HEALTH SELECT COMMISSION

Date and Time :- **Thursday 7 March 2024 at 5.00 p.m.**

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

Membership:- **Councillors Yasseen (Chair), Miro (Vice-Chair), Andrews, Baum-Dixon, Bird, Cooksey, Foster, Griffin, Harper Havard, Hoddinott, Hunter, Keenan, Thompson, Wilson.**

Co-opted Members – Robert Parkin and David Gill representing Rotherham Speak Up

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

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

AGENDA

1. Apologies for Absence

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

2. Minutes of the previous meeting held on 25 January 2024 (Pages 3 - 14)

To consider and approve the minutes of the previous meeting held on 25 January 2024 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. Maternity Services Update (Pages 15 - 45)

To consider an update on Maternity Services provided at the Rotherham Hospital Foundation Trust (TRFT).

7. Health Select Commission - Work Programme 2023-2024 (Pages 47 - 48)

To consider the Health Select Commission's work programme for 2023-2024.

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 Thursday 27 June 2024 (TBC) commencing at 5pm in Rotherham Town Hall.

SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 25 January 2024

Present:- Councillor Yasseen (in the Chair); Councillors Miro, Baum-Dixon, Bird, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter and Wilson.

Apologies for absence:- Apologies were received from Andrews, Keenan, Thompson and Mr R Parkin.

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

45. MINUTES OF THE PREVIOUS MEETING HELD ON 16 NOVEMBER 2023

The Chair took the opportunity to send special thanks to Katherine Harclerode for her contribution to the Commission as she had now left the authority.

The Chair then welcomed Kym Gleeson, Manager at Rotherham Healthwatch to the meeting along with Barbel Gale, Governance Manager, who would be supporting the Commission for the foreseeable future.

Councillor Hoddinott noted that the previous minutes recorded that the social prescribing workshop and suicide prevention workshop discussed in previous meetings would be arranged for spring 2024 noting this had not been included in the work programme. She asked that this be added to the work programme again and a date to be arranged.

The Chair indicated that the Governance Manager would liaise with herself and the Director of Public Health to determine a suitable time for this to be considered.

Resolved: That the minutes of the meeting held on 16 November 2023 be approved as a true and correct record of the proceedings.

46. DECLARATIONS OF INTEREST

There were no declarations of interest.

47. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

48. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda that required the exclusion of the press and public from the meeting.

49. ADULT SOCIAL CARE – COMMISSIONING UPDATE

The Chair welcomed the Cabinet Member, Councillor Roche along with Scott Matthewman, Assistant Director Strategic Commissioning, Jacqueline Clark MBA, Head of Prevention and Early Intervention, Strategic Commissioning, and Garry Parvin, Joint Head of Learning Disability, Autism and Transition Commissioning to the meeting.

Councillor Roche introduced the report explaining that the item had been brought forward at the request of the Health Select Commission to provide on update on progress made relating to Adult Social Care contract arrangements, including the introduction of flexible purchasing arrangements, the level, quality and compliance in the care and support market and market shaping undertaken by Adults. A range of services were commissioned, including giving consideration of sustainability for the future for the care market. National and local guidelines were followed when the services were tendered for. It was a very robust process with strict criteria to ensure the best use of public funds. Once a contract was in place, rigorous monitoring was conducted. He clarified that he received monthly reports on how each of the services were performing, detailing any information that he needed to be aware of in the future.

Scott Matthewman, Assistant Director Strategic Commissioning welcomed the opportunity to speak about the progress in terms of Adult Social Care and it is commissioning activities. The presentation would focus on the flexible purchasing system, which was the means of which the Council used for driving up and sustaining quality within the care sector and how the Council could then support the care market to ensure the right care and support was available for Rotherham residents, in terms of their needs now and in the future. It also provided assurance that the Council through its public funding was receiving the best quality care it could within the financial envelope along with being clear about the requirements the Council set and collaborated with its providers against.

The presentation would cover some elements regarding performance, along with the quality and compliance side of the commissioning cycle and then consider the Care Act responsibilities that the Council had as a local authority to ensure it was looking to shape the market about what the needs were for the residents, making sure there was appropriate care and support along with the sustainability of the market after the challenging times of the last few years with Covid.

He set out some of the key pieces of work conducted over the past few years, in terms of driving up those quality standards within the care market. He clarified that the Council worked closely with the support providers, ensuring it was person centred, that it was focused on the needs of the individual and was about the assets and strength-based approach that was right across health and social care.

In terms of shaping the market moving forward, the Council had implemented a number of dynamic purchasing systems, which were about bringing quality standards, working with the care and support providers to ensure they met the thresholds, the expectations were clearly articulated in terms of the needs for residents, ensuring the appropriate care and support could be commissioned.

A tremendous amount of work had been undertaken around Home Care Support Services, the Domiciliary Care market since 2019. This had been conducted working closely across the joint framework with NHS colleagues. More recently those principles had been taken forward around the Mental Health Recovery Focussed Community services along with the Learning Disability and Autism Supported Living framework.

He explained that dynamic purchasing systems were a means/mechanism. It was a vehicle that the Council would consistently adopt and was seen as good practice and it was focused around the individual needs of residents, in terms of care and support but also to drive up those standards to working with the independent sector and working with in-house provision and ensuring the Council was getting the best quality standards of care that could be achieved.

The mechanism that was in place around those dynamic purchasing systems meant that the Council could look at a number of care and support providers that would come forward, going through relevant process, in terms of procurement, who would then be endorsed to be part of the flexible dynamic purchasing systems. The Council could then look to commission against an approved supplier list whilst being clear about the quality standards and working proactively with the market.

Part of the process involved stringent due diligence, ensuring key thresholds were met in terms of the quality, the cost, and the competitive nature of how the market would operate. It gave the Council the ability to then flex in terms of how it worked with the market. Enabling the ability to draw on specific pieces of work in terms of short to medium term needs of the residents, or a longer commitment and the dynamic purchasing system gave the Council the ability to do that whilst allowing that flexibility within a very clear assurance and governance framework. It also managed the quality aspect. One of the key things found from the Councils proactive engagement with the independent sector was that they were working together to drive up the quality standards to ensure residents received the highest quality of care that could be provided.

Jacqueline Clark, Head of Prevention and Early Intervention, Strategic Commissioning who explained that the Home Care and Support Service as the first dynamic purchasing system that was introduced and was approved by Cabinet in February 2019. It was a joint approach with health colleagues. Around 2,000 hours of care and support a week were purchased from Rotherham Place and around 16,000 hours a week were commissioned from Rotherham Council at that point. It was sensible to

collaborate with a new framework and helped with consistency in terms of people not having to change providers ensuring continuity of care.

When the Council went to tender, it had twelve registered Domiciliary Care providers, who were already contracted with the Council. Under the new arrangements this increased to thirteen providers. The service was commenced in April 2020, which was a difficult period due to the pandemic. The Council had 9 Tier 1 providers, which meant they had a prioritised geographic area in which to deliver care and support. Those areas were divided up as North, South and Central with three providers in each area. There was 1 Tier 2 provider who accommodated where Tier 1 providers were unable to find the capacity due to demand issues. There were also three specialist providers for people who required personal care but had other specific needs such as learning disability along with an unpaid carers service on the framework as well.

The update from 2020 was that all nine appointed Tier 1 providers had sustained in service. Tier 2 providers had increased from 1 to 8, which supported the Council throughout the challenging period during Covid. The dynamic purchasing system was an easier route to the market to secure provision. There were now two learning disability providers available, one unpaid carers provider and it had been extended to include people who lived with mental ill health. In terms of activity, the Council was commissioning around 18,703 hours a week. There had been about a 16% difference from when the framework was first established. In terms of capacity and demand, the Council was challenged during Covid, which was a national issue and not just specific to Rotherham. There was a peak in December 2021 where the council was really challenged and in June 2021 it became apparent there was difficulties. Those difficulties were resolved in April 2023 and now the Council did not experience too much difficulty in finding capacity within the framework. There had been a massive improvement in terms of quality since 2018 with 90% of the contracted providers being either good or outstanding and there was one provider who required improvement.

The Council had set some challenging key performance indicators (KPI). The presentation provided information on the KPI's as recorded in September 2023. The first KPI was regarding utilising assistive technology, had a target of 75%. It was noted that 72% of customers who were reviewed in the period were introduced to assistive technology or were provided with options. The second KPI around strength-based approaches training. The majority of the workforce received training with the Council training 654 care workers, meaning that 81% of the Council's care workers had undertaken strength-based training.

With regard to KPI 3 both Level 2 qualifications and Level 5 Manager qualifications were monitored. It was noted that 54% of care workers had achieved Level 2 however the challenge was the churn in the workforce, would expect it to be higher and it was the Council's ambition to achieve a higher percentage. There had also been challenges during Covid

regarding providing direct care rather than taking time to train. In terms of the Level 5 qualification, all registered managers either held or were working towards the qualification.

In terms of KPI4 the Care Certificate. A stretch target of 100% had been set. The Care Certificate set out minimum standards for care and there was high achievement in that area.

Giving consideration to other monitoring conducted, the assistive technology or digital solutions, the Council considered what the workforce achieved in terms of their digital competency, such as using electronic care plans, digital medication administration records, and electronic rostering and call monitoring. The Council did engage directly with people who had the service, the care brokers contracted people directly at home, asking questions and there was a high report of people feeling like they were listened too and had that self-determination.

Moving on to the mental health recovery focussed community services, it was agreed by Cabinet in October 2022 a dynamic purchasing system which enabled a range of services that supported people with mental health recovery. A supported living model, Lot 1, had now been created within the existing budget. This meant that instead of people living in residential care, they now had the option of living in supported living. The tender for this concluded in May 2023 and there were now three care and support providers appointed and eight units of supported living accommodation were in place, with a further four units in development. In terms of the concept of supportive living there were three distinct elements which were tenancy, where people received support to manage the tenancy, registered housing provider, these were not for profit organisations, and care and support provider, this was provision that was under contract with the Council.

Garry Parvin, Joint Head of Learning Disability, Autism and Transition Commissioning explained how the supported living dynamic purchasing system was developed. This was based on co-production with the market but also with people with a learning disability. The assessment involved considering the market as a whole. It was found that there was a number of national providers that dominated in that market. The Council was keen to develop the micro-enterprise presence of independent providers further. The engagement highlighted that there was no supported living provision for people living with autism. Ten new providers were appointed following the conclusion of the tender process in November 2023. He explained that services were being implemented but it was not appropriate to review these at the current time.

Jacqueline Clark, Head of Prevention and Early Intervention, Strategic Commissioning explained that market quality was assessed through a risk-based process using both quantitative and qualitative intelligence to indicate the level of performance and risk. A digital system was procured, called Provider Assessment and Market Management Solution (PAMMS),

to make it more efficient. This meant that all 110 service providers received an annual review. Providers undertake a self-assessment against key domains which was then validated by a contract compliance officer and where needed remedial action was taken. Alongside the PAMMS system there was an early warning system using a range of data and intelligence which was added to a provider risk dashboard which rated the service. This provided a visible indication of the level of risk which was used to address issues as quickly as possible.

Scott Matthewman, Assistant Director Strategic Commissioning clarified that the Council was fully committed to its responsibilities of the Care Act 2014 regarding ensuring there was sufficient supply of care and support at the right quality levels within Rotherham.

The Chair thanked them for the comprehensive presentation and report.

