

HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 20 April 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, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan, Miro, and Sansome.
- 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 30 March 2023 (Pages 3 - 10)

To consider and approve the minutes of the previous meeting held on 30 March 2023 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. Update on Learning Disability Transformation (Pages 11 - 18)

To consider an update presentation in respect of transformation of the learning disabilities programme.

7. Work Programme (Pages 19 - 27)

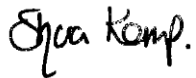
To consider an approve an updated outline schedule of scrutiny work.

8. Urgent Business

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

9. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 29 June 2023 commencing at 5pm in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 30 March 2023

Present:- Councillors Griffin (in the Chair), Andrews, Barley, Bird, Cooksey, Foster, Havard, Hoddinott, Hunter and Sansome.

Apologies were received from Cllrs Baum-Dixon, A Carter, Keenan, Miro and Yasseen.

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

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

59. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JANUARY 2023

Resolved:-

- 1) That the minutes of the meeting held on 26 January 2023 be approved as a true and correct record of the proceedings.

60. DECLARATIONS OF INTEREST

There were no declarations of interest.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed there were no members of the public or press present at the meeting.

62. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the press or public from observing any part of the meeting.

63. HEALTHWATCH ROTHERHAM

Consideration was given to a report providing results of a survey completed by Healthwatch Rotherham, which discussed the experiences and opinions of sixteen people having accessed the maternity services within the last six months. There was a mixed methodology of survey and interviews consisting of open-ended questions.

In discussion, Members sought further information around whether people open up if asked about domestic violence or if this is just a completion exercise. The response from the Manager of Healthwatch Rotherham acknowledged that the respondent felt that the question was less about understanding and more about completing the requirement to ask the question. The response from the Head of Nursing and Midwifery noted that asking about safety did lead to disclosures. That was why relationship building was important. It was emphasised that although in small numbers

the responses were valued and would be used to inform and improve service delivery. The desire to work together was expressed.

Members sought clarification of whether any participants had identified as partners or parents with same-sex partners. The response noted that the demographic was women and there were no comments provided by same-sex couples.

Members requested further details around timelines for further work on this topic. The Healthwatch team would be in touch with TRFT midwifery team around the progress. Governance processes for consideration of and response to external reports were outlined by the Deputy CEO.

Members requested clarification around how the Service is working with people around alcohol and smoking during early pregnancy. The response noted the latest pre-conception guidance, and that the Chief Medical Officer's guidance in early pregnancy was no alcohol. The figures were offered to follow. The Director of Public Health noted that this measure was not available at a Rotherham level; however, 4% was the England measure for drinking in early pregnancy. The response from Members noted that education in this area was key to correcting widely held misconceptions.

Members requested more details around how the Service handles instances of birthmarks that look like bruises. The Head of Nursing and Midwifery acknowledged the useful feedback and noted the guidelines followed by the Service for bruising in non-mobile children.

Members requested how the Service works with surveys and engagement. Feedback. The response from the Head of Nursing and Midwifery noted floor to board-level engagement undertaken by the Service, including the Maternity Voice Partnership (just changed to Maternity and Neonatal Voice Partnership), monthly Friends and Family surveys, and the national CQC survey that is done annually. The feedback was welcomed and was seen as necessary for improvement and to make staff feel valued. The process for feedback included going through governance and safety champions, to the Maternity and Neonatal Voice Partnership, as well as to the monthly Trust Board in the Maternity Safety Paper and Listening to Women.

The Chair noted thanks to Healthwatch Rotherham and noted the importance of working with the Service at an early phase to maximise any complementary efforts around engaging with people who are accessing these Services.

Resolved:-

- 1) That the survey results be noted.

64. MATERNITY SERVICES UPDATE

Consideration was given to an update report in respect of maternity services presented by the Head of Nursing and Midwifery of TRFT. The presentation highlighted the workforce including specialist midwife roles; clinical areas of focus for the Service, including how the Service plays a part in addressing health inequalities based on the CORE20PLUS 5 agreed by NHS England in 2021. The presentation highlighted how the Service was working to mitigate the effects of deprivation which can affect how people interact with and experience maternity services in Rotherham. It was noted that the CQC rating was Good.

The presentation covered:

- Continuity of Carer, focusing on deprived areas and BAME communities
- Mental Health
- Obesity / Diabetes
- Hypertension
- Smoking Cessation
- Family Hubs
- Maternity Voices Partnership
- Current Drivers
- Personalised Care
- Improving Infant Feeding
- Challenges
- Proud Moments

In discussion, Members requested additional information around coordination of team working and training. The response from the Head of Midwifery and Nursing noted the Multi-Disciplinary Team (MDT) training that took place monthly, which included obstetrics and maternity. Culture training had also been sourced to enhanced the training offer already in place. This complemented the quadumvirate working of neonates, obstetricians, operational staff and midwifery as a cohesive team that trust each other and work well together at the senior leadership level, affording psychological safety. There was work planned with other trusts in the region which would also generate further learning. This was considered critical to everything that the Service does.

