HEALTH SELECT COMMISSION

Date and Time:- **Thursday 20 June 2024 at 5.00 p.m.**

Venue:- **Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH**

Membership:- **Councillors Keenan (Chair), Yasseen (Vice-Chair), Baum-Dixon, Bennett-Sylvester, Clarke, Duncan, Garnett, Haleem, Hall, Havard, Lelliott, Rashid, Reynolds, Tarmey and Thorp.**

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 7 March 2024 (Pages 5 - 10)

To consider and approve the minutes of the previous meeting held on 7 March 2024 as a true and correct record of the proceedings and to be signed by the Chair.

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.

For Discussion/Decision:-

6. Nominate representative to the Health, Welfare and Safety Panel (Pages 11 - 17)

To seek a representative from the Health Select Commission (HSC) to sit as a member on the Health, Welfare and Safety Panel.

Meeting dates for 2024-2025:

- Thursday 11 July 2024
- Thursday 17 October 2024
- Thursday 30 January 2025
- Thursday 24 April 2025

7. Introduction and overview from Ben Anderson, Director of Public Health, RMBC (Pages 19 - 35)

To receive information from Ben Anderson, Director of Public Health, RMBC about his role and that of the Council in the context of the Health Select Commission.

For Information/Monitoring:-

To receive and note the contents of any reports routinely submitted to the Health Select for information and awareness.

No routine reports have been submitted on this occasion.

8. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (Pages 37 - 41)

To receive and consider the minutes and recommendations of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee.

The full agenda and reports pack can be accessed via: https://democracy.sheffield.gov.uk/ieListDocuments.aspx?CId=520&MId=9132&Ver=4

9. Urgent Business

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

10. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 25 July 2024 commencing at 5.00 p.m. in Rotherham Town Hall.

SHARON KEMP,
Chief Executive.

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HEALTH SELECT COMMISSION
Thursday 7 March 2024

Present:- Councillor Yasseen (in the Chair); Councillors Miro, Andrews, Baum-Dixon, Cooksey, Foster, Griffin, N Harper and Hoddinott.

Apologies were received from Councillors, Havard, Keenan and Wilson.

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

54. MINUTES OF THE PREVIOUS MEETING HELD ON 25 JANUARY 2024

Resolved: That the minutes of the meeting held on 25 January 2024 be approved as a true and correct record of the proceedings.

55. DECLARATIONS OF INTEREST

There were no declarations of interest.

56. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

57. 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.

58. MATERNITY SERVICES UPDATE

The Chair explained that she had requested that scrutiny of this area of maternity services be added to the commission's work programme. She welcomed Sarah Petty, Head of Nursing and Midwifery, Family Health Division and Michael Wright, Deputy Chief Executive to the meeting.

The Head of Nursing and Midwifery, Family Health Division introduced the report and gave a presentation which focused on the Rotherham LMNS 3 Year Delivery Plan Assurance Visit. An overview of continuity of carer and where Rotherham maternity services were with that. It was implemented following better births and was target driven up until 2022. The targets were achieved in Rotherham and there were three continuity teams but following the maternity service reviews in East Kent, the Ockenden review there was quite an impact regarding safe staffing. In September 2022, Ruth May published guidance regarding that to ensure maternity units were safely staffed.

The community midwifery service had been reconfigured into four teams with eight midwives. The teams were linked to postcodes and included a

buddy midwife. The teams are now providing antenatal and postnatal continuity. Once the service reconfiguration had been conducted it was a unanimous vote by staff and supported women who used the service. She was pleased to report that the midwives were feeling much happier and more settled with the new model. It was also showing that women were getting more continuity of care with this model.

The next steps in following the three-year delivery plan were that they were considering how they could provide enhanced continuity of care for the most vulnerable. They were looking at their outcome data to help inform that.

There was discussion at last year's meeting following the Healthwatch report regarding antenatal classes and the report detailed an update on that area. The service had conducted a lot of work on antenatal class provision. Classes were provided, twice a month, at the Place Hub, which included partners. They were looking for the provision of classes for the Slovak communities and were looking at further engagement local communities through REMA and Clifton Partnership.

They were also looking at how they could provide enhanced support for families using the Solihull approach. This was a theoretical approach to behaviour change and women's and partners emotional experience through pregnancy and birth can be supported. She was pleased to report that the work being undertaken with the Rotherham hubs in terms of parental education.

Section three of the report provided an overview of their key performance indicators (KPI's) and performance remained consistent. They booked between 220 to 280 per month and had more bookings than births. A key KPI indicator was to ensure they were offering and inviting women to book in early in pregnancy. The target for this was below ten weeks and this was an area of challenge for most organisations, and they were performing at around 76% for that, however they were achieving against the below thirteen-week target.

They had made some significant improvement in their smoking at the time of delivery target which had now reduced to 11.2%. There was a still a lot to do as the government target was 6% so teams continued to work to support women with those care pathways.

Seasonal flu vaccinations were offered in the Greenoaks antenatal clinic along with Pertussis and Covid vaccines. There were other areas where women could access the vaccinations and data for vaccinations in pregnancy was reported through IMMSFORM to Public Health England (PHE).

The readmission of women and babies varied month on month. The themes and trends were considered along with ethnicity and deprivation scores which help to inform their data. Do find that more babies were

readmitted but that was due to the care pathways such as monitoring babies for jaundice and for weight loss in pregnancy.

The most recent CQC Maternity survey results were published on 9th February 2024 and the TRFT had maintained a good position nationally in the survey achieving improvement in 8 questions surveyed and maintaining the same in 46 responses.

Moving on to the presentation the Head of Nursing and Midwifery made the following points:

- 3021 women booked for maternity care under Rotherham Maternity Services and 2529 women birthed under Rotherham Maternity Services and that was because of the location in relation to other providers in South Yorkshire.
- Deprivation was a concern for local communities, and it was around how support was provided for families.
- 24% of women that booked at Rotherham were recorded as having Complex Social Factors so the Core20Plus5 approach was an important piece of work that would support families and they were committed to working with Partners.
- In an overview of the maternity services, she was pleased to report that the workforce was growing, and they had achieved birthrate plus recommendations.
- They had appointed sixteen early career midwives this year.
- One of the neonatal units had been refurbished and it was nice and welcoming, providing a comforting environment for parents and babies.
- The new neonatal unit had fourteen birthing rooms and was Level 2 status.
- They were meeting BAPM Standards and had an action plan in place to meet BAPM standard in March 24 for medical staff.

Points discussed in relation to the themes in the three-year action plan included:

- Theme 1: Listening with compassion and taking action:
    - They were really committed to families and listening to learn.
    - They held local resolution meetings when they had complaints and shared listening to learn with staff regarding any complaints or concerns.
    - A Birth in Mind service had been in place for the past three years and was offered for any women or partners who had experienced any birth trauma.
    - No decisions about the unit were made without engagement with the women and families.
    - They had service user engagement at their governance meetings to provide the parent voice.
    - They triangulated any themes from complaints, from claims and from incidents as well because that was how they improved.
    - They had really good engagement with the Apna Haq group

and Slovak communities.

- Theme 2: Grow, Retain and support the workforce:
  - BirthRate Plus was the establishment tool that was used, and they were compliant with that.
  - Their staff turnover was less than 1%.
  - They offered flexible working for staff, and this was an offer that needed to be continued and improved.
  - The professional midwifery advocates were in place to support the teams to ensure staff felt supported when at work or involved in complex cases or poor outcomes.
  - They were now offering Birth Rights Training.
- Theme 3: Developing and sustaining a culture of safety:
  - They were fully compliant with CNST.
  - They had Safety Champions who were chief nurses, who did walk rounds and liaised with teams.
- Theme 4: Standards and structures that underpin safer, more personalised and more equitable care:
  - They worked with the MNVP regarding supporting personalised care plans.
  - Deprivation scores were used to inform their outcome data to see what care be improved in the care offer.
  - A lot of work was being carried out regarding equity and equality and how they could support families and staff through the action plans.
- They had seen a downward trend in their stillbirth and perinatal mortality rates, which had reduced year on year since 2019.
- The conducted an annual perinatal event, which looked at any perinatal deaths, so deaths of babies from 24 weeks up to 28 weeks, 28 days of age, where the data was considered, taking account of deprivation and ethnicity to see what improvements needed to be made.

