

**HEALTH SELECT COMMISSION**  
**Thursday 10 June 2021**

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, The Mayor (Councillor Jenny Andrews), Atkin, Aveyard, Baker-Rogers, Barley, Bird, A Carter, R. Elliott, Griffin, Haleem, Hunter, Thompson and Wilson.

Apologies were received from Cllrs Havard, Hughes and Wooding.

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

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

**1. MINUTES OF THE PREVIOUS MEETING HELD ON 25 MARCH 2021**

**Resolved:-**

That the minutes of the meeting held on 25 March 2021 be approved as a true and correct record of the proceedings.

**2. DECLARATIONS OF INTEREST**

As a general practitioner of medicine, Councillor A. Carter declared a personal interest in agenda item 5.

As a medical nurse, Councillor Andrews declared a personal interest in agenda item 5.

**3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**4. EXCLUSION OF THE PRESS AND PUBLIC**

There was no reason to exclude members of the public or press from observing any of the items on the agenda.

**5. UPDATE ON HEALTH AND CARE SYSTEM CHANGES**

Consideration was given to an update on the upcoming changes to health and care systems related to the Health and Care Bill 2021. The presentation also covered the implications of the Bill for Integrated care systems (ICS), Place based partnerships, and public health, and included a timeline and key next steps.

In discussion, Members requested assurances around how Rotherham patients access and experience care. The Cabinet Member and officers provided assurances that whilst the architecture of the services will change, the emphasis will remain on person-centred care, adding value rather than inhibiting the customer journey.

Members also requested assurances that the changes would not entail budget cuts and privatisation. The response from officers and the Cabinet Member noted that whilst some aspects of privatisation was necessary-- for example, the NHS does not manufacture X-ray machines—the changes are not driven by privatisation.

Members requested assurances around the reduction of long waiting lists. The response from officers and the Cabinet Member noted that all partners involved are committed to making patients the highest priority during the recovery phase. Michael Wright, the Deputy Chief Executive of TRFT further noted that the hospital have expanded their services to catch up with backlogs and expect to have caught up 100% by July.

Members requested further clarification regarding how marginalised communities will receive care. The response from officers noted that people might get served from a new provider, as the changes emphasise place-based response. Therefore, the need was recognised to have the right conversations with residents about their needs and expectations.

Members observed the variation across different parts of the borough as to the kinds of care or health needs that arise, for example, Rotherham has a higher industrial disease burden than other parts of the country. Assurances were requested that the changes would take into account this variation. The response from officers noted that the systems were designed to flex in response to the needs of communities. The systems would be tailored and evidence-based.

Members requested additional information about how success would be measured. The response noted that key performance indicators would be developed to ensure that the system design is meeting the needs of the community.

**Resolved:-**

1. That the update be noted, with the next progress update to be brought back at the appropriate time
2. That officers in consultation with the Cabinet Member determine how best to communicate the changes to the public.

**6. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE**

Consideration was given to an update briefing provided by Public Health Consultant Gilly Brenner regarding the Joint Strategic Needs Assessment which is delivered online in the form of the Rotherham Data Hub interactive Web resource. The presentation described the most recent data updates since the relaunch of the JSNA this year. As part of the presentation several examples of data visualisations were described.

In discussion, Members requested assurances around the validity of data included in the website. Officers provided assurances that the data comes from multiple reputable and highly vetted sources. These sources were listed and the data sets are also linked from the website itself.

Members also requested that the importance and potential of the JSNA be emphasised to the directorates.

Members requested assurances that trends and changes over time were tracked and represented. The reply noted that some of the difficulty lay in the data sets themselves and how the data was collected. Further, ward boundary changes also posed a challenge. Other temporary gaps in data collection have been caused by COVID.

In the interest of tracking outcomes, Members asked if links could be provided to schemes, policies, or outcomes, for example, that respond to the trends revealed by the data.

**Resolved:-**

1. That the planned development of ward data profiles be prioritised for delivery.
2. That examples of work informed by the JSNA be linked from the JSNA website.
3. That the Director of Public Health in consultation with the Cabinet Member for Adult Social Care and Health further promote awareness and use of the JSNA within the directorates of the Council.

## 7. COVID UPDATE BRIEFING

Consideration was given to a briefing presented by Ben Anderson, Director of Public Health, which provided an overview of the latest COVID-29 surveillance data. Data around vaccination rollout and vaccine effectiveness was presented. Variants of concern and under investigation were identified. A Rotherham infection rate summary was provided along with comparative information regarding other areas of the country. Analysis of trends was presented along with plans for further vaccination sites.

