HEALTH SELECT COMMISSION
Thursday 21 November 2024

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Baum-Dixon, Bennett-Sylvester, Clarke, Duncan, Garnett, Ismail, Havard, Rashid, Tarmey and Thorp.

Apologies for absence:- Apologies were received from Lelliott and Reynolds.

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

30. MINUTES OF THE PREVIOUS MEETING HELD ON 3 OCTOBER 2024

Resolved:-

That the minutes of the meeting held on 3 October 2024 were approved as a true and correct record of the proceedings.

31. DECLARATIONS OF INTEREST

There were no declarations of interest.

32. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

33. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda which required the exclusion of the press and public from the meeting.

34. PLACE PARTNERS WINTER PLANNING - ANNUAL UPDATE

The Chair welcomed Steph Watt, Health and Care Portfolio Lead, SY ICB to the meeting.

They provided an overview regarding what had worked well last year and what was being implemented under the 2024/25 winter plan. The Health and Care Portfolio Lead explained that there was a whole system approach which involved health, social care and the voluntary and community sector, adding that they had rolled forward what had worked well from last year and added additional work streams.

Against the context of an aging population in Rotherham, and an otherwise challenging demographic, demand had increased, particularly around acute care and complexity which mirrored the national picture.

Last year, industrial action exerted additional pressure on the healthcare

system along with the impact of the cost-of-living crisis. For 2024/25 money from the BCF (Better Care Fund), which was a joint health and social care fund, was targeted to seasonal pressures spread across partners including the Acute Respiratory Hub which, in partnership with GPs, diverted pressure aware from urgent and emergency care. There was also additional investment in enablement services and social workers to support people at home which data reflected better outcomes were achieved. This also supported better flow, and was supplemented by additional community beds for non-acute care where return home was not feasible. The hours of the community ready lounge had been extended, to efficiently process discharge and mitigate unnecessary bed blocking. More evening and weekend transport was also running to facilitate even flow and Age UK were operating a bursary scheme which supported discharge.

The virtual ward, which went live in 2022, had been particularly successful, with 3611 admissions since 2022. In quarter two, this avoided 442 admissions. They described the routes into the virtual ward and how this maximised care at home. There was a frailty pathway, a respiratory pathway and a heart failure pathway had just been launched.

The Health and Care Portfolio Lead described work that was being done with YAS (Yorkshire Ambulance Service) to reduce avoidable conveyances to hospital, through utilising community teams and services to deliver care. This was a new pilot for this winter. A new falls pathway for care homes was also being piloted, to offer wrap around care in care homes and avoid unnecessary attendance and waits at hospital which research showed did not improve outcomes.

They were also looking at patient flow through acute care, with increased medical and nursing staff leaving far fewer gaps in the workforce. Discharge was another focus of system flow, with the development of the transfer of care hub with multiple agencies providing wrap around care at home. This was extended to consider how this could incorporate YAS. Co-location with YAS to a view to impactful cross-fertilisation of conversation was anticipated.

A discharge to assess model was being implemented, to improve the real-world assessment of need to reduce overprescribing, whilst maintaining patient safety and welfare. It was acknowledged that this was complex and required effective collaborative working across agencies.

Trusted assessor roles had been recruited to advocate for care homes, supporting with conducting assessments, facilitating communication and building relationships, good understanding of need and minimising delays. Feedback to date had been positive and would be fully evaluated following the pilot, but early indications were that this was improving assessments, decision making and reablement.

They explained that a lot of work was ongoing with CYPS (Children’s and

Young People's Services) particularly in schools, targeting vulnerable families and addressing system flow in mental health involving housing officers, the funding of crisis beds and the extension of safe spaces. The Health and Care Portfolio Lead outline that there was also a really strong online support offer through Rotherhive which they urged members to review.

With regards to the vaccination programme, the position remained that prevention was better than cure, and as such there was a strong offer for Rotherham. Primary care and PCN's were signed up to Covid and Flu vaccines for eligible patients, alongside vaccinations for whooping cough and RSV (respiratory syncytial virus). The Trust were vaccinating their own staff, but were also being proactive in the community and working hard to drive up vaccination rates.

