HEALTH SELECT COMMISSION
Thursday 30 March 2023

Present:- Councillors Griffin (in the Chair), Andrews, Barley, Bird, Cooksey, Foster, Havard, Hoddinott, Hunter and Sansome.

Apologies were received from Cllrs Baum-Dixon, A Carter, Keenan, Miro and Yasseen.

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

59. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JANUARY 2023

Resolved:-

1) That the minutes of the meeting held on 26 January 2023 be approved as a true and correct record of the proceedings.

60. DECLARATIONS OF INTEREST

There were no declarations of interest.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed there were no members of the public or press present at the meeting.

62. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the press or public from observing any part of the meeting.

63. HEALTHWATCH ROTHERHAM

Consideration was given to a report providing results of a survey completed by Healthwatch Rotherham, which discussed the experiences and opinions of sixteen people having accessed the maternity services within the last six months. There was a mixed methodology of survey and interviews consisting of open-ended questions.

In discussion, Members sought further information around whether people open up if asked about domestic violence or if this is just a completion exercise. The response from the Manager of Healthwatch Rotherham acknowledged that the respondent felt that the question was less about understanding and more about completing the requirement to ask the question. The response from the Head of Nursing and Midwifery noted that asking about safety did lead to disclosures. That was why relationship building was important. It was emphasised that although in small numbers

the responses were valued and would be used to inform and improve service delivery. The desire to work together was expressed.

Members sought clarification of whether any participants had identified as partners or parents with same-sex partners. The response noted that the demographic was women and there were no comments provided by same-sex couples.

Members requested further details around timelines for further work on this topic. The Healthwatch team would be in touch with TRFT midwifery team around the progress. Governance processes for consideration of and response to external reports were outlined by the Deputy CEO.

Members requested clarification around how the Service is working with people around alcohol and smoking during early pregnancy. The response noted the latest pre-conception guidance, and that the Chief Medical Officer's guidance in early pregnancy was no alcohol. The figures were offered to follow. The Director of Public Health noted that this measure was not available at a Rotherham level; however, 4% was the England measure for drinking in early pregnancy. The response from Members noted that education in this area was key to correcting widely held misconceptions.

Members requested more details around how the Service handles instances of birthmarks that look like bruises. The Head of Nursing and Midwifery acknowledged the useful feedback and noted the guidelines followed by the Service for bruising in non-mobile children.

Members requested how the Service works with surveys and engagement. Feedback. The response from the Head of Nursing and Midwifery noted floor to board-level engagement undertaken by the Service, including the Maternity Voice Partnership (just changed to Maternity and Neonatal Voice Partnership), monthly Friends and Family surveys, and the national CQC survey that is done annually. The feedback was welcomed and was seen as necessary for improvement and to make staff feel valued. The process for feedback included going through governance and safety champions, to the Maternity and Neonatal Voice Partnership, as well as to the monthly Trust Board in the Maternity Safety Paper and Listening to Women.

The Chair noted thanks to Healthwatch Rotherham and noted the importance of working with the Service at an early phase to maximise any complementary efforts around engaging with people who are accessing these Services.

Resolved:-

1) That the survey results be noted.

64. MATERNITY SERVICES UPDATE

Consideration was given to an update report in respect of maternity services presented by the Head of Nursing and Midwifery of TRFT. The presentation highlighted the workforce including specialist midwife roles; clinical areas of focus for the Service, including how the Service plays a part in addressing health inequalities based on the CORE20PLUS 5 agreed by NHS England in 2021. The presentation highlighted how the Service was working to mitigate the effects of deprivation which can affect how people interact with and experience maternity services in Rotherham. It was noted that the CQC rating was Good.

The presentation covered:

- Continuity of Carer, focusing on deprived areas and BAME communities
- Mental Health
- Obesity / Diabetes
- Hypertension
- Smoking Cessation
- Family Hubs
- Maternity Voices Partnership
- Current Drivers
- Personalised Care
- Improving Infant Feeding
- Challenges
- Proud Moments

In discussion, Members requested additional information around coordination of team working and training. The response from the Head of Midwifery and Nursing noted the Multi-Disciplinary Team (MDT) training that took place monthly, which included obstetrics and maternity. Culture training had also been sourced to enhanced the training offer already in place. This complemented the quadumvirate working of neonates, obstetricians, operational staff and midwifery as a cohesive team that trust each other and work well together at the senior leadership level, affording psychological safety. There was work planned with other trusts in the region which would also generate further learning. This was considered critical to everything that the Service does.