In discussion, members requested more information about the availability of drop-in vaccinations for residents who did not get their jab when previously invited. The response noted that the national centre is at Sheffield Arena, but locally there is availability through the Primary Care Network. Residents who may have missed their invitation are encouraged to ring the booking line. While drop-in access was not presently available, there would be plans to begin drop-in vaccination clinics following the completion of the vaccination of the under-25 group.

Members also requested assurances that studies were being conducted to capture learning from the Pandemic. The response from officers and the Cabinet Member affirmed that multiple studies were currently in production by the Local Resilience Forum and the Local Outbreak Engagement Board for example, which could be circulated as soon as they are published.

Members expressed interest in knowing more details around the uptake of the second jab and any plans to offer "mobile" vaccines. The response from officers noted that the programme was still seeing good uptake from over 50s as they are being called back at 11 weeks or sooner for the second jab, and the daily update from the CCG on vaccine coverage covers all data. A few people may not be taking up the second vaccine because they may have had a strong reaction to the first or have seen information about blood clots since having the first vaccine. As the programme enters the tail, there are plans to follow up with these people individually to understand the decision they are making. There is an option to offer a different type of vaccine for the second jab, although it is better to have both of the same kind and the risk of blood clot remains very minimal. As the programme moves through different cohorts, there has been a very different response from the 20 somethings than the 70 somethings.

Members wished to know if the ripple from the 17 May was of concern to Public Health. Officers noted in response that increased transmission was always expected, but the government's test is around the impact on severe disease, hospitalisation. The concern is not case rates going up; it is the severe case rates. The decision will be made next week taking all this into account.

Members further requested clarification around the availability of GP and dental appointments. The response noted that some GP appointments had to be rescheduled, but overall more patients can be seen more rapidly via virtual means than in person. Social distancing can cause reduced capacity. Dentistry has been more affected, with the generation of aerosol during the process, so recovery will take longer for Dentistry to catch up.

Members requested assurances that the lag in cohorts not getting the vaccine was being addressed. In response, officers noted that 2000 clinically extremely vulnerable residents were offered and received their vaccinations at home. Other residents for whom access is an issue because of work or caring commitments, those constraints were being mitigated by better local availability, for example with local schools becoming vaccination sites. While some remain unwilling to take up the vaccine, for those who have been unable or could not afford to do so, local options are turning that around.

Members also requested information regarding the presence of non-covid respiratory illnesses in the population. The response from officers noted that the population during lockdown saw almost no flu or RSV and currently has very low respiratory illnesses. As we go into autumn and winter, these will likely rise.

The Chair remarked at the excellent delivery of the vaccination programme in Rotherham with a thank you to the staff and volunteers.

**Resolved:-**

1. That the update be noted.
2. That relevant reviews which capture learning from the Pandemic such as that published by the Local Resilience Forum (LRF) be circulated to Members as they become available.
3. That the staff and volunteers responsible for the successful delivery of the vaccination programme in Rotherham be thanked on behalf of the Chair.

**8. HEALTHWATCH UPDATE**

Consideration was given to a verbal update presented by Lesley Cooper, Manager of Healthwatch, regarding recent activities undertaken by Rotherham Healthwatch since the previous update. These activities included attending meetings regarding the upcoming ICS changes, hosting 7 mythbusting sessions which raised the positive outlook on the vaccine among attendees from 30% to 92%. Healthwatch has responded to calls for evidence and has been asked to deliver advice regarding engaging with asylum seekers. Healthwatch has participated in face to face Quality Improvement meetings with the CCG and has also completed work on stroke and diabetes awareness.

**Resolved:-**

1. That the update be noted.

**9. INITIAL WORK PROGRAMME**

Consideration was given to a report providing an outline scrutiny work programme for the 2021/22 municipal year. The criteria for the addition of potential areas of work to the programme were clarified, and input from Members was invited outside the meeting. The membership of the RDaSH quality account sub-group was announced, which comprised Cllrs Andrews, Baker-Rogers, Havard, and Thompson, with Yasseen to Chair. Members interested in serving on the other Quality Account sub-groups were encouraged to make representations outside the meeting.

**Resolved:-**

1. That consideration be given to an outline work programme using the draft set out in Appendix 1 as a basis for the discussion of scrutiny priorities for the 2021/22 municipal year.
2. That the Chair and Governance Advisor meet with the relevant Cabinet Member, representatives of partner organisations, and officers to receive feedback on these proposed areas of work.
3. A further report proposing the formal work programme for 2021-22 will be submitted to the Health Select Commission meeting in July of 2021 in order for Members to agree a clear set of priorities for this municipal year.

**10. URGENT BUSINESS**

There were no urgent items of business requiring a decision at the meeting.

**11. DATE AND TIME OF NEXT MEETING**

The Chair announced that the next meeting of the Health Select Commission would be held on 8 July 2021 at 5pm in Rotherham Town Hall.