# HEALTH SELECT COMMISSION

**Date and Time :-** **Thursday 3 February 2022 at 5.00 p.m.**

**Venue:-** **Town Hall, Moorgate Street, Rotherham.**

**Membership:-** **Councillors Andrews, Atkin, Aveyard, Baker-Rogers, Barley, Baum-Dixon (Vice-Chair), Bird, A. Carter, Elliott, Griffin, Haleem, Havard, Hunter, Keenan, Miro, Thompson, Wilson, Wooding and Yasseen (Chair).**

**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 25 November 2021 (Pages 3 - 9)

To consider and approve the minutes of the previous meeting held on 25 November 2021 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 Pressures Update (Pages 11 - 15)**

To receive a joint presentation in respect of demand management and surge planning for winter 2021-22.

**7. Strategic Value of Physical Activity in Tackling Health Inequalities (Pages 17 - 25)**

To receive a report from Yorkshire Sport Foundation in respect of a recent review of physical activity.

**8. Rotherham Healthwatch Update**

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

**9. Work Programme (Pages 27 - 34)**

To consider and approve the updated schedule of scrutiny work.

**10. Urgent Business**

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

**11. Date and time of next meeting (Page 35)**

The next meeting of the Health Select Commission will be held on 24 February 2022, commencing at 5 pm in Rotherham Town Hall.

Sharon Kemp.

SHARON KEMP,
**Chief Executive.**

# HEALTH SELECT COMMISSION
## Thursday 25 November 2021

Present:- Councillors Andrews, Baker-Rogers, Barley, Bird, Elliott, Haleem, Havard, Keenan, Miro, Thompson, Wooding and Yasseen (Chair).

Apologies were received from Cllrs Baum-Dixon, Atkin, Aveyard, Hunter and from Mr. Parkin the co-optee from Rotherham Speak Up

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

### 40. MINUTES OF THE PREVIOUS MEETING HELD ON 7 OCTOBER 2021

**Resolved:-**

1. That the minutes of the meeting held on 7 October 2021 be approved as a true and correct record of the proceedings.

### 41. DECLARATIONS OF INTEREST

Cllr Baker-Rogers declared a personal interest in relation to Agenda Item 6, as a family member was a service user.

### 42. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed no questions had been submitted.

### 43. EXCLUSION OF THE PRESS AND PUBLIC

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

### 44. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Consideration was given to an update report on Rotherham Child and Adolescent Mental Health (CAMHS) – Annual Update to Health Select Commission which provided a further update regarding the Local Area SEND inspection in association with children and young people's mental health, the impact of the Covid-19 pandemic on children and young people's mental health, and on progress in relation to implementing the re-designed neuro-developmental pathway and phase 3 of the SEND sufficiency strategy.

In discussion, clarification was requested around digital services Kooth and Healios. The response from partners indicated the differences in Kooth as an anonymous online platform for low-level signposting and advice versus Healios which is an assessment-focused pathway to assistance for young people with ADHD and Autism. There are robust

criteria whereby not all children can be referred through Healios, but if cases are complex or involve safeguarding issues, these cases stay within CAMHS.

Members expressed interest in the investments that had been made recently in the service to attempt to manage caseloads and waiting lists. The response from officers, the Cabinet Member, and partners identified the plans that had been in place before the pandemic to whittle down the waitlist whilst keeping up with current demand for assessments. The pandemic had resulted in an increase in demand, so the waitlist had not been growing but had not diminished in the timeframe planned. More resource had been worked into the system, but as for specific numbers, these could not be shared in the meeting. A new referral pathway had been designed based on the current numbers and rates whereby the waiting list could again be eradicated, in part by reducing the number of inappropriate referrals. The Cabinet Member noted the use of Containment Outbreak Management Funds in the service of CAMHS, although the cases of Tier 4 mental health issues are funded centrally by what has been formerly known as Public Health England rather than from place funds.

Members requested clarification as to whether these pathways were the primary pathways for CSE survivors. The response from partners identified that for CSE survivors, specific, diverse consultation methods and advice models were in use, and trainings and advice were provided in respect of CSE. The Cabinet Member also noted in respect of reviewing the effectiveness of the pathway redesign, that the Rotherham Parent Carer Forum is consulted on a regular basis and was involved the recent SEND inspection. The Cabinet Member stressed the importance of multiple partnership working for maximum effectiveness.

Members also sought assurances that the service had been able to recruit and retain the sufficient staff with the right skills to meet the need. Partners provided details around recent successful recruitment campaigns and workforce strategy which sought to retain trainees, psychologists, and social workers. When occasionally there were pressures and shortages, these were often in respect of the neurodevelopmental pathway, and periods of challenges in recruiting did sometimes occur.

Clarification was requested around average waiting times for assessments versus the target wait time. The response from partners noted that the previous wait time for assessment was 3.5 years. Under the redesigned referral pathway, the average wait time was 18 weeks. It was noted that for some children the diagnosis is important, but for many the importance is in the child’s receiving the support they need to achieve their potential.

