

HEALTH SELECT COMMISSION
Thursday 26 January 2023

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, Andrews, Barley, Bird, Griffin, Havard, Hoddinott, Hunter, Keenan and Miro, and Mr. Robert Parkin co-optee representing Rotherham SpeakUp for Autism.

Apologies for absence were received from Cllrs Cooksey and Sansome.

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

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

48. MINUTES OF THE PREVIOUS MEETING HELD ON 24 NOVEMBER 2022

Pursuant to minute no. 43 pertaining to the discussion of the Winter Plan on 24 November 2022, it was noted that officers in CYPS had provided the response along with the public guidance. The response from the Service assured Members that locally the urgent care and the wider system were aware that children and particularly babies could become very unwell very quickly, and the risks had been considered fully. Consequently, promotion of self-help consistently followed the national guidance and was always accompanied by a reminder of the signs a baby/child needs urgent/medical care and where to seek support.

Resolved:-

1. That the minutes of the meeting held on 24 November 2022 be approved as a true and correct record of the proceedings.

49. DECLARATIONS OF INTEREST

Cllr Yasseen declared a personal interest in respect of Agenda Item 7 as a professional involved in recruitment and training of future medical doctors.

50. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

51. EXCLUSION OF THE PRESS AND PUBLIC

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

52. URGENT AND EMERGENCY CARE UPDATE

Consideration was given to a presentation by the Deputy CEO and in respect of provision of Urgent and Emergency Care. The presentation

included descriptions of NHS England Field Test Standards for the pilot site, an update on recent operational pressures, a comparison of ambulance handovers with geographically neighbouring hospital, discharges and length of stay, a COVID-19 and flu update, and waiting times in the urgent and emergency care centre (UECC). The presentation covered recent actions taken, effects of industrial action, and workforce challenges and proactive actions to support the workforce. The conclusion noted a very difficult winter so far with higher demand than previous years, as well as infection, prevention and control challenges to manage and increased staff sickness. A number of actions had been taken to improve patient care and waiting times, focussed on managing the greatest clinical risk. Focus had also been given to tangible changes which will improve the health and wellbeing of staff.

In discussion of discharge and length of stay, Members sought clarification of “zero length of stay” activity. The response from the Deputy CEO noted that this meant treating people the same day, or getting the patient back home the same day if safe to do so.

Members expressed concerns regarding the impact on patients who were waiting a long time, if their treatments were delayed and requested further details around how the queue was prioritised. The response from the Director of Operations noted that whereas some neighbouring Trusts have a larger department which funnelled into areas to cohort. At Rotherham, the Trust managed the patients who were outside. The clinicians went outside to make sure the sickest patients were seen first. To do that, the clinicians found out how ill the patients were. It was acknowledged that long waits in ambulance can adversely impact on length of stay in hospital. Measures were in place to increase observation on patients to look after comfort and basic needs in the waiting room. More instances of aggression or violence had been observed associated with long waits.

In regard to workforce challenges, Members expressed a desire to know whether the bank staff had been updated. The Trust employed NHS professionals like most organisations across South Yorkshire and other parts of the country. There were some unfilled hours, but Incentives were in place linked to the pool ward, which were getting traction. Agency use and spending was noted, 50% of which was in medics. The Deputy CEO provided details of recent recruitment, retention, workforce numbers and vacancies. It was noted that the bank was responsive and tried to provide the cover if needed, although sometimes this could not be provided.

Members sought more information regarding the people who attend UECC who are redirected, specifically, any reasons for mistakenly attending UECC. The response described that a process was in place whereby the ICB (Rotherham Place) were looking into this, and which GPs the patients are presenting from, so that trends can be analysed. Most patients are acutely unwell. RSV had been high in children. Media stories regarding Strep A had resulted in more children presenting.

Members expressed interest in information around waiting times where children are the patients. The response noted that this data was collected as the Trust was sensitive to the waits of young children. The requested information would be provided.

Regarding children's safety, Members noted the possibility of loss of confidence in the hospital and requested if any immediate changes had been made as a result. The response from the Deputy CEO provided a timeline for actions being taken in response. An independent investigation had been commissioned by NHS England which would be undertaken by a private sector organisation and would take three months to undertake, with expected conclusion around April. Within the paediatric service, there was cover in line with rotas. Steps had also been taken to ensure communications are recorded with families. Three new consultants had been recruited in urgent and emergency care. It was acknowledged that patient experience was impacted by high volumes of patients; however, in the last two weeks, improvement had been observed.

Members sought a further elaboration of what the Trust would do to improve the situation if there were no constraints. The response from the Deputy CEO noted that the main constraint consisted of challenges around flow, which included getting the patient into the right environment for discharge. Community partners were working with people to find alternatives to attending A&E.

Members requested further information regarding action taken by the Trust to increase participation in the staff survey and suggested that the next update include the newest data from the staff survey. The response from the Deputy CEO noted that 61% was one of the highest response rates in the country. The sector average was 48% and the highest is 68%. The paper-based survey had been given to people individually, along with a voucher for a coffee so that respondents could have a coffee at the same time as they completed the 97-question survey. The results would give insights into where the Trust had performed better than the sector average or worse than the sector average, and recommendations would follow from these insights.