More details were requested around how learning has informed response to CTG emergencies, taking account of cultural and technical knowledge. The response described the prompt training in place on these scenarios. A dedicated fetal wellbeing day is a training led by the fetal wellbeing lead. It was felt that the level of detail and challenge was high with a test at the end. This came about after reports and trends nationally. The Service also considers its team makeup, behaviours and values to ensure people feel safe to escalate.

How do monitoring and assurance processes recognise that outcome data is not by itself a reliable indicator of safe, high quality care. The response from the Head of Midwifery and Nursing noted the importance of triangulation because data can look good. Healthwatch data, CQC, maternity feedback, MVP, Staff surveys were all taken together to create a picture. The perinatal quality surveillance tool is looked at locally and regionally. This is something that is being considered nationally to give a view of trends. The feedback from women and from junior staff who want to work in the unit was very important. As a team, there was continuous learning and striving for improvement, and the Service received challenge from the Board. No one measure was considered in isolation.

Further clarification was requested around the antenatal offer. The response confirmed that during COVID, there were not as many antenatal classes, although some virtual classes were offered but not as sustained as usual. The team was working on publicising and marketing the offer of antenatal classes which is already in place and ensuring that every woman gets that offer. The hub model was important for achieving this.

Members sought further clarification around how continuity of care was being measured. The response noted that this was currently being audited every month. The standard was that a woman receive care provided by their own midwife. The aim was that a woman would not see any more than two midwives during a pregnancy. Because of the nature of the model, a midwife could be called out in the middle of the night to attend a woman in labour, this resulted in midwives seeing more women. This was what the Service was seeking to improve.

Members also sought further details around how cultural differences were accommodated and incorporated into training. The Service was learning all the time and taking feedback on board. The baby friendly training was not just about breastfeeding but about infant feeding and good practice and the relationship between the baby and the mother. Learning from communities relies on engagement with least heard communities, although there was a diverse workforce to help us understand what is important. Working with the Maternity Voice Partnership and other agencies was valuable to help the Service in this area.

Members requested further information around how the feeding assessments pick up on difficulties such as tongue tie quickly. The response noted that the baby has an examination within the first 72 hours of birth as part of post-birth examinations. This assesses how well the baby is feeding. There was more work to do on the tongue tie pathway, with engagement with service users and raising awareness. The Service was currently implementing actions from that engagement work worked with the infant health advisor and health distance services who handle EMT referrals. This was important for women to have the information because when health professionals visit, the visit is for a short period of time, so it is important to be able to recognise signs and signals when there could be a problem.

Members sought additional information around agency staff use and training rates. The response noted that agency midwives were not being used. There were some shortfalls during maternity leave, but it is often staff who choose to pick up the extra shifts. The training encompassed not just midwife training but the multiple disciplines related to the service delivery, and the rate was around 90%.

Members requested additional information regarding how women considering breastfeeding were given opportunities to engage with other breastfeeding mums groups. The response noted the importance of asking what women want. Currently, there was a peer support offer on the ward and within the community as well. The family hub work would expand on these opportunities for peer engagement and classes.

The Chair clarified the timeframe for an update in respect of continuity of care targets. The response noted that in a few months there would be sufficient data to show trends.

Resolved:-

1. That the report be noted.
2. That the next update be submitted in respect of continuity of care at an appropriate time.

65. INTERMEDIATE CARE AND REABLEMENT

Consideration was given to a presentation in respect of Intermediate Care and Reablement services presented by the Director of Operations of TRFT, Strategic Director Adult Care, Housing and Public Health, Rotherham MBC and the Joint Head of Adult Commissioning for Rotherham Place. The presentation outlined service delivery in respect of urgent community response, including the new national standard almost one year after implementation in April 2022. National milestones that have been achieved were also described as part of the presentation. It was highlighted that the service meets and exceeds the 70% response standard within two hours. The service responds to several clinical conditions which were explained in the presentation. Data around response standards was provided. The Urgent Community Hub offer was described. Ways in which the Service invested in the workforce in a variety of ways were outlined. This offer supports recruitment, development, and retention. Further, the presentation emphasised how the right care at the right time and in the right setting was facilitated by the service and its pathways to manage flow and avoid unnecessary conveyances and admissions, supporting discharge. The reablement

service was also described, including the two approaches to frailty assessment that are currently used in parts of the community. Ongoing challenges were described as well as next steps.

In discussion, members requested additional data evidence of the impact of the service. The response from the Director of Operations noted the existing data around hospital avoidance, as well as data collected with Yorkshire Ambulance around the push model. Regarding how the service improves quality of life, patient feedback had noted that people want to return home and the home first model benefits faster recovery and less deconditioning. The Strategic Director of Adult Care Housing and Public Health noted the data illustrates longer mean times between admissions. The strength-based approach is taken to take account first of what the individual wants to do.

A positive experience was noted regarding the GP out of hours service, which works closely with the Community Hub arm of the Intermediate Care and Reablement Services.