Members requested clarification around the referrals through schools and education. The response in schools had not been consistent. Some schools have robust support while others do not, and this varies based on

the individual resource capacity of that school. Officers noted that not all parents and carers are aware of the support that is available. Work had been undertaken with parents, carers and in schools and with members of the voluntary sector to ensure that the available support provision was appropriate. The Cabinet Member noted that the challenge seems to have been in accessing the local support offer rather than in the content of the local support offer.

Members requested further information around the crisis provision from an operational standpoint. The response from partners provided details around timing and staffing provision for crisis response and supplied narrative around crisis pathway workflows and the handling of queries in real time.

Members requested additional information around timelines for next steps identified in the report. The response from officers and the Cabinet Member offered to elaborate on each of these in a subsequent update and would share the upcoming NHS England action plan.

Members requested further details around attendance at appointments. The response from partners identified the Did Not Attend rate at a very low 4%, partly due to the implementation of text messaging reminders.

Further assurances were requested around the response to increasing cases of eating disorders. Partners noted the dramatic increase in eating disorders in the last two years. The support had been working, and the position had greatly improved in respect of eating disorder patients, with no cases currently in the hospital. It had been observed that the cases had high acuity and were more severe than were being seen before the pandemic.

The Cabinet Member further emphasised the need to understand the growing prevalence of mental health issues among children and young people in order to prevent this. Behind each case is a child and a family who are seeking help. With exam pressures, social media, and worries about climate change affecting more young people's mental health, the importance of trailblazing mental health support in schools is growing. If children can be supported early on when they are starting to experience a mental health problem and are not labelled, this can go a long way to help prevent a serious issue in the longer term.

**Resolved:-**

1. That the report be noted.

2. That the next update be presented in 12 months' time to include projected timelines for all next steps.

3. That a briefing describing timelines for the next steps identified in section 2.2.6 of the report be provided to Members and that the "You Said, We Did" document also be circulated to Members when available.

## 45. PREVENTION-LED SYSTEMS

Consideration was given to a report outlining some of the key challenges and opportunities in Rotherham in relation to the prevention agenda. It also provided an update on activity taking place to produce a Prevention and Health Inequalities Strategy for Rotherham, presenting an opportunity for Health Select Commission to feed into the development of this strategy.

In discussion, Members requested additional information around access to primary care and hesitation of residents to go to the GP. The response from officers and the Cabinet Member noted that some hesitation is related to changes in access to care during the pandemic, and some hesitation can be reduced by changing appointments to a more suitable date. Whereas previously a patient may have sought early access to care, now patients wait for a change in their needs or their health. It is important to get treatment at an early stage however. There has been improved efforts to reach into communities with better communication and engagement, for example, taking health checks to people, such as offering lung checks in car parks, etc.

Members also requested additional information regarding what prevention is available before a patient enters the cardiac pathway or multiple pathways. The response indicated that frailty assessments were conducted as were mental and physical health checks and checks for chronic disease. Details were provided around the provision of annual health checks, and how fewer healthy people were receiving health checks during the pandemic. The data generated from GPS in terms of various conditions were useful for prevention intelligence. Work was being done around communication of early signs, because people who were seeing early signs in their 30s and 40s could be experiencing disease in their 50s and 60s. Likewise, childen's behaviour can indicate vulnerability to early onset.

Members expressed curiosity if it was the view that there would be an improvement. The response predicted a decline for the next 2 to 3 years. Smoking, however, was a measure that had actually improved during the pandemic.

Members also wished to know about substantive prevention efforts that had been ongoing. The response from the Cabinet Member noted the recent work over the past 4 to 5 years to feed into housing standards and licensing, controlling air quality and pollution, maintaining two services for drugs and alcohol treatment and recovery, thwarting a fast food outlet

being opened within a few meters of a school, strengthening links with culture and leisure to improve peace of mind and physical health. Work had also been doing in respect of the 5 ways of wellbeing and refreshing the obesity programme. Ultimately, prevention comes down to choices but providing activities and strategies was a key part. A further response from the Director of Public Health noted that the COVID-19 vaccination programme was the largest scale prevention programme that had been delivered and that early identification screenings for hypertension had also been strengthened. More BAME women were receiving maternity care, and more people with chronic mental illness were receiving testing whilst receiving treatment.

**Resolved:-**

1. That the report be noted.

2. That Members provide comments and contribute towards the development of a prevention and health inequalities strategy for Rotherham.

3. That Members consider how this developing area of strategy should be reflected in future scrutiny activity.

## 46. FINDINGS FROM SPOTLIGHT REVIEW ON ROTHERHAM COMMUNITY HUB

Consideration was given to a summary of findings and recommendations from the 13 September 2021 spotlight review on the befriending service and support for loneliness and isolation provided by the Rotherham Community Hub during the pandemic.

**Resolved:-**

1. That the report be noted.

2. That the excellent work of Rotherham Community Hub be commended, especially in respect of the befriending service which helped relieve loneliness and isolation throughout the pandemic.

3. That Members be encouraged to add the Community Hub to their ward priorities and e-bulletins to better support vulnerable residents and families.

