

HEALTH SELECT COMMISSION
Thursday, 1st March, 2018

Present:- Councillor Evans (in the Chair); Councillors Andrews, Ellis and Jarvis.

Apologies for absence were received from The Mayor (Councillor Keenan) and from Councillors Allcock, Bird, R. W. Elliott, Marriott, Rushforth, Sansome, Short, Whysall, Williams and Wilson.

There was no webcasting of this inquorate meeting.

70. DECLARATIONS OF INTEREST

Councillor Ellis declared a personal interest in Minute No. 75 (Improving Access to General Practice) as a registered patient at one of the GP surgeries listed within the submitted report. Having declared that interest, Councillor Ellis remained in the meeting and participated in the discussion on that item.

71. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

72. COMMUNICATIONS

The following matters were discussed:-

(1) Visit to Carnson House – Members of the Health Select Commission had made a very informative visit to this drug and alcohol recovery service on Wednesday, 14th February, 2018.

(2) Health Select Commission Work Programme 2018/19 – Members were requested to inform the Chair of any items they wished to be considered for inclusion in this Select Commission's work programme for the 2018/19 Municipal Year.

73. MINUTES OF THE PREVIOUS MEETINGS HELD ON 18TH JANUARY, 2018

Consideration of this item was deferred until the next meeting.

74. CARERS STRATEGY UPDATE

In accordance with Minute No. 50(5), Jo Hinchliffe, Change Leader for Adult Social Care, presented a progress report on the implementation of the Carer's Strategy delivery plan including response to the five recommendations made at the 30th November, 2017, meeting of the Select Commission. Further information was provided by Sean Hill (RMBC Children and Young People's Services) and Kevin Hynes

(Barnardo's).

The original delivery plan had been co-produced with input from a range of carer organisations containing 21 tasks all clearly mapped through to the Carers Strategy Outcomes. Many of the actions had not had an owner or timescale for completion. In consultation with partners, it was felt that the original plan content was still relevant but the timescales should be refreshed and streamlined with clear action owners allowing better oversight and outcomes for carers.

The refreshed plan was more thematic with the following areas agreed:-

1. Carers Support
2. Young Carers
3. Unknown Carers
4. Publicity and Promotion
5. Training Offer
6. Quality Assurance

It was anticipated that the period September to December, 2018 would allow the Strategy Group to monitor the impact/difference made and allow for discussions to take place in relation to any new pieces of development work that may need to be captured in a workbook refresh

The report stated that an excel workbook had been devised, entitled "Caring Together Revised Action Plan January 2018". This workbook captured the themes and tasks from the original plan for the carers strategy.

Members noted that a full presentation of the Caring Together Strategy and the workbook should have taken place later on 1st March, 2018 at the Young Carers Council Meeting. However, that meeting was ultimately postponed because of the inclement weather conditions.

The Health Select Commission debated the following matters:-

: the imminent review of the terms of reference of the Carers' Strategy Delivery Group, including the possibility of a representative of the Rotherham hospital;

: ensuring that the 'red-amber-green' performance rating system is applied to the measurement of progress with the carers' strategy delivery plan and recommendations, with additional columns in the workbook showing when actions commenced and clear evidence showing completed actions as well as those in progress;

: the availability and effectiveness of the 'bite size' training for carers (further details of the training offer will be made available for Members of this Select Commission);

: ways of ensuring that the GP surgeries maintain up-to-date registers of carers;

: discussions with schools about young carers who are school pupils and whose caring responsibilities might impact upon school attendance or lead to exclusions; the possible introduction of a memorandum of understanding in respect of young carers;

: the forthcoming discussions between the Council and the voluntary and community sector consortium about a potential bid for funding to increase educational attainment for Looked After Children and young carers;

: alternative ways of monitoring the experiences of young carers; and capturing data on young carers for actions YC7 and YC8 in the delivery plan; initially, there would be sampling with known young carers; this linked to developing the Quality Assurance Framework and establishing baseline data, also using data from the Early Help Service, Barnardo's and the Lifestyle Survey questions for young carers;

: the need for continuing scrutiny of the implementation of the carers' strategy delivery plan and recommendations, as well as the procurement of services from external agencies (eg: Barnardo's).