More details were requested around how learning has informed response to CTG emergencies, taking account of cultural and technical knowledge. The response described the prompt training in place on these scenarios. A dedicated fetal wellbeing day is a training led by the fetal wellbeing lead. It was felt that the level of detail and challenge was high with a test at the end. This came about after reports and trends nationally. The Service also considers its team makeup, behaviours and values to ensure people feel safe to escalate.

How do monitoring and assurance processes recognise that outcome data is not by itself a reliable indicator of safe, high quality care. The response from the Head of Midwifery and Nursing noted the importance of triangulation because data can look good. Healthwatch data, CQC, maternity feedback, MVP, Staff surveys were all taken together to create a picture. The perinatal quality surveillance tool is looked at locally and regionally. This is something that is being considered nationally to give a view of trends. The feedback from women and from junior staff who want to work in the unit was very important. As a team, there was continuous learning and striving for improvement, and the Service received challenge from the Board. No one measure was considered in isolation.

Further clarification was requested around the antenatal offer. The response confirmed that during COVID, there were not as many antenatal classes, although some virtual classes were offered but not as sustained as usual. The team was working on publicising and marketing the offer of antenatal classes which is already in place and ensuring that every women gets that offer. The hub model was important for achieving this.

Members sought further clarification around how continuity of care was being measured. The response noted that this was currently being audited every month. The standard was that a woman receive care provided by their own midwife. The aim was that a woman would not see any more than two midwives during a pregnancy. Because of the nature of the model, a midwife could be called out in the middle of the night to attend a woman in labour, this resulted in midwives seeing more women. This was what the Service was seeking to improve.

Members also sought further details around how cultural differences were accommodated and incorporated into training. The Service was learning all the time and taking feedback on board. The baby friendly training was not just about breastfeeding but about infant feeding and good practice and the relationship between the baby and the mother. Learning from communities relies on engagement with least heard communities, although there was a diverse workforce to help us understand what is important. Working with the Maternity Voice Partnership and other agencies was valuable to help the Service in this area.

Members requested further information around how the feeding assessments pick up on difficulties such as tongue tie quickly. The response noted that the baby has an examination within the first 72 hours of birth as part of post-birth examinations. This assesses how well the baby is feeding. There was more work to do on the tongue tie pathway, with engagement with service users and raising awareness. The Service was currently implementing actions from that engagement work worked with the infant health advisor and health distance services who handle EMT referrals. This was important for women to have the information because when health professionals visit, the visit is for a short period of time, so it is important to be able to recognise signs and signals when there could be a problem.

Members sought additional information around agency staff use and training rates. The response noted that agency midwives were not being used. There were some shortfalls during maternity leave, but it is often staff who choose to pick up the extra shifts. The training encompassed not just midwife training but the multiple disciplines related to the service delivery, and the rate was around 90%.

Members requested additional information regarding how women considering breastfeeding were given opportunities to engage with other breastfeeding mums groups. The response noted the importance of asking what women want. Currently, there was a peer support offer on the ward and within the community as well. The family hub work would expand on these opportunities for peer engagement and classes.

The Chair clarified the timeframe for an update in respect of continuity of care targets. The response noted that in a few months there would be sufficient data to show trends.

