

**HEALTH SELECT COMMISSION**  
**16th April, 2015**

Present:- Councillor Sansome (in the Chair); Councillors Dalton, Jepson, Kaye, Swift, M. Vines, Whysall, Vicky Farnsworth and Robert Parker (Speak-Up).

An apology for absence was received from Councillor Wootton.

**82.           DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

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

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

**84.           COMMUNICATIONS**

**Information Pack**

Two queries were raised regarding the Health and Wellbeing Board minutes which were checked during a break in the meeting:

Minute No. S59 (Health and Wellbeing Strategy Refresh Workshop) – it was clarified that the point made about delivery mechanisms for the Health and Wellbeing Strategy was in reference to the Casey Report and that the Strategy was currently being refreshed, together with the board structure and governance arrangements.

Minute No. S60 (Health and Wellbeing Performance Update) – it was confirmed that the transition of the Stop Smoking Service to Midwifery referred to specialist support for pregnant women only not the generic Stop Smoking Service.

No comments were received on the Commissioners Working Together update and it was agreed to receive further updates as the programme progressed.

**Work Programme**

An ongoing scrutiny work programme had been agreed with the Commissioners. For this Select Commission there would be a focus on Health and Social Care integration and, in particular, the Better Care Fund. At the present time it was not envisaged that there would be big changes to the Commission's plans and standard work. A more detailed report on the work programme would be considered by the Overview and Scrutiny Management Board at its meeting on 24<sup>th</sup> April.

**Yorkshire Ambulance Service - Performance Information**

Due to the number of items on the agenda, the Service's draft Quality Accounts had been circulated for comments by 22<sup>nd</sup> April in order that they may be collated and submitted in accordance with the 27<sup>th</sup> April deadline.

**Chantry Bridge GP Practice**

Some information had been received with further detail requested to inform any response the Select Commission wished to make.

**Quarterly meeting with Rotherham Clinical Commissioning Group**

A meeting had taken place the previous week. The notes would be circulated when available.

**Rotherham Mental Health Hospital Liaison Service**

A 2 year pilot had been launched on 1st April to provide assessment, treatment and management of mental health problems to adults aged over 18, who were admitted to Rotherham Hospital. This was a positive example of partnership working between RDaSH and the Foundation Trust and an approach that recognised the links between physical and mental health and how ill health in one often impacted upon the other.

**Rotherham Foundation Trust**

The Monitor enforcement for governance had been lifted.

**NHSE Property Services**

A response had been received to the letter sent by the Select Commission regarding the issues being experienced at the Treeton GP practice. It seemed likely that all interested parties would be invited to the June Select Commission meeting as planned.

**85. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the meetings of the Health Select Commission held on 15<sup>th</sup> and 22<sup>nd</sup> January, 2014.

It was confirmed that a progress report on the recommendations of the Continence review would be scheduled for a future meeting.

Resolved:- That the minutes of the meetings held on 15<sup>th</sup> and 22<sup>nd</sup> January, 2015, be agreed as a correct record for signature by the Chairman.

**86. HEALTHWATCH ISSUES**

No issues had been raised although Healthwatch continue to work with RDaSH on service improvements.

**87. ROTHERHAM FOUNDATION TRUST QUALITY ACCOUNTS**

Tracey McErlain-Burns, Chief Nurse, and Hilary Fawcett, Quality Governance Lead, gave the following powerpoint presentation:-

#### Quality Account

- The focus of the Quality Account is on how we take assurance that the services we provide are safe, effective and enabling our patients, their families and carers to have a positive experience of care

#### Care Quality Commission Registration

- The Trust was required to register with the Care Quality Commission (CQC) – its current registration status was ‘fully compliant’ with no conditions on registration
- The Trust was subject to a routine, announced inspection between 23<sup>rd</sup>-27<sup>th</sup> February, 2015 – draft report awaited
- The Trust was currently on Band 4 of CQC Intelligent Monitoring Report (scale of 1-6 where Band 1 represents the highest level of risk, 6 the lowest)

#### Looking Back – our quality improvement for 2014/15

- Priority 1 – Mortality – to achieve a 4 point reduction in HSMR  
Confirmation of figures awaited
- Priority 2 – SAFE – Harm Free Care (HFC)  
Achieve minimum 96% HFC  
Avoidable pressure ulcers grade 2-4  
Zero avoidable falls with harm
- Priority 3 – Achieve all national waiting times targets  
Cancer 2 week waits  
31 days  
62 days  
A&E  
18 weeks  
52 weeks target
- Priority 4 – Achieve improvement in all Friends and Family Test scores