Discussion ensured on the presentation with the following issues raised/clarified:

- It was very positive to see so many of the KPI's heading in the right direction.
- The reason for the different in the number of women booked in and the number of births was down to how Rotherham bordered onto a number of other providers, meaning some women come under Rotherham postcodes but chose to birth with other providers. Some women also chose to birth with us from other providers as well.
- The team were working with partners in the Family Hubs and were operating in four hubs. That partnership working would help the work being undertaken with the vulnerable, hard to reach families, and the work being undertaken regarding deprivation.
- Clinics and antenatal classes were taking place in the hubs.
- Working within the hubs provided lots of scope for multi-agency working and support for families.

- There were midwives who supported families with substance misuse.
- Data was available on foetal alcohol syndrome, and this was considered by the Health and Wellbeing Board.
- It was confirmed that they did not use agency staff as their own staff picked up additional shifts if needed.
- They did have retired midwives who had come back to work on a more flexible basis.
- The younger workforce wanted to work around 30 hours a week and staff can chose to work set days to accommodate childcare arrangements.
- They engaged with staff when service reconfiguration or change was proposed.
- There was a bereavement midwife and community midwives who provided support. There was a really robust process in place when reviewing perinatal deaths.
- Bereavement counselling was also provided in Rotherham.
- Birthrate Plus was an establishment setting tool that was based on the activity they had and calculated how many midwives and support workers were needed.
- They only had a small amount of staff vacancies.
- Other midwives also provided pastoral support to early career midwives.
- The continuity of care KPI was measured through having the same antenatal and postnatal care by the same midwife and consideration was being given to how that could be enhanced.
- A large number of readmissions were due to weight loss, and this was supported by two infant feeding support workers and if needed it would be part of the referral pathways to clinicians.
- It was queried if GPs were informing pregnant women of the services within their local areas, in particular in the more deprived areas.
- Women now had the option to be able to self-refer themselves into antenatal classes.
- The Family hubs programme was being carried out regarding the Healthy Start offer along with the baby packs which would be implemented from next year.
- Work was being undertaken regarding inviting partners to stay overnight to increase take up of this offer.
- The name of the vulnerability midwives' team would change to Blossom because they wanted to support people to blossom. The structure of the team was being considered to strengthen the team.
- The complex social factors in Rotherham were significant and it was confirmed that Sexual Health Services were doing a lot of work to ensure support was available.
- It was noted that a future ambition was to have one system for all providers across South Yorkshire to access, however this would require a large amount of investment.
- There would be huge benefits to have one patient record across all

of South Yorkshire but the costs of that would need to be fully understood to ensure it was affordable.

- A community helpline number which was available 9am-5pm and all women should be provided with that number. If assistance was needed out of hours, it would be their triage line, and this was staffed with two midwives.

The Chair thanked Sarah Petty, Head of Nursing and Midwifery, Family Health Division and Michael Wright, Deputy Chief Executive for the presentation and discuss during the meeting. The report indicated good progress had been made.

Resolved: That the Health Select Commission were assured by the 2023/24 Maternity Services Update.

59. HEALTH SELECT COMMISSION - WORK PROGRAMME 2023-2024

The Chair noted that the following topics would be submitted as potential items for scrutiny within the new municipal year:

- Review into Menopause, Sexual and Reproductive Health.
- The Social Prescribing workshop.

This will enable the Commission to establish the scope for each of those topics understanding how they fit into the wider health and social care provision within Rotherham.

The Chair highlighted that the Suicide Prevention workshop was scheduled for Thursday 14 March from 2pm at the Town Hall.

The Governance Manager noted the report for the Scrutiny Review Recommendations: Improving Oral Health in Rotherham was nearing completion and would be circulated to the Commission once completed.

Resolved: That the Health Select Commission:

1. Noted the outline work programme.
2. 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.

60. URGENT BUSINESS

There was no urgent business to be considered.

61. DATE AND TIME OF NEXT MEETING

Resolved: That the Health Select Commission noted that the next meeting would take place on the Thursday 27 June 2024 commencing at 5pm in Rotherham Town Hall.

CONSTITUTION OF THE OCCUPATIONAL HEALTH SAFETY AND WELFARE PANEL

2.

1. Name of the Panel

1.1 The Panel (a joint committee) shall be called the “Health Welfare and Safety Panel” hereafter called “the Panel”

2. Introduction

2.1 The Panel provides a regular forum for the Council and its employees to consider matters relating to health and safety and provide advice, guidance and recommendations to appropriate Committees or other Council bodies. The Panel has a remit to oversee the management of health welfare and safety across the Council. The Council’s health, welfare and safety performance is reported to this Panel and to the Emergency and Safety Management Team. The Panel is not a part of the Council’s executive decision-making structure.

3. Objectives

3.1. To promote a healthy and safe working environment for all members of staff employed by the Council and to protect the public from any risk of danger that may arise as a result of the Council’s activities.

3.2. To monitor the welfare arrangements (facilities for eating, drinking, first aid, and toilets etc) provided for employees.

3.3. To provide a forum for consultation and as necessary, negotiation on proposals put forward by management and the trade unions.

3.4. To change the way in which work is performed by the introduction of safe systems of work, procedures and arrangements, including those for the training of staff.

3.5 To monitor statistics on accidents, incidents and illness and to recommend action to address key issues which may arise from that information.

3.6 To promote greater awareness of health, welfare and safety policies to assist in facilitating improvement in Council performance.

4. The Panel will make recommendations to the Council on:

3.1 Policies, procedures and correcting non-conformances of the above and statutory requirements in relation to the Council’s operations, service delivery and assets.

5. Representation

4.1 The Panel will cover all employees in the employment of the Council of Rotherham MBC (“the Employers”). Trade Unions will represent its membership and non-trades union employees for the purpose of consultation as specified by the Safety Representatives and Safety Committee Regulations 1997 and the Health and Safety (Consultation with Employees) Regulations 1996.

6. Administration of the Panel

6.1 The Panel will be chaired by the Cabinet Member responsible for health, welfare and safety; the Vice-Chair will be nominated by the Trades Unions.

6.2 RMBC Democratic Services shall provide a Clerk to the Panel. The Clerk will be responsible for securing the agreement of agenda items between the Panel members and the distribution of agenda and drafting of minutes.

7. Delegated Powers

7.1 The Chair of the Panel (as a member of the Council's Cabinet) and Corporate Health and Safety Team have the delegated powers, by virtue of their office, to act on behalf of the Council to ensure compliances with statutory requirements (authority exercised through the Council's Standing Orders, scheme of delegation and obligations arising from the Health and Safety at Work Act).

8. Membership

8.1 The Panel shall comprise of the following appointed at the Annual Meeting of the Panel:

8.2 Employees

The representation of the Trade Unions shall be drawn from those Health, Welfare and Safety Representatives who are appointed by recognised Trades Unions. Trades Union Safety Representatives are entitled to time off for trade union duties under the terms of the Safety Representatives and Safety Committees Regulations 1977 (as amended), Health, and Safety (Consultation with Employees) Regulations 1996 (as amended) and relevant approved codes of practice and guidance.

8.3 To obtain the involvement of the whole workforce, other employee representatives may attend the Panel. Full time officials of appropriate trades unions may attend on an ex officio basis.

8.4 The composition of the Trades Union Side shall be notified to the Clerk to the Panel at the beginning of each Municipal Year.

8.5 The number of representatives of the Trade Union Side of the Panel shall be a maximum ten at any one meeting.

8.6 The representatives who may be available to serve at any time during the year shall be appointed by the appropriate trade union branches.

8.7 The normal distribution of seats will as closely as possible be proportionate to the number of Safety Representatives.

8.8 Employee Side representatives of the Local Authority are to be appointed annually, but in any event to include:

- At least three teacher representatives, NUT, NASUWT and ATL.
- A maximum of seven representatives from all other areas of Council work e.g. UNISON, UNITE the Union, GMB.
- No individual Trade Union shall have more than three seats.

8.8 The Clerk to the Panel shall maintain an up to date record of recognised Safety Representatives and unions eligible for participation of the Committee. The Trade Unions will be responsible for updating Panel's records as necessary.

8.9 Employers

8.10 The Panel shall comprise six Elected Members of the Council to be appointed annually, including Member(s) from:

- Cabinet Member with responsibility for Health Welfare and Safety
- Members from Select Commissions (scrutiny)
- Members Training and Development Panel

8.11 Council Officers shall also be represented by Strategic Director with responsibility for Health Welfare and Safety or their nominated Operational Assistant Director. The Council's Health Welfare and Safety Officers shall also attend meetings of the Panel.

