# HEALTH SELECT COMMISSION

**Date and Time :-** **Thursday 26 January 2023 at 5.00 p.m.**

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

**Membership:-** **Councillors Yasseen (Chair), Baum-Dixon (Vice-chair), Andrews, Barley, Bird, A Carter, Cooksey, Griffin, Havard, Hoddinott, Hunter, Keenan, Miro, Sansome, and Wooding.**

**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 24 November 2022 (Pages 3 - 15)

To consider and approve the minutes of the previous meeting held on 24 November 2022 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. Urgent and Emergency Care Update (Pages 17 - 27)**

To consider an update from TRFT regarding the delivery of urgent and emergency care.

**7. Place Partners Mental Health Services Update (Pages 29 - 36)**

To consider an update presentation in respect of mental health service delivery and response to previous recommendations from scrutiny.

**8. Strategic Physical Activity Update (Pages 37 - 48)**

To consider an update presentation in respect of development and implementation of the Physical Activity Strategy.

**9. Scrutiny Review Recommendations - Access to Primary Care (Pages 49 - 58)**

To consider a report summarising the findings and recommendations of a spotlight review into accessing GP services in Rotherham.

**10. Work Programme (Pages 59 - 76)**

To consider an updated schedule of scrutiny work.

**11. Urgent Business**

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

**12. Date and time of next meeting**

The next meeting of the Health Select Commission will be held on 9 March 2023, commencing at 5.00 pm in Rotherham Town Hall.

Sharon Kemp.

SHARON KEMP,
**Chief Executive.**

# HEALTH SELECT COMMISSION
## Thursday 24 November 2022

Present:- Councillors Yasseen (Chair), Baum-Dixon (Vice-chair) Andrews, Barley, A Carter, Cooksey, Griffin, Hoddinott, Sansome, Thompson and Wooding.

Apologies for absence:- Cllrs Bird, Elliott, Havard, Keenan and Miro.

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

### 35. MINUTES OF THE PREVIOUS MEETING HELD ON 29 SEPTEMBER 2022

**Resolved:-**

1. That the minutes of the meeting held on 29 September 2022 be approved as a true and correct record of the proceedings.

### 36. DECLARATIONS OF INTEREST

There were no declarations of interest.

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

The Chair confirmed that there were no questions submitted by members of the press or public.

### 38. EXCLUSION OF THE PRESS AND PUBLIC

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

### 39. NOMINATIONS FOR REPRESENTATIVE TO HEALTH, WELFARE AND SAFETY PANEL

**Resolved:-**

1. Cllr Baum-Dixon was appointed as representative to the Health Welfare and Safety Panel.

### 40. HEALTHWATCH ROTHERHAM

Consideration was given to a presentation by the Community Engagement Officer of Healthwatch Rotherham which outlined recent inquiries and activities as well as future directions of engagement work in the community.

In discussion, a variation from the prior format of updates from Healthwatch Rotherham was proposed which would allow Healthwatch to give updates on a periodic basis to provide insights into specific agenda items for scrutiny.

**Resolved:-**

1. That the report be noted.

2. That the next update be received at the 09 March meeting.

## 41. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) ANNUAL UPDATE

Consideration was given to a fifth annual update report and presentation in respect of Child and Adolescent Mental Health Services. The presentation was delivered by Place Partners including the RDaSH Care Group Director as well as by CYPS officers including the Joint Assistant Director of Commissioning, Performance and Improvement; the Interim Service Manager for Neurodiversity; and the Service Manager for CAMHS and With Me in Mind. The presentation was introduced by the Cabinet Member for Children and Young People.

The presentation noted the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing. The presentation addressed:

- Local Area SEND inspection in association with children and young people's mental health,
- Kooth digital mental health support
- CAMHs pathways including progress in relation to implementing the re-designed neuro-developmental pathway
- SEND sufficiency strategy

In discussion, Members requested clarification of the average wait time for CAMHS services. The response noted that the Service saw 70% of young people get help within 18 weeks. The longest wait times were 31 weeks.

Members noted a scenario that was representative of the difficulty encountered by families waiting on the neurodevelopmental pathway for diagnostic assessment. Members observed that two years' wait can have a detrimental impact on a child's long-term educational development and mental help. Members requested assurances that dispersed attention across multiple pathways, schemes and systems was not drawing resources away from working down the backlogs and reducing waiting lists for assessments that were needed most. The response from the Assistant Director for Commissioning, Performance, and Improvement, CYPS, noted that, in presenting the information around the number of children who were moving through the diagnostic pathway, this was not to suggest that the Service were not aware of the difficulty families were experiencing nor that the Service were not working very hard and doing

all that they can to help reduce the waiting lists and ensure that children are able to access the services they need. The service acknowledged this and intended to present a rounded view of the services as a whole. The challenges associated with delivering a high volume of diagnostic assessments without reducing the quality of the assessments were described, and the Service were committed to ensuring that assessments delivered were of high quality. It was affirmed that access to resources and services should not be assessment dependent. New provision at Dinnington and further capacity being added to provide additional school places for children who would be on the waiting list for diagnostic assessment were also described. It was advised that if Members became aware of families that were not getting the support they needed because of not having a diagnostic assessment, please let the Service know. It was emphasised that support should not be diagnosis dependent.

The Cabinet Member for Children and Young People noted that budget pressures had been acknowledged nationally and emphasised the need to understand why children were experiencing mental health issues and poor mental wellbeing. Potential contributing factors were noted. Neurodiverse assessment was a separate issue. Schools needed to provide a graduated response for neurodiversity – an area that was highlighted in the SEND inspection. Children should have access to mainstream education at their local school as far as they possibly can, with the specialised neurodiverse support such as the resource base that the Service were working to put into place. There was a need to avoid labelling children unnecessarily with a mental health condition or pushing children through an assessment, raising the frequency of inappropriate referrals. Schools needed to provide graduated response and want to do so. Schools would need support to be able to deliver this, and the challenges faced by schools currently need to be considered. For example, schools were experiencing recruitment challenges congruent with other sectors. There was substantial work being undertaken in this area and results of the new consultation on the Government Green Paper was expected to be enacted in the New Year. Finance was important, but everyone involved agreed that children having access to the support they need was more important. Members with any concerns were asked to get in touch.

In discussion, Members noted the areas for improvement identified in the SEND inspection, requested more information around how parents and carers were being engaged. The response from the Cabinet Member indicated that the report had been tailored toward mental health. Progress had been made in these areas, and this information would be presented as part of a forthcoming report on SEND sufficiency that would be scrutinised at Improving Lives Select Commission. Members noted that the missing information would fit with the flow of the report.

Further clarification was requested regarding how the waiting list was prioritised and the safety nets in place. The response from officers noted that if something changes for the young person whilst waiting, they were

asked to get back in touch with the Service. The Multi-Disciplinary Team conducted triage, and most young people received help within 18 weeks. If there was a more urgent need, the Service responded appropriately. The Service kept in touch with those waiting longer.

Further clarification was requested around access to support for families and the child whilst going through the process and after diagnosis. The response from officers noted the avenues to support. Educational specialist psychologist support was available and there was a lead practitioner throughout the process. Following diagnosis, there was a referral to the Service to make the appropriate appointments and address medication needs depending on the complexity. There was also support available through Early Help, SENDIASS, and the Parent Carer Forum. There would be more made available through the SEND sufficiency phase four. The Cabinet Member described the close partnership with Parent Carer Forum.

Additional clarification was requested around the support available within schools. The response from officers noted that the With Me in Mind programme was currently funded to reach 60% of schools. The hope was that the programme would be extended. The Cabinet Member described ongoing discussions with schools about support offered, and noted steps taken to continue the With Me in Mind programme.

**Resolved:-**

1. That the report be noted and that the next update be submitted in 12 months' time, to include performance data.

2. That the information regarding engagement with parents and carers be circulated to Members.

## 42. THE ROTHERHAM NHS FOUNDATION TRUST (TRFT) ANNUAL UPDATE

Consideration was given to a report presented by representatives of TRFT providing an update on the financial year 2021/22. The discussion of this report was followed by a presentation of court findings relating to a CQC children's safeguarding investigation. Representing the Trust were the Deputy CEO, Deputy Chief Nurse, and Director of Performance. In respect of the Annual Report, it was noted that the Trust is organised into several divisions: medicine, surgery, urgent and emergency care, community, family health, and clinical support. The presentation noted key decisions and changes that had been implemented throughout the year, including setting up community as its own division, and responding to significant challenges presented by COVID-19. Successes were highlighted, including the award of funding which had been utilised for evolution and development of IT and command centre functions, and the return of the Trust to a financially balanced position following a cost

improvement of £5 million. Areas for improvement were also noted, including the outcome of CQC inspections which rated two areas as requiring improvement: urgent and emergency care and medicine. It was noted that the outcomes are not a focus; the focus of the Trust is safe and effective care. Good CQC outcomes will be a positive by-product of the work being done to deliver safe and effective care. The response to the staff survey had been the highest ever for the Trust, and one of the better response rates nationally, with 60%. The new strategy Our Journey Together was launched during the year, with focus on patients and partners. Improvements in results went from bottom quartile to the median within a two-year period. Developments in the capital plan and strategic investments were noted, including a web-based platform to improve accessibility, a refurbished stroke unit, energy efficiency, and staff wellbeing developments. In terms of performance, Referral to Treatment Times (RTT) had consistently remained in the top fifteen to twenty Trusts nationally. The emergency department was not working within standard on the pilot. This was an area where other Trusts had also experienced similar challenges. The possibility of returning to the 4-hour target had not been confirmed in writing. Challenges regarding cancer waiting times were noted, as well as successes in elective care with reducing the waiting lists. Staff sickness had fluctuated between 7 and 11 percent, with requirements to use agency staff during the most challenging parts of the pandemic.

