HEALTH SELECT COMMISSION

Date and Time :- **Thursday, 22 October 2020, at 2.00 p.m.**

Venue:- **Virtual Meeting**

Membership:- **Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), John Turner, Vjestica, Walsh, Williams, Wilson and Yasseen)**

Co-opted Member – Robert Parkin (Rotherham Speak Up)

This meeting will be webcast live and will be available to view via the Council's website. The items which will be discussed are described on the agenda below and there are reports attached which give more details**.**

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meeting held on 03 September 2020 (Pages 1 - 11)

To consider and approve the minutes of the previous meeting held on 03 September 2020, as a true and correct record of the proceedings.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

6. Winter Surge and Covid-19 Planning (Pages 12 - 15)

To receive an update in respect of preparations for provision of adult care during the winter months.

7. Transformation of Primary Care (Pages 16 - 21)

To receive a presentation on the transformation of primary care with respect to GPs and Primary Care Networks and the resulting implications for patients.

8. Respiratory Services

To receive a verbal briefing in respect of provision of respiratory services.

9. Maternity Services

To receive a verbal update in respect of provision of hospital maternity care.

10. Ophthalmology at Rotherham Community Health Centre

To receive a verbal update regarding the provision of Ophthalmology services at Rotherham Community Health Centre.

11. Update from Healthwatch

To receive a verbal briefing in respect of recent activities by Healthwatch.

12. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

13. Date and time of next meeting

The Chair announced that the next virtual meeting of the Health Select Commission will be held on 10 December 2020, commencing at 2 pm.

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday, 3rd September, 2020

Present:- Councillor Keenan (in the Chair); Councillors Albiston, The Mayor (Councillor Jenny Andrews), Bird, Cooksey, R. Elliott, Ellis, Jarvis, Williams, Brookes, Vjestica, Walsh, Short, Clark and Fenwick-Green.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

96. MINUTES OF THE PREVIOUS MEETING HELD ON 9 JULY 2020

Resolved:-

That the minutes of the meeting held on 9 July 2020, be approved as a true and correct record of the proceedings.

97. DECLARATIONS OF INTEREST

There were no declarations of interest.

98. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions from the press or public had been submitted.

99. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the press or public from any items for consideration at the meeting.

100. MARMOT REVIEW - 10 YEARS ON

Consideration was given to a report providing an overview of progress over the last 10 years related to the Marmot Report, which revealed significant health inequalities throughout the country. The report illustrated that very little positive progress, if any, had been made over the last 10 years in respect of the six objectives outlined by Marmot. These were: giving every child the best start in life; enabling all children, young people and adults to maximize their capabilities and have control over their lives; creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing sustainable places and communities; and finally, strengthening the role and impact of ill-health prevention. With respect to these goals, findings had shown even greater decline and deprivation in people's health broadly in the last 10 years. The report averred that initiatives from central government emphasising changes to behaviour of individuals and to the health care system had not been

hugely effective, indicating the serious need to identify and shape the social determinants of health. The challenge, then, was to find ways to improve the social determinants of health without the benefit of extra local government funding following a decade of austerity. It was noted that the purpose of bringing this report today was to garner input that would feed directly into the consideration and decision on this topic by the Health and Wellbeing Board at its 16 of September meeting. Data illustrating how deprivation has affected Rotherham, specifically, was also considered. The data included Rotherham's measure on the indices of deprivation, COVID-19, and other areas related to health inequality and social determinants of health. It was noted that on some measures Rotherham has not followed national trends—with worse outcomes for women than for men.

In discussion, Members requested more information to explain why this area had declined so much in the last 10 years, and if anything could be learned from other areas that have not declined as much as Rotherham. In response, officers emphasised the difference in baseline status of the various areas and authorities. A further response in writing was offered in order to provide more detail from a Public Health perspective as to lessons learned comparatively with other areas.

Clarification was also requested regarding the provision of testing to people with disabilities. In response, officers provided reassurances that people with disabilities had been involved in testing, and it was agreed that one of the officers would come and talk to a meeting of Speak Up to answer more questions about this topic.

