

HEALTH SELECT COMMISSION
Thursday 20 June 2024

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Baum-Dixon, Bennett-Sylvester, Clarke, Duncan, Haleem, Havard, Rashid and Thorp.

Apologies for absence:- Apologies were received from Garnett and Lelliott.

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

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

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 MARCH 2024

The Chair invited comments or questions relating to the minutes of the previous meeting.

Councillor Thorp noted his shock that 24% of women accessing services in Rotherham have complex social problems, as identified at minute 58, Maternity Services Update, paragraph 12, bullet point 3. He sought clarity on whether this is in line with national position or if this is a local issue.

Councillor Yasseen advised that Councillor Thorp's query was discussed during the meeting so it may be helpful to review the webcast. Councillor Yasseen added that there are additionalities present within Rotherham which contributing to that group, such as specific vulnerabilities, resulting in impact on the service. It was also noted during that meeting that despite the higher level of need, this does not result in the provision of additional funding or resource unfortunately.

Resolved:-

That the minutes of the meeting held on 7 March 2024 be approved as a true and correct record of the proceedings.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

4. EXCLUSION OF THE PRESS AND PUBLIC

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

5. NOMINATE REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL

The Chair sought a representative from the Health Select Commission to sit as a member of the Health, Welfare and Safety Panel. Councillor Thorp volunteered to be the Health Select Committees representative for 2024/25.

Resolved:-

That the Health Selection Commission appointed Councillor Thorp as its representative on the Health, Welfare and Safety Panel for 2024/25.

6. INTRODUCTION AND OVERVIEW FROM BEN ANDERSON, DIRECTOR OF PUBLIC HEALTH, RMBC

The Chair welcomed Ben Anderson, Director of Public Health.

The Director of Public Health provided a high-level overview of his portfolio, his role and that of the Council in the context of the work of the Health Select Commission; outlining key issues, strategies and resources of relevance to its members, advising that the purpose of his presentation was to provide an overview and background.

This included the determinants of Health and what this means to a public health leader in order to promote a broad view of what health was for the commission, the burden of disease within Rotherham and the impact thereof, prevention and health inequalities, an overview of the health system in Rotherham and the key strategies impacting on health.

The Director of Public Health underlined the importance of holding Officers to account for performance against the stated aims of agreed strategy within this scrutiny setting.

Three studies were referenced in connection with determinants of health, and Members were asked to note the extent to which health care contributed to overall health within each of those studies: ranging from 15% to 43%. The Director of Public Health highlighted this specifically as often scrutiny focused heavily on the NHS and the ways in which they impact health locally, whilst the data reflected that there was a much broader range of impact factors to which the commission ought to have due regard. These included housing, socio-economic factors, genetics and behaviours amongst others and in reality, improving public health often relied on preventative measures and initiatives in place prior to health services being accessed.

Members were advised that the Joint Strategic Needs Assessment (JSNA) would be helpful to members as it contained a wealth of data around health impacts and health status in Rotherham.

The Director of Public Health outlined the wider determinants of health and the notable impact of these factors during the pandemic, such as access to green spaces, transport, education, social and community networks. Members' attention was drawn to evidence indicating that these socio-economic and environmental factors had a greater influence on health than the healthcare services themselves.

The Director of Public Health advised that since joining the Council in 2021, the Council had adopted a prevention led system focussing on positive impacts in relation to systemic factors, maximising early detection and diagnosis, latterly delivering person centred care and condition management which prioritised individual health ambitions and quality of life.

The Director of Public Health advised Members that health inequalities was a significant topic in Rotherham, with members of the public falling ill at a younger average age than elsewhere in the country and living with the impact of long term conditions or ill health for longer than people generally do in this country, with a difference of 10 years in the most deprived areas. These health inequalities were largely driven by multiple sources of disadvantage. Notably, for women in Rotherham the gap in life expectancy was increasing.

Global Burden of Disease data, as it specifically relates to Rotherham was outlined by the Director of Public Health, noting that tobacco remained the greatest impact factor in the borough.

Councillor Baum-Dixon sought clarity in relation to the comments made about the increasing life expectancy gap for women in Rotherham, querying if this was due to Rotherham being more effective at closing the gap for men or whether this was due to external factors.

The Director of Public Health advised that the causal factors were extremely complex and rooted in the diverse determinants of health previously outlined. However, the traditional role of females being caregivers within a family setting and neglecting their own health and wellbeing as a consequence of that burden may amplify this.

Councillor Yasseen requested a drilled down dataset specifically targeting the Rotherham community to provide context for the commission, with particular regard to the higher mortality rate within the borough.

The Director of Public Health clarified that the data provided to the commission was specific to Rotherham and intentionally focused on the problems rather than the solutions, with a view to this informing the work of the commission going forward.