Consideration was then given to a presentation of court findings regarding a CQC investigation into historical cases, of October-December 2019 leading into January-February 2020, of four children involved in nonaccidental injuries which were appropriately highlighted to the Trust. Serious incident reports were completed as a result, with investigations internally. The CQC was not satisfied that the actions to take were fully embedded at the time. Going through to court proceedings, the Trust reflected on these historical cases that this was not an adequate level of care that the Trust would expect to deliver to children within Rotherham. The court were clear that no children came to harm as a result of the nonadherence to policy and procedure, but clearly there were missed opportunities. No clinical staff were found at fault for this, but rather the policies, education and training that had been delivered and the embedding of the actions from sustainable learning.

Significant change to safeguarding had been made within the last years in response, including an increase in workforce and a new training programme for staff through the Think Family approach, accessible online. Mandatory training levels were now acceptable wherein most staff are now trained across safeguarding procedures to meet statutory requirements. There was now evidence supported by partners to show the Trust is meeting statutory requirements. These measures were in place to ensure these incidents do not or are unlikely to happen again. The court recognised that the Trust had made significant improvements and had taken ownership of the failings at that time to make the right steps and approaches for prevention in the future. The Trust had been

working with Public Health/NHS England and would continue to do so over the next two years to ensure that the Trust were making sustainable changes. Public Health/NHS England had observed that it was evident that significant resource had gone into to making changes to ensure this does not happen in future. Changes to policies had made these easier to follow, with changes to practice around safeguarding huddles to pick up any missed opportunities to provide an additional safety net.

Members proceeded first to discuss the annual report.

In discussion of the annual report, Members requested more information regarding impact of industrial action on the delivery of safe and effective care. The latest position was that industrial action would not be taking place in Rotherham. If this changed, it would be a challenge, but emergency care would continue with a skeleton staff.

Members felt that the annual report did not reflect the concerns reflected in people's experiences and in the press, which make people not feel safe. Clarification was requested as to why the challenges were not articulated in the report. The response from the Deputy CEO of TRFT noted that recent events from this financial year will be covered in the report following this financial year. The response confirmed that there had been waits for ambulance handovers over an hour. This deterioration was not unique to Rotherham. Where ambulance waits were over an hour, these were escalated to the regulator, identifying what was being done to manage this. The Trust was experiencing significant pressures with acuity, flow, length of stay, and people requiring medical care for longer. The Trust had responded to these pressures by addressing capacity. The Trust was working with partners and with the ICB to find the right model whereby patients could be discharged into the appropriate setting, but an appropriate setting had not yet been found. Given that the greatest difficulty had been seen in the last few months, this will figure in the report that will be submitted next year.

Members requested more insight into whether it was felt that the current model for the urgent and emergency care centre is working. The response noted that the urgent and emergency care centre facility was a modern facility fit for purpose but seeing increasing numbers of patients. It was designed for 200, reaching to 250, patients at most. It frequently now saw 300, sometimes as many as 360 patients. In terms of how it was managed, a return to the previous 4 hour target was welcomed. It was clarified that, as a pilot site, the UECC worked to a new set of standards in a testing phase since May 2019. An emerging discussion of whether the 14 pilot sites would return to the previous 4-hour standard, which other Trusts currently work to. This meant a different way of working for teams, which created operational impact that in turn affected how patients are treated within the facility. At the moment, the UECC worked to a different set of standards which potentially meant that patients had a different experience. The outcome of this national discussion was not yet known but was imminent. The UECC compared to the traditional A&E

department had the same functionality. The UECC brings primary care into the facility so there was a single front door. It saw the same types of patients, other than the fact that it was not a tertiary or major trauma centre. This was appropriate for this size of District General Hospital (DGH).

Members expressed desire to hear more frequent updates rather than receiving feedback on the previous financial year following the annual report. The response from partners identified the timescales associated with producing the annual report and welcomed the opportunity to bring periodic updates upon request. The information was released into the public domain, and the earliest opportunity to bring an annual report was in September. Members expressed interest in periodic updates, especially regarding the improvement and pressures in the emergency department.

Members requested information regarding pressures around discharge and increased length of stay for patients who are medically fit for discharge. The response noted that patients ready for discharge are monitored on a daily basis. Typically there were on average forty to fifty patients awaiting discharge. In difficult times, this number has reached 74. The Trust was not an outlier in this, as other Trusts had similar levels if not higher. There was one other Trust not far away that did have far lower patients waiting for discharge. This was achieved by using a home assessment model. Therefore, Rotherham was looking to pilot the discharge to assess model. The other approach was looking at care home capacity. Rotherham MBC colleagues had been proactive in securing additional care home capacity, in addition to home care support as well. As patients within an aging population had more co-morbidities and more complexity, it became increasingly more difficult to find the right setting.

Members sought more information around impacts on radiology and pathology on service provision and timely monitoring. The response described two business continuity incidents where systems went down, specifically related to routine IT development and maintenance. The Gold Group managed the incident. Services switched to manual, and in both instances were up and running quickly. There had been legacy issues on the more recent incident, which were resolved the next day. No patient harm was seen as a result. There were no delays in terms of radiology and results, as these systems stayed operational throughout. The electronic patient care records and prescribing were immediately reverted to paper.

Members sought assurances that it was felt that everything was being done through the ICS that could be, and that the right preparations were in place for use of Winter funding. In terms of the ICS and admission avoidance, there is GP out of hours, in terms of ICS cooperation support, we have worked to support the Trust with various schemes. It was felt that the Trust was receiving the support needed. The system was awaiting clarity on funding that would be received, as the moneys would be concentrated on areas of the system that were struggling, which was likely

not to be seen in Rotherham. Whilst funding is eagerly received by the NHS broadly, the Trust were not yet clear on what that would mean for Rotherham. The response from the Deputy Place Director noted that Place partners were working on an integrated model for admission avoidance and discharge. This model involved working collectively on admission avoidance and discharge from hospital to improve flow. Regarding the funding, there was money for discharge and for mental health, it has to be spent on additional provision, so it was being considered what would be done with this fund over and above what is already in place in the Winter Plan.

The Strategic Director of Adult Care, Housing, and Public Health noted regarding challenges around discharge, that across the system, workforce was a significant challenge. After COVID-19, many adults in Rotherham did not return to work across all the employment opportunities in the Borough. Without the potential employees needed to deliver services, this created a pressured situation. Urgent meetings were held three times each week with the Trust and the Multi-Disciplinary Teams. As a Place, everything possible was being done, including placing staff in UECC to divert patients who did not need to be there. Any issues were escalated. If there were patients within the Trust from other local authorities, these were managed as quickly as possible to reduce local impact. Every opportunity was taken to make a difference, and a collective effort was being made, acknowledging that no one wants to stay in the hospital longer than necessary, but the challenge was understood. Regarding the £500 million that had just been announced, if there were time to plan, the workforce would be examined, but time to plan had not been allowed. Initiatives had to be formed around what could be delivered now, as it was not possible to recruit a workforce in the space of a few weeks.

Members then proceeded to discuss the court findings.

Members requested clarification around what led to the past failings and the role of culture change in preventing future failings. The response noted there had been complex policies that were not as accessible as these needed to be, and without the safety nets in place. Whilst this could appear as reflective of culture, this was why the Trust had brought in the education programme and the Think Family approach. It was not something that was caused by people not seeking out policy due to culture necessarily but was more to do with needing better policies and education and training to be provided. A different leadership structure had been put in place since the events, so the culture had changed also. From a governance perspective, there was now much closer scrutiny on reporting from ward to safeguarding board, and reporting against that was much more rigorous on this agenda than before. Changes to executive teams had been made as well. A monthly delivery group looked at delivery of key metrics on the “must” and “should do” actions advised by the CQC. Daily audits gave real time information on how the Trust was performing in these areas.

Members requested more clarification around how red flags and possible red flags were now progressed. The response noted that the changes in place now required red flags to be progressed for non-mobile babies, for example, or if a child had been in more than once before the age of one. Safety net processes were in place if a red flag were to be missed, as the red flags can be fragile. There was a process now that every child now went through a safeguarding huddle the next day that was facilitated by the access to safeguarding team. There was access to safeguarding advice 24/7, either within the Trust or through social care. The referral system working in partnership with social care was receiving positive feedback.

Members expressed desire to understand how failings in children's safeguarding could have been allowed to happen, given historic lessons learned in Rotherham about the importance of safeguarding. The response acknowledged that the Trust did not give the care that they would have expected at the time. It was felt that the Trust was in a position to be able to give assurances that learning had been implemented and the right support and care was in place now. The Trust looked not only internally at processes; there was attention given to recommendations from relevant cases and findings from elsewhere as well. These recommendations are reported through to the Trust, which informs how the Trust maps their own performance against safeguarding to ensure that the Trust was learning from other cases that were unfortunately very sad, to ensure that something was not being missed.

Members sought more information about how the findings in the Jay and Casey Reports for all the public agencies had not been embedded system wide. The response did not dispute that the Trust failed in its duties, which was exceptionally disappointing. So that it did not happen again, the Trust had seen there was commitment. The time had been provided to undertake the training. The Trust had changed a range of processes. NHS England had done a recent visit, and the findings from that had been positive. The past could not be changed, but could be learned from, and it was felt that the Trust had learned from this. The response from Members noted that more assurances were desired around pressures in the emergency service, and a further update at the next meeting was desired.

**Resolved:-**

1. That the report be noted.

2. That a further update be submitted to the next meeting in respect of the emergency department.

## 43. ROTHERHAM PLACE PARTNERSHIP: WINTER PLANNING

Consideration was given to a presentation by the Deputy Place Director of Rotherham Place in respect of the Winter plan response to seasonal pressures encountered by Place Partners in delivery of health and social

care services. The Plan had been developed in collaboration with all Place Partners based on learning from previous years, and including learning from the Thinking Differently for Winter workshop. The Plan had been agreed through the Urgent Emergency Care Board. The presentation highlighted what will be different this year and noted anticipated challenges. Specific innovations and challenges around Winter Planning were noted in respect of acute services, community services, primary care, children and young people, mental health, and system wide approaches.