Members asked if more funding would be provided to help refresh efforts in early intervention and education. The answer asserted that no extra funding from central government could be expected. It was noted that places where there were lots of tests and positive cases were not the only areas of concern because places where there have been none or very few could hide another issue. Currently, there was a recruitment campaign for a community engagement team, using the temporary infection control fund money. This team would work closely with neighbourhoods teams, housing officer teams and social care teams to speak to people in an effort to understand the challenges people are facing as we move forward. We are trying to monitor to understand what is bringing people through our doors who have never before come to us prior to the pandemic. Their situations may not trigger social care, but these investigations give us information as to what early intervention response is needed, which includes a concerted place response as well as a Council response. One thing that the Community team will be doing is a tracing wellbeing interview, to support people who have COVID and attempt to understand the spread as well.

It was asked whether there were other areas of the country with lesser rates of decline that might have some strategy or practical approach to offer Rotherham.

Members further inquired as to whether face-to-face doctor's appointments could be expected to return, as many Borough residents were hoping. In response, it was noted that face to face GP appointments would likely be a rarity for the foreseeable future, and that it was up to the individual practice to determine how and when the office would resume face to face appointments. In response to the first inquiry, The Cabinet member noted the exemplary work of another local authority in response to Marmot which had been included in the agenda pack. It was further noted that all the chairs from the Health and Wellbeing Boards throughout the Region met on a regular basis to share good practice. Officers also emphasised that it was very much not the case that Rotherham had not done well at something that others are excelling at—this was a nationwide problem. Officers also provided assurances that communities-of-interest meetings are convened regularly with colleagues across Yorkshire and the Humber to share best practice, and that any best practice is carefully considered as to how it might be usefully made applicable to Rotherham. It was noted by way of example that rural areas have had lower infection rates than urbanised areas or areas in which many people commute to other urban areas for work. It was further noted that Rotherham was currently in the lowest category for infection rates, and that improvements in this area were something to be proud of.

Members observed that, while Rotherham has a legacy of health conditions caused by work in heavy industry, it was advisable to invest in the health, safety and education of Rotherham's youngest citizens for best long-term health returns. It was noted that the key was to postpone accumulated conditions for as long as possible. In response, it was agreed that a wrap-around approach was best for supporting health throughout a person's young years and beyond, not just care at the very beginning of life. It was emphasised that efforts were undertaken to ensure that enough support was provided so that those who have acquired conditions later in life could remain independent as long as possible. These solutions having to do with social determinants were lifelong and were not quick fixes, nor would the effect be short-term.

Members also wished to learn more about possible policies or strategies that might be effective at mitigating the poverty in the Borough that often causes health inequalities. The goal was to eliminate the poverty and deprivation, which would automatically reduce many kinds of health inequalities. In response, the Cabinet member noted the 10 years of austerity and legacy of general underinvestment in the North. It was agreed that efforts in this direction have been emphasised in the Health and Wellbeing Board in recent years, upon realising the need to shape the wider determinants of health. It was further noted that recently, colleagues in Leisure and Culture have been invited to participate in these discussions and that multiple directorates and partners might be involved in developing policies that support Rotherham's development into a place with low unemployment and less deprivation. Officers provided assurances that housing and green spaces are emphasised in cross-directorate conversations.

Members further agreed that much good work has been done by the Council, and it was suggested that greater documentation and publicity of the Council's efforts to mitigate poverty be carried out, for example through adding an assessment to Council Reports to show that the effects on poverty and deprivation were considered as a priority in all areas of business. It was the desire of the Health and Wellbeing Board to work with other directorates and partners to help develop a healthier culture. It was noted that the impact of COVID and mental health would be a topic of upcoming work. It was further noted that the comment about documenting the Council's work on mitigating poverty would be raised with the Council's Strategic Leadership Team.

