

HEALTH SELECT COMMISSION
Thursday 16 November 2023

Present: Councillor Yasseen (in the Chair); Councillors Miro (Vice Chair), Cooksey, Griffin, Havard, Hoddinott and Wilson.

Apologies for absence: Apologies were received from Andrews, Baum-Dixon, Bird, Foster, Hunter, Keenan and Thompson, and from the Strategic Director of Adult Care, Housing and Public Health, Ian Spicer.

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

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

37. MINUTES OF THE PREVIOUS MEETING HELD ON 28 SEPTEMBER 2023

Resolved:

That the Minutes of the previous meeting held on 28 September 2023 be approved as a true and correct record of the proceedings.

38. DECLARATIONS OF INTEREST

There were no declarations of interest.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

40. EXCLUSION OF THE PRESS AND PUBLIC

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

41. PLACE PARTNERS WINTER PLANNING

Consideration was given to a presentation on the Rotherham Place Winter Plan. The Plan had been developed based on learning from previous years and consideration had been given as to how to apply that learning to the coming year. It had been developed with partners, namely the NHS South Yorkshire Integrated Care Board, the Rotherham, Doncaster and South Humber NHS Foundation Trust, the Rotherham NHS Foundation Trust, Voluntary Action Rotherham and Connect Healthcare Rotherham CIC. Approval and assurance had been given through the Urgent Emergency Care (UEC) Board in September 2023 and taken through UEC Alliance, Place Leadership Board to the Health and Wellbeing Board.

The presentation provided a summary of learning. This included key themes such as key pressure points; winter came early; and the impact of industrial action and cost of living. The summary also included a list of things that had worked well such as utilising a whole system approach strong partnership working; targeted schemes; additional senior management support at key pressure points; and the acute escalation framework and command centre. Challenges included short term funding/recruitment challenges; unprecedented pressures in November/December 2022; pressure on beds; barriers to timely discharge and decision making and communication challenges.

The strategy going forward was to look at national funding 2023-25 which would enable longer term planning; starting winter schemes prior to Christmas; targeting key themes (access to primary care; alternative pathways to UECC and new ways of working); getting the right size bed base and reviewing escalation framework.

The presentation gave more details on the year in primary care; in alternative pathways to the emergency department; in the acute hospital; in discharge; in mental health; for children and young people; and for improved cross system communication and decision making. The next steps were to hold a Place workshop to scenario test plans; continue to plan for industrial action; complete outstanding recruitment and launch schemes.

Cllr Roche – Cabinet Member for Adult Social Care and Health, Steph Watt – Joint Head of Adult Commissioning for Rotherham Place, Claire Smith – Deputy Place Director, Kirsty Littlewood – Assistant Director, Adult Care and Integration and Ben Anderson – Director Public Health gave the presentation to the Commission and provided further detail on the information provided.

In discussions, Members sought clarification on what measures were specifically time limited to winter and whether those could be identified. They also queried whether Rothercare would have the capacity to handle any extra work that would be put on them as a result of the Plan. Councillor Roche explained that he was content and assured that Rothercare were ready as the pressures at the same time in the previous year where much greater than what was expected for the current year. It was felt that primary care access could be better but, at the same time, it was better than the three surrounding Councils. Councillor Roche confirmed that Rothercare was being reviewed and a report would be presented to Cabinet to look at how the service could be improved and refreshed. Kirsty Littlewood confirmed that it was hard to predict the demand for services, but the Partnership met three times a week and regularly looked at capacity and demand modelling. Councillor Roche confirmed a number of other meetings took place that looked at the demands on the services.

Examples of emergency social prescribing in practice were requested. An

example given was in terms of discharge. If a person no longer required consultant led care but may have a whole range of issues that led to their ill health (which could include the cost of living, poor nutrition, poor heating) the social prescriber would link it with that person. They would look at benefits that someone would be entitled to and so far, they had brought in approximately £150,000 into Rotherham in unclaimed benefits. Linking with befriending groups could help with social isolation. There had been some fantastic feedback so far with 91% of the people that have engaged saying they had improved health and wellbeing. The social prescriber was also linked in with the high intensity user group within the emergency department that looked at the wider factors to see what could be done to address those. Claire Smith confirmed that whilst a lot of money was invested as an Integrated Care Board (ICB) into social prescribing, they had tried to expand and pilot other means as the social prescribing was focussed on primary care, but some people ended up in emergency departments. Work was underway to look at how the different elements of social prescribing that were commissioned across different pathways could be integrated. The Deputy Place Director suggested that a presentation on social prescribing be given in the next 12 months to the Health Select Commission and the Chair confirmed that this would be picked up as a recommendation.