In discussion, Members expressed interest in hearing more about urgent care and the wider system efforts to promote self-help, acknowledging that children and particularly babies can become very unwell very quickly. Members wished to know more about how this self-help advice is handled and if risks had been considered in forming this guidance. The response from the Deputy Place Director noted that a thorough description of what is being done to provide guidance and give clarity to parents and carers on where to seek advice was available from a staff member who would be in touch with the detailed answer following the meeting.

In regard to workforce challenges, Members sought assurances that these were being addressed and that everything that could be done locally to provide enhancements was being pursued. Members noted that the workforce have gone through the pandemic and received quite an insulting pay rise. Details were requested around intentions of the ICB to progress incentives of other kinds. The Deputy CEO of TRFT noted that the Trust was working to implement health and wellbeing measures to support staff. This had included considering making hot meals available during the night, which has not been previously available but was being considered. Ringfenced capital was available for the purpose of supporting staff. It had been noted that staff sickness levels were up, and fatigue was evident. The Trust had observed it was a very challenged workforce at the moment.

Members requested clarification around the first primary care and health access in terms of clinicians that are available and whether this varies among Primary Care Networks (PCNs). The response from the Deputy Place Director noted that this did vary, but all PCNs were increasing their access in the way they saw fit. Additional appointment times and extended access service added capacity over the weekends and into the night.

As regards public health measures and prevention of admissions, Members requested more information around what is being done to encourage self-management of illnesses at home. The response from the Director of Public Health indicated that there was education through schools on the prevention side as well as an examination of unnecessary attendances at A&E. The findings showed that most attendances are very much necessary. There was not observed to be a proliferation of attendances associated with self-limited illnesses that could be managed

at home. There was further public health work to be done in terms of preventing admissions in the first place. There were significant media and social media campaigns to get advice out through the NHS around pharmacy first approaches.

Members requested further information about what was being done by primary care to achieve admission avoidance. The response from the Deputy Place Director noted that the target nationally was for 70% of people to be seen within 2 hours. Local services were hitting around 85% through the urgent response service. A community hub was also being established locally. It was noted that referrals coming in through GPs were then triaged and passed on to the appropriate clinician. The multi-disciplinary team (MDT) approach continued striving to reduce admissions by looking at ways these may be avoided.

Members indicated a desire to know more about plans in place to deliver the work with the voluntary and community organisation sector. The response from the Deputy Place Director noted that the post was originally separate, so there was work to ensure the post can access through social prescribing.

Members requested assurances that every contact will count during the challenging winter season. The response from the Deputy Place Director noted that in terms of cost of living challenges, Age UK provided a discharge service to support all patients on pathway 0 (without support) or pathway 1 (with support such as home care). This service provides a health and welfare check, so that concerns around cost of living can be picked up. Further work through the Warm Welcome scheme and through libraries providing warm spaces was also noted. From a strategy perspective, when the Place Plan was refreshed, emerging needs around the Place would be taken into consideration, including a wider communications plan to address emerging needs.

**Resolved:-**

1. That the report be noted.

## 44. SCRUTINY REVIEW RECOMMENDATIONS: COVID-19 CARE HOME SAFETY

Consideration was given to a summary of findings and recommendations from the spotlight review of Care Home Safety during COVID-19. These findings remained relevant as Rotherham Place headed into what was expected to be a challenging winter season. The spotlight review obtained assurances that key learning was being captured and robust procedures were in place to protect care home residents and workers. However, the review also found that workforce challenges presented real risk to optimising safety for residents and workers in care homes.

**Resolved:-**

1. That the following recommendations be submitted to Overview and Scrutiny Management Board for consideration:

    a) That the learning from the pandemic and ongoing needs in respect of care home safety be noted.

    b) That the service consider how the Council may help support recruitment and retention within the care sector.

    c) That consideration be given to how best to retain where possible the benefits of supportive models such as regular engagement, access to training/guidance and the IMT approach which were adopted during the pandemic.

    d) That outcomes of forthcoming reviews by the Health and Wellbeing Board on learning from the Pandemic be considered for scrutiny.

## 45. WORK PROGRAMME

The Chair noted changes to the work programme:

- The item on Drug and Alcohol Recovery Services had been deferred to 2023 to allow the new service contract to be tendered and commissioned.
- A Scoping exercise for the Oral Health Review had been conducted and the outcome included on the schedule of work. Members were encouraged to make representations prior to 1 December if any further addition to this scope is desired.
- Outcomes from the spotlight on Access to Primary Care would be received at the next meeting.
- Upcoming updates from Healthwatch were reflected against the meetings where they would speak to specific items on the agenda. Healthwatch would also speak to the workshop on health inequalities, where Members will review the findings of the Health and Wellbeing Board review in respect of alleviating disparities in access to health and care services and information and in healthy life expectancy in Rotherham.

In discussion, Members emphasised the need for scrutiny to examine the local risks and findings associated with damp or mouldy conditions in housing accommodation. The response from officers noted that these concerns would be raised as part of the relevant scrutiny reviews of private sector housing and cost of living currently on the work programmes of Improving Places Select Commission and Overview and Scrutiny Management Board.

**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.

3. That risks and findings associated with damp and mouldy conditions in housing accommodation be raised with the relevant scrutiny Chairs for consideration as part of reviews on the scrutiny work programme.

## 46. URGENT BUSINESS

The Chair announced that there were no urgent items requiring a decision at the meeting.

## 47. DATE AND TIME OF NEXT MEETING

**Resolved:-**

1. The next scheduled meeting of Health Select Commission will be held on 26 January 2023, commencing at 5pm in Rotherham Town Hall.

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# Rotherham Health Select Commission

**The Rotherham NHS Foundation Trust Update on Urgent and Emergency Care and Trust wide pressures**

Michael Wright – Deputy Chief Executive
Sally Kilgariff – Chief Operating Officer

# NHSE Field Test Standards

- TRFT is one of 14 field test sites that piloted the new standards to replace the 4 hour target. Commenced 22nd May 2019

- Agreed with commissioners & NHSE/I daily reporting against 4 key indicators:
  - Time to initial assessment -
  - Mean total wait
  - Time to be seen by a clinician
  - 12 hours waits in department

- This resulted in the need to change how Emergency Care is managed with patient risk being a key focus.

- The latest NHS planning guidance has confirmed that all Trusts will work to the four hour standard, with the expectation that all Trusts will achieve 76% by the end of 2023/24.

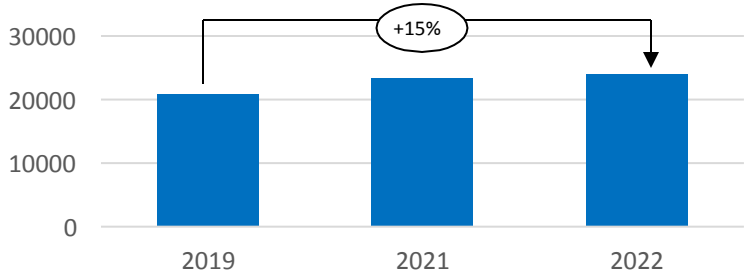
# Update on Recent Operational Pressures

- Demands on urgent care were particularly challenging in October and November, with the Trust being on level Operational Pressures Escalation Level (OPEL) 4 for a number of weeks during this period which continued into December.

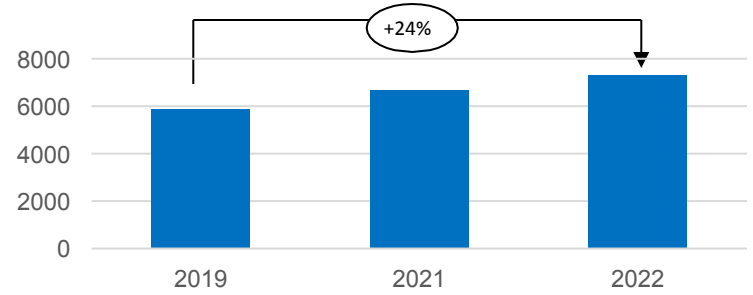
- Attendances in UECC across Q3 (October to December) were just slightly up on 2021 levels but 15% up on 2019/20, with admissions 9% higher than last year and 24% above 2019/20 levels for those three months. However, the vast majority of the increase in admissions was driven by zero length of stay activity.

- There was a significant increase in the number of children attending UECC in November and December – almost a 40% increase on the same months in 2019, and more than a 20% increase on 2021.

**Number of UECC attendances, October-December**



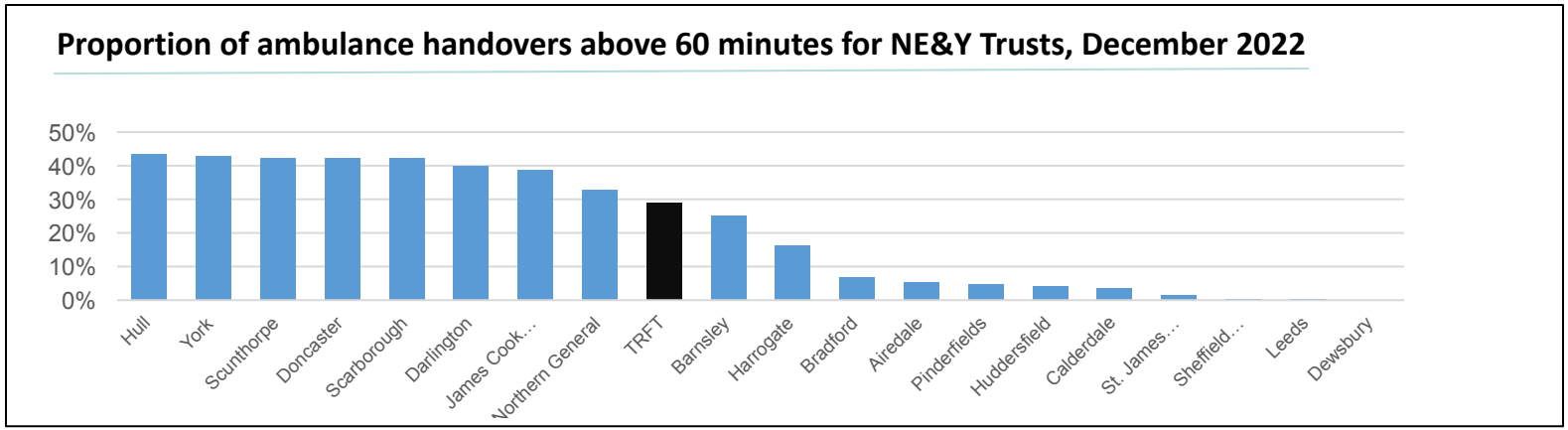

**Number of Admissions from UECC, October-December**



# Ambulance Handovers

- The proportion of ambulances exceeding a one hour handover in November exceeded 21%, equating to more than 11 ambulances a day waiting more than 60 minutes in the month. This compares to 17% in the same month in 2021. In December, pressures increased further at the front door, with 29% of ambulances waiting more than an hour to handover.