#### Looking Forward – TRFT Quality Objectives 2015/16

- Clinical Effectiveness
  - Ensure maximum learning from unexpected deaths and reduction in mortality rates through review of all unexpected deaths in line with Trust Mortality Review process
  - Reduction in delayed discharge of patients – Safer patient care bundle

- Patient Safety
  - SAFE – Harm Free Care- continue to aim for minimum 96% HFC
  - Sign up to Safety Campaign
    - Improve responsiveness to diagnostic test results to ensure avoidable harm caused by missed/delayed diagnosis
    - Improve processes designed to recognise and respond to signs of deterioration in condition of adult patients
- Patient Experience
  - Achieve improvement in the outcome of the national in-patient survey specifically having a focus on reduction of noise at night
  - Achieve and maintain improvement relating to Friends and Family Test results both in terms of positive score rates and responsiveness
  - Improve care of patients with Dementia – ensure Trust colleagues undertake awareness training
  - Improve Trust responsiveness to complaints – 90% of responses with complainant by date agreed
  - Improve patient satisfaction with quality of complaints management process

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

- This was the first draft of the document and, due to the timeframe, had not allowed year-end information to be included
- SAFE Harm Free Care was a national programme involving monthly audits. It looked at 4 very specific elements of care but focussed particularly on pressure ulcers and avoidable falls
- The 96% target for Harm Free Care which, although not met, considerable progress had been made. Nationally the figure was for acute trusts whilst Rotherham's was for both the Trust and Community Services. Rotherham had started to split the figure into "patients in hospital" (had achieved the 96% on 5 occasions over the year and a trend of improvement could be seen) and "patients in their own home"
- There was no intention to separate Community and Acute Services. The rationale was to enable comparison with the national picture. Discussions with colleagues had revealed that they wanted to know what their level of performance was which separation of the figures allowed and demonstrated improvements in both. At the start of the year Community was performing at 91% HFC but was now consistently reporting 93.9%; Acute was 92.31% and now 95.33%. Separation of the figures allowed focus of the improvement implementation programme

- There was now an experienced Head of Nursing working with the Community Nurses. Tracey met regularly with School Nursing and the Health Visiting Service. There was a Project Management Office which was working hard on the Integrated Service with a view to delivering a 7 day service
- As previously reported, the 52 weeks waiting time target had not been achieved. This was made up of 10 patients all of whom the Trust had been in contact with and 6 had now completed their treatment pathway
- It was quite an ambitious Friends and Family Test and, whilst the national target had been achieved, the stretched target had not. This would be carried forward to next year
- 2 measures of infection control, MSRA and Clostridium Difficile, were measured. There had been no cases of MSRA and had not been for 3 consecutive years. The target for Clostridium Difficile was no more than 24 cases throughout the course of the year; there had been 32 cases within the Trust. All of the cases were reviewed by Public Health England and the Clinical Commissioning Group. Only 1 of the cases was as a result of a lapse of care
- Informal complaints typically were those made via contact with the Patient Experience Team regarding cancelled appointments asking when they would be rescheduled. This information was previously not captured
- Formal complaints would often arise from someone presenting themselves to the Patient Experience Team via telephone, email etc. with a list of concerns about the care received which required a thorough investigation and a formal written response. The Trust had committed to personal contact and establishing more meetings and was partly why the timescale had not been met due to the inability to hold the number of meetings with families and clinicians within the 25 days' target set
- Claims for financial compensation were not managed through the complaint process. There was the ability for small ex gratia payments but everything else was taken through the Legal Services route
- The Trust was very clear that it would commit to what every level of commitment was required to the Multi-Agency Safeguarding Hub (MASH) based in Riverside House. An experienced Health Visitor Team Leader had been seconded who would help share the Trust's views on the level of input from the Trust
- The Trust would be attending all meetings of the Improvement Board, the Local Safeguarding Children Board and Health and Wellbeing Board and support the Commissioners in their objectives for

Rotherham. It was suggested that the Quality Account include more on the specific detail of the Trust's involvement in CSE partnership working