Members sought further information on resourcing, particularly around resilience and contingency. Michael Wright, Deputy Chief Executive of the Rotherham NHS Foundation Trust, explained that they did have the ability to move staff, if necessary, but it was not necessarily always a good thing to move staff, particularly nursing staff, from one area to another. He stated that this did not help retention and the focus had to be on improving how to attract people to come and work at the trust. In the last four years, the workforce had grown by 358 whole-time equivalent staff; 87 additional allied health professionals were employed; 58 additional medical staff were employed; and nursing staff had increased by 93 whole-time equivalents. It was confirmed that agency staff were still being used but the Trust had spent £800,000 less on agency at month 7 than at the same time last year.

A question was raised in relation to how long people were waiting in the discharge lounge from when they left the ward to then getting their medication. It was confirmed that the aim for the discharge lounge was that people were not moved their without being able to be discharged the same day. Rotherham did quite well in terms of discharges prior to 5pm but there were some circumstances where this was not possible due to varying reasons such as if people's circumstances change. Michael Wright confirmed that the number of patients discharged before 5pm was usually just under 50%.

The usage of the online apps for mental health was also queried. It was confirmed that the number of hits on the RotherHive app had recently gone over 1 million. As a follow up question, Members asked what happened after someone had used the app. Was it followed up or was it

hoped they just continued using the app? Could they reach out and actually speak to someone? Claire Smith confirmed that it was on the service user to look on the site to see what services were available to them, but it was hard to track in terms of what the outcomes were.

Questions were raised regarding whether the plan would be enough given current pressures and what preparations had been done. Specific questions were asked in relation to Flu and COVID vaccinations; A & E targets; critical incidents and ambulance queuing. Michael Wright confirmed that ambulance handover performance had improved dramatically and was probably the best in South Yorkshire. In terms of A & E targets, it was confirmed that all trusts had to hit 76% by March 2024. Rotherham was currently in the 60%'s so there was still some way to go. However Rotherham was still in a good position compared to peers. There were acute care transformation programmes specifically looking at how improvements could be made and there were additional resources to support that.

A follow up question related to whether delays at clinics, such as respiratory clinics, were having an impact on A & E and whether there were any pressure points in particular areas. Claire Smith explained that national funding had been made available in the past to help with these issues but that had not been available for the current year. However, the Improved Better Care Fund had been used instead to continue providing this service. As such, extended access would be provided with additional appointments in primary care which should relieve some of the concerns in terms of respiratory care.

The Director of Public Health responded to the question on vaccinations. He confirmed that, as at the 1 November 2023, 43% of the eligible population had had their COVID vaccination. 97% of care homes across South Yorkshire had been visited so older people, care homes and the housebound were done first with over 73% being vaccinated. There was still some way to go on healthcare workers. In terms of the Flu vaccine, 70% of over 65's had been vaccinated and 30% of under 65's in the at risk groups had been vaccinated. There was a very low uptake for pregnant women and that needed to be worked on. 37% of the Flu vaccines had been co-delivered with the COVID vaccine which helped streamline the delivery. It was reassuring to note that COVID numbers had reduced significantly since the vaccination programme started and the numbers were well below what they were at the same point in 2022. It was confirmed that there had been a significant take up in 2-3 year olds but the exact figures would be shared outside of the meeting.

Members considered what success would look like in terms of coping with the winter pressures and how best practice could be disseminated. Steph Watt explained that everything was monitored on discharge and there were national figures. There was an exec level meeting three times a week as standard, but it was stood up further if required. There were particular targets that had to be met around discharge and the length of

stay was monitored closely. Performance was very clear to monitor, and it was that information that was acted upon in terms of dealing with winter pressures. There was also a great deal of sharing that went on at SY ICB including across health, social care and all partners to share good practice. Everyone learned from each other and visited each other. Kirsty Littlewood explained that “good” looked like early discharge planning and working with the patient in the hospital at the earliest opportunity so they can understand what their needs are at the point of discharge. It would also include having conversations with them and their family and adopting that ethos of home first to ensure that they can return to their community as quickly as possible. Councillor Roche stated that, according to a recent survey, Rotherham was doing better than their neighbours.