Councillor Cooksey explained that she was able understand the report more following the presentation however she would prefer to see more information provided in layman's terms going forward. The update mentioned specialist care providers increasing and queried what that meant in terms of unpaid carers? Jacqueline Clark explained there was a provider on the framework who was a charity who provided support to people who provided unpaid care. They were contracted with the Council to provide domiciliary care but the people who received that type of care also received the support services on offer as well. It helped the Council to direct people who had an unpaid carer to access that service. Councillor Cooksey requested figures on the number of clients that were engaged with the service because she felt the voices of patients and carers were really important. Jacqueline Clark explained that fifty-five people had chosen to participate however the Council would probably engage with more.

Councillor Griffin queried if there was any in-house provision of home care, in particular, and if not, why not and whether consideration could be given to establishing some that could operate alongside or as an internally commissioned service? Jacqueline Clark explained that domiciliary care was provided in Rotherham, but it was a dedicated reablement service that supported people up to a six-week said period to help them gain independence. Councillor Roche indicated that discussions did take place regarding bringing services in-house however the costs associated with this were not feasible at this time. He was assured that the service was being provided well and explained that the Council did seek to ensure all providers were paying a real living wage to staff and this was one of the elements included when the Council went to tender.

Councillor Griffin queried if the Council provided an assessment and a prescription for those fifty-five people of what is required for each individual. He queried if there was a review process for those individuals. Jacqueline Clark explained that people would have to be eligible for a review under the Care Act and the social workers conducted that

assessment, they would then be referred through to a brokerage service and a provider was sought who would go on to do their own assessment, reviewing that provision. The Council had a contract concerns process, so anyone could report that they were not happy with a service, and this would be captured by the early warning system, which would then follow the appropriate process.

Councillor Griffin said it felt like it was a deficit model that was measured when things went wrong, which lead to intervention. He would have expected to see performance indicators that said in 92% of the care packages the Council purchased, the review showed the Council was achieving what it wanted however that was not there. He said that felt like the most person-centred way of measuring things. Scott Matthewman explained that it was not a process that happened as a default or deficit model, there were, if the Council arrived at that permutation, there were tools that could be used as commissioners to remedy that position, but it was very seldom the Council was in that position due to the proactive work. He said that assessment of need, that being clear about ensuring what the individual actually required, building on their strengths and assets, that the Council worked with the market, to understand how it could commission that care and support and as part of that continual cycle of engagement with residents, it was taking the live information about what it looked and felt like for them and actually was it meeting their needs. As part of that formal review process, the Council would make those assessments, and would adjust care and support planning on the back of that work and would make incremental change to ensure that happened but it was very much about strength-based approach. Therefore, to give that assurance, further detail around some of that could be provided if helpful at a future meeting.

Councillor Hoddinott wondered about in-house provision noting that social care was spoken about as a market, and she felt uncomfortable about that. She wondered how the work conducted in social fitted with the Council's corporate policies around the Ethical Care Charter, the real living wage and the Social Value Policy as she didn't see those mentioned. She was keen to understand how the Council was raising the standards using our policies as a Council.

Councillor Roche explained he had been clear that the Council did include the need to pay a real living wage within the tenders however since those tenders had gone out the cost of the real living wage had gone up, so the Council may have to go back to some of the providers to seek where there were on this provision however the wage they paid was entirely up to the individual providers. Social Value was a criterion of the tender process and following the recent Cabinet meeting an additional criterion would be added to request that workers come from the local community area. Jacqueline Clark indicated that most of the providers paid above £11.12 per hour with most paying well in excess of that now. All contract awarded had to have the social value commitment since the policy was introduced. In terms of the Ethical Care Charter, Jacqueline Clark

explained that in terms of paying for travel the providers were committed to that, and the real living ways, and contribute to pensions.

Councillor Hoddinott was keen to understand how many staff actually held the Level 5 Management training and how many were studying towards the qualification? She queried if we described the support provided in supportive living and could this be described as support if it were the provision of just a phone number, for example? Learning disability providers were dominated by national providers, it was known that other Council's also experienced pressures in this area, because they were raising the unit costs, and was this being reflected locally?

Jacqueline Clark explained in terms of the model for supported living, the providers were registered with the Care Quality Commission (CQC), so it was not just a telephone number. People who lived in supported living had a care plan, which was monitored. Background support was also available, if needed as it was a 24-hour service. Garry Parvin explained the Council did evaluate the fair cost of care. In terms of learning disability supported living provision offered a range. Scott Matthewman explained about how the Council supported the market. Its approach was around having a vibrant market, meaning having some national, some regional and some local providers within the framework to ensure a sufficient make up providing choice for residents. That was essential in terms of the Council's annual fair cost of care exercise and was central in terms of how the market was stimulated.

Councillor Miro queried how the Council responded to the issue of people having to wait a long time in hospital for care to be organised within the community first and if there was a way of monitoring or responding to the changing needs. Scott Matthewman explained there was a number of professionals who came together to identify the needs of those people as they progress through their care journey. Discharges were planned for and needs predicted as early as possible to ensure that the care and support was available in the independent sector with the principal driver of, could those individuals go home safely in the first instance, and if so what care or support would they need. If not, then the step-down provision is activated to bring them effectively into that reablement, rehabilitation model to support them to return home. A lot of work is conducted across health and social care to understand how people enter and work their way through hospital and then their care and support needs when it was appropriate for their discharge pathway. Michael Wright, Deputy CEO, TRFT explained it was a challenging area, waiting for patients who were waiting for discharge or waiting for care packages. At any one time they could routinely have between 50-70 patients who were waiting for a care home. This was monitored and he worked closely with Scott and his team, meeting three times a week. Particular focus was given to patients who had been waiting for more than 72 hours in those meetings. He felt the current system worked well but was a challenge in every organisation.

Councillor Miro queried how the assistive technology helped the process

of ensuring adequate care in the community? Jacqueline Clark explained there was a range of peripherals to support people, such as the community alarm service or Alexa or a pill dispenser. Councillor Roche indicated this was not provided by Scott's team and if the Commission wished to know more about this area of provision that the appropriate service be invited to attend a future meeting.

Councillor Wilson queried if future modelling was based on robust relationships of feeder services for example? She queried where the data came from for the early warning system and sought assurance that it wasn't all from self-assessments? Garry Parvin explained that with Children and Young People Services, a mapping exercise was conducted with the preparing for adulthood cohort, which was people moving through, to ensure the Council was as sighted as it could be, given that needs could change, and people could move to other areas. That mapping had indicated the need to have that provision in place to ensure that sufficiency in provision was available. Councillor Roche added that the Council knew there was an increasing pressure coming through and Rotherham was becoming an aging population, which would create further pressure on services. The Council was unable to plan for someone moving into the area within existing care package. Scott Matthewman explained that the Council drew information right across the commissioning cycle. The fundamental basis around the needs assessment was driven through the Joint Strategic Needs Assessment, so they collaborated closely with the Director of Public Health and his service to ensure all the intelligence was brought together along with trying to predict needs over the next 5-10 years, considering how those needs may change and what services may be needed. Jacqueline Clark that data for the early warning system came from a range of sources.

Councillor Foster noted the level of completion for the Level 2 training was around 50% and queried if analysis was being conducted around why there was a high staff turnover. Had staff surveys been conducted and the recruitment policy considered? Councillor Roche noted that one of the reasons for the high turnover was that people could get paid more working in other employment sectors, such as supermarkets. Jacqueline Clark said it was a very competitive job market, noting that people were using their own vehicles and those working outside in all weathers tended to gravitate to care homes in the weekend and then move back to supporting home care in the better weather. Work was being undertaken to promote this sector along with enhancing the care worker role to make it a more attractive proposition, however it was a national issue. Councillor Foster asked if consideration had been given to different working patterns or other incentives that were not financial but were beneficial to meet the needs of working or younger parents? Jacqueline Clark said that home care was very flexible, and a number of surveys had been conducted which confirmed staff liked the flexibility. Scott Matthewman explained the Council had a number of provider forums as a way to engage with the market to understand how things looked and felt for them to identify where the pinch points and issues were and how individually and collectively

those could be addressed. He was impressed at how the providers had come together, working together to standardise as much as possible to understand the issues coming from the workforce.

Councillor Cooksey expressed her concern upon realising that a lot of care workers were on zero-hour contracts and ask that addressing this be considered with the providers to give people more stability at work. Jacqueline Clark explained that providers had indicated that staff preferred zero-hour contracts because it allowed them more flexibility to choose when to work. She confirmed that the Council had asked both the providers and staff what their preference was regarding zero-hour contracts.

The Chair thanked officers for providing the information, it had helped to build a lot of knowledge and understanding of the commissioning process. A significant amount of work was undertaken addressing quality and standardising processes. There was a commitment within the Council to understand local need and responding to the changes in need.

Scott Matthewman said that quality was paramount in terms of care and support that the Council had for its residents including driving those standards up. The Council had a number of mechanisms within the commissioning cycle and contract management that make sure it happens.

Councillor Roche assured Members that, if any of the providers, particularly care homes had concerns raised then he received a briefing, which was followed up regularly.

The Chair welcomed the return of this item in a years' time to provide an update on the position at that time.

Resolved: That the Health Select Commission:

1. Noted the contents of the briefing note and presentation.
2. Requested information on how many staff actually held the Level 5 Management training and how many were studying towards the qualification.
3. Agreed that an update on Adult Social Care Commissioning be brought to the Commission in January 2025.

50. THE ROTHERHAM NHS FOUNDATION TRUST - ANNUAL REPORT WORKSHOP UPDATE

The Chair invited Michael Wright, Deputy CEO, TRFT to provide an update on the workshop held to consider the annual report.

Michael Wright explained the session had been held on 8 November 2023, noting that he was in attendance along with the Chief Nurse and Chief Operating Officer and their Public Health consultant. The session considered the annual report and conducted a deep dive on a number of

activities that were of interest, including work carried out on emergency care, a response to recommendations from national reports, their contribution to advancing health equalities, looking at safety, particularly around patients with complex needs, along with information regarding how they worked towards their quantifiable goals and how they monitored them.

Quite a sizeable portion of the workshop considered their work on emergency care and discussed their lower staff sickness within their colleagues, how they had been successful in recruiting medical colleagues into urgent emergency care. They had received positive feedback from the Care Quality Commission, and it had been recommended to other organisations to come and view what they were doing.

They had seen a massive improvement in engagement with over 80% of colleagues in urgent and emergency care responded to the national staff survey. As a trust they received a 67% response rate with the national comparison of 45%.

They had noted how complaints from patients in urgent emergency care had reduced by 75% over a six-month period last year compared with the year before.

They spoke about how they had recruited a Public Health consultant, which was a joint initiative with the Council collaborating with the Director of Public Health and the value that that individual postholder was adding was significant.

Their work with patients with alcohol, particularly with alcohol issues, in their local outreach team, and how they were avoiding admissions by providing support in the outreach spaces.

They had felt the session was really constructive and were about to respond to questions and discuss some of their initiatives to improve the hospital.

Councillor Griffin recalled the session being extremely helpful and positive and it was very refreshing to see what was happening.

The Chair said she gained a lot from the meeting and discussion. It had been the first time that the Commission had conducted that kind of workshop she felt it would be beneficial to have a report summarising the main points of the session, to aid transparency and to consider if specific topics would be better being considered via the workshop setting or via a formal meeting. These were questions for the future Commission to consider.