Support for cost of living remained an issue and work was ongoing to offer support in the community and signposting information had been included in the slide pack as a reference point for members.

The Chair thanked Steph Watt, Health and Care Portfolio Lead for the dynamic and informative presentation.

Councillor Baker-Rogers commented that they felt innovation being shown in approaching health issues would place Rotherham in good stead over the coming years.

The Chair invited question or comments on the presentation.

Councillor Clarke outlined a personal journey connected to wrap around care and patient flow, identifying issues with capacity and technological integration across Trusts and the adverse impact on patients where such issues occurred. They welcomed the reassurances that had been offered through the presentation regarding wrap around care and patient flow and how that might prevent patient distress.

The Health and Care Portfolio Lead outlined the additional focus on end-of-life care and the transfer of care hub and how that may have positively impacted in the circumstances described by Councillor Clarke, whilst acknowledging this was dependent upon having the right capacity at the right time.

Councillor Duncan was interested to know what the current vaccination uptake levels were, what final projections were, the expected impact of current and projected rates of vaccination on service delivery and system stresses, and what steps were being taken to mitigate anticipated challenges and adverse impact.

The Director of Public Health advised that there was a huge amount of work going on around vaccine uptake and concerned with the promotion of vaccination programmes for Flu, Covid, RSV for the first time and

pneumococcal.

As RSV and pneumococcal were one off vaccinations, with RSV implemented for the first occasion this year, no data was yet available. They were not in possession of up-to-date flu vaccination data, but reported that feedback from GP services was that there was good take up. 83% of care homes in Rotherham had been visited for Covid vaccines, with the expectation of 100% by the end of the month. Across Rotherham as a whole 42000 patients of 102000 (41%) eligible have received the Covid vaccine, have been vaccinated. There was the desire to increase this. Covid numbers were declining rapidly and achieving the lowest levels of the year, so this was not expected to peak at the same time as flu, during the winter which was positive news for system pressure and did appear to be aligned with the vaccination programme's implementation. Flu was at fairly low levels but had begun to rise amongst younger age groups as was the expected trajectory. The peak was expected beyond the Christmas bank holiday period.

Councillor Havard noted the lack of reference to social prescribing which had featured in last year's winter plan, setting out the intention extend scope of service outside of primary care. They queried whether this had been taken forward and what the impact had been if so.

Claire Smith, Director of Partnerships/Deputy Place Director (Rotherham Place), South Yorkshire ICB (Integrated Care Board) advised that in addition to social prescribing for long term physical conditions which was the main element of social prescribing offered a pilot for SMI (Serious Mental Illness) had been implemented using 'community connectors' and had encouraged those affected to undertake annual health checks and supported them to access additional voluntary sector and community based assistance.

Councillor Havard queried whether the initiatives that had been identified as having worked well last year were being implemented again, and whilst acknowledging expansion of social prescribing to assist those with mental ill health was welcomed, asked what was being done to support the elderly and vulnerable with respect to social prescribing.

The Health and Care Portfolio Lead confirmed that specific interventions had been put in place in previous years. Last year, Age UK had extended working hours and weekend working but this was not particularly effective so they have reverted to the core offer, looking at what was in the Age UK contract. That has been changed to include more non-personal care, providing support up to 30 days after discharge and extended to prescribing and delivering low level equipment.

They explained that a previous pilot had implemented a social prescriber to support system flow. This had worked really well, was now embedded and has become a permanent post as part of the social prescribing contract. Another pilot addressed delays due to barriers to discharge. An

example was cited in which medications had to be kept at low temperatures, but the patient had no fridge at home and grants could be given to allow purchases to be made to facilitate timely discharge in those circumstances. Grant funding had been topped up to support this over the winter. Age UK were now accessing and administering that grant funding.

Councillor Bennett-Sylvester advocated the role of 'open arms' in accessing cost of living support, acknowledging that whilst numbers weren't where they would want them to be, significant benefits had been realised in terms of accessing benefits and other means of support. They had also had a positive personal experience of the virtual ward.