The Chair raised concerns about the Yorkshire Ambulance Service Push Model, particularly around falls. The concerns specifically related to older people who may be more easily persuaded that they did not need medical attention when in fact they did. The Chair questioned who would decide that medical care was not required without an x-ray or other interventions. Steph Watt explained that the calls do go into YAS who are trained experts in getting the right information. It was about balancing the relative risks. Quite often, the pathway for a fall was to convey the patient to the emergency department however this was not always in the best interest of the patient, and quite often, the patient did not want to go and wanted to remain in their own home. As such, this was where the investment in the community was vital. If RotherCare did attend because it seemed like there was no injury but had concerns, they would immediately call YAS and if there was something that did not seem right, they could contact the urgent community response to come in. The model provided choice and options that did not exist before.

The Chair questioned how Rotherham compared to other trusts nationally in terms of the winter plan. Steph Watt confirmed that works was ongoing with other trusts to share initiatives and best practice. She also acknowledged how far Rotherham had come in a year, particularly in relation to the virtual ward. It was important to recognise the success as well as identifying the challenges. Michael Wright stated that Northumbria set the benchmark. The Chief Executive from Northumbria had come down to Rotherham to speak to colleagues about the things that he had achieved with his trust. The overriding message was on continuity which was what Rotherham Trust was trying to simulate. Councillor Roche stated that Rotherham demonstrated best practice in a number of ways but was not very good at shouting about it. In terms of measuring the success of the Plan, he stated that a summary would be produced to see if any further lessons could be learned, and this could be brought back to the commission for review.

The Chair asked Councillor Roche if the more comprehensive report that goes to the Health and Wellbeing Board/Place Board could be shared with the Health Select Commission. Councillor Roche, as Chair of the Health and Wellbeing Board, agreed to take this request back to the

Board at their next meeting.

Resolved:

1. That Councillor Roche follow up with the Place Board regarding the sharing of the comprehensive report in lieu of the presentation.
2. That, as part of the future work on social prescribing, a further update be provided on the boarder picture of social prescribing including information on non-traditional models and information on the pilots and how they fit together.
3. That the Health Select Commission note the presentation.

42. WORK PROGRAMME

Consideration was given to an updated outline schedule of scrutiny work for the remainder of the municipal year 2023-24. In introducing the programme, the Chair explained that the CAHMS report should have been on the agenda for the current meeting, but a deferment had been requested at very short notice. The Chair requested that, in future, partners inform the Commission in a timely manner if they are unable to present a schedule item. This would then allow for other items to be brought forward and enable. The Chair confirmed that she would write to partners stressing the importance of providing advanced notice and to look for solutions to ensure full agendas.

There were discussions regarding what could fill the gaps on the agenda and the differences between ICP and ICB. Councillor Roche confirmed that a summary of what the different partnerships/boards did and how they were constituted could be provided.

It was confirmed that the CAHMS report would be rescheduled for the meeting to be held on 25 January 2024. It was also confirmed that Katherine and Councillor Wilson would be attending the dental stakeholder event on behalf of the Health Select Commission and would circulate the recommendations about oral health work to those who participated in the spotlight review.

The Chair praised the annual report workshop that had been held in the week prior to the meeting. There was a very comprehensive overview of what the hospital was going and the various initiatives. A write up of the workshop would be distributed before the next Health Select Commission meeting.

An update was provided in relation to the Joint Health Overview and Scrutiny Committee which was the regional health committee that the Chair and Vice Chair took turns in attending. The last meeting had discussed the NHS five-year plan and had been informative.

The social prescribing workshop and suicide prevention workshop

discussed in previous meetings would be arranged for spring 2024.

Resolved:

1. That the outline 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.

43. URGENT BUSINESS

There was no urgent business that required considerations at the meeting.

44. DATE AND TIME OF NEXT MEETING

The next meeting would take place on 25 January 2024, commencing at 5pm in Rotherham Town Hall.