4. Whereas the current Community Hub model is due to end in March 2022, should there be a further evolution of the Community Hub model, that an update be brought in 12 months' time.

## 47. FINDINGS FROM SPOTLIGHT REVIEW ON YOUNG CARERS

Consideration was given to a summary of findings and recommendations from the 22 October 2021 spotlight review on support for young carers.

**Resolved:-**

1. That the report be noted.

2. That action plans and performance metrics be supplied as part of the next update in 6 months' time.

3. That the next update include a plan to address the current data gap in respect of young carers who mature into adult carers, with a view to providing the best preparation possible and making this transition as seamless as possible for young carers who may continue to have caring responsibilities into adulthood.

4. That consideration be given to how best to provide additional support to young carers seeking to access employment skills, education, and training.

## 48. ROTHERHAM HEALTHWATCH UPDATE

Consideration was given to a verbal update from Rotherham Healthwatch in respect of recent and upcoming activities.

## 49. SCRUTINY WORK PROGRAMME

Consideration was given to an updated work programme and schedule for the 2021/22 municipal year. Three changes were noted. First, based on a change in government requirements for this year, Members were not being approached with a request to review half-year quality accounts. Also, the agenda for January would include an item on the Strategic value of Physical Activity in Tackling Health Inequalities. Finally, the next request for participants in a spotlight review would be for the Adult Social Care Outcomes Framework (ASCOF) performance review in mid-January. Members were invited to make representations if they wished to participate.

**Resolved:**

1. That the updated work programme be noted.

2. That the governance advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair and reporting any such changes back at the next meeting for endorsement.

## 50. URGENT BUSINESS

There was no urgent business requiring a decision at the meeting.

## 51. DATE AND TIME OF NEXT MEETING

The Chair announced the next meeting of Health Select Commission would be held on 13 January 2022, commencing at 5 pm.

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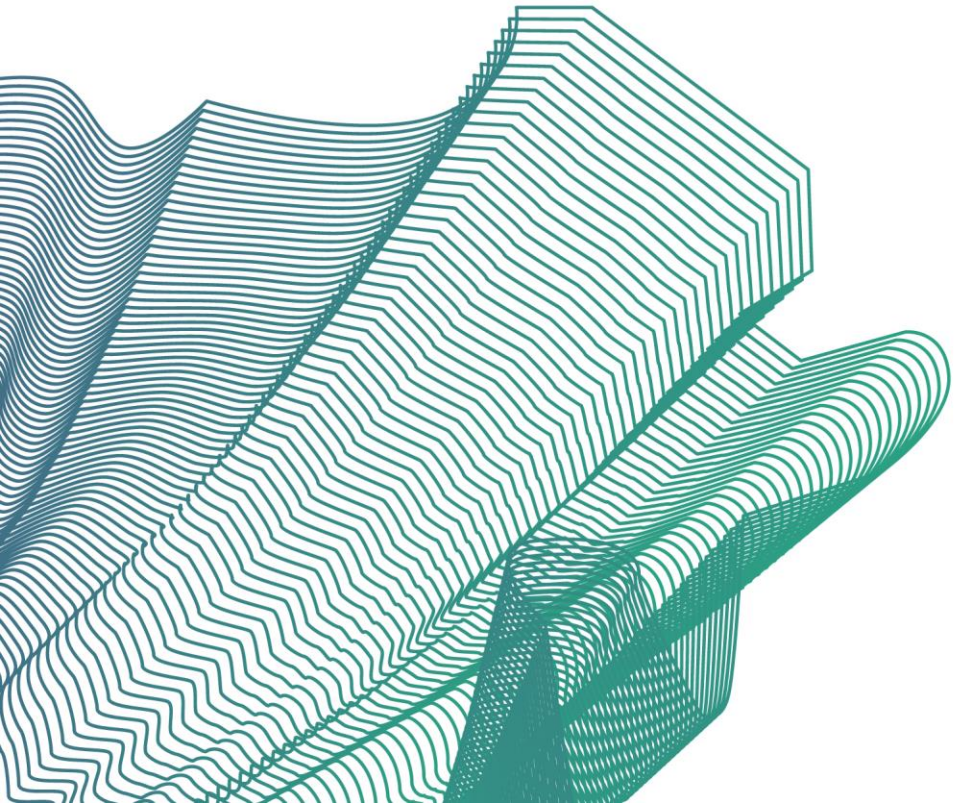
ROTHERHAM
INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

# Demand Management/Surge Planning 2021-22

**February 2022**

## Presentation to Health Select



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

# Preparing for Winter; What We Did

## Acute / UECC

- Develop Additional Critical Care Capacity
- Cohorting Flu and Covid –Amber, Red, Green
- Reduction of elective cases pre planned
- Utilise local independent sector - elective care
- Maintain YAS relationships to improve Ambulance Handover times
- Length of Stay weekly reviews – MDT approach in Acute and Community setting

## Community Services / Manage Flow

- Robust Contingency Plan in place for care homes including action plan links to Outbreak Plan
- Increase therapy/nursing resource in Integrated Rapid Response
- Equipment services available 7 days a week.
- New community respiratory pathway providing early supported discharge, in-reach, admission avoidance, exacerbation management.
- Increased Community Short Stay beds including Designated beds

## Mental Health

- Continued promotion of 'Rotherhive' digital approach to delivering mental health support and communication on services are available.
- increase in demand for crisis services
- RDaSH has funding to support mental health discharge.
- More mental health support for primary care.