8.12 The Strategic Director or their representative shall attend meetings when a report appertaining to that Directorate (or Service Area) is before the Panel.

8.13 In addition to the members appointed to each side of the Panel, substitute members for the Employer's Side and the Employees' Side shall be appointed. In the event of any member of the Panel being unable to attend a meeting, they shall notify the Clerk to the Panel before the meeting begins and the substitute member shall then be entitled to attend the meeting. Trades Unions' substitute members will be current Safety Representatives or officers of the Trade Union.

9. Cessation of Membership:

9.1 If a member of the Panel ceases to be an Elected Member or ceases to be a Member of a recognised trade union, or is no longer the nominated person from the Trade Union, they shall cease to be a member of the Panel. Otherwise, members of the Panel shall remain in office until their successors are appointed and shall, if qualified, be eligible for reappointment.

10. Vacancies

10.1 Any vacancy on the Panel shall be filled by a representative nominated by the relevant group within a reasonable period and the appointment notified in writing to Committee Services.

11. Advisors:

11.1 Any member shall have the right to be accompanied by a person, or persons, in an advisory capacity subject to the agreement of the Chair or Vice-Chair. The attendance of the person or persons shall be only for the period during which the particular matter is before the Panel.

12. Attendees:

12.1 The members of the Panel may require the attendance of any Officer of the Council. Requests for attendance of an Officer shall be made no later than five working days before the meeting. Officers unable to attend should send a substitute.

13. Meetings:

13.1 The Panel shall normally meet four times per year. Additional meetings may be held if the business to be discussed is sufficiently urgent.

14. Quorum:

14.1 The Quorum of the Panel shall be three members. There must be present at least one Elected Member representing the Council and one Safety Representative from at least two of the Trades Unions. Either the Chair or the Vice-Chair must be present.

14.2 If when a meeting is due to begin and is not quorate, the start of the meeting may be delayed by up to 15 (fifteen) minutes. If the meeting is still not quorate at the end of this period, and those present have not received information otherwise, the members present may, at their discretion, discuss the matters on the agenda informally and notes of their discussions and their recommendations will be submitted to the next meeting of the Panel for verification.

15. Record of Attendance:

15.1 The names of members of the Panel attending meetings shall be recorded in the minutes and every member of the Panel attending shall sign an attendance sheet.

16. Submission of Meeting Agenda Items:

16.1 All potential items for consideration by the Panel shall be submitted to the Corporate Health and Safety Team no later than five days before the publication of the agenda for the meeting.

17. Distribution of Agenda:

17.1 The agenda and supporting documents for each Panel meeting shall be circulated to all members of the Panel at least five working days before the meeting.

18. Urgent Business Brought Forward at the Discretion of the Chair:

18.1 An item of “Any Other Business” shall not be included on the agenda. Members of the Panel may raise items of an urgent nature at meetings (which are not included on the agenda) provided that the prior agreement of the Chair has been obtained.

19. Approval of the Minutes:

19.1 The draft minutes of a Panel meeting shall be circulated to the Chair and Vice-Chair before being reported to the next following Panel meeting for comment. All members of the Panel shall be provided with copies of the minutes of a meeting as part of the agenda for the next following meeting.

20. Procedure

Meetings of the Panel shall be held at least quarterly, provided that the Chair and the Vice-Chair may authorise the postponement and re-arrangement of any meeting.

20.1. An extraordinary meeting of the Panel shall be held within ten working days of a written request being received by the Clerk to the Panel from the Chair or the Vice-Chair.

Such written request shall indicate the precise nature of the business to be discussed and the reason for urgency.

20.2. Items for consideration at any meeting of the Panel may be submitted by either side and should be received by the Clerk to the Panel at least ten working days before the meeting, except in the case of an extraordinary meeting.

20.3. The agenda of business shall be circulated by the Clerk to the Panel to each member of the Committee at least five working days before a meeting. Extraordinary meetings may be called at shorter than five working days' notice, provided that the Chair of the Panel is satisfied with the reasons for urgency.

20.4. No business other than that appearing on the agenda shall be transacted at any meeting unless the Chair to its introduction. Reasonable facilities shall be provided for individual (separate) meetings of both sides.

20.5. The administrative expenses of the Panel shall be paid by Council. Minutes of meetings of the Panel and the preparation of official agendas shall be the responsibility of the Clerk.

20.6. Copies of the minutes of the Panel shall be circulated to the Cabinet of the Council, the Corporate Emergency and Safety Management Team meeting and to the appropriate Directorate Senior Leadership Team meeting.

20.7. Decisions shall be arrived at by agreement between the two sides of the Panel (ie: the Employer's and the Employees' Side), by members being present and voting at Panel meetings. Proxy voting is not permitted. In the event of the Panel being unable to reach agreement on a matter before it, then any such matter may be referred to the Chair of the Panel, who may make such recommendation to the Council as she/he considers to be appropriate. The Chair shall refer the matter back to a subsequent Panel meeting and shall report the views or recommendations of the Council. The minutes of that subsequent Panel meeting will record any decision reached. In the event that the two sides of the Panel remain unable to reach agreement on any individual matter before it and after consideration of the views of the Council, the minutes of the Panel meeting shall record that failure to reach agreement.

Appendix 1

Terms of Reference

Health Welfare and Safety Panel

This is a broad outline of the terms of reference of this group but is not intended to be exhaustive.

The Panel should operate in a positive way - reinforcing safety culture and employee participation in solving health and safety problems. The Panel should actively invite feedback, listen to employee views, and consider these views.

The Panel shall consider the following and make appropriate recommendations:

(a). Assist in the development of and procurement of compliance with the Councils health and safety policy and guidance.
(b). Assist in ensuring that policies / guidance give due consideration to the health safety and welfare of employees, young people and others affected by the activities of the Council so far as is reasonably practicable.
(c). Assist in the monitoring and review of policy and guidance and consider/evaluate its effectiveness.
(d). Consider / evaluate the effectiveness of health and safety training, communications, and publicity in the workplace.
(e). Assist with, contribute to, and monitor the Councils Annual Health & Safety Action Plan.
(f). Consider reports and statistics relating to significant accidents / incidents and dangerous occurrences.
(g). Consider reports and information (incl. new legislation) provided by inspectors of the enforcing authority appointed under the Health & Safety at Work Act.
(h). Consider reports (including inspections and audits) submitted by Trade Union appointed representatives, other Council officers and workplace health and safety representatives.
(i). Make representations about resource and policy implications for consideration by the Council as appropriate.
(j). Where appropriate, establish working groups to investigate problems or aspects of health welfare and safety and report their findings to the Panel.

Where practicable **ALL** issues raised should have been brought to the attention of managers of operational units prior to the Panel meeting.

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Health Select Commission - Strategic Overview

20th June 2024

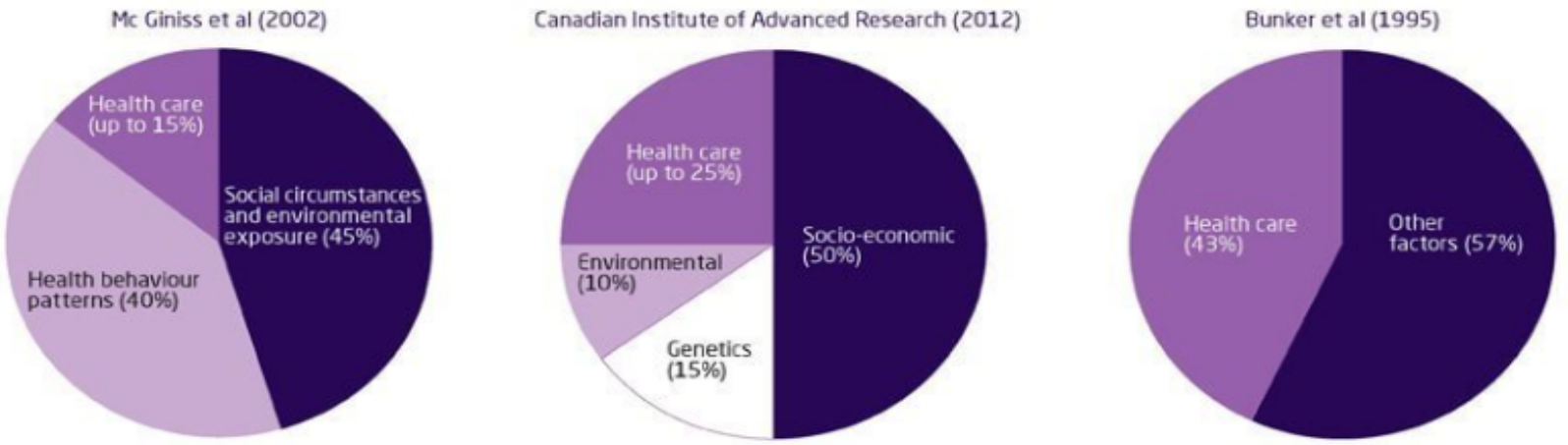
Ben Anderson

Director of Public Health and HSC Link Officer

Summary

- The determinants of health
- Rotherham's Burden of Disease and Risks
- Prevention and Health Inequalities
- Integrated Care System Overview
- Key Strategies for Rotherham
- Key Resource Links