Resolved: That the Health Select Commission noted the update.

51. HEALTH SELECT COMMISSION - WORK PROGRAMME 2023-2024

The Chair confirmed that the Suicide Prevention workshop would be added to work Commission work programme.

It was noted that the off-Agenda Briefing regarding the Child and Adolescent Mental Health Services (CAMHS) Update had been circulated to Members for comments before Friday 2 February.

It was noted that an update from Healthwatch Rotherham regarding feedback and inquiries received regarding the Adult Social Care Services had been included on the work programme. Due to the change of personnel in terms of support for the Commission and Healthwatch, discussions would be held outside of the meeting to determine if this item would progress.

Resolved: That the Health Select Commission:

1. Noted the outline work programme.
2. Agreed that a Suicide Prevention workshop would be added to the work programme.
3. Agreed that the Governance Manager 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.

52. URGENT BUSINESS

There was no urgent business to be considered.

53. DATE AND TIME OF NEXT MEETING

Resolved: That the Health Select Commission noted that the next meeting would take place on the Thursday 7 March commencing at 5pm in Rotherham Town Hall.

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 07 March 2024

Report Title
Maternity Services Update

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

Strategic Director Approving Submission of the Report
N/A

Report Author(s)
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Ward(s) Affected
Borough-Wide

Report Summary
This report provides an update on Maternity Services provided at the Rotherham Hospital Foundation Trust (TRFT). The focus of the paper will cover, Antenatal care provision and an update on national drivers and Continuity of carer provision at TRFT. The National Maternity inpatient survey results for TRFT and comparisons with other providers. Within the paper data will be shared from the maternity dashboard on bookings comparing within the South Yorkshire Local Maternity System (LMNS) as well readmission data and the flu uptake figures for Maternity services. Appendix 1 Shares a presentation that demonstrates our current position and this was shared recently at a local Maternity assurance visit conducted by the LMNS.

Recommendations
- It is recommended that the Health Select Committee are assured by the 2023/24 Maternity Services update.

List of Appendices Included
Appendix 1 Trft Maternity services assurance visit presentation

Background Papers
- NHS England 2023, Three Year Delivery plan for Maternity and Neonatal Services
- Midwifery Continuity of Carer, September 2022
- final report of the Ockenden review – March 2022

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A

Council Approval Required
N/A

Exempt from the Press and Public
No

Maternity Services Update: The Rotherham Foundation Hospital Trust

1. CONTINUITY OF CARER

1.1 National Context

1.1.1 The model of Continuity of Carer (COC) was introduced following Better Births, national maternity review in 2016. The vision was for services to be safe and personalised putting the needs of the woman, her baby and family at the heart of care with the ambition for women to have continuity of the person looking after them during their maternity journey before, during and after the birth.

1.1.2 The Model was target driven for the Local Maternity Systems to have achieved COC for 20% of women to be booked onto a COC pathway by March 2019 with the target rising to 35 % by March 2020. There was a parallel target for COC to be provided for 75% of BAME women by 2024 with a similar target for women from deprived groups.

1.2 The Rotherham Foundation Trust (TRFT) position

1.2.1 TRFT achieved these targets and were working towards achieving the target for BAME and deprived communities with 3 COC teams. The challenge of the Covid global pandemic led to a pause of the targets to ensure that maternity services were safe. TRFT, maintained the COC model throughout the pandemic however, staff groups were becoming increasingly fatigued and burnt out working in the COC model and the feedback from service users included fragmented care experience from being cared for under a team of midwives.

1.2.2 The second Ockenden review (March, 2022) recommended that COC models should be suspended until safe staffing was shown to be present. Although TRFT met the Birth rate plus(the nationally recommended establishment setting tool) , staffing was increasingly a challenge with a younger workforce impacting on higher levels of maternity leave and staff absence rates been higher than normal following the global pandemic. Nationally, there was a chronic gap between the numbers of midwives leaving and joining the register which Donna Ockenden attributed to national underfunding and poor strategic workforce planning.

1.2.3 In September 2022 Ruth May the Chief Nursing officer for England advised all Local Maternity Systems and Trusts of the following:

There is no longer a national target for MCoC. Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. We hope this will enable your services to improve in line with the evidence, at a pace that is right.

1.2.4 Trusts had been asked to review midwifery staffing previously in March 2022 following the Donna Ockenden second report at Shrewsbury and Telford. At the time TRFT assessed there position as:

Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.

1.2.5 Maintaining safe staffing on every shift was becoming an increasing challenge with a workforce that reported burn out in staff surveys. A decision was therefore made for a workforce transformation event engaging with teams and service users. A move from the COC model of care was agreed and implemented in December 2022.

1.2.6 The new model has seen the community service reconfigured into 4 teams with 8 midwives. The teams are linked to postcodes therefore area linked and provide antenatal and postnatal continuity for the women on their case load. They have a buddy midwife who supports them when they are on leave. The teams offer enhanced support for women where English in not their first language such as Slovak clinics where a dedicated interpreter is present. In areas of deprivation the teams work with the Family Hubs to support families with enhanced support from the vulnerability midwives, early help and 0-19 teams. Labour care is provided by the acute midwifery service. This includes supporting community midwives for homebirths. Women are supported with personalised care plans to support their decision making and informed choice which have been discussed with their community midwife throughout their pregnancy.

1.2.7 Midwives have reported feeling happier and more settled at work following the service transformation. A recent snap shot audit has highlighted that women are receiving higher levels of continuity from their community midwife under the new model of care for community midwifery services 77% received continuity from their lead community midwife when compared with 52 % under the COC model.

1.2.8 The Maternity service is currently scoping demographic outcome data, engaging with all teams to develop a sustainable enhanced CoC model. This will be co-produced with our service user group.

1.2.9 The Three year delivery plan for maternity and neonatal service March 2023 recommends that trusts consider the roll out of Continuity of Carer in line with the safe staffing principles set out by NHS England in September 2022.

2. ANTENATAL CLASSES

Antenatal classes are offered to all women. These include parent education on labour and birth as well as infant feeding workshops. The classes are held twice a month at the Place Hub. Partners are included and feedback for the sessions have been overwhelmingly positive. The graphic below represents a snapshot of feedback received from the class evaluations.

2.1 Next steps include a plan to work with the Slovak community to look at what Antenatal information communities would like and to look at further engagement local communities through REMA and Clifton Partnership.

2.2 The Community Midwifery service is currently looking at training midwives to facilitate the Solihull approach to antenatal classes. This is a theoretical model used for understanding the impact of powerful emotional experiences on adults, the baby and the relationship between the two. It supports healthy brain development in the baby. The plan is to combine the facilitation of the classes with the 0-19 service at TRFT.

2.3 The Rotherham Family Hubs offer a diverse range of parenting and education classes for parents including programmes for Dads. Community midwives share and promote these sessions with women and pregnant people. There is an online course, “Me you and baby too” which offers parents useful advices and tips for the transition to parenthood. **Parent guide for England (oneplusone.org.uk).**

3. ANTENATAL KEY PERFORMANCE INDICATORS:

3.1 The statistical process control charts (SPC) below are from the Maternity dashboard representing the monthly performance with key performance indicators which are nationally set for bookings< 10 weeks and smoking at the time of booking and birth. TRFT, conducted an audit in 2023 to investigate further the delays in booking women below 10 weeks and this was found to be women presenting later to Maternity services. There is currently work being undertaken to look at how advertising in local pharmacies and in the wider community can support women to book earlier. The current average across South Yorkshire Local Maternity System is 76%. In 2023 TRFT booked 3021 women for antenatal and postnatal care, 2529 women birthed at TRFT.

3.2 Personalised care plans (Table 4) are the Three Year Delivery plan for Maternity and Neonatal services (NHSE, 2023) target for all women to be offered personalised care and support plans.

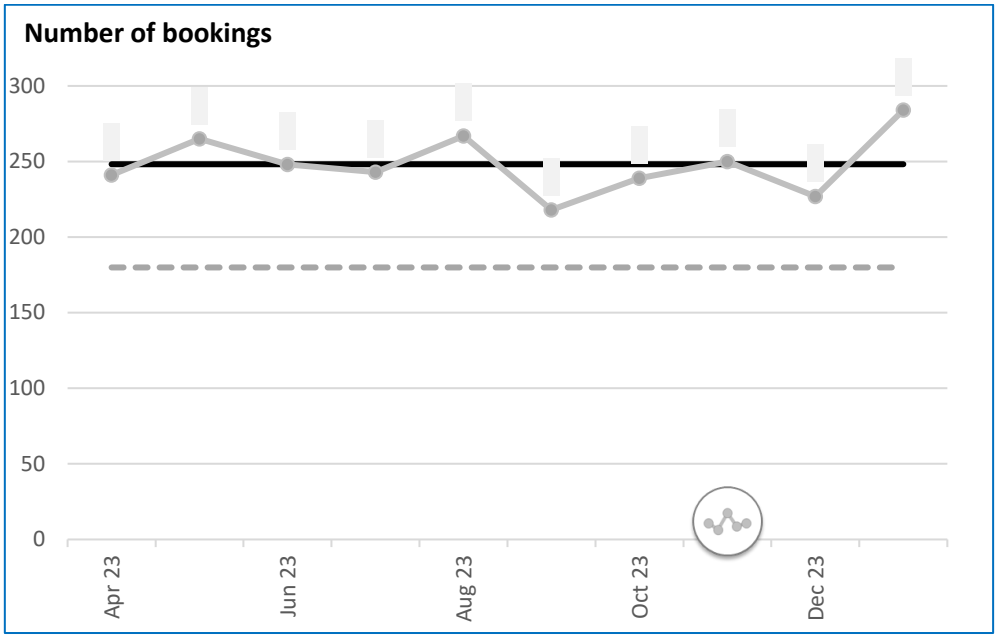
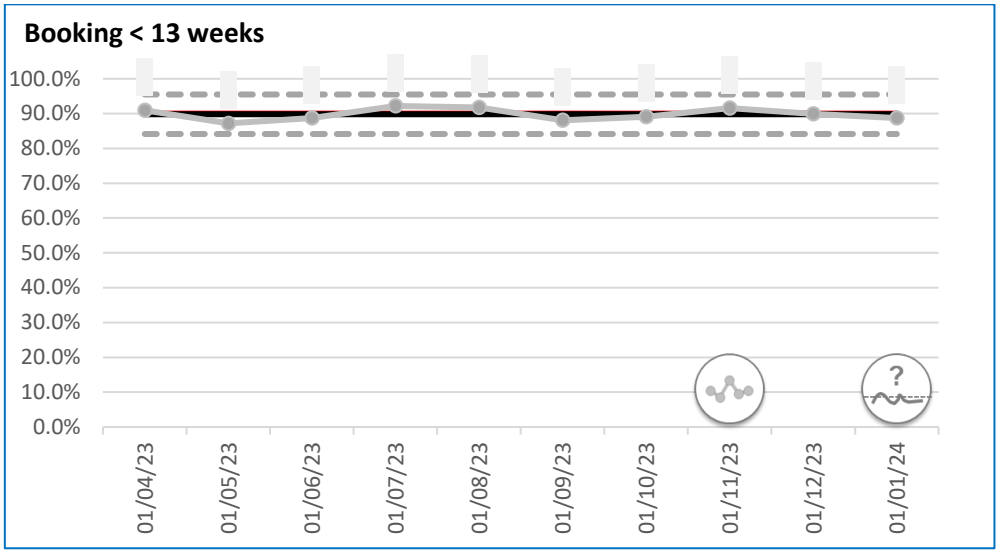


