

HEALTH SELECT COMMISSION
Thursday 4 February 2021

Present:- Councillors John Turner, Albiston, Bird, Cooksey, R. Elliott (in the Chair), Ellis, Jarvis, Williams, Brookes, Vjestica, Walsh, Short, Clark and Fenwick-Green.

Apologies were received from Councillors Keenan and Andrews.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

129. MINUTES OF THE PREVIOUS MEETING HELD ON 10 DECEMBER 2020

Resolved:-

That the minutes of the meeting held on 10 December 2020 be approved as a true and correct record of the proceedings.

130. DECLARATIONS OF INTEREST

There were no declarations of interest.

131. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

132. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the press and public from observing any items of business on the agenda.

133. UPDATE ON VACCINATIONS

Consideration was given to a presentation delivered by the Assistant Director of Adult Social Care on behalf of the CCG partners who were leading the delivery of the COVID-19 Vaccination Programme. The presentation outlined progress, challenges and next steps in the delivery of Rotherham's vaccination programme.

In discussion, Members requested additional information regarding the timeline in which the outstanding vaccinations would be delivered to people in Social Care and in Care Homes. The response from officers provided assurances that the timeline is to conclude all Social Care by 15 February. The care homes would be revisited after a 28-day period, and staff who have been missed are then vaccinated at that time. This was likely to be delivered primarily through the PCNs rather than through the hospital hubs, as the hospitals would be winding up their social care vaccinations within the week.

Further clarification was requested regarding the vaccination of people moving into Care Homes following a hospital discharge. An answer was offered outside the meeting following consultation with hospital partners.

Members also expressed interest in hearing more details about the difference in the percentage of takeup of the COVID-19 vaccine versus the flu vaccine offered to staff in care homes. The majority of staff were taking up the offer; although some staff had refused the vaccine. The reasons for this vary according to personal circumstances.

Members also were interested in receiving a projection around the secure supply of the vaccine. Officers were able to provide assurances that there were no supply shortages into South Yorkshire in the near field.

Members commended the delivery of the vaccination programme and expressed interest in receiving updates regarding the progress of the booster jab and the associated data.

Clarification was requested regarding anyone who falls into the top four priority groups who may not have yet been able to access the programme. The response averred that the CCG are ready to jab anyone in these groups who have been missed thus far.

Clarification was requested which of the vaccine manufacturers were in use in the local programme, and whether the uptake of these have elicited different reactions. Officers confirmed that vaccines by two manufacturers are in use in the local programme. Further assurances were provided by the Director of Public Health regarding what can be expected as far as reactions or side-effects of the vaccine. It was noted that because of the massive scale of the programme, and even though more people would be receiving the vaccine, it is still a very small percentage of people who experience side-effects. The reaction is the immune system building up its response. We advocate strongly that people return for their second jab for more enduring and better immunity.

The Cabinet Member for Adult Social Care and Health noted that the average waiting time upon arriving for the vaccine appointment and receiving the jab is between 5 and 10 minutes. Confidence was high that the four priority groups would be completed before 14 March deadline. If there are concerns about someone who is in these priority groups who has not yet received their vaccine, please wait until 14 March before making contact.

Members requested assurances around a timeline for housebound people who fall into the priority groups. Assurances were provided that the efficiency of the hubs has allowed the programme to be able to start getting to the roughly 1000 residents who are homebound and cannot attend a hub for their jab.

Members requested reassurance around the 12-week gap between initial and booster jabs. The Director of Public Health provided assurance that 12-week scheduling allows a large number of people to have the benefits of the first dose as opposed to a smaller number having the benefits of both doses. This is for the overall population effect which will help lower the transmission rate. It takes two to three weeks to develop immunity from the first dose, but no loss of efficacy at 12 weeks when the second jab is administered.

Members raised concerns around the administration of the vaccine to people with disabilities. In response the Director of Public Health noted the distinction was made that some disabilities do not increase risk from COVID-19, and the priority is to vaccinate those who are clinically extremely vulnerable. People who fall into that category and those who have conditions that add risk contributing to their being extremely clinically vulnerable will be vaccinated, and the CCG will have more operational details around that delivery.

Clarification was requested around whether it is possible to reschedule a jab if someone were unable to attend. The response noted that if someone for a very good reason cannot come to their appointment, it would be appropriate to contact the CCG through their call centre to reschedule.

Members inquired as to projections for future vaccination programmes. The response from the Director of Public Health described the demonstrated efficacy of the vaccines against the emerging variants, but we have yet to find out how long the vaccine immunity lasts. We hope it is a lot longer. It may not become an annual programme, but it may be that we revisit this vaccination programme. It may be in the future that vaccines target a number of viruses with more effectiveness.