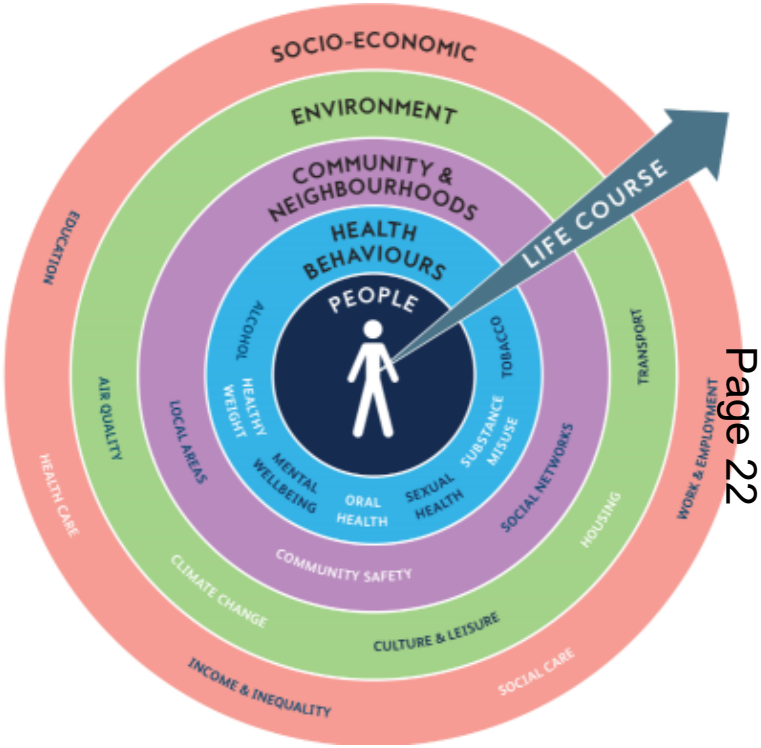
Health and the Determinants of Health



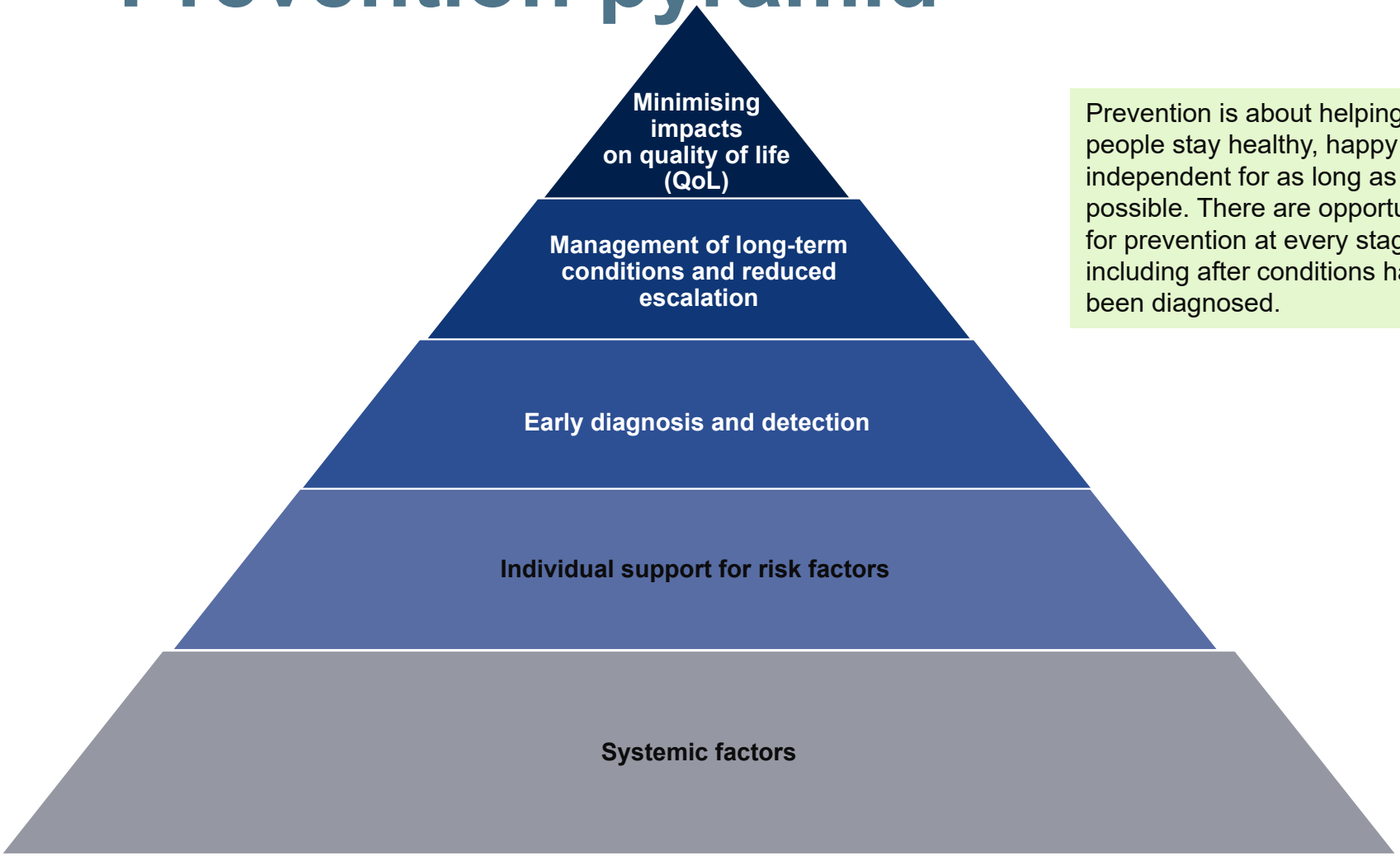
- Health and Health outcomes are determined by a wide range of factors
- Healthcare estimated to contribute 15 – 43%, with individual genetics, health behaviours, socio-economic and environmental factors all having significant impacts
- Improving health is often about preventing and/or mitigating those impacts, as well as treating their results
- Rotherham JSNA - Homepage – Rotherham Data Hub

The wider determinants of health

- The wider determinants are the social, economic or environmental factors affecting health.
- These include:
  - Housing
  - Employment
  - Work environment
  - Transport
  - Education
  - Parks and green spaces
  - Social and community networks
- Evidence shows that socioeconomic and environmental determinants have a greater influence on health than the healthcare we receive.
- They also **impact** the healthcare that people receive and the ability for people to access healthcare.