- It is worth noting that the Trust was still in the middle of the pack within North East and Yorkshire for ambulance handover delays despite this deterioration, through the combination of high demand at the front door, the ongoing Covid-19 demand, new flu-demand and high levels of staff sickness.



# Discharges and Length of Stay

- The numbers of long length-of-stay (21+ day) patients fell slightly in Q3 to just over 60 patients at the end of November, but remained at the equivalent of two wards of patients. This is a similar level to 2021. A slightly higher number of patients currently have ‘no right to reside’, so are ready for discharge.

- The most recent benchmarked data (January 2023) shows that the proportion of patients in the Trust for more than 21 days has now increased to 17%, compared to a national average of 21%.

- Additional bridging services (social care) and resource in the community came on line in November 2022, with Discharge to Assess gradually coming on stream

- Regular meetings with partners including social care have taken place, to escalate key issues and take action to support discharge challenges.

# Covid-19 and Flu Update

- As at the 17th January 2023, the Trust had 17 COVID-19 positive inpatients and has cared for 5,966 COVID-19 positive inpatients since the start of the pandemic. The Trust was one of the most highly COVID-19 impacted Trusts in the country.

- The Trust was also saw high numbers of inpatients suffering from flu. At the peak in December, there were over 50 inpatients being treated for flu.

- Respiratory syncytial virus (RSV) was also a challenge for the Trust.

- Strep A concerns resulted in significant numbers of children attending UECC in December. Similarly, Sheffield Children's Hospital saw record attendances in December.

# Waiting Times in the Urgent & Emergency Care Centre (UECC)

- Despite all of these increased challenges, the proportion of patients waiting over 12 hours in A&E remained at similar levels to previous months in November, although this was an increase on 2021 levels, with an additional approximately 230 patients waiting over 12 hours in department before being discharged or admitted.

- The figures demonstrate the intense challenges experienced in the Trust in recent months, through the combination of high demand at the front door, the ongoing Covid-19 demand, new flu-demand and high levels of staff sickness.

- These led to increasing complexity around cohorting of patients within the Trust, in order to minimise the cross-infection risk to both staff and other patients, particularly given the two strains of Flu that we are managing for.

# Actions Taken

- A number of actions have been taken to alleviate the current pressures within the Urgent and Emergency Care Centre, including:
  - Relocation of primary care to a separate area to alleviate pressures in the waiting room and release room capacity to see more patients
  - Chief Executive led weekly acute performance meeting with teams to deliver improvements
  - Chief Executive led Acute Care Transformation Programme to drive more significant changes in a sustainable way, including changes to pathways, workforce planning, patient experience
- We took a number of actions to specifically address increased demand in paediatric attendances including additional support, nursing and medical staff on the ward

# Industrial Action

- Nursing colleagues at the Trust did not taken strike action in Rotherham

- The Trust responded to Industrial Action taken by Ambulance services on the 21st Dec and 11th January. The Trust set up a Gold command in response to the action. On the dates, Ambulance conveyancing reduced by 30%

- The key challenge for the Trust was to achieve 15 minute ambulance handovers. In the main, this was achieved

- Elective activity levels at the Trust were not adversely impacted as a result of the industrial action.

# Workforce Challenges and Actions

- The workforce has delivered patient care whilst managing the impact of the pandemic for almost 3 years

- Staff sickness has increased over the pandemic period, although did reduce in the final months of 2022. At the peak, just over 9% of colleagues at the Trust were absent from work due to sickness including COVID. More recently, this has reduced to 5.8%

- A number of actions have been taken to improve health and wellbeing of colleagues at work.
  - Introduction of Health & Well-being Champions
  - Introduction of a Workplace Disability Advisor to support with reasonable adjustments process
  - In 2021/22 the Trust spent £555k on staff wellbeing projects including a number of refurbished kitchens, rest rooms and new locker facilities

  This year, the Trust has committed £300k on further staff wellbeing projects, including staff room upgrades and staff shower and changing facilities

- The National Staff Survey is the prime tool for measuring how the workforce feels. The results for the Trust along with how the Trust compares nationally will be published in the coming weeks.

# Conclusion

- A very difficult winter so far with higher demand than previous years, as well as infection, prevention and control challenges to manage and increased staff sickness

- A number of actions taken to improve patient care and waiting times, focussed on managing the greatest clinical risk

- Focus given to tangible changes which will improve the health and wellbeing of staff

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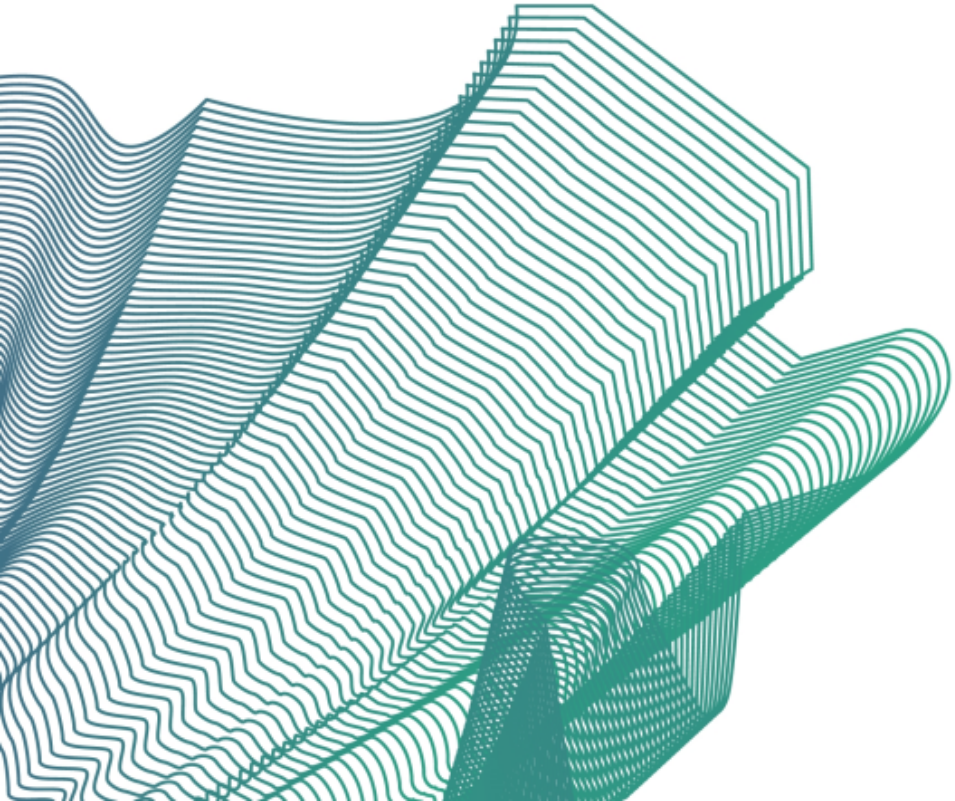
ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP I HEALTH AND SOCIAL CARE

# Rotherham Place Mental Health Services February 2023



NHS South Yorkshire Integrated Care Board

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

VoluntaryAction Rotherham

CONNECT HEALTHCARE ROTHERHAM CIC

# Contents

- Patient Outcomes – examples
  - *IAPT Recovery Rate*
  - *Early Intervention in Psychosis*
- Outcomes Development (Dialog+)
- Quality KPIs / Safety & Quality Dashboard
- Memory Service Backlog Clearance Update
- Assessment & Formulation Service Backlog Clearance Update
- Rotherhive Update

# Patient Outcomes

## IAPT

- The proportion of people completing treatment who have achieved recovery as indicated by the prescribed outcome measures - Target 50%
  - November 2022 – 52.1%

## Early Intervention in Psychosis

- National Clinical Audit of Psychosis (NCAP) Annual Audit

| NCAP Audit Domain | Score 2021 / 2022 |
|---|---|
| Timely Access | Top Performing |
| Effective Treatment | Top Performing |
| Recording Outcome Measures | Performing Well |
| Service Set up | Top Performing |
| Children & Young People | Top Performing |
| **OVERALL** | **TOP PERFORMING** |

# Outcomes – Development

- Care Programme Approach (CPA) introduced 1991 to provide a framework for effective mental health care for people with severe mental health problems.
- October 2021, NHS England and NHS Improvement recommended the use of three core Patient Rated Outcome Measures (PROMs) to help assess a Service User's mental health and wellbeing needs
- **DIALOG** is a scale of 11 questions which allow a service user to rate their overall quality of life and experience of the care they receive. It identifies a Patient Rated Outcome Measure (PROM) from the initial 8 questions on life domains, and a Patient Reported Experience Measure (PREM) from the final 3 questions on the treatment they are receiving.
- **DIALOG+** builds on the DIALOG scale to provide a full therapeutic intervention using a 4-step approach based on solution focused therapy and has been specifically developed to make routine patient-clinician meetings therapeutically effective.
- Implementation of DIALOG and DIALOG+ underway