Members were advised that the current mode of operation in the borough was that of an integrated health care system, which was complex and formed part of an overarching county wide body known as the South Yorkshire Integrated Care Board (SY ICB), borne out of four Clinical Commissioning Groups (CCGs) formerly in operation, as a result of 2022 legislation.

The Director of Public Health gave an overview of the structure of the SY ICB, and its fundamental shift from a competitive to a collaborative model, which was still embedding. Members were advised of the key organisations and bodies with whom the ICB work, both in the public, private and voluntary/charity sectors including how they contribute to the governance framework and public accountability through committees like the Health and Wellbeing Board, alongside this commission.

NHS England had responsibility for specialised services and sits outside of this structure, however many such services were devolving to local level over time, e.g., dentistry, optometry etc.

The Director of Public Health outlined the headlines of the Health and Wellbeing Strategy: children getting the best start in life and going on to achieve their potential, Rotherham people enjoying the best possible mental health and quality of life, ensuring Rotherham people live well for longer and that all Rotherham people live in healthy, safe and resilient communities; setting out how each of these intersected with Council services and activities, referencing the overlap with the work of the Improving Places Select Commission. The Director of Public health referenced discussions with the Chair in relation to the opportunity for joint scrutiny activity across the two commissions in certain areas.

The Director of Public Health outlined the Integrated Care Partnership Strategy, drawing links to the impact of the work of the South Yorkshire Mayoral Combined Authority (SYMCA), and the Rotherham Place Plan drawing links to the work of the commission and its connection to the Council plan.

The Director of Public Health outlined the Rotherham Plan prepared by the Rotherham Together Partnership (RTP), which brought together partners from beyond the health and social care arena, including economic and education partners highlighting its role in place shaping and in turn, its contribution to impacting upon health determinants and contributing to reducing health inequalities. The Director of Public Health highlighted Sport England investment coming into the borough which Members could be keen to bring to scrutiny in the future.

The Chair thanked the Director of Public Health for a quality report.

Councillor Bennett-Sylvester welcomed the reference to equity rather than equal within the presentation and Director of Public Health's comments,

relating this to how geography was often an equity factor in the context of public transport networks and access to services.

Councillor Bennett-Sylvester highlighted a difference in life expectancy of 6 years between the Mushroom Roundabout and Stag Roundabout areas of Rotherham and the importance of addressing the root causes of this.

The Director of Public Health spoke about the work of the Health Inequalities Group and a piece of work being undertaken considering what the Council and relevant others could do as anchor institutions to address exactly this agenda i.e., taking services to people rather than people to services, where this acted as a barrier and perpetuated health inequalities.

Councillor Havard requested more information about what family hubs were and how they work as referenced in the Rotherham Together Plan.

The Director of Public Health advised that this was a programme aimed at Children and Young People with a significant amount of transformation funding delivering services for families through centres in East Dene, Swinton and Maltby. The hubs brought together maternity, early years, health visiting, social care and school nursing services through co-location as one team and the delivery of truly integrated services. The hubs delivered a whole host of services and activities in the same location from pregnancy to adulthood.

Councillor Clarke posed a question connected to a recent E-coli outbreak and inequalities relating to testing, particularly for those working in a high-risk occupation or with children accessing a childcare setting. In respect of the need for clearance samples, people were increasingly struggling to access GP appointments, exacerbated by logistical complexities in the testing process at laboratory level. She queried whether there had ever been any quantitative analysis on the timeliness of the current testing services and structures, given the extensive impact this had on the delivery of local services and the productivity of the local economy.

The Director of Public Health advised that the existing service and structure was managed by the UK Health Security Agency (UKHSA) and although not personally aware of why the structure operates in the way that it does, was mindful that it is incredibly important that we excluded people from certain settings whilst they are ill but equally important that we got them back to work as soon as they are able. The Director of Public Health advised that he was happy to ask colleagues from the UKHSA to provide an overview on the matter for the benefit of Members.

The Chair suggested that this may be worth considering as part of the Health Select Commission's work programme as it sounded like this could be an impactful and wide-reaching area.

Councillor Clarke queried whether there was anything being done in regards to the current position of domiciliary care in the borough due to concerns raised by constituents around gaps in the market.

The Director of Public Health advised that Scott Matthewman, Assistant Director of Strategic Commissioning in Adult Care, Housing and Public Health had previously attended the Health Select Commission to address such issues and was best placed to advise on this matter as he and his team were heavily involved in the shaping of the provider market.

The Chair advised that this would form part of the work programme.

Councillor Baum-Dixon noted that there were large areas of the borough which were rural locations and sought reassurances that the Council was doing enough in respect of accessibility of services to those living in these rural communities.