## Social Care

- Continue to provide Brokerage support directly into IDT at peak times and on weekends
- Continued support of the principles of 7 day working arrangements in IDT (based on assessed demand)
- Daily virtual MDTs with system partners
- Continued support for the principles of discharge to assess in the community
- Increased resource in home care & reablement.
- Staff training in MH Awareness (for all reablement workers and reablement coordinators)

## Primary Care

- Hot/Cold home visiting arrangements flex to more 'hot' during periods of demand.
- Rotherham Primary Care 'hot site' for Covid patients who require face to face services
- Extended Access service increased capacity.
- Same day ANP service increase capacity for 'cold' patients.
- Vaccinations for patients delivered as a system using PCN/place footprint for delivery to achieve required uptake.

# What's working well?

- Robust Place Based Governance :– Strategic through to operational daily calls
- Operational Gold &Escalation Management / Command Centre oversight / Executive Escalation calls
- Mature relationships across the Place:- Early planning of IBCF funding for Winter/Covid19 2020-21 & 21-22
- Jointly funded posts in commissioning and operations Housing working with acute to support delays
- Integrated Discharge Team well established includes MDTs with community colleagues
- CHAT – UECC therapy and social care supporting admission avoidance at front door
- Flu vaccinations as early as possible/success of our Vaccination & Booster programmes
- Utilising ring fenced elective beds
- Emphasis on 'home first' with significant increase in assessment after discharge.
- Designated Covid19 positive community beds supporting flow
- Critical care Beds increased -Training of theatre staff to man Critical care
- Reduction in face to face interventions, quick development of hot visiting &hub

# What are our on-going challenges?

- Covid 19 increasing community transmission and impact on staff sickness – potential for further variants emerging
- Risk of further bed reductions - Due to cohorting flu and covid19
- Pressure on social care provision - Home care / Reablement resource/capacity to meet demand
- Workforce challenges across Place - Sickness, morale, and mental health
- Unable to recruit to key capacity - Acute wards. UECC, Reablement
- Using elective beds for emergency care – impact on Elective programme including Urgent/Cancer
- Multiple outbreaks of flu and/or covid-19 in community i.e Care Homes, guidance reduced to 14 days, but Care Homes are seeing multiple positive results on retesting.
- Primary care support for UECC is fragile – Sickness/inability to recruit GPs
- Ongoing Covid19 issues :– Track and Trace (patients and staff), Access to PPE across the Place partners, Social distancing
- Critical care staff / Critical care equipment – including ability to access additional Ventilators
- Pressure on social care provision
- Requirement to reduce the number of people with a Right to Reside in Trust through increased discharges – concern over not meeting our Local target


ANY
QUESTIONS
?

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Rotherham Metropolitan Borough Council

| BRIEFING | | |
|---|---|---|
| | **TO:** | Health Select Commission |
| | **DATE:** | 13th January 2022 |
| | **LEAD OFFICER** | Sam Keighley, Sport England / Yorkshire Sport Foundation |
| | **TITLE:** | Yorkshire Sport Foundation Review of Physical Activity |

**Background**

**1.1** In July 2021, Sam Keighley, Strategic Director at Yorkshire Sport Foundation and a member of Sport England's Extended Workforce Team, was asked to spend some time in Rotherham to explore with Health and Wellbeing Board members and other partners how physical activity and sport might be used more strategically to help tackle inequalities, particularly health inequalities across the District

**1.2** A full list of people involved in these conversations is attached as Appendix 2

**1.3** This was in light of some really positive developments in Rotherham recently in relation to the work around physical activity. The development of 'Moving Rotherham' and its positioning as a 'Game Changer' in the Cultural Strategy alongside the work around the Women's Football Euros, the recent Beat the Street programme and the work on 'Creating Active Schools' is all leading to real momentum being built.

**1.4** But also, the fact that inactivity rates in the District are above national average with almost one in three adults across the Rotherham District classified as inactive. Also, women, people from ethnically diverse groups, people living with long terms conditions, disabled people and people from lower socio-economic groups all have higher rates of inactivity. And the negative effects of intersectionality (when a number of these factors are combined) mean that up to 60% of some groups are likely to be inactive.

**1.5** Movement, physical activity and sport have an important role to play in addressing inequalities, and particularly health inequalities; It is estimated that low physical activity levels contribute to 1 in 6 deaths in the UK. Inactivity is associated with poor health at all ages and the benefits of increasing physical activity continue throughout a person's lifetime. People with chronic and multiple health conditions are amongst the least active members of society and have the most to gain from even small increases in physical activity; being physically active reduces risk of heart disease by 35%, hip fractures by 68% type 2 diabetes by 40%, depression by 20%

**1.6** The recommended physical activity guidelines for each age are shown in Appendix 1. It is also important to note that, even people who meet the recommended physical activity guidelines, may still be at risk of certain adverse health outcomes if they spend most of their time sedentary.