Members requested more information around the developments coming online with regard to discharge to assess. The response explained that discharge to assess focussed on what people need in their own home. This involved patients having all of their assessments at home which included therapy assessments and anyone needing a care act assessment. National models were considered to care manage to support people in their own home, rather than prescribing high levels of care packages. Members requested to hear more about these developments in the next update.

Resolved:-

1. That the update be noted.
2. That an update on the Acute Care Transformation Programme be added to the work programme for 2023/24.

53. PLACE PARTNERS MENTAL HEALTH SERVICES UPDATE

Consideration was given to a presentation by the Care Group Director of Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) in respect of delivery of mental health services. The presentation focussed on outcomes including quality and safety, and described recent activity undertaken to clear backlogs in the Memory Clinic and in the Assessment and Formulation Clinic, as well as recent collaboration with Rotherham Speak Up for Autism to develop further the accessible and reader-friendly offer within the Rotherhive online resource.

In discussion, Members requested additional clarification around serious incidents. The response from the Care Group Director provided the official definition as incidents leading to serious harm or death. Brief context of this quality measure was provided.

Members requested a projection for activity in the next six months, given the progress achieved in the last six months. The response from the Care Group Director noted that capacity and demand analysis had been done to consider how the trajectory may continue over time. Staffing levels in both services had changed significantly, with people leaving and joining the Service and with staff sickness. Plans were being revised on an ongoing basis based on the staff resource levels available.

Clarification was sought around whether a target was being pursued regarding appropriate levels of waiting times. The response from the Care Group Director clarified that the national diagnostic target for dementia was six weeks. The national target for the assessment and formulation Service, the 18-week target was not far off. The numbers provided had been indicative and were fluctuating with staffing teams.

The Chair acknowledged that substantial progress to clear backlogs had been achieved amid the workforce challenges and amid rising numbers of referrals.

Members sought assurances that funding provision currently associated with the Locally Enhanced Service would continue, leading to shorter waits over the long term. For the memory service, two pots of money had been received. Substantive additional funding provided for two additional staff members. Some further moneys had been pledged from the ICB if the Service were able to recruit above and beyond their full establishment.

There were additional moneys for the short term to help clear backlogs, but staff numbers would be more sustainable if this additional funding from the ICB could be garnered.

Members requested to know more about any pressure points. The response from the Care Group Director noted gaps in doctors as well as in the nursing establishment for several reasons. In the last eighteen months, many clinicians had retired from the profession or move to work in other places.

Members requested to know if bursaries and scholarships were available, especially those for whom there is an underrepresentation within the profession. The response from the Care Group Director noted that there is regular attendance at the University of Sheffield to speak to the nursing students. These visits had received positive feedback. Open days were attended routinely three to four times a year for the last few years. It would be observed if these had follow-on effects for recruitment in the longer term.

Members requested more information about what is driving the increase in referrals. The response from the Care Group Director noted that in terms of adults, at the abatement of COVID, more IAPT self-referrals were expected. What was being seen instead was greater numbers of referrals for secondary services. These were referrals into Assessment and Formulation from GPs. Acuity of patients was more than previously seen. The Care Group had tried to put the staffing levels into place to react to this.

Clarification was requested regarding the availability for funding for trainee students. The response from the Care Group Director noted that trainee nurses and health care support workers have the ability to go on to do their support training with elements of funding in place for that.

Resolved:-

1. That the presentation be noted.
2. That the next update be submitted in 6 months' time.

54. STRATEGIC PHYSICAL ACTIVITY UPDATE

Consideration was given to an update report on the development of strategic physical activity plans within the borough. The presentation included the background context of the programme and the four priorities that had been developed and discussed at recent events with local professionals, partner organisations, and regional stakeholders. The four priorities were:

- Normalising physical activity / building a social movement
- Employers supporting the workforce to be active
- Front line workers confident to talk about and signpost to physical activity
- Strengthening social prescribing, including embedding physical activity

The presentation identified actions taken to progress each of these priorities and outlined the next steps and future events.

In discussion, co-opted members from Rotherham Speak Up for Autism requested to know more about the impact of the pandemic on the changing culture among employers. The response from the Public Health Consultant noted that changes during lockdown meant there was a short-term increase in many people's physical activity, such as through taking walks. For some people, those changes had continued. The variety of different sectors tried to better understand the impact of the pandemic on people's activity levels. This was something the team are mindful of. Employers were a priority group to engage in the plan, to help build activity into the working day for more people.

Members sought more details around work being done to ensure the plan reached people who were inactive and helped them to become more active. The response from the Public Health Consultant noted that one approach did not fit all people in terms of engaging and motivating people who previously were not active. Working with partners who can work within communities was a key factor in ensuring engagement resonates with people. Examples were offered wherein the plan sought to cater to specific demographics, such as teenage girls who often experience a drop off in activity after school. It was important to at the same time deal with important issues affecting girls of this age to ensure the team could reach the right people. Data collection was another key focus in achieving this and demonstrating impact, for example, where people were driving in from outside the borough instead of people coming from within the borough to access facilities or attend events. For elderly residents, this means looking at the barriers to activity and perceptions of safety within parks and green spaces.