Table 1



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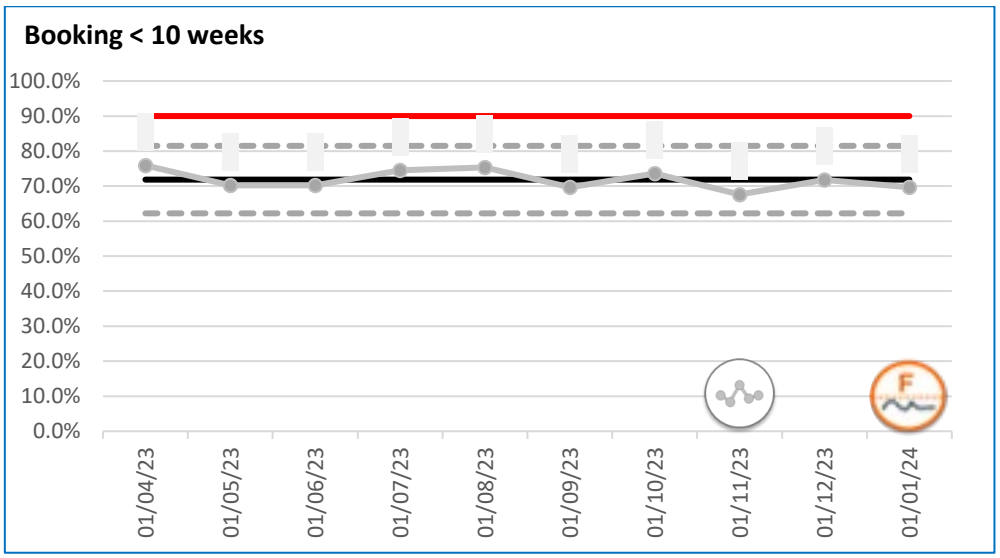

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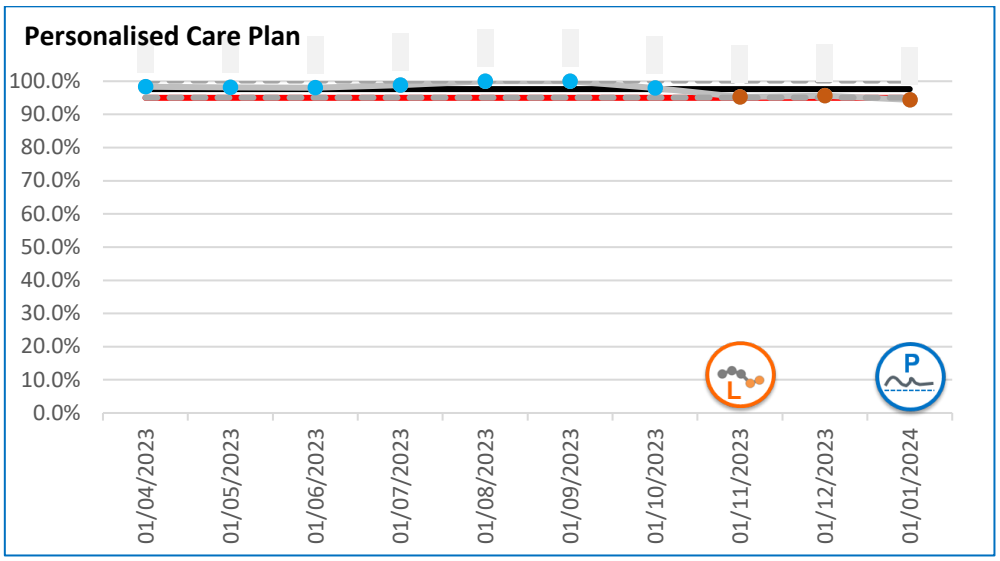
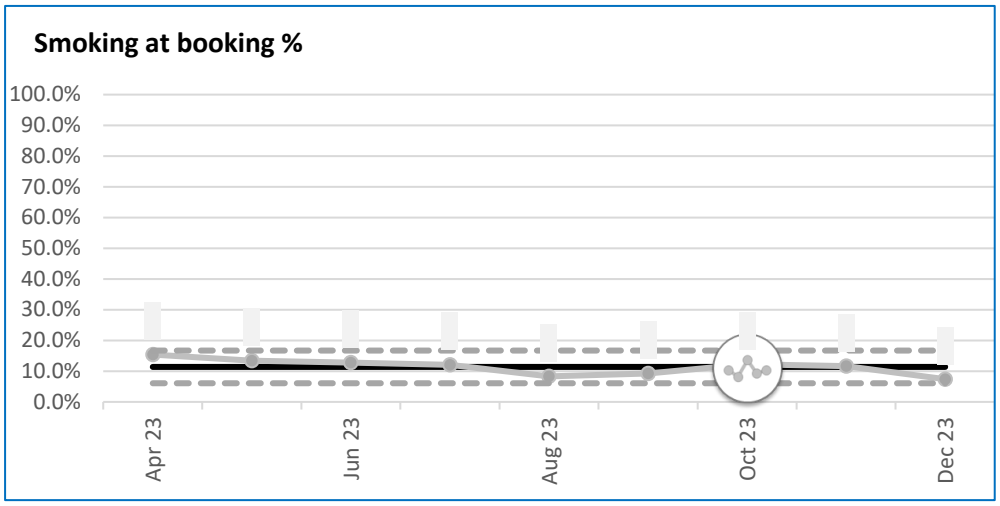


Table 4



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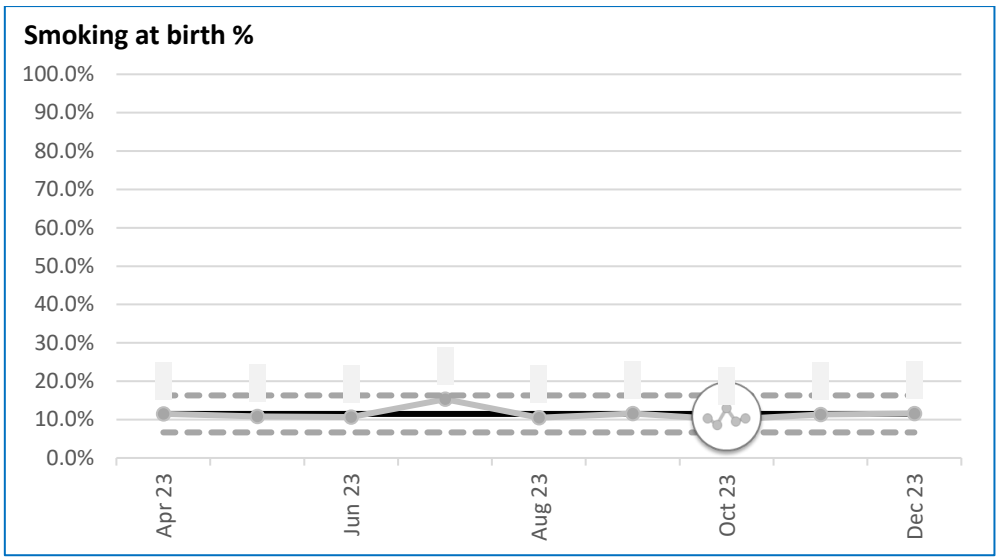


Table 6

3.3 The Rotherham maternity smoking in pregnancy service has continued to support the reduction of smoking at the time of delivery rates (SATOD) rates, From 2017 to 2018 there had been an increase in rates from 17.1% to 19.9%, staffing provision increased in 2018 and figures again reduced the following year to 17.9% and have continued to decrease since this time to the current rate of 11.2 %. The government target is to reduce SATOD rates to 6%. TRFT is compliant with the all elements of the Saving Babies lives care bundle for smoking to reduce avoidable stillbirths and neonatal deaths.

4. SEASONAL FLU VACCINATION

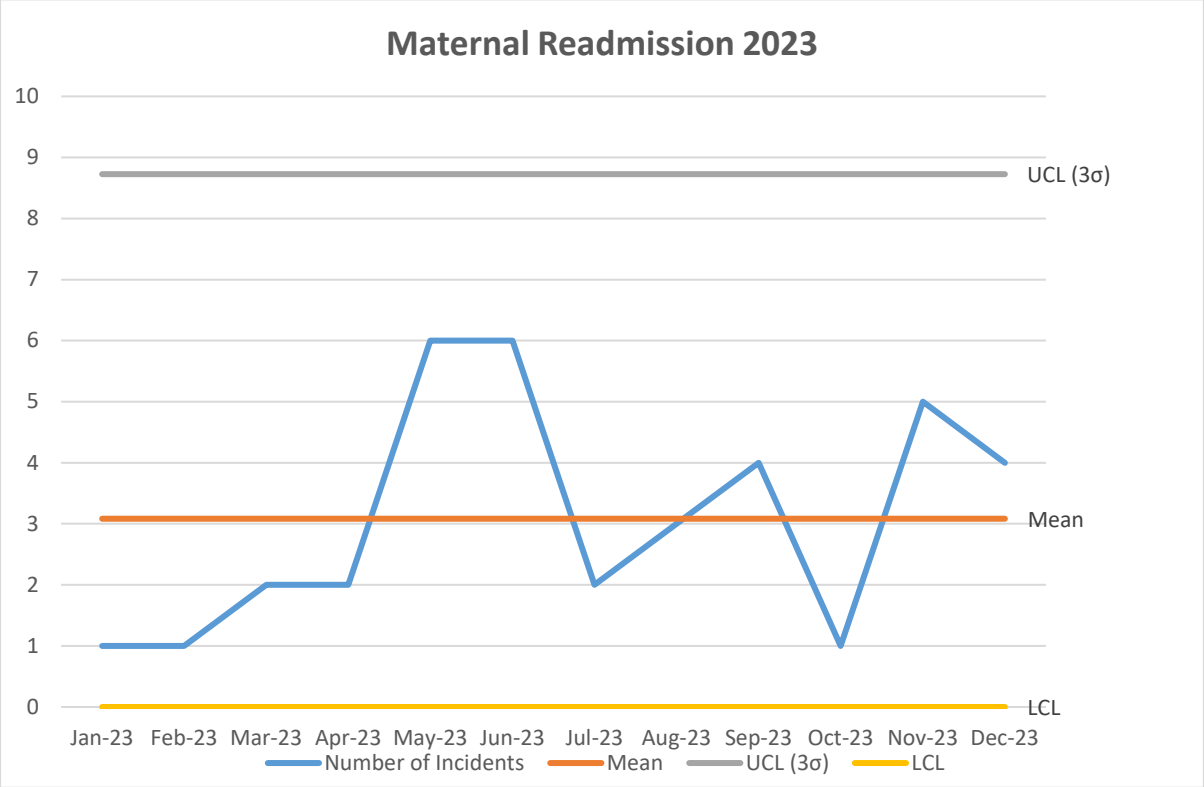
4.1 All women are offered seasonal flu, Pertussis and Covid vaccines when they attend Greenoaks Antenatal Clinic. Women may choose to access their vaccinations through their GP or local pharmacy. Data for vaccinations in pregnancy is reported through IMMSFORM to Public Health England (PHE). There are currently 3 systems where flu data is published and PHE are aware that none of the digital platforms are currently recording vaccine uptake accurately and work is been undertaken with digital teams to improve this. Table 7 below highlights the current vaccine uptake. TRFT have been recognised by PHE as an exemplar, with other units looking to replicate the model that has been implemented. In 2023/2424TRFT have delivered more flu vaccines to pregnant women than GP'S and Pharmacies.