# Safety & Quality Dashboard

| Indicator | Narrative |
|---|---|
| Incidents | 77% of incidents due in November 2022 near miss/no harm/minor incidents were closed within 21 days. 89% of moderate incidents were closed within 28 days. 100% of major/catastrophic/death incidents were closed within 60 days. |
| Duty of Candour | There were 3 Duty of Candour incidents in November 2022 which is a decrease from 4 in October 2022. The Relevant Person has been notified verbally and in writing within 10 working days for 2 of the 3 incidents. For the third incident, there was no next of kin in the notes. |
| Serious Incidents | There were 2 new SIs reported in November 2022.<br>There have been zero never events.<br>There have been no grade 3 or above pressure ulcers reported in the last 12 months. |
| Complaints/FFT | 2 complaints were received in November 2022. 2 formal complaints were responded to in November.<br>10 PALS contacts were made.<br>0 MP letters were received in November. |
| Safeguarding Training | Safeguarding training compliance is consistent with the previous month. Safeguarding Children Level 3 has decreased slightly |
| Infection Prevention & Control | In November 2022 there have been 0 outbreak of infections within Rotherham Care Group. |
| Falls | There were no moderate or above falls in November 2022. |
| RRI | Numbers of restraints has increased to 20 in November from 13 in October. There were 5 incidents of seclusion in November. |
| Medicines Management | There was 0 moderate or above incidents reported in November 2022. |

# Memory Service Backlog Clearance Update

| Month | Waiting List | Average Wait to Assessment |
|---|---|---|
| June 2022 | 568 | 29 Weeks |
| September 2022 | 533 | 21 Weeks |
| October 2022 | 444 | 21 Weeks |
| November 2022 | 433 | 13 Weeks |
| December 2022 | 406 | 11 Weeks |

- Memory Service Locally Enhanced Service commenced September 2022 - reduction in annual review waiting list of 25% to date
- Exponential increase in referrals
- Significant staffing pressures / recruitment challenges
- Note hard work of the team - significantly decreased waiting time and waiting list despite challenges

# Assessment & Formulation Backlog Clearance Update

| Month | Patients Awaiting Triage | Patients Awaiting Assessment | Average Wait to Assessment |
|---|---|---|---|
| June 2022 | 300 | 800 | 15 Weeks |
| October 2022 | 6 | 613 | 18 Weeks |
| December 2022 | 13 | 573 | 19 Weeks |



- Increase in referrals
- Significant staffing pressures / recruitment challenges
- Review of A&F delivery model
- Note hard work of the team - significantly decreased number of patients waiting for triage and assessment despite challenges

# Rotherham Place Partners Mental Health Update

**Health Select Commission – Action 7**

The ICP partners seek to collaborate with Speak-up around accessibility and inclusion work in respect to Rotherhive

**What did we do:**

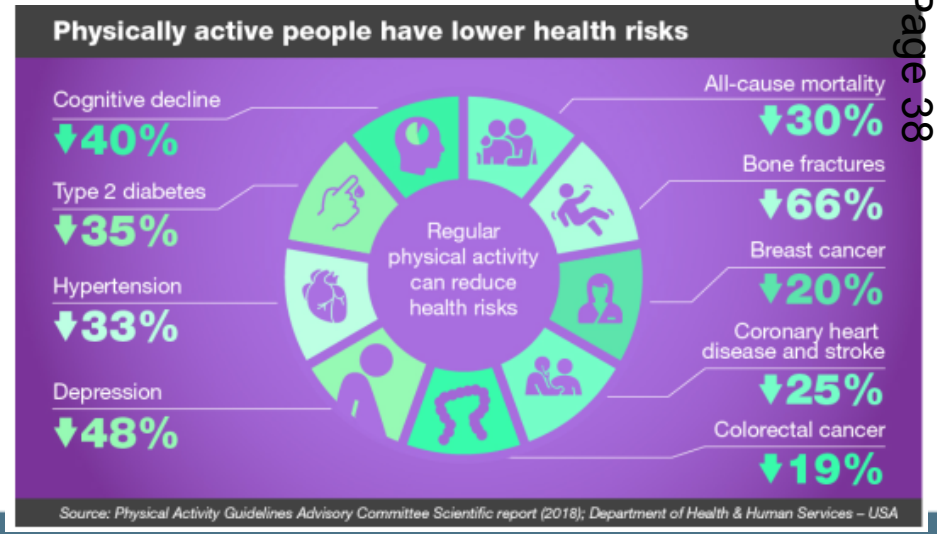
- We met to talk about Rotherhive and how we could work together to make it easier to use.
- A big thank you to Megan and the Speakup team.
- Speakup wrote a report about Rotherhive and created two easy read leaflets for Rotherhive (Ways to get a better sleep and Pain Management).
- We are now looking at Rotherhive to update and add new leaflets onto the website.
- We will work together to make people aware of Rotherhive and the new easy read leaflets.

# Strategic Physical Activity Update

Gilly Brenner, Consultant in Public Health
Chris Siddall, Head of Sport, Leisure and Strategic Partnerships
Norsheen Akhtar, Development Manager

# Why physical activity matters

- Inactivity in Rotherham > national average
- Almost 1 in 3 inactive (<30 min/week)
- Higher rates in some groups, inc LTC with most to gain in terms of reducing risk
- It's everyone's business
- Less sedentary lives
- It's fun!



# Background

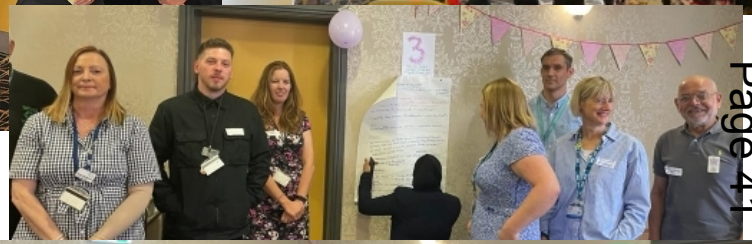
- Local Authority Healthy Weight Declaration Jan 20 – food and physical activity
- Strategic review of Physical Activity Jul 21
- Initial findings: H&WbB Nov 21, Health Select Feb 22
- Lots of ambitions, then prioritised into 4 key themes

# 4 priorities

- Normalising physical activity / building a social movement
- Employers supporting the workforce to be active
- Front line workers confident to talk about and signpost to physical activity
- Strengthening social prescribing, including embedding physical activity

# Big Conversation Event

- 4th July, Town Hall
- >70 people, wide range partners inc VCS, health
- Started to flesh out conditions to make the ambitions realised
- Individuals signed up to the priority they will work on



# Normalising activity

The future (2040) aspirations include:

- Lots of diverse ways to be active throughout the year
- Localising, asset-based, lived-experience-led
- 15 min neighbourhoods – amenities and leisure close to home
- Sustainable hubs in communities, health settings, schools, …
- Safe, accessible, green & blue open space for leisure & social activity
- Perceptions of safety are improved as more people are out and about actively
- Link to active workforce priority eg active commutes
- Link to social prescribing priority eg active waiting lists

# Active workforce

The future (2040) aspirations include:

- Accessible inclusive facilities locally provided
- Flexible working to enable activity to be embedded in the day
- Facilities to enable active commuting and activity locally
- Cycle schemes and e-bike hire
- Improved/subsidised access to classes / gym facilities
- Non-sedentary workplace culture / norms including taking time away from desks, walking meetings, etc

# Front line workers MECC

The future (2040) aspirations include:

- Compassionate approach
- Provision can be targeted at those most requiring support to get active
- Routine, dedicated physical activity MECC training
- Easy to signpost as activity opportunities are numerous, embedded in communities, and are safe, inclusive and accessible
- Networking and evaluation to share what works

# Strengthening social prescribing

The future (2040) aspirations include:

- Stability through longer-term commissioning
- Using evaluation and data to demonstrate value and reduced health care costs through prevention
- Devolvement to communities eg participatory budgeting
- Greater collaboration across sectors of prescribers & providers
- Social prescribing across life-course
- Opportunities to be active are numerous, embedded in communities, and are safe, inclusive, accessible & affordable.

# Common themes

- Accessibility and inclusivity
  - awareness of culture/ethnicity, financial, location, breadth, gender, disabilities, age
- Choice
  - working with communities, co-designing to fit needs
  - activity opportunities easy to find, eg website finder search
- Imagery
  - representative, inclusive

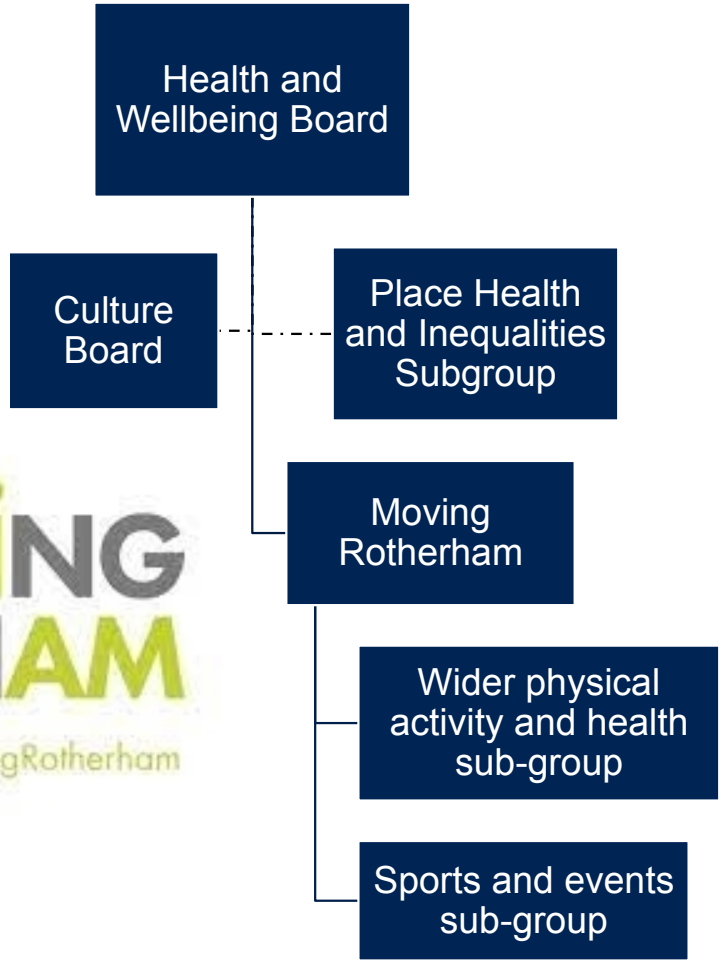
# Governance clarity

**Priorities**

- Active Environments
- Active Communities
- Active Champions
  - Social movement campaign

MOVING ROTHERHAM

@MovingRotherham #MovingRotherham



# What next?

- Big Active Conversation in January – plans developed,  agreed and adopted with delivery responsibilities
- Moving Rotherham governance re-launched
- Moving Rotherham wider partners continue Big Active Conversations once a year to celebrate, review progress, share learning and plan for the next year

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

**Committee Name and Date of Committee Meeting**
Health Select Commission – 26 January 2023

**Report Title**
Scrutiny Review Recommendations – Access to Primary Care

**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 254352 or katherine.harclerode@rotherham.gov.uk

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

**Report Summary**
This report summarises the findings and recommendations of the Health Select Commission spotlight review into access to primary care. The review was prompted by insight provided by Healthwatch Rotherham regarding continued inquiries from residents who were having difficulty accessing GP appointments.