Recommended:- (1) That the report and presentation be received and their contents noted.

(2) That the refreshed carers' strategy delivery plan and progress with the implementation of the recommendations since November 2017 be endorsed.

(3) That the additional information suggested by Members of this Select Commission be included in the "Caring Together Revised Action Plan January 2018" workbook.

(4) That a further progress report on the implementation of the carers' strategy be submitted to a meeting of the Health Select Commission during the 2018/19 Municipal Year.

75. IMPROVING ACCESS TO GENERAL PRACTICE

Further to Minute No. 80 of the meeting of the Health Select Commission held on 2nd March, 2017, Jacqui Tuffnell (Rotherham Clinical Commissioning Group) gave the following presentation on improving access to General Practice (doctors):-

We said:

We would introduce telehealth across Rotherham – We have:

- Implemented Memory Jogger (Mjog) across Rotherham practices
- Small number were using to enable patients to report results
- 30 practices were using to message patients e.g. flu campaign

appointment reminders

- 1,400 appointments per month were released back from patients advising they are no longer attending and these were available for booking within fifteen minutes.

We said:

Access would be a significant element of our Quality Contract – We have:

- Access improvement was a significant element of our quality contract and a requirement of all 31 practices from 1st April 2017. Spot checks had confirmed compliance as per self-declaration to date
- Now implemented 3 weekend hubs for extended access:
Dinnington – Saturdays
Broom Lane – Saturday, Sundays and 6.30-8.00 p.m. Monday-Fridays
From July, 2018 the CCG would be funded for providing extended access
- Utilisation was improving

We will:

- Increase the extended hours offer to meet demand on Monday-Fridays
- Implement nurse appointments
- Implement e-consultation
- Implement NHS 111 online
- Implement an “App” for patients that could ultimately lead to a telephone consultation or face-to-face appointment
- Implement a capacity and demand tool when NHSE make it available

We have:

- Patient online numbers have significantly improved over the last year. The CCG and NHS England were working with practices who were struggling with their uptake of patient online
- We continue to look at ways of raising the profile of the availability by workshops to support new users
- Facilitated all practices to undertake the productive general practice programme
- Facilitated additional resilience monies to 10 practices
- Facilitated the creation of a GP Federation – Connecthealthcare Rotherham – including medical and nursing leadership
- We have funded the Federation to recruit 11 HCA Apprentices for practices to increase this workforce
- We have funded nurse training and development, nurse educator roles and development roles from other sectors into primary care
- Provided funding for locality based workforce
- Commenced work with Rotherham Foundation Trust on joint roles for Associate Physicians and Associate Nurses
- Implemented care navigation into 18 practices
- 6 services patients could be referred to without needing to see a GP:

Physiotherapy
 Pharmacy
 Smoking Cessation
 Maternity
 IAPT (Improving Access to Psychological Therapies)
 Sexual health

- We were working to develop the following services for care navigation:
 Audiology
 Single point of contact – RMBC
 Minor eye conditions

Annual Patient Survey

- Overall experience of GP
 Rotherham CCG score of 86% (good/very good) compared to national average of 85%. This was in line with the past 4 years
- Ease of getting through on the phone
 69% rated this easy or very easy and was in line with national figures and previous years. Across Rotherham there was huge variation – Wickersley (29%) was considerably lower than other practices. Other outliers were Treeton, Blyth Road, High Street, Dinnington, Brinsworth, who had all taken steps to improve their telephony. Magna achieved 96% with Broom Valley, Village and Brookfield as close comparators
- Helpful receptionists
 RCCG score was 86%. This was in line with the national average and previous years
- Getting an appointment
 RCCG score was 86% the same as previous years and the national average. At 97% Mage Group was a high outlier. The lowest rate was 69% (Wickersley) with Greasbrough another low outlier
- Appointment convenience
 RCCG score was 92% the same as the previous year and national average. Variation in Rotherham was low; there were 3 low outliers at around 83% (Parkgate, Wickersley, Broom Lane). Magna achieved 100%
- What patients did when unable to get an appointment/offered an inconvenient appointment
 All local paths were very similar to national data. Over 1/3 of people went to the appointment offered, 4% weren't to A&E, 2% saw a pharmacist, however, almost 1/3 (27%) did not see or speak to anyone or thought they might contact the surgery later
- Overall experience of making an appointment
 RCCG score was 71% the same as the previous 2 years and just under the national average of 73%
- Waiting times in surgery
 RCCG score was 61% similar to previous years and slightly higher than the national average of 58%
- Satisfaction with opening hours