Vaccine	2023
Seasonal Flu	34.3%
Pertussis	73.5%
Covid	Data not available

Table 7

5. READMISSIONS

5.1 Readmission of women and Babies are monitored through Maternity incident reporting, investigating any themes, trend and learning. A small number of women are readmitted following birth. Table 8 and 9 illustrate the data and top 3 themes for women. Table 10 and 11 highlight the demographic data for readmissions of women.



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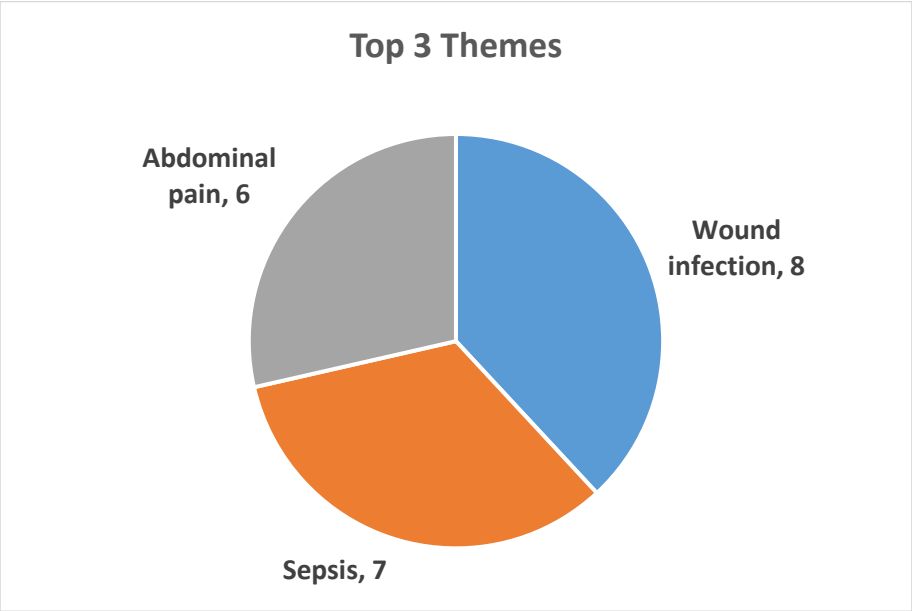


Table 9

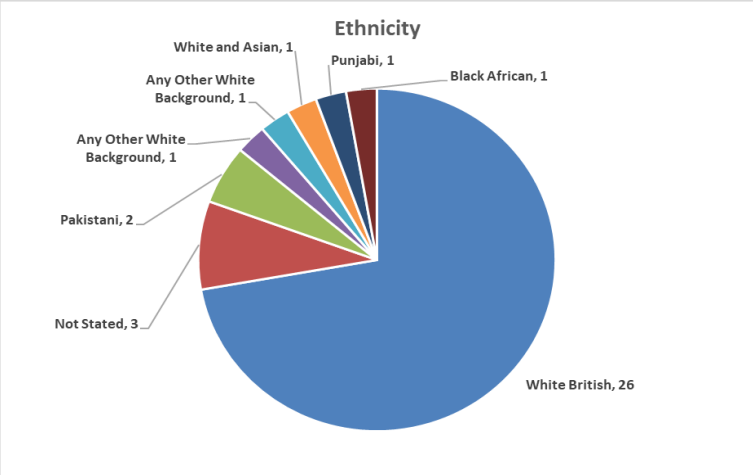


Table 10

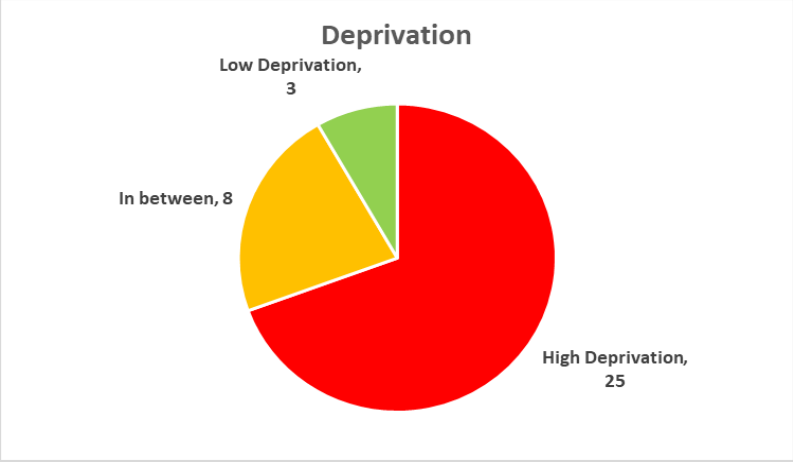


Table 11

5.2 More babies are readmitted due to the care pathways and guidelines for monitoring jaundice and weight loss in the newborn. TRFT, offer readmission to maternity services for a rapid access review by the paediatrician and infant feeding lead if needed. Tables 10 and 11 share the data on baby readmissions, including themes for referral and readmission.

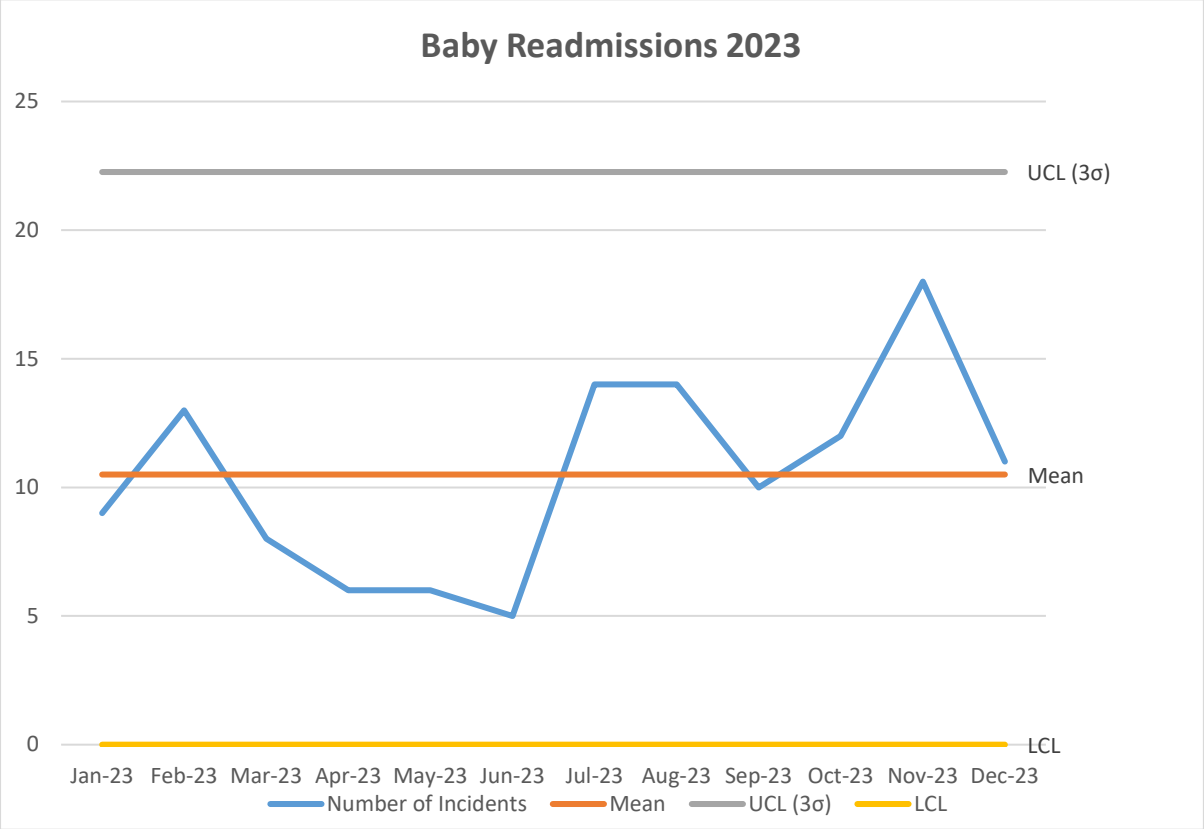


Table 12

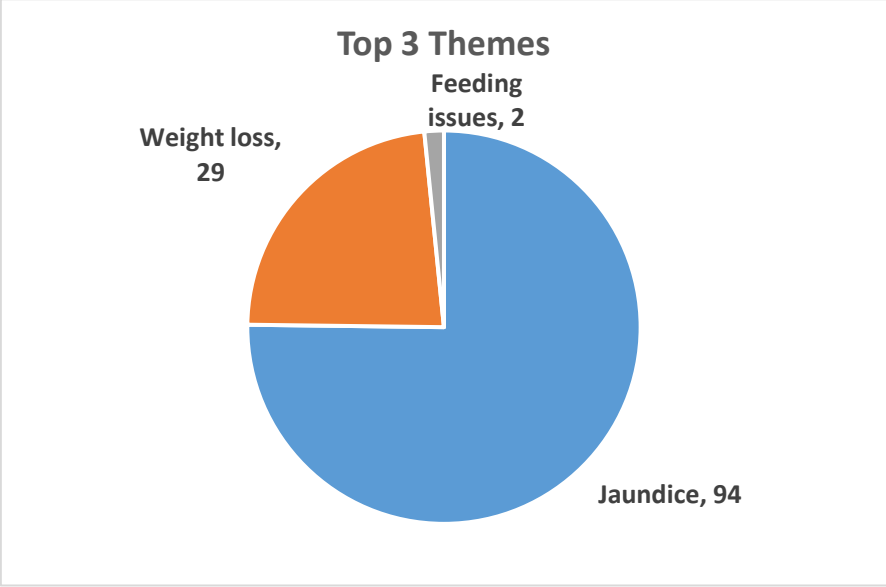


Table 13

6. CQC MATERNITY SURVEY RESULTS 2023

6.1 The national CQC Maternity survey results were published on 9th February 2024 and overall TRFT have maintained a good position nationally in the survey achieving improvement in 8 questions surveyed and maintaining the same in 46 responses. No responses were rated worse than. The response rate was 50% and represented the diversity of the local community with 85% of responses from white British and 14% from other ethnic groups highlighted in the table below.

6.2 The graphs below demonstrate TRFT position in all the questions surveyed with the black line representing TRFT. An action plan has already been developed to support areas of improvement and betterment. An example of this has been on the Antenatal and Postnatal ward inviting and promoting partners to stay overnight.