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| **1.7** | The health and socio-economic implications of physical inactivity also have a financial cost. Physical inactivity is estimated to cost the UK £7.4 billion per year, with around £0.9 billion in NHS costs alone. |
| **1.8** | To many, being active is fun, and also leads to improved physical and mental health, people living well for longer, people living in healthy, safe and resilient communities and children and young people getting the best start in life. |
| **1.9** | A report was presented to the Health and Wellbeing Board on 24th November 2021. It set out the key messages arising from those conversations and asked Health and Wellbeing Board members to consider the report and commit to collaborative working to achieve at least 2 of the proposals that could make a step change in reducing the number of Rotherham residents who are inactive, particularly the people that could benefit most. |
| **1.10** | In the spirit of peer review, this report sets out what the Health and Wellbeing Board committed to, next steps and the perceived appetite to work collaboratively to achieve the ambitions set out. |

**Key Issues**

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| **2.1** | There was genuine understanding amongst everyone interviewed of the value of physical activity and sport to help address Rotherham's wider health, social and economic ambitions. Also, energy to explore how we might position physical activity and sport better strategically resulting in better outcomes for Rotherham residents. It was generally agreed that this contributed specifically to Aim 4: All Rotherham people live in healthy, safe and resilient communities. Specific work around children and young people will contribute to Aim 1: All children get the best start in life and go on to achieve their potential. |
| **2.2** | There was general recognition that there isn't a single bullet that will fix the high inactivity rates across Rotherham and achieve the health and social benefits associated with being active. It is complex; some people will be active because they enjoy it and know it is good for their health (motivation, capability & opportunity); some people know it is good for their health but haven't quite got round to doing anything (motivation, capability but no opportunity); and some people might know it would be good for them but don't feel it is for them, don't feel they could manage it and don't think about how it could be part of their lives (no motivation, capability or opportunity) |
| **2.3** | Because tackling inactivity is complex, it was also understood that we can't simply leave the challenge to one or two people who have sport / physical activity/ public health in their job titles. Rather, we need to take a system approach, with everyone owning the challenge and building physical activity into their work. |
| **2.4** | Examples of the 'what can we do' are summarised below: |
| **2.4.1** | • All public sector anchor organisations doing what they can as employers to get and keep their workforces active. Everyone is doing something currently. Sharing and learning between organisations about the best of what everyone is doing - and providing constructive challenge to each other –could really accelerate this. There was mention of having accreditation. Also, asking our key private sector employers to join with us. In effect this could create a social movement across public sector employers. Our emergency service partners have some particularly good models to help keep their staff active to improve and maintain their physical and mental wellbeing |

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| **2.4.2** | • Creating the conditions where social movements that normalise physical activity can flourish. This should include promoting our open and green spaces and public footpaths; involving people at the earliest stages in our planning, town centre, active travel infrastructure plans, including good lighting and other interventions that improve community safety; developing campaigns that reflect 'people like me' being active, on the basis we can't be what we can't see; co-designed interventions so people can become active with their friends and family (campaigns won't reach everyone) |
| **2.4.3** | • Using physical activity as one of the solutions to tackling issues identified through ward and communities of interest plans, particularly loneliness and isolation, improving mental wellbeing and tackling health inequalities |
| **2.4.4** | • Training front line workers across multiple organisations (prevention, early intervention and clinical) to be confident to talk about and signpost people to being active. i.e. Making Every Contact Count (MECC). There are some pockets where this is already working well and sharing could help to amplify this across the whole system. |
| **2.4.5** | • Create even more diverse workforce teams that reflect the people we want to be working with |
| **2.4.6** | • Find the resource to further support VCSE organisations who are working with the people you want to connect with |
| **2.4.7** | • Strengthen local social prescribing structures; including building the confidence of G.P.'s and other prescribers to talk about the benefits of physical activity and refer; develop an effective resource that connects with organisations and people that are providing opportunities; develop personal relationships and connections between referrers and VCSE organisations that are providing opportunities |
| **2.4.8** | • Work with communities to ensure all physical activity and sport provision is relevant and accessible to all communities; with particular reference to ethnically diverse communities low use of leisure and swimming provision |
| **2.4.9** | Health and Wellbeing Board members selected the following activity to work collaboratively on:<br>• 2.4.1<br>• 2.4.2<br>• 2.4.4<br>• 2.4.7 |
| **2.4.10** | Subsequent to the Health and Wellbeing Board meeting, there were conversations with Suzanne Joiner's SLT and Councillor Victoria Cusworth, Cabinet Member for Children and Young People. Ongoing conversations are taking place around active ways to travel to school, support to Looked after Children and Young Carers and a Creating Active Schools Framework, a whole school system approach to movement, which could help tackle childhood obesity as well as improve attendance and attainment |
| **2.5** | Probably more important than the 'what' we need to do, is the 'how' we need to work together. During conversations, people were asked about strategic ambitions that had been successfully translated into action that benefitted communities. Examples were wide ranging and mainly from outside the sport and physical activity world. Whatever examples people gave, everyone talked about the same conditions that had created success. These were: |