Members inquired whether funds were or could be directed for use in areas of greatest deprivation, and it was asked whether strategies for the short, medium and long term might be developed to stop the negative direction of travel and to turn things around with respect to health inequalities. It was noted that in a time in which there are limited funds, directing funds to areas of greatest deprivation made a lot of sense. Officers noted that this was a strategy that was undertaken already for example by the neighbourhoods teams and the Rotherham Partnership, among others.

Members inquired about how culture and the arts are being used to make more people healthier. Officers provided assurances that the Culture Sport and Tourism team had been working in green spaces to create local opportunities to enhance wellbeing such as through a commemorative garden to memorialise loved ones. It was noted that this was a big piece of work and a future update to the Health Select might be important. It was noted that social and cultural activities played a part in mental health and contributed to the five ways to wellbeing. A specific upcoming opportunity was cited as an example: weekend activities involving an art installation at Clifton Park. Councillors had also been using their designated ward funds to plant flowers and to install basic play equipment in some of the parks. It was stated that all of these efforts helped.

Members requested assurances that the plan that was being developed might avoid being based solely on individual responsibility, since such approaches had been largely ineffective over the past 10 years. In response, officers noted that targeted work on breastfeeding and immunisations would be included in the Partner Plan. The Health and Wellbeing Board will also be working with Children and Young People's Services.

Members asked for further information about the role of the JSNA in the refreshed approach to the Marmot objectives. Assurances were provided that the data would be consulted in the decision-making and would be used to map progress toward improvements as well. Further clarification was provided that the JSNA is indeed a public document that anyone can access. If not, please contact officers for assistance in viewing the Ward data.

How does "Making Every Contact Count" feed into improving the wider social determinants of health? Officers provided the example of housing officers working to ensure that MECC became a part of day to day business communications. The feedback from Housing was that MECC had made a fundamental difference in how housing officers interacted with people, and to help find out how residents felt and how they were using green spaces. This was a way of having those community conversations, and it helped people engage with communities and with housing hubs, and as a way of conversation it helped people examine their own motivations for themselves. Officers also supplied the recent example from a COVID perspective that by being able to contact people directly through the Community Hub volunteers and officers were able to do wellbeing checks that the NHS could not really do, so this allowed people to be helped and supported in a broader context than would be otherwise possible.

Recommendations:-

1. That partner organisations and officers of the Council in areas such as Communications and in Culture, Sport and Tourism be consulted in the development of alternative strategies for public engagement to promote health through arts and cultural initiatives.

2. That the Health and Wellbeing Board identify and consider environmental implications that uniquely affect post-industrial areas of Rotherham as well as policy implications, such as selective licensing and social inclusion policies, which may affect health and wellbeing of Borough residents.

3. That mitigating poverty be an ongoing priority in the short and long term of all plans and strategies of the Council as appropriate, and the efforts to mitigate poverty be documented and publicised.

4. That the Health and Wellbeing Board develop plans and identify actions to address declining health outcomes for women.

101. CARERS FRAMEWORK FOR THE FUTURE 2020-21

Consideration was given to a report providing information about a developing strategy and offer for Carers in Rotherham, including unpaid Carers and young Carers. Recent efforts to redefine pathways had necessitated a subsequent redefinition of the Carers Strategy. Carers had been included as part of the Place Plan. The report illustrated the framework to refresh the Carers Strategy based on feedback from Carers themselves, in which Carers contributed potential improvements that would help them most. Carers stated they hoped to see four key recommendations: a smoother transition from children's to adults' services, consistency in approach – such as dedicated case workers, strengthening information and advice that is available to Carers, and making sure that the

target operating model had enough advice and support for Carers to help them avoid hitting the crisis trigger point. Incorporating this feedback from Carers as well as feedback from partners, the implementation plan was created to last through this year and from 2021-25.

Tasks for this year were divided into four quarters, and a number of these were completed, including a survey feedback process and a peer review feedback process in February. In March, resources were reallocated to meet the COVID crisis. In the months that followed, activities still continued but did not follow the timeline. Through May, June and July, unpaid Carers' meetings were held because it was clear that information and good advice was needed. A Carers information pack was also put together for comment and review by partners before publishing among the partners' networks. The Carers Grant programme offered £50k to support Carers, with 31 applications that have come through so far against that grant and Crossroads Carers facilitating this applications process.