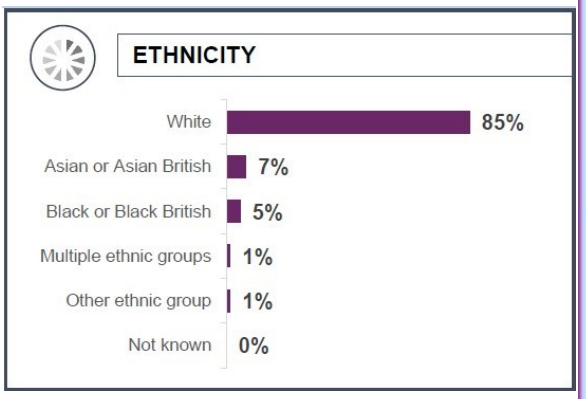
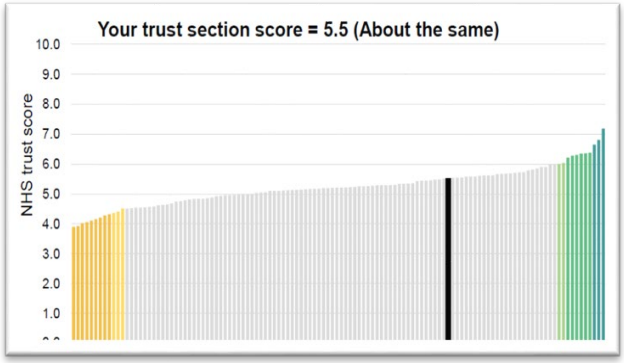


Table 14

The start of your care during pregnancy



Antenatal check-ups

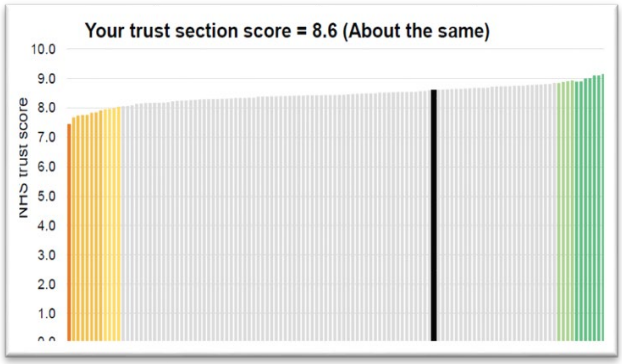


Table 15

During your pregnancy

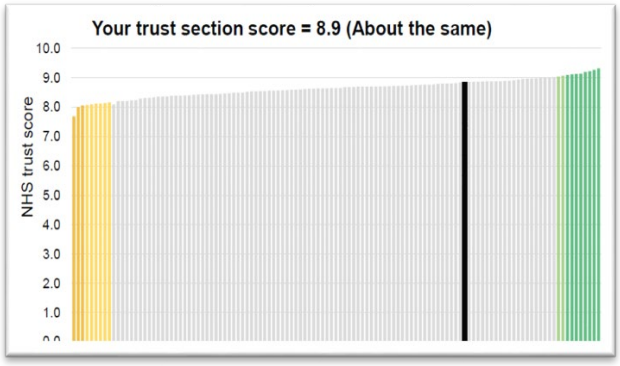
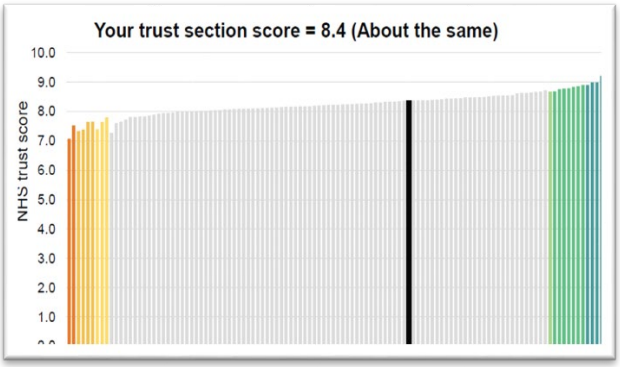


Table 16

Your labour and birth



Staff caring for you

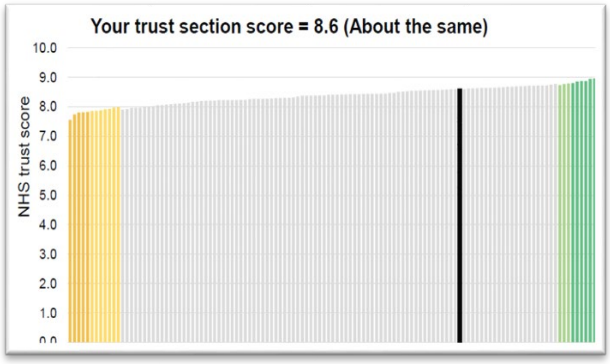
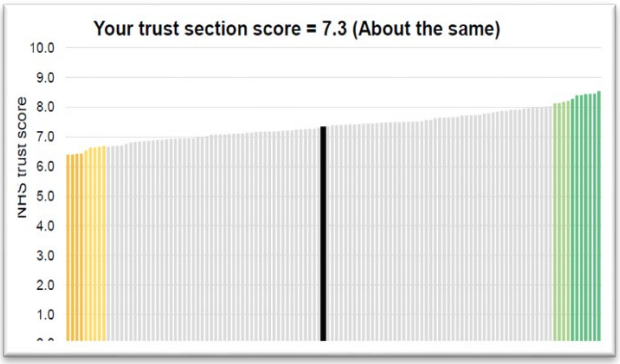


Table 17

Care in the ward after birth



Feeding your baby

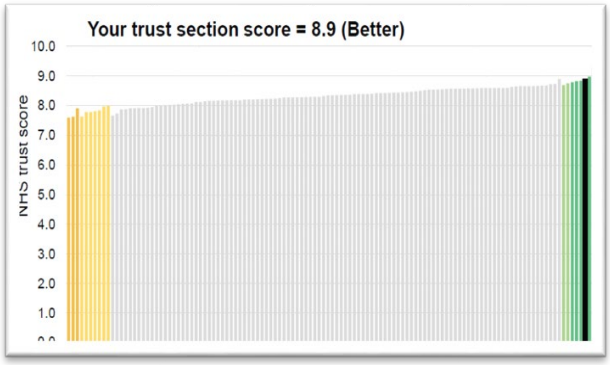
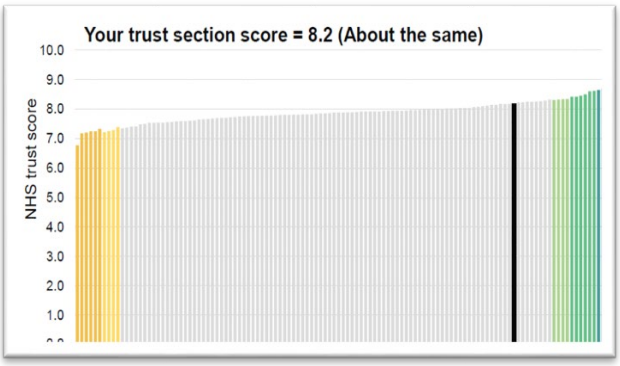


Table 18

Care at home after birth



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Rotherham LMNS 3 Year Delivery Plan Assurance Visit

23/01/24

The Rotherham NHS Foundation Trust
Maternity Services

Setting the scene

South Yorkshire and Bassetlaw Geographical Footprint

Maternity services are a key part of the healthcare system in South Yorkshire. Supporting women and birthing people from pre-conception to pregnancy, through birth and in to early parenthood. Over the past year 15,588 babies were born in South Yorkshire and Bassetlaw.

During 2023 (calendar year) –

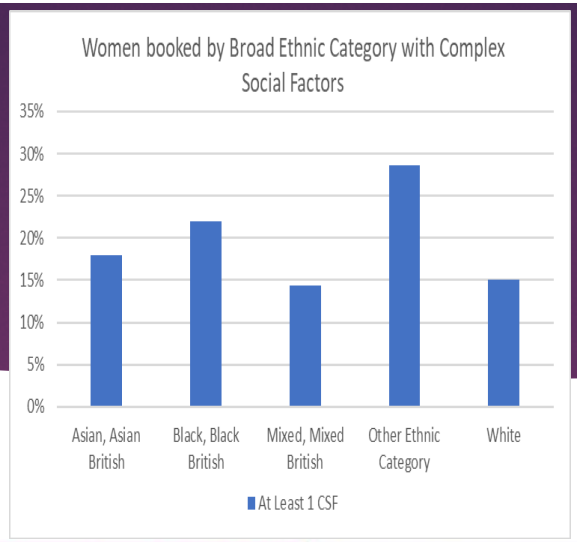
3021 women booked for maternity care under Rotherham Maternity Services

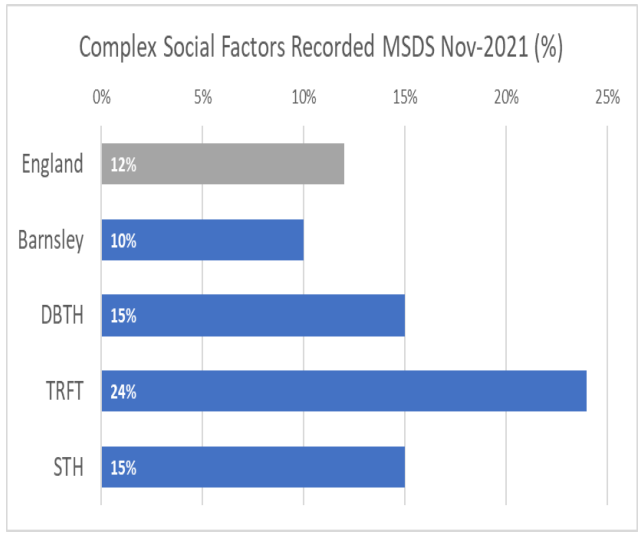
2529 women birthed under Rotherham Maternity Services

4.8% of households in Rotherham are deprived in at least 3 out of 4 dimensions (education, employment, health, housing) *(Ons.gov.uk/census/maps)*

Setting the Scene…

Complex Social Factors 24% (~2500)





CORE20 PLUS 5

24% of women were recorded as having Complex Social Factors in the November 2021 MSDS submission (NHS Digital).

Complex social factors include:

- substance abuse
- refugee status
- homelessness or housing insecurity
- teenage mothers
- women suffering domestic abuse.

(note: Data Quality issues with MSDS mean these figures may significantly under or over represent the true numbers)

Complex Social Factors and Ethnicity

Analysing the MSDS data for Sheffield and Barnsley for 2010/21, provided by NHS Sheffield CCG:

- Women of Other Ethnic Category were most likely to have a CSF recorded (29%) .In SYB, this group includes a many Eastern European and Roma women.
- Black/Black British women were second most likely to have a CSF (22%) .This group is likely to include refugee or asylum seeker women in addition to women with other complex social factors.