RCCG score was 76% the same as previous year and national average

The following issues were highlighted during discussion:-

: 1.5 million appointments per year in GP practices in the Rotherham Borough area;

: quality standards, eg: same-day appointments for medical emergencies and routine appointments with a GP within five days of the patient making the request;

: the availability of GP surgeries at weekends, for all patients (the locations of these surgeries are Broom Lane, Dinnington and Kimberworth);

: the planned extension of the availability of GP surgeries in the evenings (Monday to Friday);

: the 'intelligent appointment' system being piloted in Birmingham;

: the possible use of other modern systems (eg: Facetime) for patients' medical appointments;

: the skills mix changes in general practice and the focus on care closer to home;

: the success of care navigators in freeing-up GP time – 39 hours per week;

: the recruitment of apprentices and associate nurses into Health care roles and the possible use of associate physicians, a system which has operated for many years in the USA;

: pressure on specific GP practices (eg: Clifton; Wickersley);

: the reliability of surveys of patients because of the apparent reluctance of some patients to be critical of GP surgeries and services;

: the re-modelling of the Integrated Wellness Service (including the 'quit smoking' initiative) with effect from April 2018 and ensuring that there are no gaps in service provision;

: through MJOG, 100,000 messages had been sent, although letters were still used as there was patient choice for preferred means of communication

: 78% of Rotherham people had the use of smartphones and apps;

: it was hoped to see the impact of the continuing improvements reflected

in future annual patients' survey results.

Recommended:- (1) That the report and presentation be received and their contents noted.

(2) That every endeavour should be made to increase the amount of information and publicity made available to the general public about the opening of certain GP surgeries in the Rotherham Borough area on Saturdays and Sundays.

(3) That, in order to make best use of modern technology and means of communication, the GP practices be encouraged to have discussions with RMBC Library and Information Services about the possible benefits of the technology being used by the Council for customer services also being available for patients of GP surgeries.

(Councillor Ellis declared a personal interest in the above as a registered patient at one of the GP surgeries listed within the submitted report. Having declared that interest, Councillor Ellis remained in the meeting and participated in the discussion on this item)

76. URGENT AND EMERGENCY CARE CENTRE UPDATE

Consideration of this item was deferred until the next meeting.

77. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR THE COMMISSIONERS WORKING TOGETHER PROGRAMME

The Health Select Commission received an update report from the Scrutiny Officer concerning the Joint Health Overview and Scrutiny Committee (JHOSC) for the Commissioners Working Together Programme. The issues highlighted from the recent meeting held on 29th January, 2018 were:-

(a) the Terms of Reference had been refreshed and the name of the committee amended to be the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee; questions from the public would also now be a standard agenda item at each meeting.

(b) as new NHS work streams and potential service reconfigurations emerged, the JHOSC would determine whether it was appropriate for the committee jointly to scrutinise the proposals under development; this would be based on the scope, time-frames and geographical footprint that could be affected by potential changes; each local authority reserved the right to consider issues at a local level.

(c) Implementation plans were progressing on the changes to children's surgery and anaesthesia - detailed work to agree the clinical pathways through the Managed Clinical Network and a series of designation visits to

the hospitals; the expected implementation was in quarter one of 2018-19.

(d) The JHOSC also received a re-cap of the information that had informed the decision on Hyper Acute Stroke Units; an update on the Hospital Services Review; and a request from NHS partners that the JHOSC would convene to scrutinise the Hospital Services Review.

Recommended:- That the information be noted.

78. HEALTHWATCH ROTHERHAM - ISSUES

The Healthwatch Rotherham representative had been unable to attend this meeting and had contacted the Chair to say that there were no issues to raise.

79. DATE OF NEXT MEETING

It was noted that the next meeting of the Health Select Commission is scheduled to be held on Thursday, 12th April, 2018, commencing at 10.00 a.m.