Resolved:-

1. That the update be noted.

134. LEARNING DISABILITY TRANSFORMATION

Consideration was given to a report setting out the next steps in the transformation of services and support for people with a learning disability in line with the learning disability vision My Front Door and the learning from the consultation with people and families conducted in 2018.

The report described the planned ongoing transformation of the Learning Disability Services over the next 12 months, which will see the Services continue to move from existing building-based locations which will be decommissioned and to alternative services that will be situated as close to the person as possible in their local community, using and developing existing resources and community buildings and community provision.

The report further described the next phase of delivery which included plans to make sure all people with a learning disability have access to services that promote independence, wellbeing, and social inclusion.

In discussion, Members requested more information around the plans for people who will no longer be attending the Addison Day Centre. The response from the Assistant Director of Adult Care provided assurances that all of the people who previously met at the Day Centre, are now dispersed across a number of areas and pursuits based on their individual interests. The Cabinet Member for Adult Social Care and Health provided several case studies of positive feedback from the attendees that the new programme was embraced and that the participants were enjoying their new opportunities. This was not without its challenges in taking on a new process, but the result of the efforts gives more independence to the individuals.

Members requested clarification around timelines for the actions and assessments detailed in the report. The response noted that the previous timelines that had been set had had to be deferred due to COVID, but the assessment is two-thirds of the way through. The timeline had originally been for March of this year, and it had had to be reprogrammed multiple times. It was hoped that another three months would see this phase completed. The assurance given to clients was that the service would not conclude their work until all of the participants are happy with the offer. During the pandemic the service are unable to do the face to face work that makes the difference.

Members expressed curiosity around the move from Parkhill during COVID. The Cabinet Member for Adult Social Care and Health noted the Parkhill building did not allow the effective management of a COVID outbreak and was in need of remodelling and redesign, which is precarious due to asbestos. The response further noted the logistical advantages of Lord Hardy Court and its popularity with the residents.

Members inquired whether former participants were in fact receiving new opportunities. The response provided assurances that there were various offers, including something similar to a day centre, which provide choices to the former clients of Oaks, and the officers and Cabinet Member have been speaking with these clients to find out how they are getting on. The central object was noted to be that the choice is up to them. Individuals have received support and training to become self-employed; others have asked to work at a particular activity centre, so it is very much about the choices of the individuals. One person, for example, expressed a desire to learn how to ride a bicycle and subsequently learned. For some, their choice is something similar to what they have done in the past; for others it is altogether different, and for still others, it is a blend of options.

Resolved:-

1. That the report be noted.

135. HOME CARE AND SUPPORT SERVICES

Consideration was given to a presentation describing the new delivery model and transformation plan associated with Home Care and Support. Key principles of the new model were outlined, as well as several goals and ambitions for the new delivery model. A further timeline for the launch was provided beginning in March 2020 through the present day, and various workforce development needs were delineated along with a diverse communications plan to ensure stakeholders understand the changes. The development of Key Performance Indicators as well as Contract monitoring and links to Neighbourhoods Strategy were also summarised as part of the presentation. A description of the developing Medication Policy, and use of the Trusted Assessor Scheme, Digital Care Records, and further work on the Transition from Reablement were also noted.

In discussion, Members requested further information about the development of the Key Performance Indicators. The response provided the background to the initial Key Performance Indicators present at the initiation of the Contract, beginning with embedding and refining as appropriate. Challenges included the pandemic and new government requirements. The initial KPIs were described and the rationale for setting them. Further KPIs would be set for providers and around workforce development, for example.

Members requested further clarification of how Neighbourhoods will link up with the new delivery model. The response noted the background and rationale behind linking with Neighbourhoods, and why the voluntary sector and local community need to be connecting. It was noted that the strategy was designed pre-COVID. The important thing is to get providers to understand and buy into the new way of linking with Neighbourhoods.

Members also inquired how scrutiny can assist in the work ahead on the Medication Policy and other processes being developed as part of the transformation. The response noted the challenging nature of the Medication Policy formulation, as it intersects various partners and stakeholders. A wider system approach is the best way to approach this, and any input from the Committee is welcomed.

Resolved:-

1. That the report be noted.
2. That the development of the new Medication Policy be reviewed by a sub-group of the Health Select Commission.

136. HEALTHWATCH UPDATE

Consideration was given to a verbal update from Healthwatch delivered by Lesley Cooper, which included a summary of activities including recent and upcoming research, studies, consultations and other review work on a variety of health topics. It was noted that the newsletter had received very positive feedback, and an upcoming topic for examination is about public perceptions around the COVID-19 vaccine. Myth-busting work with focus groups also continues.

Resolved:-

1. That the update be noted.

137. URGENT BUSINESS

The Chair confirmed there were no urgent items of business requiring a decision at this meeting.

138. DATE AND TIME OF NEXT MEETING

The Chair announced the next virtual meeting of Health Select Commission would be held 25 March 2021, commencing at 2.00 pm.