Maternity Service

Maternity Service includes:

- Community Midwifery care with a focus on ante and postnatal continuity
- Greenoaks / Early Pregnancy Assessment Unit
- Labour Ward
- Wharncliffe Ward (antenatal and postnatal) with conceptual transitional care pathways.
- Antenatal Day Unit & Triage
- Specialist Midwives

Workforce

- 115.87 WTE staff in post Band 3-7
- 27.88 WTE medical staff funded establishment

- 14 birthing rooms, all with en-suite facilities
- Newly refurbished bereavement suite
- A birthing pool
- An antenatal and postnatal ward
- An enhanced Maternity Care room on the labour ward
- Homebirth Service
- Newly refurbished Neonatal Unit – Level 2
- 24 hour consultants are available
- 24 hour epidural service
- Midwives who specialise in a range of areas from teenage pregnancy to diabetes to maternal mental health

Neonatal Unit Services

- Newly refurbished 2024 January (14 cots, level 2 unit)
- BFI – Achieved level 1 in 2023
- Bliss – support for families
- Service users – First MNVP group to take place in February 2024
- Annual event in November, World Prematurity Day
- BAPM Standards for QIS met for nursing staff
- Medical staff – Action plan in place to meet BAPM standard in March 24
- Governance nurse now in role and working in partnership with Maternity

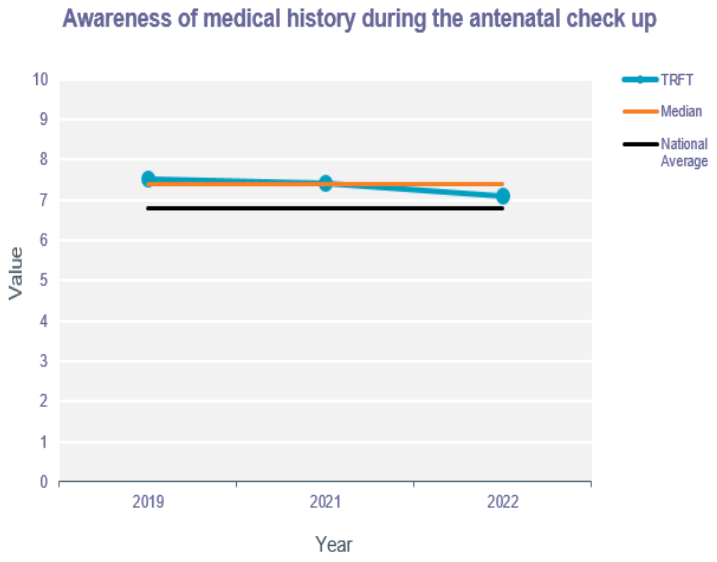
Theme 1: Listening with compassion and taking action

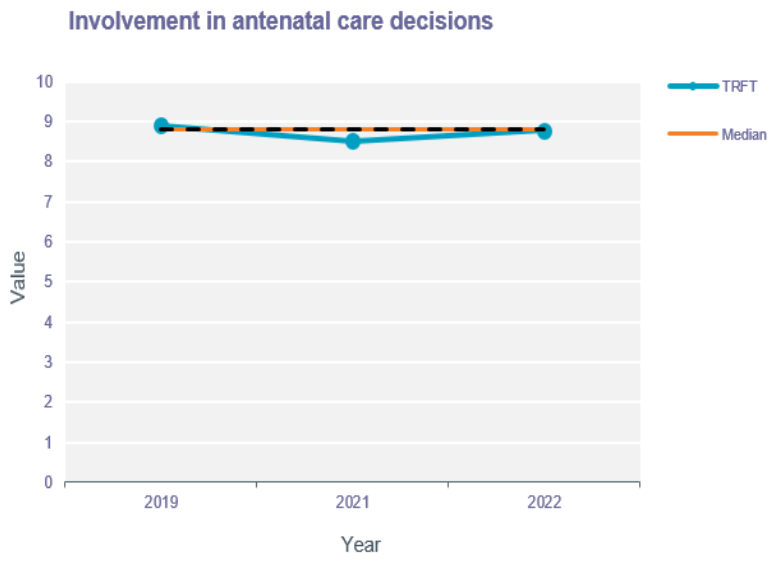
- Local resolution meetings - Listening to Learn
- Birth in Mind service
- Voice of the woman in all we do i.e Patient safety investigations, complaints and concerns.
- MNVP – attendance at Governance meetings, Safety Champion meetings, perinatal, Labour ward forum and Quadrumvirate meetings.
- Reviewing national reports e.g. The Invisible Report (2022) and CQC Maternity Survey responses coproducing most recent PICKER action plan
- Triangulating themes from legal, complaints, staff feedback, Datix, MNVP and addressing with co-production and service user involvement. i.e. interpreting service issue.
- Using intelligence from maternity data to inform us of top 5 languages of the women we serve. Now able to provide FFT in these languages to gather feedback
- Engagement with our local Apna Haq group and Slovak communities, Rotherham Ethnic Maternity Alliance (REMA) and Clifton Learning Partnership

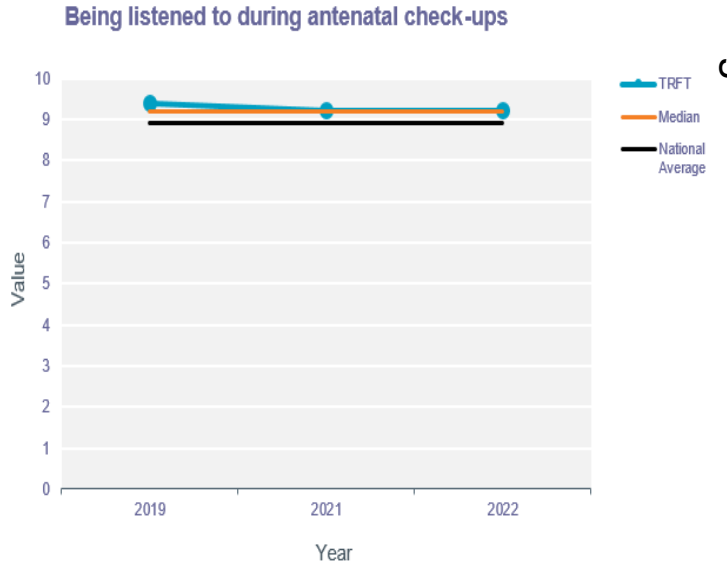
Listening with compassion and taking action (cont.)

- Listening to Learn are used to share women's experiences and the learning from this with the wider team
- Birth in Mind Quarterly report demonstrates high number of women who were unhappy with IOL – IOL Workshops coproduced and about to pilot in February 24
- Top language is Slovak and the Community Midwifery teams have set up clinics that provide an interpreter to meet the needs of this community and gather feedback for the service
- MNVP undertaking a piece of work to review the process of gaining informed consent for caesarean sections following patient voice from a patient safety investigation

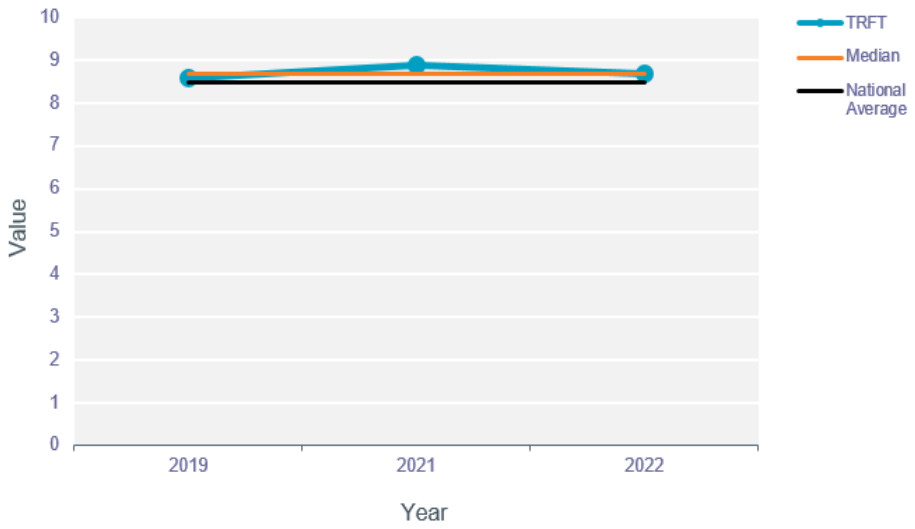
Picker Survey Results for Rotherham: 2019 to 2022



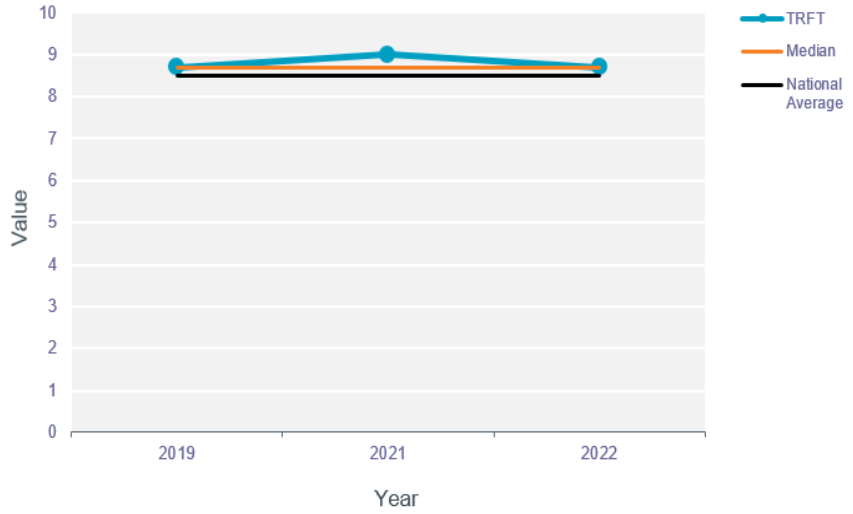




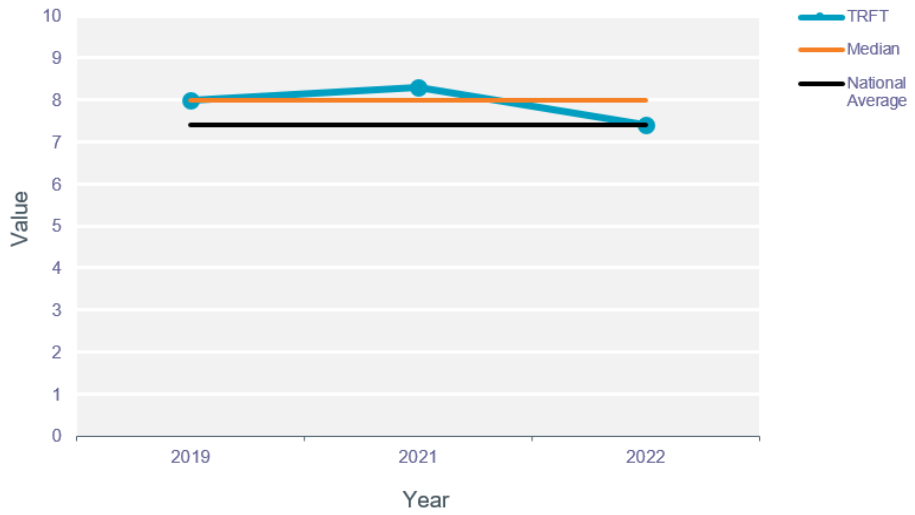
Response to concerns during labour and birth



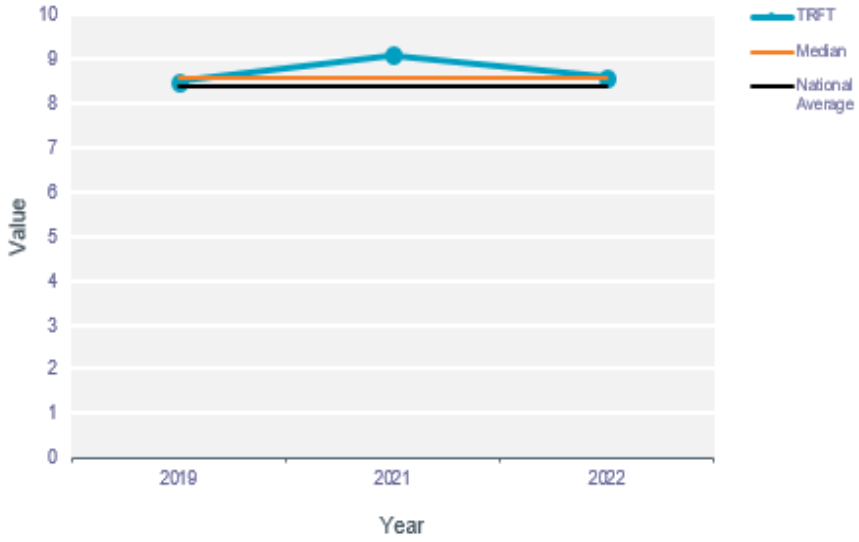
Involvement in decisions during labour and birth