**Recommendations**

1) That the report be noted.

2) That the findings and recommendations contained in the report by Healthwatch Rotherham into “Accessing GP Services in Rotherham” be noted.

3) That the following recommendations be submitted to Overview and Scrutiny Management Board for endorsement:

   a) That consideration be given to how to develop better understanding among patients of how to recognise symptoms as needing medical attention, where to seek help, and in what timeframe.

   b) That Rotherham Place, including NHS South Yorkshire and the Council, give due consideration to enhanced safety-netting to mitigate risks associated with an increasingly patient-led model of care initiation and follow up.

c) That Place partners, including the Primary Care Networks (PCNs), consider how to expand patients' understanding of the wider options when seeking medical advice, with a view to expediting consultation with the most appropriate professional or service to be able to address their need.

d) That consideration be given to how all Place Partners demonstrate shared responsibility to communicate honest wait times, where this information is available, for all services system-wide.

e) That NHS South Yorkshire consider how messaging and communications will figure in managing patient expectations around waits in the evolving model of care.

f) That consideration be given to how Councillors may play an expanded role in publicising available options and managing expectations among Rotherham residents as the sector works toward a new model of care responsive to the ongoing resource pressures on health services.

g) Whereas recruitment remains a limiting factor for expansion of social prescribing, that recruitment to social prescribing roles be prioritised, and consideration given to how to make participation in social prescribing in Rotherham more attractive to professionals.

**List of Appendices Included**
None

**Background Papers**
"General Practice Access." Presentation.

"Accessing GP services in Rotherham: A report into how Rotherham residents access GP services." Healthwatch Rotherham.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**
None

**Council Approval Required**
No

**Exempt from the Press and Public**
No

**Scrutiny Review Recommendations – Access to Primary Care**

## 1. Background

1.1 During the pandemic, Healthwatch Rotherham reported an increasing trend of inquiries from Rotherham residents who were having difficulty obtaining primary care appointments with their local General Practitioner (GP). Many residents had the ability to access appointments with their GP when they were sick or if they needed needed medical advice, but not all residents were able to do so. This signalled a health inequality that needed to be addressed.

1.2 The Council Plan includes the theme that people are safe, healthy, and live well. The ambition of this theme is to promote physical and mental wellbeing for all Rotherham residents, and to ensure that health inequalities are addressed. Councillors are aware that GP appointments play a key role in safeguarding and in helping people live independently for longer, because GPs often help signpost people to access other services that promote physical and mental wellbeing and safety.

1.3 For these reasons, Health Select Commission undertook a spotlight review of access to primary care in April 2022. Participating in the review were Cllrs Atkin, Cooksey, Elliott, Griffin, Havard, Hoddinott, Keenan, McNeely, Sansome, Thompson, Wooding, and Yasseen (Chair). The review consisted of a consultation with Rotherham Healthwatch to understand the trend in inquiries received as well sample feedback obtained from Rotherham residents around access to GP appointments. Then the Councillors met with the Head of Commissioning for Rotherham Place and the Chair of Rotherham Clinical Commissioning Group to discuss the current challenges facing GPs nationally and locally.

## 2. Key lines of inquiry

2.1 **Whose responsibility is access to GP appointments?**

Contracting with GP surgeries within the PCN was discussed. It was noted that each of the GP surgeries is an independent contractor within the PCN. The contract defines who should deliver services but does not define how the services are delivered. There are 28 practices within Rotherham and 3 different types of contract:

- GMS – Is the national standard contract with no end date – a GP has to be signature to the contract
- PMS - is another form of core contract but unlike the GMS contract, is negotiated and agreed locally by CCGs - the majority of Rotherham practices are on this contract with no end dates – again a GP has to be signature to the contract
- APMS – is a more flexible contract and has an end date, normally at 5 years and enables non GP led organisations e.g. third sector and private companies to undertake primary care – we only have

2.2 Parity between practices was discussed. The National GP contract provides for all practices to receive the same global sum amount, there are no variations to this for Rotherham. The Place has discretion for investment in local incentive schemes in Rotherham such as the Quality contract and

Innovation Fund. The same element of multi-disciplinary team (MDT) resource is allocated to every practice. It is up to the individual practice how they use the resource. There is variation in uptake, but opportunity for access is the same across all practices.

2.3 General practice functions as part of the wider community with services, for example, urgent mental health care, maternity care, and diabetes support. All of these services can be provided from within practices based on the strong relationships across health and social care. General practice has evolved to be a prevention led service e.g. screening, immunisation, case finding, chronic disease monitoring. The Rotherham GP ratio is 0.46 per 1000 patients compared to the national ratio of 0.45.

2.4 **What is considered a reasonable waiting time for an appointment?** The Quality contract includes requirements for urgent appointments within 24 hours and routine appointments within five days.

2.5 **How is access being optimised and effectiveness monitored?** The importance of effectiveness was discussed, including the need for patients to have confidence that they will receive the right diagnosis and treatment from a single appointment, rather than attending a series of appointments each with time lapse whilst seeking a solution. A GP is a generalist, rather than a specialist. It is therefore appropriate for a GP to care navigate patients to appropriate expertise both within and outside the practice.

2.6 Before the pandemic, six Primary Care Networks were put in place, each PCN was a grouping of practices to deliver services sustainably, share good practice, and share the workforce for additional roles. Extended access was also put in place, with weekday and weekend services in place 365 days a year. Tele-dermatology was introduced, which enabled an image to be sent to a consultant dermatologist enabling quicker diagnosis and treatment. The Rotherham Health App was implemented providing an alternative form of contact with practices and access to medical information.

2.7 During the pandemic, general practice had to adapt quickly to the country locking down. All practices transitioned from minimal telephone/video consultation to wider facility with these modes of consultation. The national mandate was to cease all routine work. Practices set up a ‘hot’ site and ‘hot’ visiting to ensure practices were not continually having to close down rooms because of infection control. Extended access continued, but also moved to support, predominantly by telephone, 365 days a year. General practice in Rotherham also led the vaccination programme.

2.8 General access capacity was examined, showing that Rotherham’s recovery of appointments compared to pre-pandemic levels was the best in South Yorkshire. Rotherham primary care has, since June 2021, met or exceeded pre-pandemic levels of appointments with a focus on recovery, Further focuses were sharing good practice, moving from a reactive to proactive model as the pandemic waned, and encouraging the use of the Deep Vein Thrombosis Local Enhanced Service.

2.9 A breakdown of Wider Access Fund and Extended Access appointments and PCN access appointments was discussed showing that 52% of appointments were same day for the period between April 2019 and February 2022. In the early phase of the pandemic, telephone consultations made up 43% of appointments, with 54% face to face. By early 2022, roughly two-thirds of all appointments were being conducted face to face.

2.10 All practices except one were on hosted telephony systems to improve call waiting times and extra resources had been identified to sustain increased capacity for call answering throughout 2022, including support for demand over the winter period. Over 20,000 patients were registered for the Rotherham Health App, utilising this for booking appointments, ordering repeat prescriptions, and checking symptoms. The Primary Care Networks were well-established with many coming together to deliver areas of work, for example, vaccination arrangements, same day appointments and minor surgery. Non-clinical vaccinators were trained to support the vaccine programme enabling practices to undertake business as usual.

2.11 **How are options being communicated to patients?**
There was a desire within the health and care sector to see many more clinicians enter the workforce to alleviate pressures, but this was not a realistic projection for the future of the health care sector. It was felt that people want to understand the waits, but public messaging around access needed to do a better job of highlighting the conditions and symptoms when patients need to be persistent to be seen without delay, such as when they are experiencing chest pains.

2.12 The Place needed to inform patients that there was a much wider workforce with much more expertise than within a GP, reminding the public that the GP is a generalist. For example, physios have far more knowledge of musculoskeletal conditions. Pharmacists are much more knowledgeable to undertake medication reviews. Social prescribers have more knowledge of all the available services in place to support patients with a variety of needs, including debt, loneliness, housing, etc. Over 89 whole time equivalent roles in addition to GPs support community care.

2.13 **How are practices taking on board feedback from patients around access?**
Modes of delivery were discussed, including appointments by telephone which were found to work well for some patients but not all. Some patients were better served having traditional 10-minute appointments, face to face. Practices had responded positively to the request to provide a variety of appointment delivery modes. Tele-dermatology in particular was felt to have been an effective digital access format.

2.14 **What are the local and national pressures?**
As noted, the PCNs are currently composed of 28 practices, following mergers. Each clinician sees 40 to 50 patients a day. It was noted that new recruits usually want to work 3.5 days per week, which means it takes two recruits to replace a full-time GP who retires. The recent closing of one local surgery due to quality issues was an example of how small, single-handed

practices can suffer if something happens to the GP. Single points of failure can make a practice difficult to run well.

