

**HEALTH SELECT COMMISSION**  
**Thursday 3 February 2022**

Present were Councillors Andrews, Aveyard, Baum-Dixon (Vice-Chair), Barley, Bird, A. Carter, Elliott, Griffin, Havard, Keenan, Thompson, Whomersley, and Yasseen (Chair).

Apologies were received from Cllrs Atkin, Baker-Rogers, Haleem, Miro, and Wooding.

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

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

**52. MINUTES OF THE PREVIOUS MEETING HELD ON 25 NOVEMBER 2021**

**Resolved:-**

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

**53. DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

There were no questions contributed by members of the public in respect of any items on the agenda.

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

The Chair confirmed there was no reason to exclude members of the public or press from observing any items on the agenda.

**56. WINTER PRESSURES UPDATE**

Consideration was given to an update presentation in respect of progress against objectives outlined in the 2021/22 Winter Plan. The presentation included updates on successes and challenges associated with delivery of health and social care provision during the Omicron surge. The presentation was provided by the Executive Place Director representing Rotherham Clinical Commissioning Group (CCG) as well as the Deputy COO of The Rotherham NHS Foundation Trust (TRFT).

In discussion, Members expressed interest in more information around how the delivery of the vaccination scheme may have created pressure on primary care provision. The response from the CCG representative described strategic government directives that had allowed routine work in

primary care to be put on hold temporarily. Sustainability of the primary care programme was identified as an area of ongoing effort.

Members also asked how staff sickness had been managed in view of changing guidelines around isolation periods for staff. The response from the CCG representative noted the variation in interpretation and application of changing guidelines across primary care services during the pandemic, but certainly movement to 5 days will have helped pressures. The representative of TRFT described a significant previous peak relative to current much lower numbers of staff sickness due to COVID-19.

Further detail was requested around impact of the pandemic on cancer care, elective care. The response from the TRFT representative described waits at the peak of the pandemic in Wave 1 and identified the significantly lower current position, which places the Trust among the leaders in the local ICS in terms of recovery. The response noted that all urgent cancers had been treated. The Trust had been identified at one point as the most improved Trust in terms of elective care recovery, with a current position at around 80%.

Members noted the positive uptake of the Rotherhive programme and requested further information around mental health provision, specifically in respect of discharge planning, mental health support for primary care, surge planning for young people's mental health, and mental health support for staff. The response from the CCG representative noted the challenges during recent times of higher demand associated with provision of beds, discharge support, and placements outside the Borough which are challenges on acute as well as mental health pathways. In view of rising mental health presentation in the system, examples of strategic interventions and signposting services were identified, such as Rotherhive, which implement digital modes of provision to increase capacity. The digital offer for children and young people had included the introduction of an online resource platform known as Kooth. Challenges around eating disorders were described, and measures designed to bolster capacity were identified. With regard to the support for staff, the representative of TRFT outlined a range of wellbeing support measures that had been implemented since the beginning of the pandemic and highlighted the importance the Trust places on collecting staff feedback. Response rates to staff surveys had been the highest recorded at the Trust, 8% over the peer average.

Clarification was requested around the rate of primary care patients seen daily. The response from the CCG representative identified the November/December 2021 position on average among 28 practices was 68% back to face-to-face delivery. There were 15,000 more contacts during November 2021 than during the same period pre-pandemic. The core service had been utilising face-to-face and non-face-to-face delivery to maximise capacity. Comprehensive extended access rates in Rotherham were currently at 95% utilisation. Hot home visiting and hot site care had been running at similar levels.

The numbers of patients placed outside the area and young people placed outside the area were requested and the answer offered outside the meeting.

Members requested further assurances around the effects of delayed routine care creating additional future pressure. The response from the TRFT representative described the Trust's assessment system around bed availability, and the points during the pandemic at which the Trust provided or requested help from other area Trusts to alleviate bed pressure. This often involves diverting an ambulance from one Trust's A&E to another. The parameters involved include acuity, length of stay, and where the patients will go when they are well enough to leave the hospital but not yet well enough to go home. Successful work had been undertaken in this area with the Integrated Discharge Team. Figures were cited on the volume of patients at points in the pandemic relative to the current volume. Aware that acuity can rise as patients wait for care, the Trust was able to avail the private sector to augment capacity and reduce waiting lists during the first year of the pandemic. The use of private hospitals was discontinued in November 2021, when the Trust became able to meet the need using internal capacity. It was expected that pressures of this nature would continue in the long-term with adverse implications for health inequalities as well.

Further information was requested around intermediate care. The response from the Acting Director of Adult Care Housing and Public Health described the rationale for investment that had been made to bolster the reablement service during COVID-19. The response noted challenges and successes associated with delivering the reablement service during the pandemic.