Members sought additional information regarding good practice implemented by statistical neighbours. Officers noted there had been huge enthusiasm at the workshops. It was felt that the number of people who were passionate about physical activity and valued networking and sharing ideas had been noteworthy. The celebration events were for Rotherham to share good practice. Learning from some pilots that had been commissioned had also been a feature at regular sharing weekends where people describe how they have gone about getting their communities more active. The team was linked into those networks and had some small partnerships come out of this engagement work as well. The tackling Inequalities Fund had provided twelve weeks of funding to examine sustainability. A boxing group and a women's group were among case studies of impact this had already had.

Members suggested further promotion of walks and a menu of examples of possible activities. The response from officers noted that local knowledge was key. An activity finder had been considered, but had been found to be resource intensive. The challenge was keeping data hub collation up to date. This was key for participants as well as for professionals to know where to refer into as well for social prescribing. One full package was something that people asked for, however, the challenge was keeping this updated.

Members requested information around whether interested people were able to contact the team. The response from officers noted the objective of the plan was to get people helping themselves. This meant considering how people can pair up to help each other. It was emphasised that physical activity does not have to be through an official organised group. It was noted that leisure centre attendance was back up to pre-pandemic levels.

Members requested information regarding delivery of the priorities. The response noted that there was no delivery team at the moment, although the team were working with voluntary sector clubs. Some of the parents had been active in leading on actions and initiatives. A recreational officer was in place, particularly working with parent-driven projects. Officers noted that support was also provided to others with their clubs.

It was noted that TRFT had demonstrated commitment to healthy active staff and communities through representation at the strategic physical activity events.

Resolved:-

1. That the report be noted.
2. That a consideration of social prescribing be added to the forward programme of scrutiny work for 2023/24.

55. SCRUTINY REVIEW RECOMMENDATIONS - ACCESS TO PRIMARY CARE

Consideration was given to a summary report of findings and recommendations by Members in respect of a spotlight review into access to primary care services in Rotherham.

In discussion, Members expressed the desire that a further recommendation be added which emphasised that the responsibility for patient access should be shared between the networks of primary care practices (PCNs) and their patients. It was felt that this should be a two-way communication and cooperation between the GP surgeries and the patients.

Members requested the addition of a further recommendation to ensure that any practice or GP creating bottlenecks be identified and appropriate action taken. Representatives of TRFT noted that discussions of available data were taking place.

Resolved:-

- 1) That the findings and recommendations contained in the report by Healthwatch Rotherham into "Accessing GP Services in Rotherham" be noted.
- 2) That the following recommendations be submitted to Overview and Scrutiny Management Board for endorsement:
 - a. That the principle be agreed that responsibility for patient access to primary care is shared between the primary care practices and their patients.
 - b. That consideration be given to how all Place Partners demonstrate responsibility to communicate honest wait times, where this information is available, for all health and care services system-wide.
 - c. That any trend connecting a practice or GP with excessive delays or Urgent & Emergency Care Centre attendances be analysed, and appropriate action taken.
 - d. That consideration be given to how to increase general understanding of how to recognise symptoms as needing medical attention, where to seek help, and in what timeframe.
 - e. That Place partners, including the Primary Care Networks (PCNs), consider how to expand general understanding of the wider options when seeking medical advice, with a view to expediting consultation with the most appropriate professional or service to be able to address their need.
 - f. That NHS South Yorkshire/Rotherham Place give due consideration to enhanced safety-netting to mitigate risks associated with an increasingly patient-led model of care initiation and follow up.
 - g. That NHS South Yorkshire/Rotherham Place consider how messaging and communications will figure in managing patient expectations around waits in the evolving model of care.
 - h. That consideration be given to how Councillors may play an expanded role in signposting and managing expectations

among Rotherham residents as the sector works toward a new model of care responsive to the ongoing resource pressures on health services.

- i. Whereas recruitment remains a limiting factor for expansion of social prescribing, that recruitment to social prescribing roles be prioritised, and consideration given to how to make participation in social prescribing in Rotherham more attractive to professionals.

56. WORK PROGRAMME

Consideration was given to an updated outline schedule of scrutiny work. Changes to the work programme were noted, and it was clarified that issues of concern around winter mould and damp had been picked up as part of other scrutiny work programmes. Members and the Director of Public Health discussed how considerations of sexual and reproductive health would be of benefit to add to the forward work programme for 2023/24.

Resolved:-

1. That the updated schedule of work be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme as appropriate, in consultation with the Chair/Vice-chair, and with any changes reported to the next meeting.
3. That sexual and reproductive health be included in the forward work programme for 2023/24.

57. URGENT BUSINESS

The Chair announced there were no urgent items requiring discussion at the meeting.

58. DATE AND TIME OF NEXT MEETING

Resolved:-

1. The next scheduled meeting of Health Select Commission would be held on Thursday, 9 March 2023, commencing at 5pm in Rotherham Town Hall.