Feedback on the virtual ward was welcomed and would be passed on.

Councillor Bennett-Sylvester queried whether there was an inherent risk aversion in online assessment systems contributing to increased demands on urgent and emergency care.

The Health and Care Portfolio Lead advised that GPs had noticed an upturn in the number of patients in the 20-40 age range presenting repeatedly and that similar trends had been observed in emergency care. Work was being done to understand the reasons for this trend, so it was accepted that Councillor Bennett-Sylvester's suggestion may be worth further consideration.

Councillor Bennett-Sylvester also queried what was being done to ensure that hard to reach communities were being targeted to increase vaccination take up.

The Director of Public Health advised that meetings took place monthly at Rotherham and South Yorkshire level regarding vaccination take up. This year, there had been a move away from the targeted delivery that had become familiar during Covid, with a return to GP led and national booking service access to vaccinations. They advised that local GPs were therefore pivotal to uptake in their communities. Additional work had been undertaken to ensure that communications were appropriately positioned to encourage vaccination uptake, particularly to those communities that were traditionally hard to reach.

Councillor Bennett-Sylvester sought reassurances as to the flexibilities that were built into the system to respond to the pressures of winter, particularly given the loss of winter fuel allowance for some and the unknown health implications that may bring.

The Health and Care Portfolio Lead advised that a new role was being implemented in January focussing on system flow, forecasting and trend analysis to allow the system to become more responsive. An escalation framework specific to Rotherham was in place, where senior managers met three times per week. This also tied into resilience across the whole

of South Yorkshire through the system command centre.

Councillor Yasseen queried whether this year's winter plan was ready for the adjustment of returning to the four-hour emergency care standard.

The Director of Partnerships/Deputy Place Director (Rotherham Place), South Yorkshire ICB advised that Michael Wright, Managing Director, TRFT who was unable to attend the meeting would be best placed to respond to that question, however, the ICB had received assurances that additional staff to support urgent and emergency care, but accepted there was still some risk in the system in terms of achieving the 78% target. Rotherham had made significant improvements and were in line with South Yorkshire partners, despite having previously been a pilot site. The ICB was confident that there was a system in place, with rigorous processes in the Trust, but acknowledged that this was a challenge.

Councillor Yasseen expressed the view that front facing services often had the biggest impact in terms of providing support, and queried how much of the BCF funding was used to resources services in that category as opposed to high level management or administrative functions.

The Health and Care Portfolio Lead explained that the administration of the BCF was overseen by the Health and Wellbeing Board, through Councillor Baker-Rogers with strict governance processes. They explained that through partnership work and a whole system approach, they had considered where the BCF could be utilised to support innovative work and the delivery of strategies such as in home, intermediate and reablement support. Funds had been used to maximise the Rotherham pound across a diverse range of services.

Councillor Yasseen expressed concerns around groups not accessing funds that could represent meaningful preventative work outside the medical sphere, and the potential to better deploy funds like the BCF to invest in those services.

Councillor Clarke supported Councillor Bennett-Sylvester's advocacy of open arms, and added that in their ward demand exceeded supply, with regular queuing observed which caused concern for the elderly and frail. They queried whether footfall data was collected borough wide, and whether this was used to inform service planning and delivery. They sought reassurance that services understood where the demands were, and asked if any data collected could be shared with Councillors.

The Director of Public Health advised that their team was not directly involved in the commissioning of open arms, but would feed back in relation to footfall and pinch points with a view to enabling capacity to meet the needs of residents.

Councillor Havard raised concerns regarding discussion around the withdrawal of funding for admiral nurses and sought reassurance in

respect of how that gap would be filled.

The Director of Partnerships/Deputy Place Director (Rotherham Place), South Yorkshire ICB advised that they were aware of concerns and as a result were conducting a review of dementia services over the coming weeks and months to assist in understanding the implications. The hope was that this would provide a developed understanding of commissioned dementia services, allowing accurate identification of service gaps and how best to work collaboratively to bridge them.

Councillor Havard advised that there were many examples of the elderly looking after the elderly and they were worried about the support that may be available to them and the implications for at home care of loved ones.