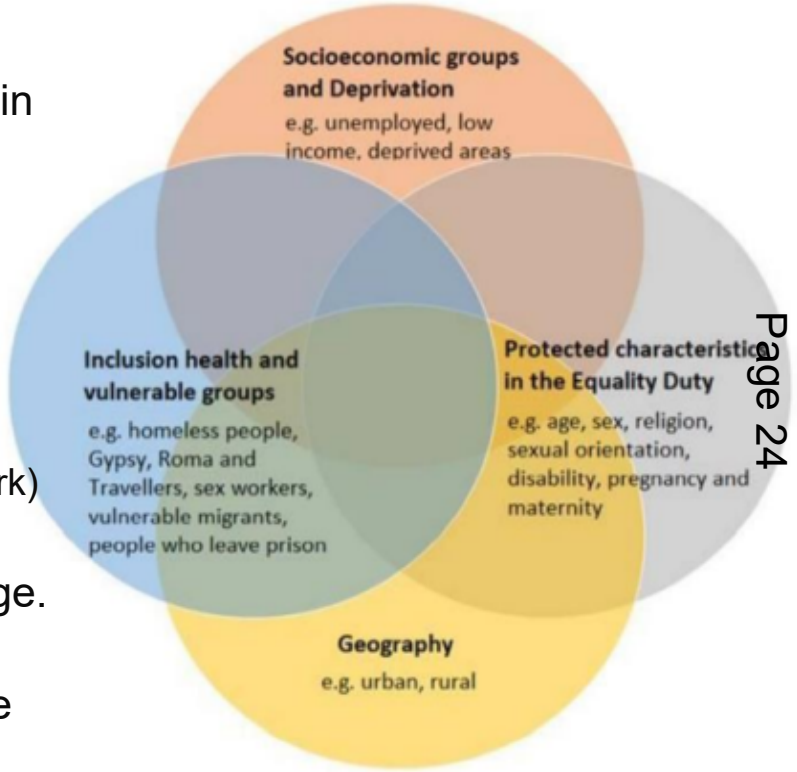
Prevention pyramid



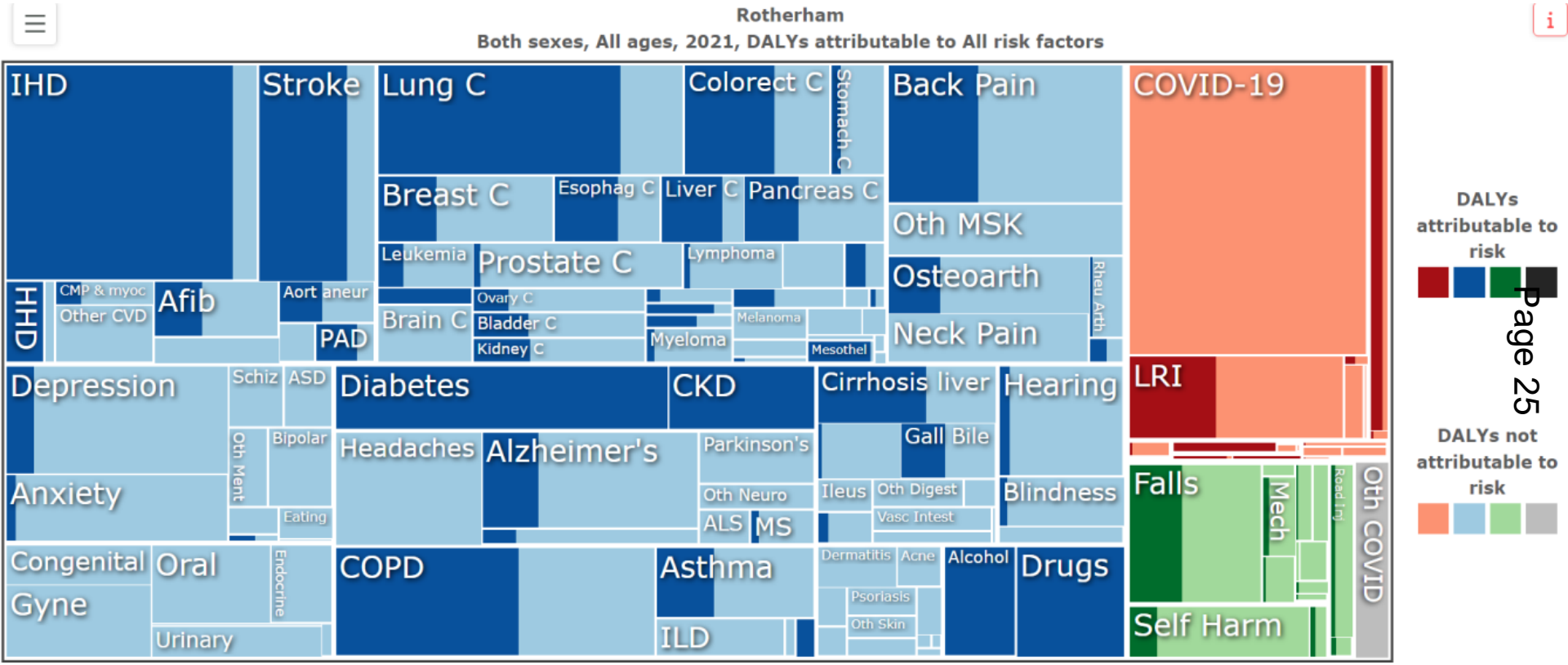
Prevention is about helping people stay healthy, happy and independent for as long as possible. There are opportunities for prevention at every stage – including after conditions have been diagnosed.

Health Inequalities

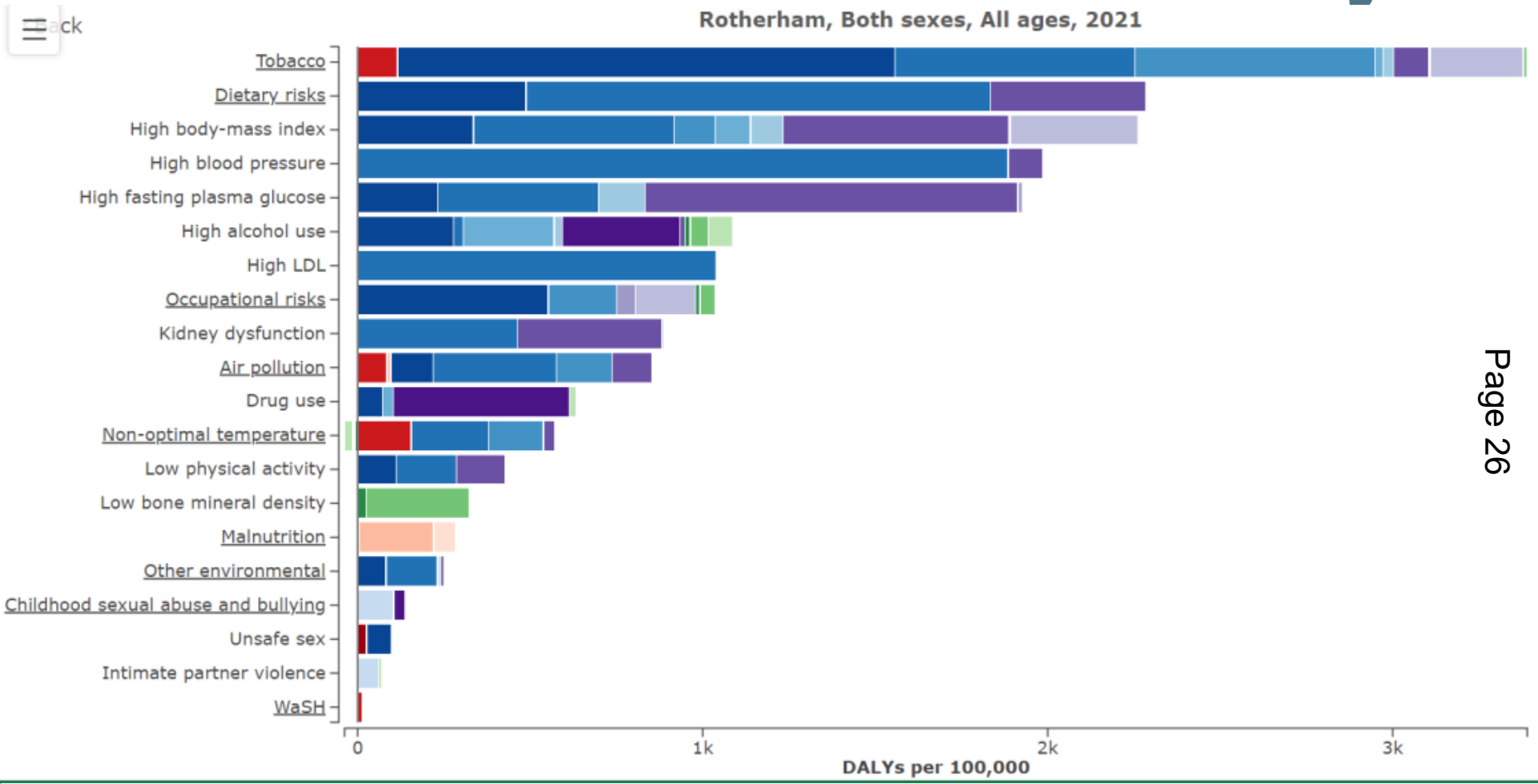
- Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.
- Health inequalities arise because of the conditions in which we are born, grow, live, work and age.
- Some of the factors that increase the risk of experiencing health inequalities include:
    - Socioeconomic deprivation
    - Protected characteristics
    - Geographical factors
    - Other vulnerabilities (e.g., homelessness, sex work)
- These different dimensions of health inequalities often intersect and can lead to multiple disadvantage.
- The Institute of Health Equity recently identified Rotherham as one of 14 Local Authority areas were the the gap in Life Expectancy for women between the most deprived 10% neighbourhoods and the rest is growing (the gap is steady for men) - instituteofhealthequity.org/home.