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| **2.5.1** | • Strategic ownership; something that spoke to everyone, individually and organisationally |
| **2.5.2** | • Visible leadership across all parts of the system that needed to be involved |
| **2.5.3** | • Strong leadership which gives others mandate and cover to make things happen |
| **2.5.4** | • A dedicated person to make it happen (not an add on to an existing day job) |
| **2.5.5** | • Co-creation and collaboration between everyone who has a stake across the whole system – including the VCSE and communities who have 'lived experience'; identify people who are passionate about this. 'Spark Plug People' who you know make things happen |
| **2.5.6** | • Have clear vision and objectives |
| **2.5.7** | • Don't make it complicated |
| **2.5.8** | • Hold people to account |
| **2.5.9** | • Measure success – the right success |
| **2.5.10** | • Take a whole person approach i.e. not just that someone is inactive |
| **2.5.11** | • Identify and allocate the financial resources required |
| **2.6** | Members of the Health and Wellbeing Board agreed that this was the way they and other partners need to work in order to create a transformation in inactivity levels and achieving the wider health and social benefits of that |
| **2.7** | In addition to agreeing to these conditions, members also agreed that a number of other points raised would also impact on the transformation that we collectively want to see. These were: |
| **2.7.1** | • Translate short term success into sustainable activity when something proves successful. Work collaboratively to identify the resources required, recognising the negative impact that will be felt in different places if the successful work stops |
| **2.7.2** | • Invest time to share and learn from pockets of successful work to amplify and spread for increased impact |
| **2.7.3** | • Invest time in building relationships. Create conditions where, if something is perceived to be a problem, it can be discussed openly and, through collaboration, resolved. |
| **2.7.4** | • Work as a system, rather than in silos. Always remember that everyone is part of the same team |
| **2.7.5** | • Don't make assumptions, about communities or each other as partners. Engage with everyone who has a stake in what you are trying to achieve |

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| **Implications for Health Inequalities** | |
| **4.1** | Tackling inactivity will have a direct impact on tackling health inequalities, including diabetes, falls, healthy years of life, reducing loneliness and isolation, improving physical and mental wellbeing |
| **Recommendations** | |
| **5.1** | That the Health Select Commission considers and notes the peer review findings and actions of the HWB. |
| **5.2** | That the Health Select Commission offers any questions and/or advice that they believe will further this ambition |

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**Agenda Item No: 7 - Appendix 1 – Physical Activity Guidelines**

## Current Physical Activity Guidelines

Guidance around physical activity varies by age. The Chief Medical Officer's suggested activity for each age group is shown in the table below.

| Age Group | | Physical Activity Guidance |
|---|---|---|
| **Child** | Birth – 1 year | • At least 30 minutes across the day of tummy time |
| | 1-2 years | • At least 180 minutes across the day, including playing outdoors |
| | 3-4 years | • At least 180 minutes a day, including at least 60 minutes of moderate-to-vigorous intensity physical activity |
| | 5-18 years | • At least 60 minutes of moderate intensity physical activity per day across the week<br>• Should involve aerobic exercise and activities to strengthen muscles and bones |
| **Adult** | 19-64 years | • At least 150 minutes of moderate intensity exercise per week or at least 75 minutes of vigorous intensity exercise per week, or a combination of the two<br>• Strengthening exercises on at least 2 days a week |
| **Older adult** | 65 years + | • At least 150 minutes of moderate intensity exercise per week or at least 75 minutes of vigorous intensity exercise per week, or a combination of the two<br>• Strengthening exercises on at least 2 days a week |

Moderate physical activity is described as exercise where you can still talk, but not sing. Examples of moderate activity include:

- Brisk walking
- Riding a bike on the flat
- Playground activities
- Dancing
- Hiking

Vigorous physical activity is described as exercise where "you will not be able to say more than a few words without pausing for breath." Examples of vigorous activity include:

- Jogging or running
- Riding a bike fast or on hills
- Aerobics
- Swimming fast
- Singles tennis
- Football
- Martial arts

Examples of muscle strengthening activities include:

- Carrying heavy shopping bags
- Yoga or Pilates
- Tai chi
- Lifting weights or working with resistance bands
- Doing exercises that use your own body weight, such as push-ups and sit-ups
- Heavy gardening, such as digging and shovelling

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**Agenda Item No: 7 - Appendix 2 – Stakeholder Conversations**

Conversations have taken place with the following people:

(in date order)

| | |
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| Sharon Kemp | CEO, Rotherham Council |
| Ben Anderson | Director of Public Health |
| Paul Woodcock | Strategic Director Rotherham Council, Regeneration & Environment |
| Martin Hughes | Head of Neighbourhood Services, Rotherham Council |
| Jacqui Tufnell | Head of Commissioning, Rotherham CCG |
| Steve Chapman | District Commander, South Yorkshire Police |
| Michael Wright | Deputy CEO, Rotherham Hospital Trust |
| Jason Page | G.P and Rotherham CCG Children's Service Commissioner |
| Various VCSE stakeholders | Moving Rotherham Partnership |
| Anne Marie Lubanski | Strategic Director, Rotherham Council, Adult Social Care, Housing & Public Health |
| Wahid Akhtar and Janice Curren | Communities of Interest Leads, Rotherham Council |
| Shafiq Hussain | CEO Voluntary Action Rotherham |
| Julie Anderson | Social Prescribing Lead, Voluntary Action Rotherham |
| Councillor David Roche | Chair, Rotherham Health and Wellbeing Board and Cabinet Member Adult Social Care and Health, Rotherham Council |
| Kathryn Singh | CEO RDASH |
| Emma Sharp | REMA |
| Steve Adams | South Yorkshire Fire Service |
| Chris Siddall | Acting Head of Strategic Projects and Partnerships, Rotherham Council |
| Kate Green | Public Health Specialist, Rotherham Council |
| Chris Edwards | CEO Rotherham CCG |
| Lindsey Taylor-Ward | Operations Manager, Rotherham Council, Adult Social Care, Housing & Public Health |
| George Briggs | COO, Rotherham Hospital Trust |
| Jamie Noble | Head of Community, Rotherham Utd Community Sports Trust |
| Suzanne Joiner & her SLT | Strategic Director, Rotherham Council, Children and Young People |
| Councillor Victoria Cusworth | Children and Young People Cabinet Member, Rotherham Council |

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Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

**Committee Name and Date of Committee Meeting**
Health Select Commission – 03 February 2022

**Report Title**
Work Programme Update

**Is this a Key Decision and has it been included on the Forward Plan?**
No

**Strategic Director Approving Submission of the Report**
Jo Brown, Assistant Chief Executive

**Report Author(s)**
Katherine Harclerode, Governance Advisor
01709 254532 or katherine.harclerode@rotherham.gov.uk

**Ward(s) Affected**
Borough-Wide

**Report Summary**
To outline an updated work programme for Health Select Commission.

**Recommendations**

1. That the updated work programme be noted.

2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with any changes to be reported back at the next meeting for endorsement.

**List of Appendices Included**
Appendix 1 Work Programme – Health Select Commission

**Background Papers**
Agendas of Health Select Commission during the 2020/21 Municipal Year
Minutes of Health Select Commission during 2020/21 Municipal Year
Initial Work Programme Draft – 10 June 2021, Health Select Commission
Revised Work Programme – 8 July 2021, Health Select Commission

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**
Not applicable

**Council Approval Required**
No

**Exempt from the Press and Public**
No

**Updated Work Programme**

## 1. Background

1.1 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.

1.2 Addressing health inequalities that exist in the borough, through health and social care strategies and plans, and through looking at the wider determinants of health should be an overarching principle.

1.3 The Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long-term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving. The recent publication of the Government's White Paper will bring changes in health care systems that will remain a focus and which will have evolving implications for how health scrutiny is conducted in the future.

1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the HSC in the Council Constitution.

1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. The IPSC has chosen to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.

1.6 Health Select Commission has eight scheduled meetings over the course of 2021/22, representing a maximum of 16 hours of scrutiny per year – assuming approximately 2 hours per meeting. Members therefore have to be selective in their choice of items for the work programme. The following key principles of effective scrutiny have been considered in determining the work programme:

- Selection – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.

- Value-added – Items had to have the potential to 'add value' to the work of the council and its partners.

- Ambition – the Programme does not shy away from scrutinising issues that are of greatest concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental wellbeing of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.

- Flexibility – The Work Programme maintains a degree of flexibility as required to respond to unforeseen issues/items for consideration during the year and to accommodate any further work that falls within the remit of this Commission.

- Timing – The Programme has been designed to ensure that the scrutiny activity is timely and that, where appropriate, its findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. The Work Programme also helps safeguard against duplication of work undertaken elsewhere.

## 2. Key Issues

2.1 Members are required to review their work programme at each meeting during the 2021/22 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of the borough.

2.2 Following the discussion at Health Select Commission on 10 June 2021, a revised draft work programme for 2021/22 was developed and presented at the 8 July 2021 meeting for endorsement. In keeping with the priorities of the Council and those expressed by Commission Members, this work programme reflects continued prioritisation of mental health, care and health system changes, and accessibility of services.

2.3 The autumn update on health and care system changes has been deferred to the winter/early spring as a result of expected duplication with Member development session scheduled in September. This is an area in which HSC will work closely with partner organisations such as TRFT as April 2022.

2.4 TRFT has requested consideration of several matters where scrutiny could add value to the work currently being undertaken by the Trust, including strengthening community services and social value. These items will be added to the work programme forward plan as appropriate. A site visit will also be considered.