The co-opted member representing Rotherham Speak Up for Autism requested additional information regarding how the Services are trained to work with people who have additional needs or Autism, as preparing to go into hospital can be very stressful. The response from the Director of Operations noted the mandatory training across the Acute and Community Trust around providing care to people with Autism and LD. It was acknowledged that everyone had different needs and this training helped clinical and non-clinical staff understand what those needs are. The response from the Strategic Director noted that there was training and a learning disability service, but that more work to be done in terms of understanding and being able to offer a quality Reablement offer for people with Autism. The Service would continue to work with Speak Up to develop in this area. The response from the Joint Head of Adult Commissioning described a working group for discharge for people with LD and Autism was working to improve the experience after they leave hospital, and liaison was welcomed to help improve the experience prior to going into hospital.

Prior to the pandemic, the thrust seemed to be avoiding the need for people to go into hospital, but there did seem to be a growing suggestion that more acute beds were needed. The response from the Director of Operations noted that it had been recognition nationally that bed occupancy had not matched the need, especially through winter. Over the next twelve months, the Trust was asked to increase bed occupancy in the Acute Trust, with plans underway to work out how to achieve that. Running at full occupancy all of the time is not great for patient care, so one of the challenges over the next year would be to increase bed occupancy.

Regarding the next steps, Members requested more information around growing the Urgent Response, and how confident that targets could be met. The response from the Director of Operations noted the importance

of recruitment and growing the team. Currently, the response standards were being achieved by moving resource from another area of the community services, which is fine for now, but to grow the service, the team must be in place. The Service were retaining staff well in these areas. As the Service grows it will attract more interest as outcomes become available.

Resolved:-

1. That the presentation be noted.
2. That the welcome liaison of the Service with Speak up for Autism be noted.
3. That the data around impact of the Service be provided.

66. WORK PROGRAMME

Consideration was given to an updated outline schedule of scrutiny work. The Chair provided three updates in respect of the work programme:

- Participation was invited on the upcoming Quality Accounts.
- The Oral Health Review had been completed with outcomes submitted to a future meeting.
- The ASC portion of the item on ASC and LD transformation has been deferred to 23/24 work programme which is now in development. The proposed scope for this is reflection on market quality and sustainability with performance data indicators, and on the embedded flexible purchasing system and approved providers.

In discussion, Members voiced support for including further updates from TRFT in the forward work programme for 2023/24.

Members also expressed interest in a dialogue with partners regarding the Quality Accounts.

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.

67. URGENT BUSINESS

The Chair advised that there were no urgent matters requiring a decision at the meeting.

68. DATE AND TIME OF NEXT MEETING

Resolved:-

- 1) The next scheduled meeting of Health Select Commission will be held on 20 April 2023, commencing at 5.00pm in Rotherham Town Hall.

Committee Name and Date of Committee Meeting

Health Select Commission – 20 April 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)

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Ward(s) Affected

Borough-Wide

Report Summary

To outline an updated summary 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 Summary 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 was 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, equal access to services and prevention.
- 2.3 Previous priorities for scrutiny 2021/22 have been mental health, addressing health inequalities, and improving access to services. Prevention, a further priority which was 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

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This report is published on the Council's [website](#).

Appendix 1: Health Select Commission – Work Programme 2022-23

Meeting Date	Agenda Item
30 June 2022	Place Partners Mental Health Services Update Diagnostic Screenings
28 July 2022	Carers Programme and Young Carers Access to Dental Care
29 September 2022	Medicine Management Suicide Prevention Health and Wellbeing Board Annual Report
24 November 2022	Child and Adolescent Mental Health Services Place Partners Winter Planning TRFT Annual Update Scrutiny Review Outcomes – COVID-19 Care Home Safety
26 January 2023	Urgent and Emergency Care Update Place Partners Mental Health Services Update Strategic Physical Activity Update Scrutiny Review Recommendations – Access to Primary Care
09 March 2023	Intermediate Care and Reablement Maternity Services Update Healthwatch – Maternity Services
22 and 29 March 2023	Review of Oral Health
20 April 2023	Learning Disability Transformation
29 June 2023	Place Partners Adult Mental Health Services Update Scrutiny Review Recommendations – Oral Health

Items for Scheduling

COVID-19 Review Outcomes	To be undertaken by Health and Wellbeing Board with outcome to be considered for overview by Health Select Commission.
Tackling Health Inequalities	To consider for overview the outcomes 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 and with input from Healthwatch
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 2023/24 in consultation with NHS South Yorkshire.
Drug and Alcohol Recovery	Deferred to 2023 with a view to monitoring progress of the recently recommissioned service, and to consider pathways linking into various services and partners of the council and across the Place.
Sexual and Reproductive Health	To be scheduled 2023/24, to receive a progress report on the refreshed strategy, and to consider contraception and menopause support.
Adult Social Care	To be scheduled 2023/24, to consider market quality and sustainability, performance data indicators, and impact of flexible purchasing system.
Social Prescribing	To be received for overview in 2023/24, of development and implementation of approaches to connecting people with activities, groups, and services within the borough that promote wellbeing, health and social welfare.

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