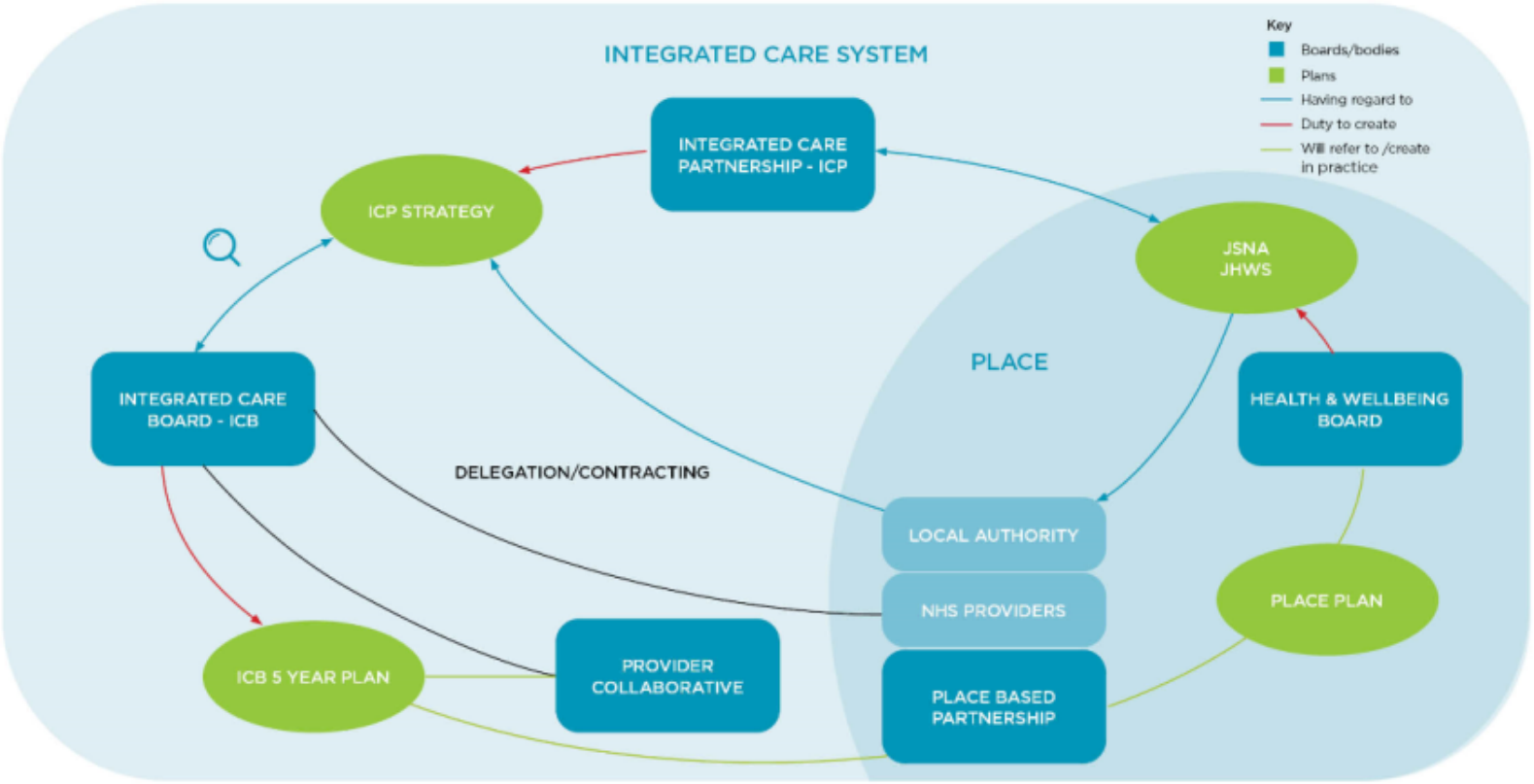
Global Burden of Disease Study



Global Burden of Disease Study

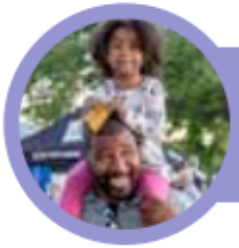


Health and Care System Overview



- Diagram describes key bodies within the Integrated Care System, their plans, and how these link together
- Core elements of the new ICS are the Integrated Care Board and Integrated Care Partnership
- These bodies will link into provider collaboratives and place

Rotherham Health and Wellbeing Strategy



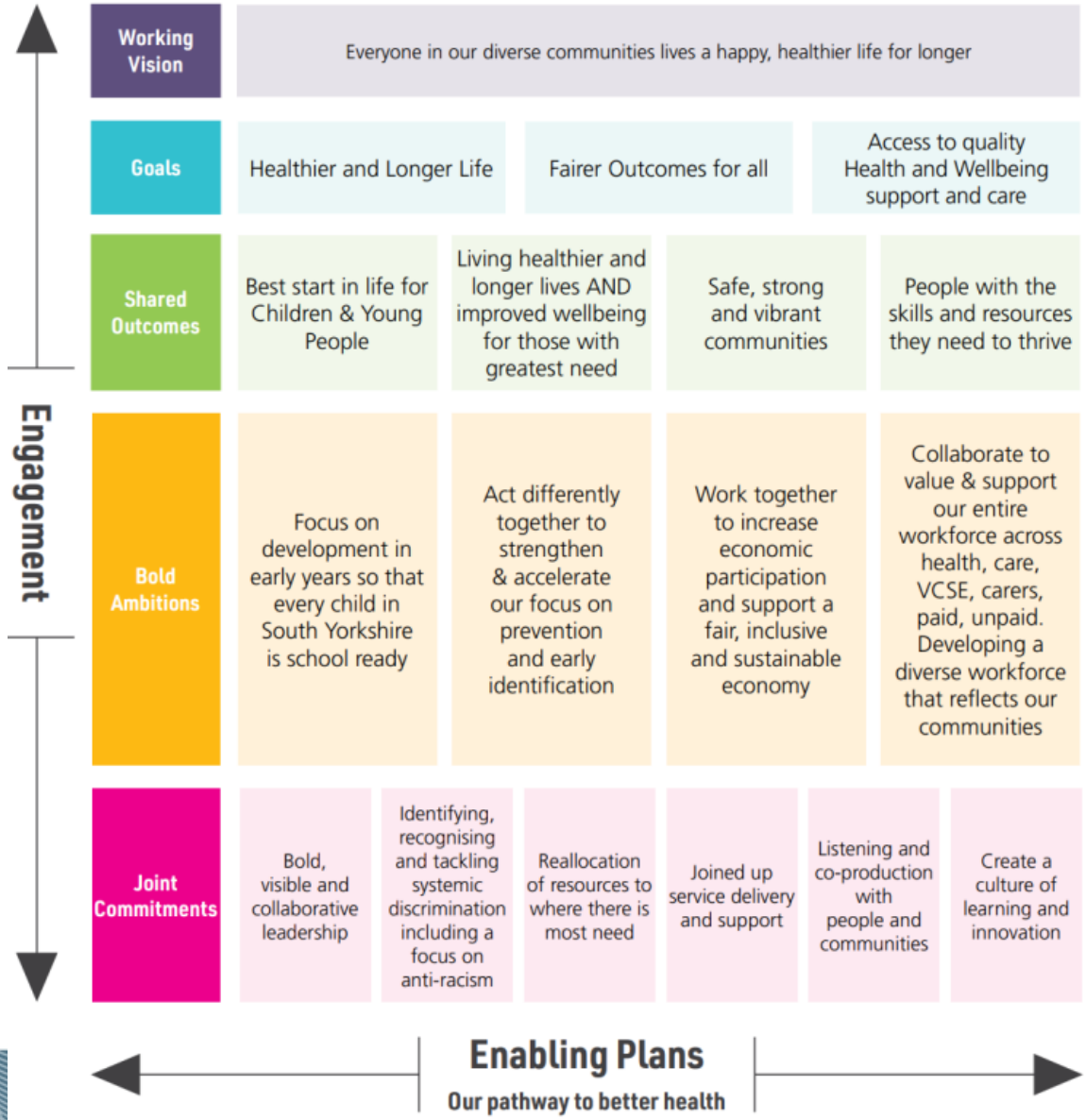
Aim 1: All children get the best start in life and go on to achieve their potential.

Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.

Aim 3: All Rotherham people live well for longer.

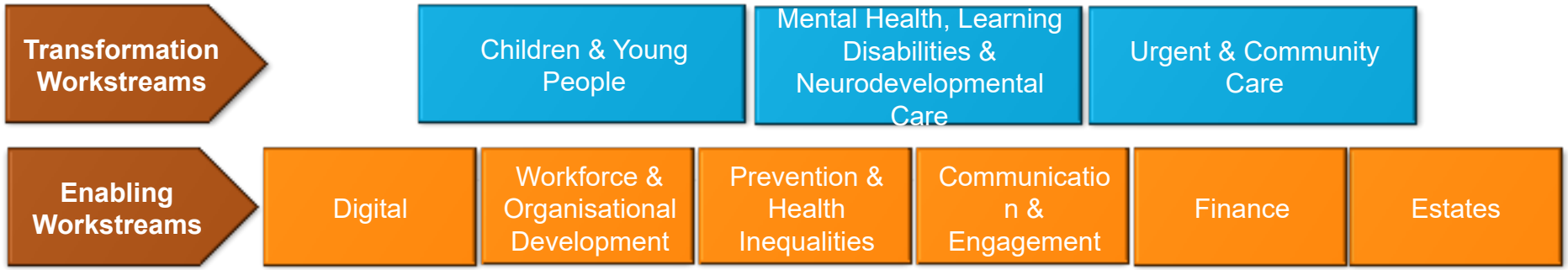
Aim 4: All Rotherham people live in healthy, safe and resilient communities.

SY ICP Strategy



Rotherham Place Plan

- Rotherham's 2020-22 **Place Plan closely aligns to the Health and Wellbeing Strategy** and is the delivery mechanism for the health and social care elements of the H&WB Strategy
- We identified **interlinked transformation workstreams** to maximise the value of our collective action
- The workstreams aim to **reduce demand for acute services, achieve clinical and financial sustainability** and thus close the three national gaps
- Transformation workstreams are supported by **six enabling workstreams**, all of which have their own key priorities
- Our approach ensures a **'Golden Thread'** from the **'Health and Well Being'** strategy through to **place delivery**



Rotherham Place Plan Transformation

Workstream	Priorities
Children & Young People	1. The First 1001 days 2. Special Education Needs and Disabilities 3. Looked After Children 4. Children & Young People's Mental Health and Emotional Wellbeing 5. Transition to Adulthood
Mental Health, Learning Disabilities & Neurodevelopmental Care	1. Improving Access to Psychological Therapies service 2. Dementia diagnosis and post-diagnostic support 3. Adult Severe Mental Illnesses in the Community including perinatal mental health 4. Mental Health Crisis and Liaison 5. Suicide prevention 6. Better Mental Health for All, including loneliness 7. Improving residential, community and housing support for people with Mental Health and/or Learning disability 8. Delivering the NHS Long Term Plan for people with a learning disabilities and / or autism 9. Delivery of My Front Door transformation programme 10. Delivery of Autism Strategy and Neurological Pathway
Urgent & Community Care	Workstream 1: Prevention and Urgent Response 1. Front Door 2. Urgent Response Standards 3. Prevention and anticipatory care in localities: long term conditions and unplanned Workstream 2: 4. Integrating a sustainable discharge to assess model Workstream 3: 5. Enhanced Health in Care Homes

Rotherham Place Plan - Enablers

Workstream	Priorities
Digital	1. Rotherham Health Record 2. Rotherham Health App 3. Population health management 4. Digital Literacy & Digital Inclusion
Workforce & Organisational Development	1. Develop Place values and behaviours, and embed across the Place workforce 2. Develop a shared learning approach across the Place. 3. An applied approach to OD to develop the workforce working across partner organisations 4. Identify opportunities and teams to participate in the application of the applied OD approach 5. Ongoing support to transformational workstreams/priorities in relation to the Place workforce 6. Identify further opportunities for workforce/OD activities in line with associated networks/groups
Communications & Engagement	1. Mental Health support and advice 2. System Recovery/Pressures 3. Enabling workstream transformation 4. ICS/ICP Future Developments
Prevention & Health Inequalities	1. Develop prevention pathway to reduce harm from smoking, obesity, alcohol and support healthy ageing 2. Support the prevention and early diagnosis of chronic conditions (including mental health conditions) 3. Tackle clinical variation and promote equity of access and care for underserved groups 4. Harness partners' collective roles as anchor institutions to address health inequalities 5. Strengthen our understanding of health inequalities through data and intelligence 6. Advocate for prevention across the system

The Council Plan

RTP - Rotherham Plan

A place to be proud of

- Key town centre regeneration schemes, including Forge Island, the markets redevelopment and new central library, new homes and Riverside Gardens
- An inspiring programme of creative events and experiences, led by young people, culminating in Rotherham becoming the world's first Children's Capital of Culture in 2025
- Capital improvement schemes across Rotherham through the Towns and Villages Fund
- Our ambitious Levelling Up Fund projects at Wentworth Woodhouse, Magna and Rother Valley and Thrybergh country parks
- A series of public events and activities in communities across the borough

Inclusive economy

- An expansion of the higher-level skills offer at University Centre Rotherham and a curriculum that focuses on reusable and sustainable energy skills
- 'Skills Street' at Gulliver's Valley focusing on training, development and accreditation within the hospitality and leisure sectors
- Employment support programmes (Pathways and Inspire) that reduce barriers to work and help people to progress in their chosen careers
- Improved transport links to connect people to opportunities, including a new tram train stop at Magna
- Work with employers to ensure they have a local labour pool with the required skills and experience to help their businesses to grow
- Joint initiatives and commitments on social value and promotion of the Real Living Wage

Climate and environment

- The development of renewable energy projects
- Agree a partnership charter, with shared commitments to respond to the climate and nature crises
- Support for tree planting, rewilding, and other projects to promote nature recovery and biodiversity
- Reduced risk and impact of flooding in the borough, by investing in alleviation schemes

Health and wellbeing

- Transformation of community mental health services with patients and carers
- Opening of day facilities for people with learning disabilities, autism and complex needs
- Family hub approach to provide integrated support to families
- A strategic approach to increase physical activity across the borough, including investing in opportunities for active travel
- A prevention campaign to reduce the harms from smoking, obesity and alcohol and support healthy ageing
- A new diagnostic centre (respiratory physiology hub)

Building stronger communities

- A new multi-use development at Olive Lane (Waverley) acting as a vibrant centre at the heart of the community
- Annual Rotherham Show with a wide range of partners
- Support for voluntary and community sector to enable sustainable and resilient community-led local improvement
- Continue to invest in improving the borough's CCTV camera system.
- Tackling hate crime by engaging with communities and working with schools to increase take up of the Rotherham Youth Cabinet's 'Schools' Hate Incident Charter'.

Key Resources

- Rotherham Health and Wellbeing Strategy - Health and Wellbeing Strategy – Health and Wellbeing Partners (rotherhamhealthandwellbeing.org.uk)
- South Yorkshire ICP Strategy - Integrated Care Partnership Strategy :: South Yorkshire I.C.S. (syics.co.uk)
- Rotherham Place Plan - Place Partnership – Healthy Rotherham (yourhealthrotherham.co.uk)
- Rotherham Council Plan - Council Plan 2022-25 – Rotherham Metropolitan Borough Council
- Rotherham Together Partnership Plan - Homepage – Rotherham Together Partnership
- Rotherham JSNA - Homepage – Rotherham Data Hub
- Rotherham Ward profiles - Ward Profiles – Rotherham Metropolitan Borough Council
- OHID Fingertips Tool Rotherham Public Health Profile - Public health profiles - OHID (phe.org.uk)

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SHEFFIELD CITY COUNCIL

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

Meeting held 25 March 2024

PRESENT: Councillors- Ruth Milsom (Chair, Sheffield City Council) Jeff Ennis (Barnsley Metropolitan Borough Council) and Glynis Smith (Doncaster Metropolitan Borough Council.