The Director of Public Health advised Members that prior to joining the Council, his previous role was part of the East Midlands Rural Health Commission which had similarities to Rotherham geographically, and in turn faced similar challenges. Community mapping was wider than looking at just those areas which are considered deprived, but included considering the particular type of deprivation, be that poverty, lack of access to services and so on. A significant focus at present was neighbourhood care models versus the cost efficiency of centralised services, with a view to getting the balance right.

Councillor Baum-Dixon queried whether the Council took account of those services accessed by its residents which cross county boundaries, into the Nottinghamshire and Derbyshire areas and any attempts to promote further integration.

The Director of Public Health suggested that this was one of the main advantages of the ICP and the ICB, acknowledging that this had a South Yorkshire footprint and the links to Derbyshire and Nottinghamshire were less strong, but noting that we were pushing those boundaries and those conversations were very much on the agenda.

Councillor Baum-Dixon echoed the comments of Councillor Bennett-Sylvester and queried whether the Council was cognisant of pockets of deprivation within otherwise affluent wards to ensure that the needs of these residents were not masked and missed by the wider perception of a particular ward.

The Director of Public Health explained that lots of analysis took place in the Lower Super Output areas which consisted of approximately 500-600 people to allow the required granularity of detail to ensure issues were fully understood.

The Chair noted that the issue of social isolation in rural communities was something that the Health Select Commission could potentially look at through social prescribing or the loneliness agenda under the work programme.

Councillor Yasseen queried whether data was gathered on the impact of sickness and disease in Rotherham other than in respect of mortality rates, given that rates of absence from work due to ill health was higher than the national average in the borough. She sought assurances that the Council was gathering and analysing data in this area with a view to scrutiny being enabled to consider what interventions were in place and whether these were delivering tangible improvements.

The Director of Public Health agreed that this was an important area of focus and welcomed scrutiny in this area.

Councillor Yasseen queried the ambition within the Council in terms of the cultural shift around physical activity in the borough and the investment in an infrastructure that supported that, including checks and balances of the initiatives which had already seen investment.

The Director of Public Health agreed the impact of infrastructure to support a change in habits was really important e.g., street lighting and lighting in parks, cycle lanes so that parents feel more comfortable with children using them etc and these initiatives had the intention of changing behaviours over time.

Councillor Thorp raised the issue of 'bed blocking' as a result of clashing funding streams delaying patient movement when moving from in-patient to home care.

The Director of Public Health agreed that there were issues in this area, and understood the frustrations felt by members of the public. There was a big piece of work in end-of-life care and reablement services going on in South Yorkshire currently, so this was definitely front and centre of the system's mind but there was still work to be done.

The Chair queried if there would be a report on the end-of-life care work which could come to the Health Select Commission.

The Director of Public Health advised that the report would need to work its way through the ICB's internal governance processes, but thereafter would be a public document and could be called in by scrutiny.

Councillor Havard queried whether there was any intention of the staff conducting tenancy health checks primarily focussed on properties also considering the needs and vulnerabilities of tenants as a holistic approach to place and service shaping.

The Director of Public Health confirmed that this was something that the services had been discussing very recently, for all of the reasons described and we were considering what more could be done. SYMCA had run a series of workshops on health and housing from which we could look at opportunities.

Resolved:-

1. That the role of the Director of Public Health and the Council in the context of the Health Select Commission was noted.

7. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair invited Members comments in relation to the minutes and recommendations from the meeting of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) held on 25 March 2024.

Councillor Yasseen noted that this was the only JHOSC meeting that neither herself as Chair or Councillor Miro as Vice-Chair were not able to attend so could not provide any clarity on the minutes.

Councillor Havard queried the position on the availability of dentistry appointments as there had been questions from constituents.

Councillor Yasseen noted that the report on Oral Health would be coming to the next meeting of the Health Select Commission.

Resolved:-

That the Health Select Commission:

1. Noted the minutes and recommendations of the previous Joint Health Overview and Scrutiny Committee.

8. URGENT BUSINESS

There was no urgent business to be considered at this meeting. However, the Chair wished to note that a consultation would be taken via email to consider moving the start time of this meeting to 5.30 p.m.

The Chair also advised that in the interests of maximising participation, the online pre-meeting of the Health Select Commission would be moving to 5.30 p.m.

The Chair advised Members that to assist new Members in particular in respect of knowledge and understanding, a glossary would be developed to provide a point of reference in relation to frequently used terminology.

9. DATE AND TIME OF NEXT MEETING

Resolved:-

That the Health Select Commission noted that the next meeting would take place Thursday 25 July 2024 at 5.00 pm.