It was emphasised that, while the timeline was interrupted due to redistribution of resources during COVID, the team have still made progress against the original programme. Some tasks that were still ongoing had been able to begin on time and had been able to make positive progress. The next steps were to build on the assistive technology interest people have, since people were all working in different ways now. Technology also had allowed Carers to communicate with each other and providers to get the best information in the fastest way possible. Calls for IT support and equipment had been the most prevalent requests in recent days. To meet the demand, work was currently in progress with the Digital Solutions Group in Adult Social Care.

As Council buildings remained closed for now, and eventually reopened, the implications for the Carers Centre would be considered. The important thing was understanding the developing changes and their implications. Creating a new timeline was also important now, and the new strategy was expected to be ready for introduction in quarter one of 2021. The current strategy would run until 2021. The key objectives underway were: that the Carer experience would be mapped, examining any gaps and embedding new knowledge of these gaps into the Carers programme; building on the information offer by looking at traditional and virtual communication options based on where people were so that they could have the right information to hand; looking at data provided in the JSNA; building on the relationship with unpaid Carers to contribute to the Carers group; carrying on with the grant work. A subgroup would be set up for a young Carers' group, with CYPS and partners at Barnardo's. It was noted that all the good work and progress made would be documented.

In discussion, elaboration was requested about how the new strategy would impact a "typical" Carer. The impact of the Carers Strategy consolidates all the partners who have been a part of the conversation. It will impact how Carers access support, formal and informal. From a Place perspective, it ensured we could mobilise all the services and partners that were available: Health, Social

Care, and even more informal ways of supports, etc. It would help some people realise that they were Carers and could have much-needed support making sure they are not hitting crisis. The hard part was measuring the outcomes that we in conjunction with partners were helping create for Carers, and that would be built up through the refreshed strategy. The vision was to have a robust Borough that looks after Carers. As for the grant, the grant had been available only about 4 weeks, so currently the teams were evaluating whether the information had been getting out to the right people, and that these people were able to access the application. Crossroads were administering the grant as a partner organisation. The Carers' Forum had given feedback, which was being evaluated as taking this approach in these circumstances had been unprecedented. 31 people had applied, 4 of which had not met the eligibility criteria but had been redirected towards other areas of Crossroads's work. For clarification, it was also noted that this £50k grant had originated from the Government COVID money that had been allocated to local authorities; therefore, this was "one-off" funding. The team were working to allocate these moneys as fairly as possible. This grant was not part of the revenue budget at this time.

Members also commented that it was encouraging to see that despite the five- or six-month delay, the plan was not expected to overrun its target by more than 3 months, if that. Members also expressed appreciation for the flexibility built into the plan, particularly at the later stages. Members inquired if it would be useful to develop a hypothetical case study of a Carer to test the strategy and show how their pathways would be improved under the new strategy. In response, it was agreed that mapping the experience of Carers is really valuable, as it showed how pathways could be established and improved. This mapping would help test through all the different partner groups to find out any gaps.

Members also noted that the report was very comprehensive, and progress made so far was very satisfactory despite COVID. It appeared a fully developed strategy was well on its way. Members requested clarification as to how much of the grant had been requested and granted yet, and how would officers measure success? In response, officers provided the information that the requests tend to be lower than £250. It was also clarified that these applications from a Carer were often for a piece of equipment or kind of care. The teams would be concerned if they had only had a few applications. The fact that 31 applications had been submitted was considered a good sign because a good number of applications showed that the information was getting out to people. Thanks to Cabinet, the teams had the 50k to spend on Carers and were able to listen to Carers to hear how they wanted to use that money, and for them, the greatest impact they indicated would come through individual small grants.

Members noted that dedication and imagination had been exhibited in the plans so far and that good ideas and the means to make them happen were present, but further assurances were requested that the information would be able to get to the Carers who need it. Officers provided assurances that the Council had a great Communications Director with an effective communications team.