- It was noted that further scrutiny of the response to CSE was planned in the work programme following the work by Overview and Scrutiny Management Board in December
- Members asked if due to patient confidentiality whether information such as a patient presenting at a hospital who was a CSE victim was shared with GPs? *It was verified after the meeting that this information was not shared with GPs unless it was the victim's wish (this happened in all sexual related services)*
- The draft report from the CQC inspection of LAAC and Safeguarding had not been received yet but would reference Health's contribution to the work.
- Representatives of South Yorkshire Police had participated in the Trust's education and training. Discussions were also taking place regarding the level of enhanced training that may be required for School Nurses
- The Trust was actively recruiting for a Medical Director
- Throughout all the training that was now provided in the Trust "professional curiosity" obligations were built in. Recruitment within the organisation was taking place for colleagues within each division to act as Speak Up Champions so people could have professional curiosity and start to enquire and would know how to raise concerns through the Champions
- There would be future challenges including new services that would impact elsewhere and it was a case of capacity to deliver and still meet the standards. There was no doubt that the next year would be very challenging and the Quality Assurance Committee had set stretched targets in relation to quality and improvement. Working with partners would remain important as was the help of RDaSH and continued working with GPs and PCT in relation to the front door service
- Delayed discharges was still an area for improvement looking internally first at areas such as timely Section 2 and Section 5 referrals and continuing to work with social care partners

It was noted that the Clinical Commissioning Group was in the process of renewing their 3 year strategic plan and had recognised the need to focus on children and child sexual exploitation. The Health and Wellbeing Board was also reviewing its Strategy which would have a sharper focus on those issues.

Tracey and Hilary were thanked for their presentation.

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

(2) That any comments on the draft Quality Account be forwarded to the Chairman or Janet Spurling before 27<sup>th</sup> April, 2015, for collation into the response to the Foundation Trust.

## **88. NURSES IN SPECIAL SCHOOLS**

Tracey McErlain-Burns, Chief Nurse, presented an overview of the Special Schools Nursing Service in Rotherham which provided holistic nursing care for children and young people with additional health needs enabling them to access education.

The report highlighted:-

- Composition of the Team – 3.5 staff - mixture of children’s trained and learning disability trained nurses (Bands 6 and 5)
- Schools currently serviced by the Team – Abbey, Hilltop, Kelford, Milton, Newman and Willows as well as schools where there were children who had additional health needs requiring care plans (50 active cases)
- Role of the School Nurse – assess the student’s health status, identify health problems that may create a barrier to educational progress and develop a health care plan for management of the problems in the school setting. The School Nurse would also ensure that the child’s individual health care plan was developed and implemented with the participation of School and the main carers to ensure the child’s needs were met
- The Team also provided services that mainstream School Nursing carried out including immunisations, drop-in clinics, health assessments and assessment of growth
- Training delivered – monthly Epipen training for new staff as well as annual updates, Gastrostomy, Suction, Tracheostomy care, Adrenal insufficiency and Medication training
- Safeguarding – Team members must ensure they maintained their skills in managing Safeguarding cases and required to ensure their training was up-to-date. Individual supervision was given by a Specialist Nurse from the Safeguarding Team to support practitioners. If a child was identified as being sexually exploited, the Rotherham Foundation Trust’s Safeguarding procedures would be followed as well as making contact with the children’s advocate and appropriate agencies.

- Future – with the advent of Education and Health Care Plans the Team would be well placed to contribute and become involved with the formation of Rotherham's plans

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

- Discussions would take place with the Team Leaders to gain an understanding of their workloads particularly how the Teams were structured so there was confidence that the School Nurse caseloads were never disproportionate without good reason
- Work was currently taking place with the MASH. School Nurses were often needed to attend a large number of strategy meetings and sufficient flexibility had to be built into their day to enable them to respond quickly. Their input was important because of the information and intelligence they held about the welfare of the children
- The Service was currently commissioned by Public Health. Work was taking place on a refresh of the School Nurse specification including the needs analysis and discussions with CYPS in the longer term to develop a service for 0-19/24 year olds dependent upon the particular needs of the child/young person and reflecting either health needs or learning difficulties to the age of 24 years. Improvements were needed on performance information for the new specification.
- The Health Visiting Service, currently commissioned by NHS England, would transfer to the Council on 1<sup>st</sup> October with the Health Visiting and Family Health Programme
- Work was taking place with the Foundation Years' Service (0-5 years) - School Nursing provided a service from 5-19 years – regarding an Integrated Early Years Best Start Programme and with the Trust on the pathways that would support the joint assessment of children from 0-5 years. Children's Centres would be at the heart of the programme being the first point of call for families but also where Services could go to contact the families
- School Nursing and Health Visiting Services had their own recruitment difficulties. The refreshed specification needed to be clear what service was being commissioned and what the requirements were of Community Nurses
- Integration of School Nurses into mainstream services to address CSE, bullying and self-harm.
- Recognition that there was insufficient acknowledgement of the views of young people with respect to their care plans



- In partnership with the Learning Disabilities Partnership across Rotherham the Trust had successfully recruited a Learning Disabilities Lead Nurse and a new Dementia Lead Nurse who also had a Learning Disabilities background

Tracey undertook to provide information regarding ongoing support for young people when they leave education.