Resolved:-

1. That the report be noted.

2. That the next update be submitted in respect of continuity of care at an appropriate time.

65. INTERMEDIATE CARE AND REABLEMENT

Consideration was given to a presentation in respect of Intermediate Care and Reablement services presented by the Director of Operations of TRFT, Strategic Director Adult Care, Housing and Public Health, Rotherham MBC and the Joint Head of Adult Commissioning for Rotherham Place. The presentation outlined service delivery in respect of urgent community response, including the new national standard almost one year after implementation in April 2022. National milestones that have been achieved were also described as part of the presentation. It was highlighted that the service meets and exceeds the 70% response standard within two hours. The service responds to several clinical conditions which were explained in the presentation. Data around response standards was provided. The Urgent Community Hub offer was described. Ways in which the Service invested in the workforce in a variety of ways were outlined. This offer supports recruitment, development, and retention. Further, the presentation emphasised how the right care at the right time and in the right setting was facilitated by the service and its pathways to manage flow and avoid unnecessary conveyances and admissions, supporting discharge. The reablement

service was also described, including the two approaches to frailty assessment that are currently used in parts of the community. Ongoing challenges were described as well as next steps.

In discussion, members requested additional data evidence of the impact of the service. The response from the Director of Operations noted the existing data around hospital avoidance, as well as data collected with Yorkshire Ambulance around the push model. Regarding how the service improves quality of life, patient feedback had noted that people want to return home and the home first model benefits faster recovery and less deconditioning. The Strategic Director of Adult Care Housing and Public Health noted the data illustrates longer mean times between admissions. The strength-based approach is taken to take account first of what the individual wants to do.

A positive experience was noted regarding the GP out of hours service, which works closely with the Community Hub arm of the Intermediate Care and Reablement Services.

The co-opted member representing Rotherham Speak Up for Autism requested additional information regarding how the Services are trained to work with people who have additional needs or Autism, as preparing to go into hospital can be very stressful. The response from the Director of Operations noted the mandatory training across the Acute and Community Trust around providing care to people with Autism and LD. It was acknowledged that everyone had different needs and this training helped clinical and non-clinical staff understand what those needs are. The response from the Strategic Director noted that there was training and a learning disability service, but that more work to be done in terms of understanding and being able to offer a quality Reablement offer for people with Autism. The Service would continue to work with Speak Up to develop in this area. The response from the Joint Head of Adult Commissioning described a working group for discharge for people with LD and Autism was working to improve the experience after they leave hospital, and liaison was welcomed to help improve the experience prior to going into hospital.
Prior to the pandemic, the thrust seemed to be avoiding the need for people to go into hospital, but there did seem to be a growing suggestion that more acute beds were needed. The response from the Director of Operations noted that it had been recognition nationally that bed occupancy had not matched the need, especially through winter. Over the next twelve months, the Trust was asked to increase bed occupancy in the Acute Trust, with plans underway to work out how to achieve that. Running at full occupancy all of the time is not great for patient care, so one of the challenges over the next year would be to increase bed occupancy.

Regarding the next steps, Members requested more information around growing the Urgent Response, and how confident that targets could be met. The response from the Director of Operations noted the importance

of recruitment and growing the team. Currently, the response standards were being achieved by moving resource from another area of the community services, which is fine for now, but to grow the service, the team must be in place. The Service were retaining staff well in these areas. As the Service grows it will attract more interest as outcomes become available.

Resolved:-

1. That the presentation be noted.

2. That the welcome liaison of the Service with Speak up for Autism be noted.

3. That the data around impact of the Service be provided.

66. WORK PROGRAMME

Consideration was given to an updated outline schedule of scrutiny work. The Chair provided three updates in respect of the work programme:

- Participation was invited on the upcoming Quality Accounts.
- The Oral Health Review had been completed with outcomes submitted to a future meeting.
- The ASC portion of the item on ASC and LD transformation has been deferred to 23/24 work programme which is now in development. The proposed scope for this is reflection on market quality and sustainability with performance data indicators, and on the embedded flexible purchasing system and approved providers.

In discussion, Members voiced support for including further updates from TRFT in the forward work programme for 2023/24.

Members also expressed interest in a dialogue with partners regarding the Quality Accounts.

Resolved:-

1) That the updated work programme be noted.

2) That the Governance Advisor 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.

67. URGENT BUSINESS

The Chair advised that there were no urgent matters requiring a decision at the meeting.

68. DATE AND TIME OF NEXT MEETING

Resolved:-

1) The next scheduled meeting of Health Select Commission will be held on 20 April 2023, commencing at 5.00pm in Rotherham Town Hall.