Officers emphasised the importance of using multiple avenues and a consistent voice. Thwarting Carer breakdown was emphasised as the main objective of the Carers Strategy refresh, because providing the right support results in greater stability of Carers who are providing ongoing support to their loved ones.

Recommendations:-

1. That the results of the Carers Strategy Review and the plans to support recovery of the Carers' Centre be submitted for scrutiny with the goal of contributing to the new strategy launching in June 2021.

2. That ways of increasing digital connectivity and skills for Carers be explored, particularly to support young Carers.

102. HEALTHWATCH UPDATE

Consideration was given to a briefing presented by Healthwatch providing information into recent activities and future plans. Among Healthwatch's news was the selection of a new Steering Group comprising five members from the local area who have agreed the new Work Programme, with three priorities for the remainder of the year:

1. Mental Health Issues that have arisen as a result of COVID 19.
2. Changes to Health Care Services: examining what works and what does not work, especially virtual consultations.
3. Adult Social Care

It was noted that for each of these priorities, impacts on the BAME communities would be duly considered and prioritised.

It was further noted that Healthwatch had just concluded recruitment and appointment of a new Engagement Officer and an Information and Campaigns Officer. The recruitment was described to have been timely, as engagement activities had considerably increased. During Quarter One, 70 phone calls were taken; during August alone 72 were taken. It was noted that this increase was likely a result of publicity on social media and other digital platforms throughout the pandemic.

Healthwatch were also participating in a joint campaign with the Care Quality Commission, #becauseweallcare. The first part of this campaign had examined hospital discharge during the pandemic. Currently, case studies were being collected, and the report on this work, tailored for a Rotherham context, was expected to go out during late September. Further collaborative efforts were summarised including PCM discussions, working with the Coordinator of Diversity and Inclusion at Rotherham Hospital; setting up a quarterly newsletter and developing two placements once again this year for year-three medical students focusing on loneliness and obesity.

Following the update, the Chair thanked Lesley Cooper for keeping the

Commission informed and congratulated Healthwatch on accomplishing so much in such a short time.

103. UPDATE FROM THE ROTHERHAM NHS FOUNDATION TRUST

Consideration was given to a verbal update from The Rotherham NHS Foundation Trust. The update provided information as to the activities of Rotherham Hospital during COVID to date as well as preparations for the future, especially the next few months.

It was emphasised that COVID and non-COVID pathways had had to be developed, and areas and staff had been divided into COVID and non COVID. These ways of working paired with PPE and social distancing measures had reduced efficiency. Whilst there were exceptions, most patients who presented with COVID were treated using the COVID hospital approach. Those needing inpatient care were sent to the infectious disease unit at Royal Hallamshire because expertise was concentrated there, and it helped the hospital contribute to national research by concentrating COVID treatments there for study. It was noted that there were some exceptions. For example, as of the current date, there had been one patient at Rotherham hospital being treated for COVID. In total, 652 patients with COVID had been treated, 19 of these as inpatients, and 204 of these had died. Staff had been off with COVID or in isolation because of contact, but these numbers had improved such that currently only 25 staff were currently off for COVID-related reasons--either because they had COVID or because they were in quarantine.

The main thrusts associated with the National Phase 3 Letter were in three areas: getting back to near normal activities, preparing for winter whilst staying able to switch back on COVID response if needed, locking in learning that has come from innovative pathways that have been developed.

Regionally, a plan was in development regarding what could be achieved by working differently. The draft plan targets were similar to those of other trusts across the area, as many similar problems had been faced by all. Preparations for winter respiratory viruses and vomiting viruses were underway. The Trust had struggled over recent years with emergency pathways and bed base, etc. These issues had begun to be addressed, which had been accelerated by COVID. Staff were currently working on being able to organise the bed base to support frailty, short-stay patients, etc., in ways that are most effective. A goal of 100% staff compliance with flu vaccination, beginning in late September, was underway. As for locking in learning, digital methods of delivering care had been undertaken. Many of the innovations could have been implemented years ago, but people have found it natural to continue to provide care in traditional ways. It was expected that in future a mix of face to face and virtual consultations would take place. It was also noted that South Yorkshire would be participating in an upcoming pilot programme for a treatment for type two diabetes.