Tracey and Joanna were thanked for covering this agenda item.

Resolved:- That the report and the Services provided for children and young people with specific health needs be noted.

## 89. RDASH QUALITY ACCOUNTS

Karen Cvijetic, Head of Quality Improvement, gave the following powerpoint presentation:-

What is a Quality report?

- Nationally mandated
- 2014/15 was the 7<sup>th</sup> Quality report

2014/15 Quality Performance

- Care Quality Commission (CQC) – registered with no conditions
- CQC Inspections – 1 inspection of Trust services – Rotherham Learning Disability: Cranworth Close
- Complaint with all essential standards of quality and safety reviewed
- CQC Mental Health Act monitoring visits – 12 monitoring visits of Trust Mental Health Inpatient Services – 6 in Rotherham
- Compliant with some minor improvement actions
- Commissioner-led quality visits
  - 2 visits to Mental Health and Community Services in Doncaster – Woodlands (Older Peoples' Mental Health), Swallownest Court (Adult Mental Health)
  - Positive feedback
    - Positive patient interaction
    - Staff demonstrated competence and confidence in care planning, commitment and compassion in care delivery
    - Environment was clean with staff doing activities with patients
    - Patient feedback forms available on the Ward and the patients knew how to complain
  - Areas for improvement
    - Develop training plan to help increase staff awareness on how to recognise and help patients with a learning difficulty
    - Easy read should be used whenever possible for patient information
    - Look at how the Ward areas help prevent the spread of infections
    - Support staff to help them understand the use of Deprivation of Liberty Safeguards

## Quality Improvement Strategy 2014-16

## Patient Safety

- Sign up to Safety
  - A national Campaign led by NHS England
  - Aims to deliver harm free care for every patient, every time, everywhere
  - Champions openness and honesty and supports everyone to improve the safety of patients
  - Sign up to Safety's 3 year objective is to reduce avoidable harm by 50% and save 6,000 lives
- Five key areas
  - Pressure ulcers
  - Medication errors
  - Suicides
  - Falls
  - Restrictive interventions
- Clinical Effectiveness
  - Care Pathways and Packages
  - Commissioning for Quality Indicators (CQUIN)
  - NICE
- Patient Experience
  - Commissioning for Quality Indicators (CQUIN)
  - Listen to Learn
  - National Mental Health Service User Survey
  - NHS Friends and Family Test
- Our Staff
  - Safer staffing
  - Leadership
  - Professional Strategy
  - Leading the way with quality
  - NHS Staff Survey

## Francis Declaration

- Trust Francis Declaration jointly signed off by Board of Directors and Council of Governors in December, 2014
- 4 Francis priorities for 2014
  - Culture
  - Engagement
  - Non-professionally qualified staff
  - Whistleblowing

## Local Commissioning Priorities 2014/15

- Consideration of investment in priority areas
- A review of Mental Health and Learning Disability Services
- A review of the Learning Disabilities Assessment and Treatment Unit and Community Services
- Development of a comprehensive CAMHS Strategy
- Development of care pathways and packages (Mental Health Payment and Pricing Systems)

#### Next Steps

- Receive Select Commission comments for including in the Quality report – May, 2015
- Report to Board of Directors – 30<sup>th</sup> April, 2015
- Report to Council of Governors – 15<sup>th</sup> May, 2015
- Report to Monitor – 29<sup>th</sup> May, 2015
- Review by Audit Commission – April/May, 2015

Discussion ensued with the following issues raised/clarified:-

- Ensuring quality of care for people with a dual diagnosis of learning disability and mental health, adults and older people.
- RDaSH was a full partner in CSE work and had held a number of events across the local health community during the month of February
- Undertaken CSE training over a 3 day period which 800 people had attended
- Attended the Health and Wellbeing Board, the Local Safeguarding Board and a representative situated in the Multi-Agency Safeguarding Hub
- Currently undergoing a Governance Review which was a Monitor requirement. A final report would be available in a month's time
- Given the challenging financial situation and the demands on Services, staff were engaged in the processes
- A 6 monthly review of each of the business divisions had been completed where a variety of staff had discussed the wider priorities and what the organisation had tried to do. There were a number of options open to staff to submit their suggestions
- Sign up to Safety campaign had been launched this week. The five key areas for patient safety were a high priority for the aim of a zero culture of harm and were ones that all staff be part of, including administrative staff
- The Annual National Mental Health Community Service User Survey results were published on the CQC website and RDASH had no scores that were worse than elsewhere, some that were average but many above average

Karen undertook to provide information regarding the representation in the MASH and the Quality Improvement Strategy.