Members expressed interest in knowing more about improvements in respect of ambulance handover times. The response from the TRFT representative described where delays can occur and the efforts that have been undertaken to ensure the best possible flow through the Trust.

**Resolved:-**

1. That the report be noted.
2. That medicine management be added to the work programme.

**57. STRATEGIC VALUE OF PHYSICAL ACTIVITY IN TACKLING HEALTH INEQUALITIES**

Consideration was given to a report identifies a direction of travel for the Council and partners across Rotherham (Place). In keeping with Health Select Commission's commitment to prevention and to tackling Health Inequalities, this review suggested potential work across the Place that feeds into these priorities. This report had been recently presented to the

Health and Wellbeing Board and was presented to the Commission for information as well as consultation – effectively to bring Health Select Members into ongoing discussions around physical activity as a key facet of the prevention agenda.

In discussion, Members expressed interest in good practice that had been observed in respect of physical activity initiatives and whether expansion of social prescribing of physical activity might be explored. The response from the Cabinet Member for Adult Social Care and Health noted that good practice had been collected initially but these efforts were interrupted by the pandemic and would resume. In respect of social prescribing, Voluntary Action Rotherham (VAR) had brought primary care link officers into post before the pandemic, and limited commissioned pathways would be expanded. The prevention pathway being developed would go beyond the Council's statutory services.

Members expressed interest in how street pride and regeneration and environment could help ensure outdoor environments are safe for physical activity. Further details were also requested around how Make Every Contact Count (MECC) would be leveraged to help promote physical activity. The response from the Cabinet Member indicated that liaison with Regeneration and Environment would be undertaken, and in respect of using primary care appointments to promote physical activity, liaison with Primary Care Networks would be undertaken as well. The Director of Public Health provided more detail about areas that those liaisons would explore and the associated potential responsibilities of partners.

Members requested more information around what could be done to further opportunities for low-cost access for young people to various physical activities that reflect their interests. The Cabinet Member identified examples of externally funded activities that had been popular, but limited, and the desire to expand these into other areas of the Borough. The value of life-long physical activities and focus on early years was noted as well as the range of possibilities. There is continued work to be done with schools and around safe active routes to and from schools.

Members emphasised possible improvements that could improve access to green spaces, including curb cuts, expanded paved footpaths, and incentives for Rothercard holders. The response from the Cabinet Member noted referral pathways into certain services. The Director of Public Health noted the intention to bring in colleagues from Regeneration and Environment to join in future discussions on physical activity.

Members also noted the possibility to magnify small investments by leveraging existing relationships within communities. The response from the Cabinet Member noted a range of links with other directorates such as housing and planning around the expectations on planners to design in green spaces in all plans for large estate developments. The goal of the joint work would be to unite community members who are willing to be the spark for more active communities.

Members requested further assurances that investments would make a difference that would demonstrate value for money. The Director of Public Health noted that getting the right people doing more physical activity is the key – bringing in those who have a health condition or who have not previously been active. If this strategy can help prevent people from developing diabetes or having hypertension, these will make a real difference. The response from the Cabinet Member averred that money put into prevention will reduce the number of people who need to go into acute care.

Members requested more information around the roles within the strategy of leadership and the community link workers in making the strategy work for communities. The response from the Cabinet Member and the Director of Public Health identified the senior leadership already in place and the joint funded posts that are being proposed include a Rotherham focused post to help ignite people within communities.

**Resolved:-**

1. That the report be noted and the next update presented in September 2022.
2. That Primary Care Networks (PCNs) be involved in strengthening social prescribing around physical activity.
3. That examples of good practice in respect of promoting access to opportunities for physical activity be collected and considered as part of the next phase of the physical activity project in Rotherham.
4. That Public Health officers liaise with colleagues in Regeneration and Environment as regards optimising safety and accessibility of green spaces and other infrastructure for physical activity.
5. That potential links with communities be examined with a view to strengthening relationships and maximising small investments for greater access and engagement using existing channels.

**58. ROTHERHAM HEALTHWATCH UPDATE**

Consideration was given to a verbal update in respect of recent activities by Rotherham Healthwatch.

**59. WORK PROGRAMME**

Consideration was given to an updated schedule of scrutiny work for the municipal year 2021/22.

**Resolved:-**

1. That the updated work programme be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.

**60. URGENT BUSINESS**

The Chair confirmed there was no urgent business to be decided at the meeting.

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

The Chair announced the next meeting of Health Select Commission would take place 24 February, 2022, commencing at 5 pm in Rotherham Town Hall.