## 3. Options considered and recommended proposal

3.1 Members are recommended to agree priorities for the 2021-22 municipal year and contribute suggestions for the work programme.

## 4. Consultation on proposal

4.1 The work programme is subject to consultation with the Chair and Members of the Health Select Commission. Regular discussions take place with Cabinet Member, partner organisations, and officers in respect of the content and timeliness of items set out on the work programme.

## 5. Timetable and Accountability for Implementing this Decision

5.1 The decision to develop and endorse a work programme is a matter reserved to the Commission and will be effective immediately after consideration of this report.

5.2 The Statutory Scrutiny Officer (Head of Democratic Services) is accountable for the implementation of any decision in respect of the Commission's work programme. The Governance Advisor supporting the Commission is responsible on a day-to-day basis for the Commission's work programme. Members are recommended to delegate authority to the Governance Advisor to make amendments to the programme between meetings.

## 6. Financial and Procurement Advice and Implications

6.1 There are no direct financial or procurement implications arising from this report.

## 7. Legal Advice and Implications

7.1 There are no direct legal implications arising from this report.

7.2 The authority of the Select Commission to determine its work programme is detailed within the Overview and Scrutiny Procedure Rules and Responsibility for Functions parts of the Constitution. The proposal to review the work programme is consistent with those provisions.

## 8. Human Resources Advice and Implications

8.1 There are no direct human resources implications arising from this report.

## 9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for children and young people or vulnerable adults arising from this report.

## 10. Equalities and Human Rights Advice and Implications

10.1 Whilst there are no specific equalities implications arising from this report, equalities and diversity are key considerations when developing and reviewing scrutiny work programmes. One of the key principles of scrutiny is to provide a voice for communities, and the work programme for this Commission has been prepared following feedback from Members representing those communities.

## 11. Implications for CO2 Emissions and Climate Change

11.1 There are no implications for CO2 emissions or climate change arising from this report.

## 12. Implications for Partners

12.1 The Commission has a co-opted Member from Rotherham Speak Up who contributes to the development and review of the work programme. Where other matters are being considered for inclusion on the work programme, relevant partners or external organisations are consulted on the proposed activity and its timeliness.

## 13. Risks and Mitigation

13.1 There are no risks arising from this report.

## 14. Accountable Officer(s)

Emma Hill, Acting Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor*
*01709 254532 or katherine.harclerode@rotherham.gov.uk*

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**Health Select Commission - Work Programme 2021/22 Municipal Year**

| Meeting Date | Agenda Items |
|---|---|
| 10 June 2021 | Update on Health and Care System Changes |
| | Joint Strategic Needs Assessment (JSNA) Update |
| | COVID Briefing |
| | Initial Work Programme 2021/22 |
| Quality Accounts | Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) |
| 8 July 2021 | Carer's Strategy Update |
| | Health and Wellbeing Board Annual Report 2021/22 |
| | Revised Work Programme 2021/22 |
| 2 September 2021 | Suicide Prevention |
| September 2021 Spotlight Review | Rotherham Community Hub |
| 7 October 2021 | The Rotherham NHS Foundation Trust (TRFT) Annual Report |
| | Acute Mental Health |
| October 2021 Spotlight Review | Young Carers (with Improving Lives Select Commission) |
| 25 November 2021 (Reports 16 Nov) | CAMHS (Children and Adolescent Mental Health Services) |
| | Prevention-led Strategy Systems |
| | Outcomes from Community Hub and Young Carers Sub-groups |
| November 2021 Half-year Quality Accounts | RDaSH, TRFT, YAS |
| 13 January 2022 (Reports 4 Jan) | Winter Pressures Update |
| | Strategic Value of Physical Activity in Tackling Health Inequalities |
| January/February 2022 Spotlight Review | COVID-19 Scrutiny – Care Home Safety |

| | |
|---|---|
| 24 February 2022 (Reports 15 Feb) | Maternity Services |
| | Hospital Discharge Policy and Practice |
| | Local Authority Declaration on Healthy Weight |
| March 2022 Spotlight Review | Access to Primary Care |
| April 2022 Spotlight Review | Yorkshire Ambulance Service (YAS) |
| April 2022 Half-Year Quality Accounts | TRFT, RDaSH and YAS |
| 7 April 2022 | Acute Mental Health Update |
| | Autism Strategy and Pathway Update |
| | Director of Public Health Annual Report |
| | Outcomes of Spotlight Reviews |

# KEEP SAFE WHILE VISITING RIVERSIDE HOUSE AND THE TOWN HALL


## HOUSE KEEPING TIPS

- Meeting rooms and the Council Chamber will be sanitised before and after every meeting.
- Follow the one-way systems in place.
- Only one person (and their carer) should use a lift at a time.
- You're advised to take LFD tests at home, regularly if you don't have symptoms. **Visit the Council's website for details of where and how to get free LFD tests.**
- If you have any **symptoms of COVID-19**, you must self-isolate at home and book a PCR test. **Visit the Council's website for details of how to book a PCR test.**

Further information about COVID-19 can be found at **www.rotherham.gov.uk/coronavirus**

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