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from Councillors Jean Wharmby (Derbyshire County Council), Jonathan Wheeler (Nottinghamshire County Council) and Taiba Yasseem (Rotherham Metropolitan Borough Council).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Committee held on 7th December 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS

5.1 There were no public questions.

6. CHANGE TO TERMS OF REFERENCE.

6.1 A verbal update was given by Laurie Brennan (Head of Policy and Partnerships, Sheffield City Council) who referred Members to “Health Scrutiny and the New Reconfiguration Arrangements: a Further Guide for Scrutiny Practitioners”, published by the Centre for Governance and Scrutiny (CFGS). He advised that the changes were summarised on the second page of the guide and had come

into effect on 31st January 2024. The main change was regarding reconfigurations of local health services; local health overview and scrutiny committees (HOSCs) would no longer be able to formally refer matters to the Secretary of State. Instead, the Secretary of State had been given a broad power to intervene in local services, and scrutiny committees would have the right to be consulted on this. This meant there would need to be a shift to collaborative working between the Integrated Care Board (ICB), the Council and other partners. It was suggested, in the guidance, that a Memorandum of Understanding be developed between partners to build their working relationship.

6.2 Members expressed disappointment that HOSCs were being stripped of their power of referral to the Secretary of State but recognised the importance of developing a Memorandum of Understanding around collaborative working with partners. It was also suggested that regular briefing sessions could be scheduled with the ICB.

6.3 **RESOLVED**: That the Committee: -

(a) Notes the update; and
(b) Will add the development of a Memorandum of Understanding to develop collaborative ways of working with partners, to the 2024/25 committee work programme.

7. START WITH PEOPLE STRATEGY REFRESH UPDATE (ICB CITIZEN INVOLVEMENT STRATEGY).

7.1 The report, which provided an update to the Committee on the refresh of the NHS South Yorkshire Citizen Involvement Strategy, was delivered by Katy Davison, Deputy Director of Involvement, NHS South Yorkshire. A presentation was given which would be published on the Council's website.

7.2 Katy Davison gave the following additional information in response to questions from Members:

- Regarding whether the consultation exercise had been value for money, there had been points raised and suggestions made by citizens which would be implemented, but it had been concluded that one-off exercises were not the best way to engage with citizens, and a switch would be taking place to an ongoing dialogue which would enable the ICB to be more aware of citizen's views and therefore provide better value for money.
- To help citizens with learning difficulties be involved in the consultation, the ICB had worked with "Speak Up" on an easy read version. Speak Up had consulted their own members and contacts.
- It was recognised that greater efforts should be made to involve elected Members in consultations. The report had been sent to Scrutiny Members, but a response had only been received from Barnsley Metropolitan Borough Council.

- It was hoped that the planned 30% cut to ICB operating budgets would not prevent external groups being paid to engage their service users in consultations (e.g. Autism groups, MENCAP and Gateway), as it was recognised that this was a valuable way of engaging with citizens who might otherwise not respond.
- A directory of useful organisations was being put together who could assist with consultations.
- A measurement framework to monitor outcomes and performance was being discussed and would be shared with the Committee in due course.

7.3 Members discussed the previous consultation "What Matters to You" which had taken place in 2022 and had had approximately 500 responses. It was suggested that this represented 0.036% of the population of the region, which was too low a response to provide reliable data, and that the ICB needed to aim higher. Katy Davison advised that the proposed "ongoing dialogue" would assist with this, and that it would also reduce the need for consultation questions to be repeated. Additionally, The ICB was working to develop a "Community of Practice" to avoid duplication.

7.4 **RESOLVED**:- That the Committee:-

(a) Notes the stakeholder and citizen involvement approach to the refresh of the South Yorkshire Citizen Involvement Strategy and

(b) Notes the proposed structure and development of the refreshed strategy.

8. DENTISTRY IN SOUTH YORKSHIRE.

8.1 The report, which provided an update on ongoing work across South Yorkshire in dentistry, was presented by Debbie Stovin (Dental Programme Lead, NHS South Yorkshire), Anthony Fitzgerald (Executive Place Director-Doncaster, NHS South Yorkshire) and Dr Sarah Robertson (Consultant in Dental Public Health). A presentation was delivered which would be published on the Council's website.

8.2 Dr Sarah Robertson provided an update on oral health in South Yorkshire. She advised that a 2022 survey of the state of the teeth of five-year-old children had shown that across South Yorkshire there had been reductions in tooth decay since the previous survey, and this reflected the ongoing oral health improvement programme across South Yorkshire. However the figures for South Yorkshire were still higher than both Yorkshire and the Humber as a whole, and England.

8.3 Dr Robertson explained that there were pockets of South Yorkshire where the figures were worse than overall, namely in areas of deprivation and in communities of non-white ethnic backgrounds, amongst looked after children, those with poor health, people with learning difficulties, gypsy Roma and traveller communities, asylum seekers and refugees.

8.4 Dr Robertson explained that there were 3 main interventions which could stop tooth decay: reduction of sugary foods and drinks, increasing exposure to fluoride, and visiting the dentist (including for fluoride varnishing). Water fluoridation (not currently present in South Yorkshire) was supported as it would reduce tooth decay and extractions and reduce dental inequalities, whilst being cost effective and having a low carbon footprint. A public consultation on extending water fluoridation in the North East had recently commenced, the results of which would be influential in whether other regions followed suit. Dr Robertson encouraged interested parties to respond to this.

8.5 Councillor Jeff Ennis left the meeting at 17.33. The Chair confirmed that this meant that the Committee was no longer quorate however the discussion could continue, and any proposed decisions would be referred to a subsequent meeting for approval.

Notes of the Informal Proceedings of the Meeting

8.6 Members asked what they could do to encourage the introduction of water fluoridation in South Yorkshire and were advised that they should respond to the public consultation for the North East. They could also lobby the Secretary of State.

8.7 A discussion took place regarding the national plan for dental recovery and whether it was adequate. Members expressed concern regarding the amount of people who could not access dental care and noted that any action which was targeted at increasing access for a particular group, would inevitably increase risk amongst other groups. Lack of access to dentists, reducing screening for mouth and throat cancer was also a concern.

8.8 Anthony Fitzgerald stated that it was recognised by the ICB that access to dental care was not good enough, and that improvement would take a significant amount of time, however they were being transparent about this. It was necessary to create optimism about solutions in order to assist with recruitment and make NHS work attractive for dentists.

8.9 Debbie Stovin advised that the existing digital platform did not enable Dental Practices to be able to state the length of their waiting list, but she had asked to be part of a working group which was due to look at this. She added that people who did not have an NHS dentist but who experienced dental issues were prioritised by degree of pain, and one session could be provided to address the issue causing the pain.

8.10 Members asked for clarification on the new “patient premium”, particularly regarding what constituted a new patient, and how it would be ensured that the system did not encourage queue jumping. Debbie Stovin advised that this was an extra payment which would be provided to dentists when they saw a patient who had not physically seen a dentist in the last 2 years, and it would include

patients on the dentist's own waiting list. The scheme would be audited and monitored nationally.

8.11 Members asked what action had been taken to encourage recruitment of dentists from overseas. Debbie Stovin advised that this was currently in development. It was a complex matter, as overseas dentists required additional training and certification to be able to practice in the UK.

8.12 Members requested clarification of what the reasons were for the underspend in the ICB dental budget. Debbie Stovin confirmed that it related to the claw back from practices which had not delivered 100% of their contract, i.e. it was due to underperformance. The aim was to keep this money within dental services rather than it being re-allocated within the ICB.

8.13 Members thanked panellists for attending and advised that it was likely that they would be asked to attend the Committee in the next municipal year to provide a further update.

9. WORK PROGRAMME.

9.1 A request was made for the Oncology update to be brought forward to the next meeting of the Committee.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee will be at a date and time to be confirmed.

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