2.15 Workforce challenges were discussed including, morale, vacancy, retention, and turnover within the workforce that provides primary care. Staff pressures in the UECC were noted, resulting in people going to their own GP rather than the walk-in centre. The Additional Roles (ARRS) supported general practices, for example, paramedics who supported home visiting, trainee nurse associates, health and wellbeing workers, physios, pharmacists, and social prescribers. The available resource had to be used effectively, as demand continues to rise year on year.

2.16 PCNs also had funding for additional roles, including physios, mental health professionals, and clinical pharmacy professionals. There was a general practice training scheme which had no vacancies. The challenge was to retain trainee doctors by making Rotherham an attractive place to work. Many trainees make the decision to leave Rotherham based on belief that there may be better working conditions elsewhere, but the shortages and pressures experienced by Rotherham are experienced everywhere else also.

2.17 **How are local providers responding to national changes, including those ushered in by the Health and Care Act 2022?**
Recognising the complication of long COVID and chronic fatigue, a service had been developed to respond. Outcomes from this service were shared with Health Select Commission members.

2.18 The effects of deconditioning and maturing chronic disease were discussed. Many patients received less attention and routine follow-up during the pandemic. Meanwhile, people did not have a good lifestyle, resulting in deconditioning. This applies to children as well as adults. Services would be responding to this in the coming years.

2.19 Potential impacts on the PCNs associated with the formation of the ICS were discussed. It was felt by GPs that the formation of the ICS could bring additional advantages, or could be on par with previous system. There was a need to make the most of the existing national funding during the window when it is available, acknowledging that, if the Secretary of State gives access to national moneys, these will require working within new parameters of success. Some prevention work, such as social prescribing, could later fall out of favour, requiring the Place to seek out other ways of funding. For this reason, efforts to maximise funding were ongoing.

2.20 As regards funding for specific prevention work, Rotherham were among the national leaders on social prescribing. Social prescribing takes routine nonclinical work away from doctors and empowers people to manage conditions using various services. However, investing in community-based services was required for success of social prescribing. Recruitment had become a limiting factor where there were good ideas but no available staff.

2.21 **What further steps are being taken to improve access?**
Education of patients becomes more important as pressures on the current model of care make evolution necessary. As part of the digitisation objectives of the strategy, the future of the Rotherham Health app involves transitioning into the South Yorkshire App. This app must be responsive to the needs of the patients, promoting equity of care for families. The app is designed to prevent the GP from becoming a bottleneck to accessing care. Further steps being taken were development of a communication strategy that involves digitisation, implementation of patient-initiated follow-up, and a Joint Place Communications Lead between the Council and ICB.

2.22 Care navigation was in place, which enables patients to self-refer into a number of services, either through the Rotherham Health App or, if not conversant with technology, via the practice receptionist. This approach helped residents to have good information around whom to speak to about their situation. Sometimes, this may be a pharmacist or other professional other than a GP, nurse, or AHP (Allied Health Professional). Many people who are experiencing loneliness, for example, end up requesting a GP appointment. The app can help join up efforts across many available services to meet people's needs, alleviate pressures, and release needed capacity. There is then a knock-on effect releasing capacity at hospitals.

2.23 **Conclusion**
There was a need to manage expectations, to be honest about how long waits are, and options that are available to patients. Councillors can assist in helping keep people informed as providers work toward a new model of care that responds to the pressures that are being experienced within all areas of the health sector, locally and nationally. This model of care will build on learning from digitisation during the pandemic and linked up community-based care, in which social prescribing plays a significant role in prevention. It was felt that people have a desire to understand the reality of waits, and to be empowered to make decisions about the best place to go for advice or care. Public messaging around access needed to highlight when patients should be more persistent in certain cases where a patient needs to be seen in person, without delay, such as when there are chest pains. To accomplish this will require a shift in culture in which residents share more of the decision-making responsibility about their own care. This introduces risks, that can be mitigated by excellent partnership working and excellent access to good information. This evolution is necessary to ensure a resilient model of health care delivery continues to provide the right care for all to access at the point of need.

## 3. Options considered and recommended proposal

3.1 Members are recommended to approve the recommendations.

## 4. Consultation on proposal

4.1 Councillors were cognisant of the findings and recommendations contained in the recent Healthwatch report "Accessing GP services in Rotherham: A report into how Rotherham residents access GP services."

Recommendations issued by Healthwatch Rotherham in respect of Access to GP services address the need for greater flexibility and choice as well as accessibility for residents.

4.2 Therefore, this spotlight review by Health Select Commission builds on without duplicating the findings and recommendations of Healthwatch. It is important to credit Healthwatch Rotherham for producing this key background document which gave insight into the experiences of Rotherham residents.

4.3 By reporting on the continued inquiries from members of the public relating to difficulty accessing GP services, Healthwatch Rotherham was instrumental in bringing to the attention of Health Select Commission members the need for this spotlight review. This is exemplary of strong partnership working which makes effective scrutiny possible.

## 5. Timetable and Accountability for Implementing this Decision

5.1 Implementation of any recommendation made to a partner organisation is at the discretion of the relevant partner organisation. Timescales associated with response to recommendations by partner organisations will be determined in liaison with the relevant commissioning partners, with any updates reported to members of Health Select Commission.

5.2 Implementation of recommendations addressed to a directorate of the Council is a matter reserved to the relevant directorate. Timescales for Council directorates responding to scrutiny recommendations are outlined in the Overview and Scrutiny Procedure Rules contained in the Constitution of the Council.

## 6. Financial and Procurement Advice and Implications

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

## 7. Legal Advice and Implications

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

## 8. Human Resources Advice and Implications

8.1 There are no HR implications directly 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 and vulnerable adults directly arising from this report.

## 10. Equalities and Human Rights Advice and Implications

10.1 Members of Health Select Commission have due regard to equalities and human rights in developing recommendations. The aim of this review is to support achievement of the Council Plan objective to address health inequalities.

## 11. Implications for $CO_2$ Emissions and Climate Change

11.1 There are no implications for $CO_2$ emissions and climate change directly arising from this report.

## 12. Implications for Partners

12.1 The implications for NHS partners, including Primary Care Networks, are described in the main sections of the report. Members have regard for the logistical implications associated with making recommendations to outside bodies, as this review does to Rotherham's Primary Care Networks and Hospital Trusts. Implementation of any recommendation is at the discretion of the relevant partner organisation. The recommendations contained in this report are offered respectfully, acknowledging the contributions that have been made by GPs and all health professionals, especially throughout the pandemic.

## 13. Risks and Mitigation

13.1 There are no risks directly arising from this report.

**Accountable Officer(s)**
Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer
Katherine Harclerode, Governance Advisor

Approvals obtained on behalf of:

| | Name | Date |
|---|---|---|
| Chief Executive | | Click here to enter a date. |
| Strategic Director of Finance & Customer Services (S.151 Officer) | Named officer | Click here to enter a date. |
| Assistant Director of Legal Services (Monitoring Officer) | Named officer | Click here to enter a date. |
| Assistant Director of Human Resources (if appropriate) | | Click here to enter a date. |
| Head of Human Resources (if appropriate) | | Click here to enter a date. |
| The Strategic Director with responsibility for this report | Please select the relevant Strategic Director | Click here to enter a date. |
| Consultation undertaken with the relevant Cabinet Member | Please select the relevant Cabinet Member | Click here to enter a date. |

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Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

**Committee Name and Date of Committee Meeting**
Health Select Commission – 27 January 2023

**Report Title**
Work Programme

**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 a revised work programme for Health Select Commission 2022/23.

**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 2021/22 Municipal Year
Minutes of Health Select Commission during 2021/22 Municipal Year
Initial Work Programme - Health Select Commission, 30 June 2022
Revised Work Programme – Health Select Commission, 28 July 2022

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**
No

**Council Approval Required**
No

**Exempt from the Press and Public**
No

**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 prevention-led health and social care strategies and plans, and through looking at the wider determinants of health is 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 2022 Health and Care Act ushers in changes in the commissioning, organisation and provision of health and social care that will remain a focus with 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. HSC 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 seven scheduled meetings over the course of 2021/22, representing a maximum of 14 hours of formal public scrutiny per year – assuming approximately 2 hours per meeting. Members therefore are 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 gives local authorities the power to take actions that 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 30 June 2022, a revised draft work programme for 2022/23 will be developed and presented at the 28 July 2022 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 Updates on evolving changes in Health and Social Care Provision in Rotherham associated with the Health and Care Act 2022 have also been included in the work programme for 2022/23.

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 have been added to the forward plan, and a site visit will also be considered for 2022/23.

2.5 Previous priorities for scrutiny 2021/22 have been mental health, addressing health inequalities, and improving access to services. Prevention, a further priority which will be carried into 2022/23, was agreed on 25 November 2021.

## 3. Options considered and recommended proposal

3.1 Members are recommended to consider priorities for the 2022/23 municipal year as they continue to develop the work programme and forward plan.

## 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 including the Integrated Care Board (ICB) and National Health Service (NHS); and with officers in respect of the scope 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 directly 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 directly arising from this report; however, Members have regard to potential implications for young people and vulnerable adults in compiling and carrying out the scrutiny work programme.

## 10. Equalities and Human Rights Advice and Implications

10.1 Whilst there are no specific equalities implications directly 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 Whilst there are no implications for CO2 emissions or climate change directly arising from this report, members have regard to implications in compiling and carrying out the scrutiny work programme.