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

(2) That, once received, the Quality Account be circulated to Select Commission Members and any comments thereon forwarded to the Chairman or Janet Spurling for collation into the response to RDaSH.

## 90. **SCRUTINY REVIEW - RDASH CAMHS**

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

The 7 main aims of the Review had been:-

- Understand the prevalence and impact of mental health problems and illness amongst children and young people in Rotherham
- Understand the costs, value for money and quality of current services
- Clarify how partners work together to support children and young people across all the tiers, especially the role of the RDaSH Duty Team
- Establish how RDaSH engages with Service users and their families/carers in order to deliver appropriate and effective services
- Ascertain how identifying and responding to child sexual exploitation is integrated within RDaSH Child and Adolescent Mental Health Services provision
- Determine how effective support for the mental health and emotional wellbeing of Looked After and Adopted Children is provided
- Identify any areas for improvement in current Service provision and support

A full scrutiny review was carried out by the Health and Improving Lives Select Commissions with evidence gathering beginning in September, 2014, and concluding in February, 2014. It had been comprised of round table discussions and written evidence from health partners, RMBC officers, the Youth Cabinet and desktop research.

Although the principal focus of the review had been RDaSH CAMHS, the Services were not provided in isolation and were part of a complex system of Service commissioning and provision. The new Emotional Health and Wellbeing Strategy and recent changes to RDaSH CAMHS were positive with a more flexible service across a range of community settings and greater links to Youth Services and school a priority to be progressed further. The volume of referrals to RDaSH was high and, although waiting times had been reduced for routine assessment, the target was still being exceeded with the Service likely to continue to face high demand.

Improved communication between agencies and with families, clear access criteria, referral and care pathways and renewed attention on health promotion, self-help and early support would help to reduce the

number of young people with deteriorating mental health and emotional wellbeing. Data quality remained an issue and greater attention should be paid to improving and measuring outcomes. Prevention and early intervention should remain a focus to try and reduce the number of young people needing support at higher levels or continuing into adulthood given the emergence of many lifelong conditions during adolescence.

The review had made 12 recommendations:-

1. Once the national refresh of prevalence rates of mental disorder is published, RMBC and the Rotherham Clinical Commissioning Group should review the local Analysis of Need: Emotional Wellbeing and Mental Health for Children and Young People and the Mental Health Services commissioned and provided in Rotherham across Tiers 1-3.
2. Through the CAMHS Strategy and Partnership Group service commissioners and providers should work towards improved and standardised data collection and information sharing on the Service users and patients:
  - a. to help maintain a detailed local profile of C&YP's mental health over time
  - b. to inform the development of local outcome measures for C&YP individually and with regard to reducing health inequalities in Rotherham.
3. RDaSH training and awareness raising with partner agencies and schools should include a focus on improving the quality of information provided in referrals to RDaSH CAMHS Duty Team to reduce delays in making an assessment.
4. CAMHS Strategy and Partnership Group is asked to consider if there is a need to develop a protocol for transition/step up/step down between providers in Tier 3 and providers in Tier 2 to supplement the planned pathways and protocols.
5. Following the work to build links between RDaSH CAMHS and GPs locality work should now be rolled out by RDaSH into schools, youth centres and other community settings as a priority.
6. "Investigate the options to provide more robust services at an early stage, both in lower tiers and at an early age, to ensure that patients are prevented from moving into higher (and more expensive) tiers"

Prevention and early intervention is a clear commitment in plans at strategic level so the CAMHS Strategy and Partnership Group should clarify how this will be delivered through clear resources and outcome focused actions that are closely monitored.