Following the update, Members asked for more information about how the initiative about type two diabetes would work. The response noted that the initiate had been designed for rapid weight loss paired with life coaching and education. The programme had been tested extensively in research, and it had been shown to have a sustained beneficial effect over the long-term that would be worthwhile.

Members also requested assurances that there plans were in place to better include or accommodate people who cannot access everything virtually through virtual or digital means. The response provided assurances that, while the NHS had very strongly taken the technological route in recent months, which made sense to do during COVID, it was understood that there were people for whom the technological approach presented a real challenge. What could be expected was that there would be a mix and a range of options to allow the NHS to provide care in the best way possible. It was likely that the digital modes would continue to be prevalent, certainly more than ever in the past, and while these methods would continue to be the right thing for a number of people, there was something to be said for the therapeutic benefit of a face to face relationship with a patient, in which education and communication can be easier in person. Many practitioners would be happy to be able to see their patients again in person.

At the conclusion of discussions, the Chair expressed gratitude to all the NHS staff for their hard work on behalf of patients.

104. OUTCOMES OF WORKSHOP ON COVID-19 - RESPONSE AND RECOVERY (16 JULY 2020)

The Governance Advisor presented outcomes from the discussion held at the workshop on COVID-19 recovery and response, a workshop which examined the local picture during COVID, including such topics as GP's, Care Homes and Hospitals. The purpose of the Workshop was twofold: to gain assurances that the right activities were taking place to respond to COVID and prepare for any second wave, and to gain assurances that plans were in motion to recover and reset any activities which had been altered or paused due to COVID.

Recommendations:-

1. That gratitude and thanks to colleagues working at Rotherham Hospital and in primary care be formally recorded and fed back, commending them on their commitment and bravery in responding to the pandemic and caring for patients.

2. That the gratitude and thanks of health partners to colleagues working in care homes be formally recorded and fed back, in recognition of their hard work and care for residents during the pandemic.

3. That Members support the Council and partners through their communication with residents to reiterate key messages, to help people understand the measures being taken, and to encourage people with health needs to go to primary care in the first instance to ensure early presentation for diagnosis.

4. That residents be encouraged to download and use the Rotherham Health App as they are able.

105. URGENT BUSINESS

There were no urgent items of business.

106. DATE AND TIME OF NEXT MEETING

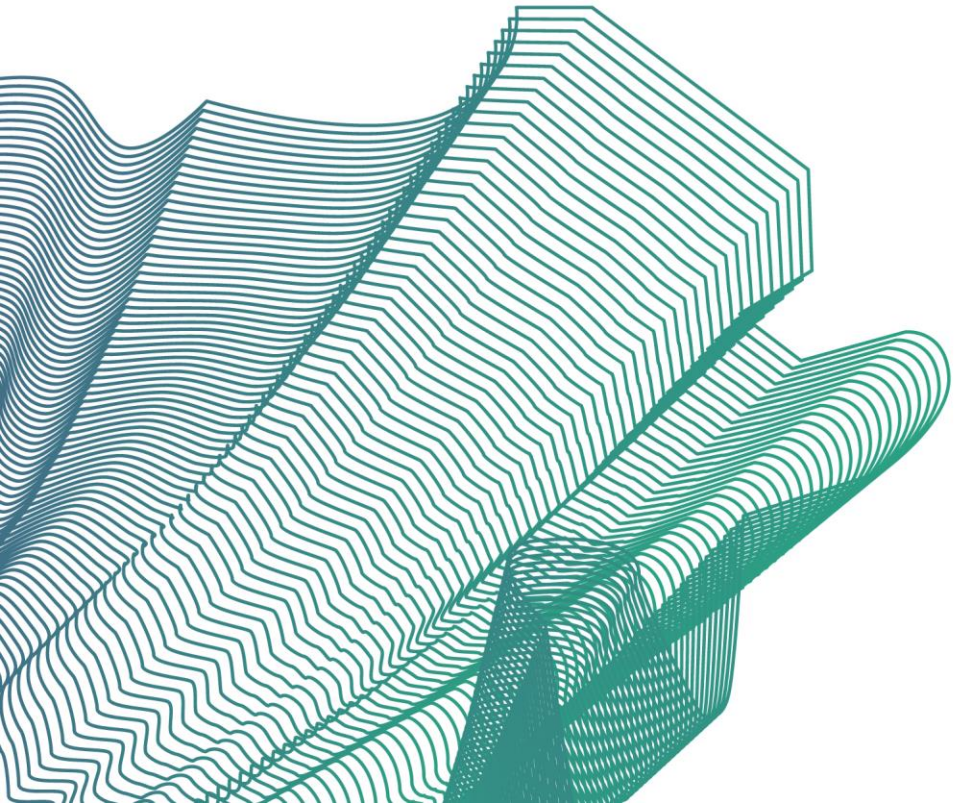
The Chair announced that the next virtual meeting of the Health Select Commission would be held on 22 October 2020, commencing at 2.00 pm.

ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Winter Surge and Covid 19 Planning

2020-21



NHS Rotherham Clinical Commissioning Group

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

VoluntaryAction Rotherham

CONNECT HEALTHCARE ROTHERHAM CIC

What are our key system priorities for Winter

Primary Care
- Deliver Home visiting service for suspected Covid
- GP Primary Care shift to digital consultations where possible
- Rotherham Primary Care site for Covid patients who require face to face services.

Acute
- Develop Additional Critical care capacity
- Continue Co-horting Flu and Covid –Amber, Red, Green
- Prioritisation of elective – i.e. Urgent Cancer
- Continue to utilise local independent sector to sustain elective care.
- Adequate supply of PPE
- Additional short term Mortuary capacity to be maintained

Manage Flow Successfully
- Continue 3 hour discharge processes:-
- Continued commissioning of Covid19 & Winter community beds
  System Capacity Manager:
- LOS reviews – daily with focused reviews x 2 per week

YAS
Ensure continued Performance against Handover delays Manage demand for

Mental Health
- Mental Health digital consultations where possible
- Launch of 'Rotherhive' digital approach to delivering mental health support
- Increase in IAPT support to mitigate uncertainty of demand for services. IESO live 1st October

Social Care
- Deliver national ambition for Adult Social Care Winter Plan .
- Continue to provide Brokerage support directly into Integrated Discharge Team (IDT) at peak times
- Continue 8am-8pm working arrangements in IDT (based on assessed demand)

Care Home Support
- Robust monitoring and oversight of Care Homes including any Outbreak Incident Management, Training, Communication, Contractual support
- Incident Management Team – established process for dealing with outbreaks linked to the local Outbreak Plan
- All Primary Care now aligned to care homes.
- Continuation of Virtual multi-agency training package continued to be offered focusing on PEE, Infection Prevention and Control and Swabbing (residents and staff).
- Development of Flying Squad – resource to support swabbing across community (in homes and care homes) where there are gaps

Staff
- Health and well-being across place, impact on staff mental health
- Resilience
- Recruitment and retention
- PPE sub group
  - Plan now for what if scenario
- Testing sub group

What we are we worried about/key challenges

- Risk of further bed reductions - Due to cohorting flu and covid19
- Pressure on social care provision – Home care / Reablement resource to meet demand
- Workforce challenges – Self isolation, Sickness, morale, and mental health
- Unable to recruit to key capacity - Acute wards
- Emergency Care Centre (UECC)
- Managing Elective Care, Covid and Winter
- Flu programme
- GP hubs need to be provided in a different way
- Multiple Covid19 outbreaks & flu in community including in care homes

What needs to happen next /by when

- Final sign off of full Winter Plan for 2020-21 at A&E delivery board on 14th October 2020.
- Development of Winter Action Plan to accompany Plan by 14th October 2020.
- Comprehensive spending plan for Improved Better Care Fund (IBCF) in place to include additional community resource/beds for Winter.
- Weekly A&E operational group to take forward key actions and escalate areas of concern.
- Flu programme in implementation.