## 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, 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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| Date | Item | Scope | Recommendations |
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| | | | |
| 30 June 2022 | Healthwatch | Regular verbal update in respect of recent activity and trends. | 1. That the update be noted. |
| | RDaSH and Mental Health Update | Resolved 7 October 2021, this item presents RDaSH response to previous recommendations and update on current provision of MH services to Rotherham residents | 1. That the update be noted, and that the next update be submitted in 6 months' time, with emphasis on outcomes and quality KPIs and progress with backlog clearance in the memory and assessment and formulation clinics.<br>2. That ICP partners including RDaSH seek to collaborate with Speak Up around accessibility and inclusion work in respect of RotherHive<br>3. That Speak Up circulate the outcomes of current research work with universities to Members, ICP and RDaSH. |
| | Diagnostic Screenings | Resolved 03 Feb 2022, to receive assurances that the place are catching up on routine cancer screenings that may have been paused during the pandemic. A breakdown of information by cancer type and pathway with pre-pandemic comparison. | 1. That the report be noted<br>2. That the next update be submitted in 12 months' time.<br>3. That the outcomes of deep dives be circulated to Members as soon as these become available.<br>4. To extend the reach of awareness campaigns and communications in respect of diagnostic screenings, that the Communications Team collaborate with NHSE partners where possible. |
| | Nominations for Representative | To receive nominations for representative to the | 1. That the item be deferred to the next meeting on 28 July. |

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| | to Health Welfare and Safety Panel | Health, Welfare, and Safety Panel. | |
| | Initial Work Programme | To discuss and suggest items for scrutiny 2022/23 | 2. That the initial work programme be noted.<br><br>3. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement. |
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| 28 July 2022 | Healthwatch | Regular verbal update in respect of recent activity and trends. | 1. That the update be noted. |
| | Carers Programme and Young Carers | Full report encompassing response to previous review recommendations in respect of young carers and response to recommendations in respect of the Carers Programme. | 1. That the report be noted, and that an update be received at an appropriate time.<br>2. That the refreshed strategy take into account the feedback from Carers to refine and improve the support offer.<br>3. That consideration be given to how best to ensure the refreshed Carers Strategy includes provision for urgent respite care.<br>4. That future reports in respect of Young Carers include strong evidence of co-production and assurances that the perspectives of Young Carers are being heard.<br>5. That the service prioritise provision of leisure and culture activities for respite for Young Carers. |
| | Access to Dental Care | To receive a current picture for Rotherham residents seeking to obtain routine and emergency dental care. Regarding provision of care to adults, children and older people | 1. That the report be noted and that an update be received in 12 months' time, to include the outcomes of reviews for Homebound and Care Home residents as well as contract changes that affect provision of dental care to Rotherham Residents. |

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| | | (including care home residents), as well as information around provision for Children in Care, vulnerable people, people with disabilities, and ethnic minorities including people for whom English may not be their first language. Supplemental analysis of the national picture and projections around future care provision are also requested. | 2. That consideration be given to expanding links with area schools and partnerships to help children develop good dental habits from a young age<br>3. That Early Help pathways prioritise dental health for inclusion in support offered to families with young children.<br>4. That future updates around flexible commissioning arrangements show how these have taken into account the need for access in the most deprived areas of the Borough in order to tackle health inequality in dental provision.<br>5. That a review be undertaken in respect of place-based strategic approaches to improve oral health among vulnerable Rotherham residents, including children and older people. |
| | Nominations for Representative to Health Welfare and Safety Panel | To receive nominations for representative to the Health, Welfare, and Safety Panel. | 1. That nominations be received at the next meeting on 29 September. |
| | Revised Work Programme | To discuss and approve an outline work programme for scrutiny 2022/23 | 1. That the revised work programme be noted.<br><br>2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement. |
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| 29 Sept 2022 | Healthwatch | Regular verbal update in respect of recent activity and trends. | 1. That the report be noted. |

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| | Medicine Management | To consider and discuss the impact of<br>• Supply issues affecting prescriptions<br>• Cost of living impact on self-care programmes and prescriptions<br>• Reducing medicines waste<br>• Community pharmacy workforce and hours<br>• Opportunities to work together with public health in respect of diabetes, depression, chronic pain management, and cardiovascular risk. | 1. That the report be noted. |
| | Suicide Prevention Update | Resolved 12-month return updating on progress with voluntary sector trainings and activities funded by small grants, learning from relevant audits and reviews, and response post-pandemic in terms of early intervention and bereavement support. | 1. That the presentation be noted, and that an update be submitted in 12 months' time.<br>2. That consideration be given to how upstream prevention work, for example, through collaborations with schools, GPs, housing services, businesses and the voluntary sector, might strengthen emotional resilience and peer support in communities.<br>3. That the next update include the outcome of the safe space pilot and other peer support schemes.<br>4. That the next update include assurances that volunteers are receiving the support they need, and that volunteer groups are aware of the support available. |
| | Health and Wellbeing | This report is considered annually for information. | 1. That the initial work programme be noted. |

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| | Board Annual Report | Members are encouraged to consider areas of emphasis included in the report for possible addition to the scrutiny work programme if appropriate. | 2. That the Pharmaceutical Needs Assessment be circulated to Members when available.<br><br>3. That Members feed into the upcoming work of the Health and Wellbeing Board on the subject of health inequalities. |
| | Nominations for Representative to Health Welfare and Safety Panel | To receive nominations for representative to the Health, Welfare, and Safety Panel. | 1. That nominations be invited at the next meeting on 24 November. |
| | Work Programme | To consider the updated work programme for endorsement. | 2. That the updated work programme be noted.<br><br>3. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement. |
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| 24 Nov 2022 | Healthwatch | To receive a presentation and agree a new update format in respect of recent activity and trends. | 1. That the report be noted.<br><br>2. That the next update be received at the 09 March 2023 meeting. |
| | CAMHS | To consider a 20-minute presentation regarding a full overview of service. | 1. That the presentation be noted, and that an update be submitted in 12 months' time, including performance information and information around improvement of communication with all parents and carers of children and young people with SEND about the local offer, and the accessibility of the information. |

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| | Place Partners: Winter Planning | To receive a 10-minute presentation describing the winter surge plan and preparations for response across the Place. | 1. That the report be noted. |
| | TRFT Annual Update | To consider 10-minute presentation and briefing note on activities and improvement work of the Trust. | 1. That the report be noted.<br><br>2. That a further update be submitted to the next meeting in respect of the emergency department. |
| | Scrutiny Review Outcomes | To receive a report summarising Members' review findings in respect of Covid-19 Care Home Safety. | |
| | Nominations for Representative to Health, Welfare and Safety Panel | To receive nominations for a representative to Health Welfare and Safety Panel. | 1. That Cllr Baum-Dixon be appointed representative to the Health Welfare and Safety Panel. |
| | Work Programme | To consider the updated work programme for endorsement. | |
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| Winter 2022-23 Review | Oral Health Review | To consider place-based strategic approaches to improve oral health among | |

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| | | Rotherham residents, including children, adults and older people.<br>1. Epidemiology overview<br>2. National picture – including National Toolkit and Enhance Care Programme<br>3. Local picture –with input from 0-19 service regarding school age children and Looked After Children<br>4. Solutions and good practice –including prevention campaigns and activity in wards, short term remedies to barriers to access such as travel logistics, and plans for long term culture change<br>5. Water fluoridation – current discussions at National level and Members will take a view regarding local implementation | |

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| | | 6. Care homes – with practitioner input from NHS England Region | |
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| 26 Jan 2023 | TRFT Update | To consider a 10-minute presentation in respect of the A&E department. | |
| | Place Partners Mental Health Services Update | To consider a 20-minute presentation in respect of Place response to 30 June recommendations, specifically, progress with backlog clearance and collaboration with Speak Up to inform RotherHive design | |
| | Physical Activity Strategy Update | To consider a 20-minute presentation, as resolved 3 February 2022, on strategy development and response to recommendations | |
| | Scrutiny Review Recommendations – Access to Primary Care | To consider a summary of findings and recommendations from the spotlight on Access to Primary Care | |
| | Work Programme | To consider the updated work programme for endorsement. | |

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| 09 March 2023 | Healthwatch Update | Update to include insights in respect of Maternity Services. | |
| | Intermediate Care and Reablement | To receive an update on progress with embedding urgent 2-hour response from April 2022, and groundwork in preparation for 2-day response from 2024, from a prevention and admission-avoidance angle. To include information on how the NHS Frailty Index is used in health and care services. | |
| | Maternity Services Update | 12-month update on outcomes of inclusive consultation work and implementation of continuity of care model. | |
| | Work Programme | To consider the updated work programme for endorsement. | |
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| March 2023 Date TBC | Health Inequalities Workshop | To review the findings of the Health and Wellbeing Board in respect of Health Inequalities, with input from Healthwatch. | |
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| 20 April 2023 | Healthwatch | Regular Update to include insights in respect of Adult Social Care. | |
| | Adult Social Care and LD Transformation | To consider home care and residential care as the end of the programme approaches, reflecting on outcomes and changes to the delivery of care and examination of new resources as well as challenges faced. | |
| | Scrutiny Review Outcomes | To receive findings and recommendations from the scrutiny review of Oral Health | |
| | Work Programme | To consider the updated work programme for endorsement. | |

| Potential Items | Scope | Status |
|---|---|---|
| COVID-19 Review | Following the example of Leeds City Council, a broad | To be undertaken by Health and Wellbeing Board with outcome to be considered by Health Select Commission. |

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| | piece of work to capture learning from the pandemic. | |
| Health and Care Worker Safety | Takes a local focus dovetailing with national scrutiny on safety of health care workers in response to outcry from health and care workers and their families in 2020-21 | Not Scheduled |
| Health Inequalities | To consider the review undertaken by the Health and Wellbeing Board of the progress and effectiveness of current strategies to expand healthy life expectancy among Rotherham Residents and across the Place including outcome of work with Town Councils. With input from Healthwatch | Scheduled March workshop |
| Integrated Care System Performance | To consider the progress of NHS South Yorkshire in delivering on agreed priorities which have been circulated to HSC members. | To be scheduled in consultation with Rotherham Place Director NHS South Yorkshire |
| Drug and Alcohol Recovery | To consider a 20-minute presentation for the purpose of monitoring progress of the recently recommissioned service, and to receive information | Deferred to 2023 |

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| | about pathways linking into various services and partners of the council and across the place. | |
| Sexual Health Strategy | To receive a progress report on the refreshed strategy | Not scheduled |
| NHS Frailty Index | To consider how the NHS Frailty Index is being used by health and care services | Included in consideration of Intermediate Care and Re-enablement, 9 March 2023 |