Adequecy of information or explanations during postnatal hospital care



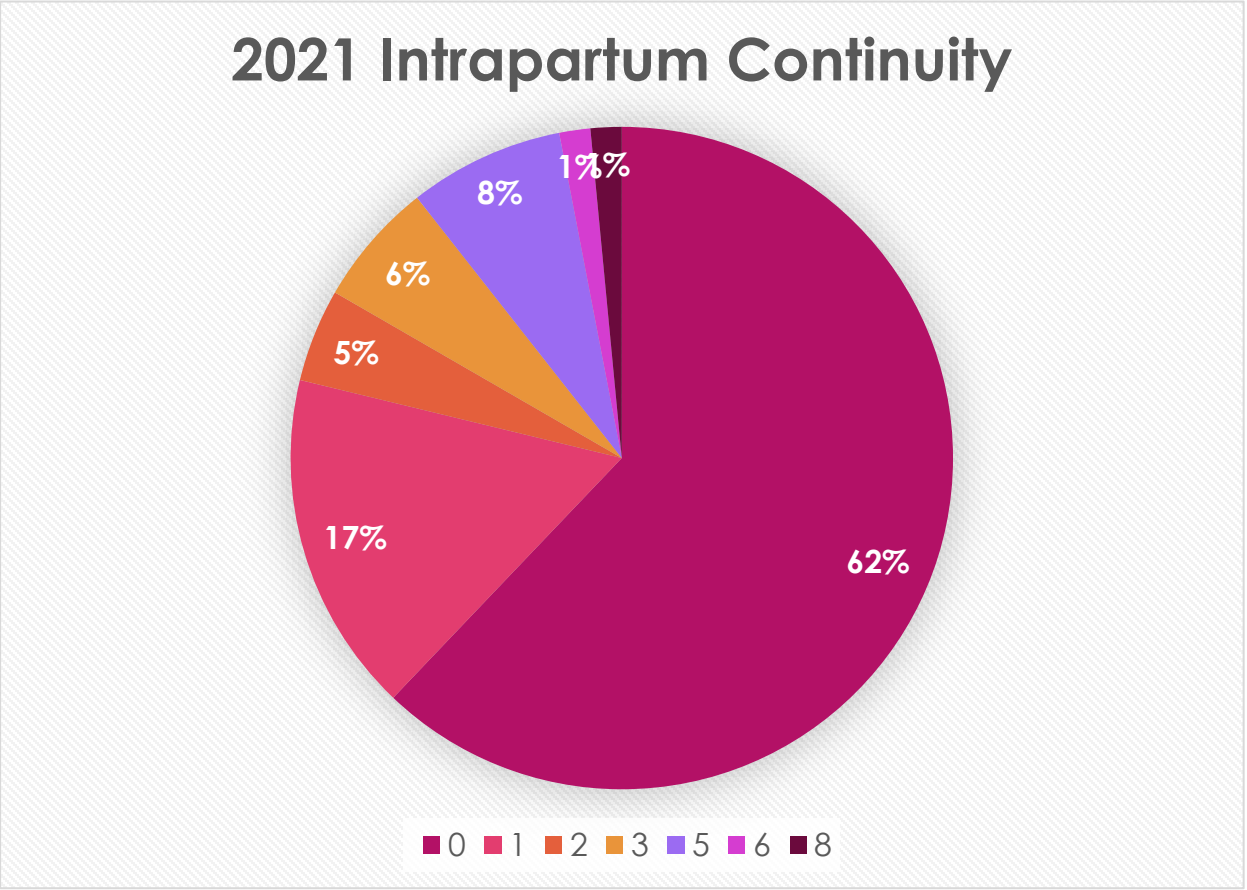
Adequecy of information or explanations during postnatal hospital care



Theme 2: Grow, Retain and support the workforce

- BirthRate Plus review August 2023
- Recruitment – covering gaps
- Retention and CPS work
- Flexible working
- Triage / staffing, listening to staff feedback
- PMAs
- Training and development – labour ward co-ordinator course
- Medical staff – support with entrustability, trainee and Consultants supported with flexible, working, retire and return supported, sabbatical opportunities supported. Two middle grades are supported through the CESR programme.
- Medical rota's now reflects compensatory rest
- Birth Rights Training using CNST monies
- Workforce transformation

Continuity



- Current Community Model (antenatal and postnatal care).
- CoC team; Antenatal care by the woman's lead midwife was on average 52%. Maternity transformation model has demonstrated that around 77% of women are now seen by their lead midwife.
- Currently scoping our demographic outcome data, engaging with all teams to develop an enhanced CoC model.

Theme 3: Developing and sustaining a culture of safety

- Leadership have attended Perinatal Quadrumvirate Culture and Leadership Development Programme
- Matron undertaken Elizabeth Garrett Anderson Programme in Healthcare Leadership focus on Compassionate Leadership remedying Incivility
- Dashboard data, reported to Board, confirms LWCO Supernumerary Status and 1:1 Care in Labour provision
- Safety Champion walk rounds, staff concerns heard by Board member
- Compliant with Standard 8 CNST Training Together
- PSIRF "poised" – embracing concepts and values, awaiting Trust roll-out
- Score survey undertaken – awaiting results
- Staff survey – action plans coproduced with our Teams
- GMC national training survey – Overall satisfaction 75% (out of hours support 91%, Clinical supervision 90%)
- Student Midwifery placement surveys – PARE reviews show overall high levels of satisfaction for all placement areas.

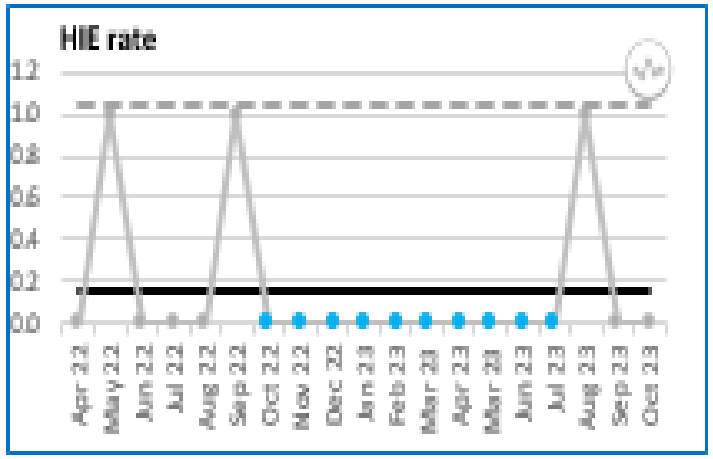
Theme 4: Standards and structures that underpin safer, more personalised and more equitable care

- Working with MNVP to update PCP to make more user friendly and meet the needs of our women
- Deprivation scores now used in multiple Governance reporting streams to inform and focus future service delivery and development
- Saving Babies Lives v3 compliant to 71% with an Action Plan to reach 100% for March 2024
- CNST Compliant for all 10 Standards
- External Peers for PMRT, Patient Safety Investigations and Off-Pathway Births
- MDTs to support women's choices for homebirth
- Equity and Equality Action Plan work underway
- Digital Strategy in place to support development of the service and data collection
- BFI re-accreditation progressing
- Robust floor to Board processes

Safer Care - HIE

Latest month	01/10/23
HIE rate	**0.0**

No significant change



In 2023 we have had one case of HIE grade 3 which has been referred to MNSI. The two previous cases in 2022 were subsequent to premature births.

Safe Care

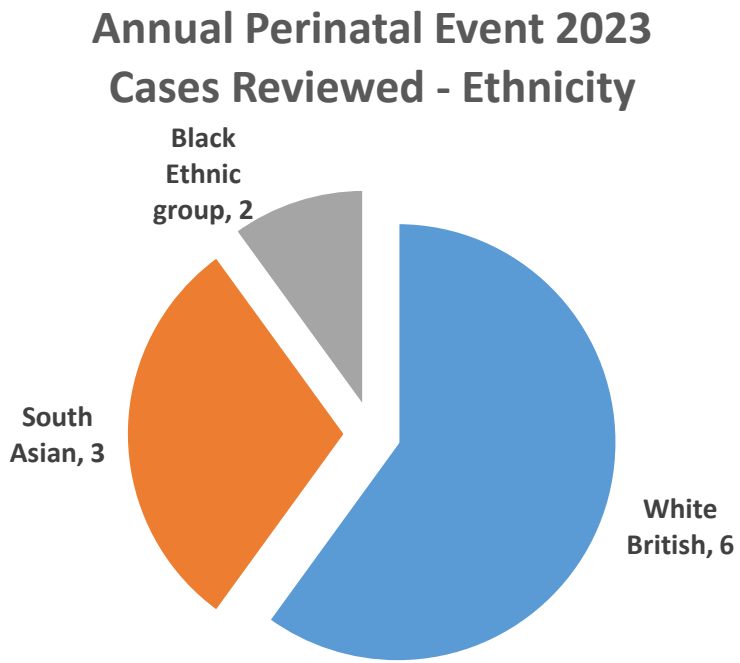
- Perinatal Mortality December data rolling 12 months

Type of death	Number	Rate per 1000 births	National rates (MBRRACE 2021)
Stillbirth	7 (incl MTOP)	2.72	**3.54**
Neonatal death	3	1.17	**1.65**

- Adjusted Perinatal Mortality (to exclude any abnormalities)

Type of death	Number	Rate per 1000 births
Stillbirth	6	2.33
Neonatal Death	2	0.78

2023 Annual Perinatal Event (2022 data)



Thank you for listening

ANY QUESTIONS?

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Health Select Commission – Work Programme 2023-2024 – presented in March 2024

Chair: Cllr Taiba Yasseen **Vice-Chair: Cllr Firas Miro**
Governance Manager: Barbel Gale **Link Officer: Ben Anderson**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.

T: Time: is it the tight time, enough resources?
O: Others: is this duplicating the work of another body?
P: Performance: can scrutiny make a difference
I: Interest: what is the interest to the public?
C: Contribution to the corporate plan

Meeting Date	Agenda Item
29 June 2023	Place Partners Mental Health Services Draft Work Programme
27 July 2023	Drug and Alcohol Services Place Plan Priorities Close Down Report - May 2023
28 September 2023	Suicide Prevention Update Adult Social Care Preparedness for Regulation
Workshop - November 2023	TRFT Annual Report
16 November 2023	Child and Adolescent Mental Health Services Update (deferred) Place Partners Winter Planning
Winter 2023 to Spring 2024	Review: Menopause, Sexual and Reproductive Health
25 January 2024	Healthwatch – Adult Social Care Adult Social Care – Commissioning Update

Meeting Date	Agenda Item
February 2024	Social Prescribing Workshop
7 March 2024	Maternity Services Update
14 March 2024	Suicide Prevention Workshop
April-June 2024	Quality Accounts

Items for Scheduling:

Was due in February 2024	Social Prescribing Workshop
Was due in Winter 2023 to Spring 2024	Review: Menopause, Sexual and Reproductive Health