7. The target waiting time from referral for routine assessments by RDaSH CAMHS should remain at three weeks for 2015-16 and then be reviewed in the light of the impact of the recent positive changes introduced by the service and the delivery of the Emotional Wellbeing and Mental health Strategy for Children and Young People.
8. RDaSH should review and evaluate the recent changes made to the CAMHS Duty Team to identify successes and any areas for further improvement by September 2015.
9. CAMHS Strategy and Partnership Group should ensure the new Mental Health and Wellbeing website meets accessibility standards and incorporates a user feedback mechanism and measurement of the number of "web hits" received.
10. In its leadership role with schools, RMBC should ensure schools link in with partner agencies to discharge their wider duties and responsibilities towards C&YP's emotional wellbeing and mental health.
11. RDaSH should continue to work in partnership with Rotherham Youth Cabinet on Service improvements and are asked to submit a progress report on the changes as a result of this work to the Health Select Commission in September, 2015.
12. RDaSH and Rotherham Clinical Commissioning Group should continue to work together in 2015 on developing a clearer breakdown of costs and on the definitions of treatment to inform future outcome measures.

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

It was suggested that:-

- recommendation 2a include reference to the Joint Strategic Needs Assessment and to be amended to "local data profile"
- recommendations 3 and 10 follow on consecutively

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

(2) That the report, as amended above, be forwarded to the Overview and Scrutiny Management Board for consideration.

(3) That the Youth Cabinet be thanked for their contributions to the Scrutiny Review.

**91. SCRUTINY REVIEW - ACCESS TO GPS - UPDATED RESPONSE**

Janet Spurling, Scrutiny Officer, submitted an updated response to the above Scrutiny Review following the referral back to the Select Commission by Cabinet (Minute No. 86 refers) for further consideration.

A special meeting of the Select Commission had been held on 15<sup>th</sup> January to which NHS England South Yorkshire and Bassetlaw Area Team and the Clinical Commissioning Group had attended to provide further information. The Care Quality Commission had also been invited due to their forthcoming inspections of Rotherham GP practices.

Also, since the Review had been carried out, there had been changes in the NHS that had impacted upon the original Review recommendations.

The updated version of the responses were attached at appendix 1 of the report submitted for consideration.

Attention was drawn to the following issues:-

- Each GP practice was an individual business and NHS England could not dictate how they operated/organised themselves as long as they met their contractual requirements
- A new Primary Care Strategy was being developed with engagement with the public, patients and GPs due to commence in June
- NHS England had visited the GP practice that had been in the news recently regarding waiting time for an appointment. It had been clarified that that was not the case for those in need of urgent/immediate care but was for routine appointments
- Recently published LGA report on Planning and Public Health would be considered by the Health and Wellbeing Board which stated that Planning should take into account Public Health in all its functions including exercise
- A Limited Trust was to be set up for 35/36 GP practices in Rotherham to allow them to bid for funding under a Limited Trust
- Confusion/concern as to the governance arrangements of such a Trust and GPs' ability to commission when the CCG had devolved the responsibility for decision making to GPs

Resolved:- (1) That the updated response be noted.

(2) That the Health and Wellbeing Board be requested to ensure responsible agencies report progress to the Board and the Select Commission.

(3) That the Health and Wellbeing Board be requested to discuss the relevant elements of recommendation No. 7 with regard to Borough-wide publicity and awareness raising.

(4) To note that further liaison with NHS England and Rotherham CCG has been undertaken to finalise certain timescales and actions.

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

*The following is an extract from the Rotherham Clinical Commissioning Group's Commissioning Plan regarding the concern expressed above:-*

*“Governance*

*It is recognised that CCGs taking on delegated responsibility of the commissioning of GP services creates a conflict of interest. Our Governance section 6.5 outlines our approach to dealing with these conflicts.*

*Primary Care Sub-Committee*

*To ensure the effective commissioning of high quality, safe and sustainable primary medical services for the population of Rotherham*

- *To oversee the development of an operational plan for safe and sustainable Primary Care Commissioning*
- *To oversee the development and agreement of primary care contracts for 2015/16*
- *To consider and act on the ‘conflict of interest’ of General Practitioners with reference to Primary Care Commissioning”.*

*Information on the CCG website shows that the Primary Care Commissioning Committee comprises 3 Lay Members (1 vacancy at present), Chief Officer, Chief Nurse, Head of Co-Commissioning and a representative from NHS England. Three GPs are non-voting members of the Committee.”*

## **92. RETIRING MEMBERS**

As this was the last meeting before the end of the 2014/15 Municipal Year, the Chairman thanked all the Select Commission members for their work on Health Scrutiny during the past year and in particular those Members who were retiring from the Council.

## **93. DATE AND TIME OF NEXT MEETING**

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 11<sup>th</sup> June, 2015, commencing at 9.30 a.m.