental Health and Wellbeing Services available to support and treat children and young people, Members may wish to limit the review to specific Services within the wider CAMHS provision, whether delivered by RMBC, RDaSH and/or other providers.

Potential areas to consider included:-

- Numbers and demographic profile of Service users
- Referral mechanisms and pathways
- Waiting times once referred
- 7 day access to Services
- Getting support in a crisis
- Service quality
- Experience of service users/patients
- Experience of families and carers
- Complaints and results of satisfaction surveys
- Outcomes for Service users
- Financial resources and budget allocation
- Targets and performance
- Access to wider counselling and support
- Awareness raising and breaking down barriers
- Information about Services and how to access them

The Chairman asked for volunteers for a sub-group.

Resolved:- (1) That a sub-group meeting would take place on 19th September, 2014, at 12.00 Noon.

(2) That the review group consist of the Chairman and Councillors Dalton and Vines, Mr. P. Scholey plus 2 representatives to be invited from the Improving Lives Select Commission.

(3) That an invitation to join the review group be forwarded to those Health Select Commission members not in attendance.

41. HEALTH SCRUTINY GUIDANCE

Janet Spurling, Policy Officer, presented a briefing presenting an overview of the recent guidance for health scrutiny issued by the Department of Health in June 2014.

The guidance emphasised the holistic, wide ranging role that health scrutiny had beyond focussing on specific health services and holding commissioners and providers to account:-

- The primary aim of health scrutiny was to strengthen the voice of local people ensuring that their needs and experiences were considered as an integral part of the commissioning and delivery of health services and that those services were effective and safe
- Health scrutiny should be outcome focussed, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities were being addressed, as well as specific treatment services
- Health scrutiny also had a strategic role in taking an overview of how well integration of health, Public Health and social care was working

The briefing also drew attention to:-

- Health and Social Care Act 2012
- Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013
- Powers and duties
 - Local Authority powers
 - Local Authority requirements
 - Reporting and making recommendations
 - Powers and duties for the NHS
 - Wider range of “responsible persons” as service providers
 - Providing information
 - Local Healthwatch
- Consultation and involvement on Service reconfiguration
 - Duty to consult
 - Responding to consultation
 - Referrals to the Secretary of State

Resolved:- That the content of the briefing be noted.

42. DRAFT LOCAL HEALTH PROTOCOLS

Janet Spurling, Policy Officer, submitted the draft joint protocol between the Health and Wellbeing Board, Health Select Commission and Healthwatch Rotherham. It detailed the distinctive roles of each body and presented examples of working together and reporting arrangements.

All 3 bodies recognised that they had a role to play in the way that local services were planned and delivered and that how they interacted with each other would directly influence and add value to outcomes for local people and communities.

Two minor changes had been tabled since the papers were published, with the first two bullet points under action 3 worded as follows:

Chair of HWB invited to attend HSC and share minutes of meetings
Open invitation for scrutiny members to attend HWB as observers

Resolved:- That the protocols, as updated, be agreed from the perspective of Health Select Commission.

43. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 23rd October, 2014, commencing at 9.30 a.m.