NHS
Rotherham
Clinical Commissioning Group

Rotherham CCG GP Update

Jacqui Tuffnell
Head of Commissioning

Agenda Item 7

Your life, Your health

The world has changed (I said this before COVID-19 emerged…….)

- NHS Long Term Plan & New GP contract
- Primary care networks
  - 30-50,000 population – 6 PCNs in Rotherham
  - RAVEN, Central, Maltby/Wickersley, Wentworth, Health Village, Rother Valley South – mainly geography based
  - Integrating community care – working more closely together
  - Funding for additional roles
  - Extended access – adjusted this year due to COVID-19
  - Population health management – all PCNs have access
  - Joining up urgent care services – UECC and GPs working more collaboratively
  - Using digital technology
  - Service developments – Investment & Innovation Fund

What has changed?

Our original priorities this year:

Continuing Primary Care Network development – including new service specifications
Improved access – video consultation and continuing uptake of the Rotherham Healthcare APP
Developing the primary care workforce
Federation development
Population health management

How general practice has changed in Rotherham in the last 6 months

- Patient management now completely changed - All GP's operating telephone triage and many using video consultation
- Video Consultation developed via Rotherham Health App rolled out to all practices in March
- NHS login can now be used to access the Rotherham Health App
- Total triage system in place via Rotherham Health App
- Daily situation reporting from practices worked well - supporting the national system
- New Primary Care Hot site went live at the Rotherham Community Health Centre on 31 March – this moved in June to Whiston with the plan to retain until March 2021

Rotherham continued

- A new home visiting service commenced on 16 April – 4 paramedics undertaking hot and cold visiting on behalf of practices across Rotherham
- PCNs have worked with their constituent practices to be ready to support sites across their networks
- Our whole place has worked supportively and collaboratively to support the whole system through the pandemic
- Arrangements are in place with the community team to reduce interactions in patient homes
- Investigations and testing – reviewing how the ‘new world’ will be resourced
- Teledermatology, Physio 1st, MECs were all adapted to continue to support patients
- Enhanced Health in Care Homes was implemented – Existing scheme extended to all CQC registered homes
- Structured Medication Reviews – most patients already have medication reviews but this change involves providing a more consistent, structured approach and utilising the new workforce available to the primary care networks

Fitter, better, sooner

- This plan emerged from work started in 2016 in relation to **clinical thresholds (Phases 1 and 2)**
  - Engagement on this continued for several years, with a variety of groups and events
  - Feedback was generally supportive, especially around equitable and transparent processes- the same critera for all
  - Concerns that people wouldn't have fast access to smoking cessation, weight management, physio etc and what would happen to people with additional needs, multiple conditions, or who were unable to lose weight for surgery
- We have since had roll out of Commissioning for Outcomes across South Yorkshire and Bassetlaw, widening these processes across the area.

Fitter, better, sooner continued

- Nationally there are now a number of Evidence Based Interventions (EBI). These are procedures which should not be undertaken at all or at minimal levels
- In addition, we have new national guidance (Royal College of Anaesthetists: Preparing for Surgery: Fitter Better Sooner).
- A similar system is now operating in Barnsley with good feedback and clinical outcomes
- Following good outcomes in Barnsley and Harrogate, we had been planning to extend the scheme to all elective (non emergency) surgical procedures (some patient groups are also exempt from this; Learning Disabilities, Severe mental illness, Frail elderly, children)
- However, COVID 19 has impacted the waiting times for non-urgent procedures therefore instead of attending weight loss programmes or smoking cessation prior to referral, the referral happens concurrently at present enabling the patient to get as fit as possible for their surgery – ever more important during the pandemic