Resolved:-

That the Health Select Commission:

1. Noted the Place Partners Winter Planning Annual Update.
2. Requested that the Council and relevant delivery partners consider the mechanisms for gathering data on footfall at open arms sessions to inform planning and service, and how that data could be shared with Councillors.

35. PUBLIC HEALTH PEER REVIEW

The Chair invited Councillor Baker-Rogers, Cabinet Member for Adult Care and Health to introduce the presentation.

Councillor Baker-Rogers set out the background to the Council's participation in the peer review. They advised the focus of the review was determined following an internal self-assessment process which generated leadership and governance, culture and challenge and making a difference as the three domains. Councillor Baker-Rogers advised that feedback was predominantly positive and had identified a number of key strengths, alongside key recommendations which focussed on the refresh of the Health and Wellbeing Strategy.

The Director of Public Health, Ben Anderson explained the contents of the agenda pack as they related to the peer review. They described that this had included an overview paper, the storyboard that had supported the peer review process, an overview of the LGA strengths and risks tool and the slide pack. The peer review undertaken was described as smaller scale and less resourced than some other LGA peer reviews that may have been seen in other areas of scrutiny, and the slide pack provided was the feedback received.

The Director of Public Health described the sector led improvement

approach of the peer review, and outlined that lots of preparatory work was undertaken including reviews of around 60 documents such as strategies and minutes to allow the peer review team to form a picture of Rotherham. There was a large evidence base, and the work undertaken equated to 159 hours of public health consultancy, which was a significant investment.

The Director of Public Health reiterated the key lines of enquiry, where added value was sought and highlighted the positive affirmations and quotes included in the slide pack from interactions during the peer review which had acknowledged strong governance, strong partnerships and effective use of the JSNA (Joint Strategic Needs Assessment). The peer review was approached with honesty and openness by staff who participated, and reported that the Public Health team was well respected, knew itself, was effectively embedded in the partnership and was adding value to the system. The children's capital of culture next year was also highlighted as a meaningful opportunity to engage young people and seek feedback on health and wellbeing matters.

The Director of Public Health noted the strengths and areas for further consideration identified which included, clear and consistent partnership working hard-wired into governance arrangements but not led by them alongside strong and stable leadership across the partnership.

In terms of areas for further consideration, the refresh of health and wellbeing strategy was a large piece of work which would be reported into the Health and Wellbeing Board in Spring 2025. This represented an opportunity to build upon existing practice and maximise focus on delivery and outcomes. There was also the opportunity to go further with the health in all policies approach and to consider how to make space for looking ahead in the context of anticipated financial challenges. As there were 2-3 years left on most Public Health contracts, as it was anticipated that inflation during the intervening period would create significant pressures around re-commissioning of services.

With regards to culture and challenge, the clear 'golden thread' of performance reporting across the partnership was highlighted as a strength which included the development of the prevention of health inequalities framework had helped to look at performance differently and focus on specific high-risk groups which represented an engagement challenge. Health and Wellbeing Board leadership was considered a strength, citing members ability to challenge and hold each other to account across the partnership. The JSNA and intelligence function was seen as a real strength, but how community data fed into the JSNA and reflected public voice into the work of Public Heath could be strengthened further. There were also strong examples of co-production, particularly with respect to commissioning work, however it was acknowledged that there was the need to close the loop and feed back to communities in respect of what the influence of local voice had achieved.

With regards to the making a difference strand, the role of the JSNA in shaping priorities, service development and delivery and the role of RODA (the Rotherham Office of Data Analytics), which was a partnership between the Council and the NHS Trusts, were highlighted as strengths in terms of their use and influence across the Council including service integration.

The Director of Public Health summarised the recommendations and added that they were largely encapsulated in work related to the refresh of the Health and Wellbeing strategy, focus on outcomes, ensuring that intelligence and engagement informed priorities, whilst recognising and addressing the needs of geographically diverse specific groups across the borough.

The Chair thanked the Cabinet Member for Adult Care and Health and the Director of Public Health for the presentation and invited questions from members.

Councillor Havard sought clarity regarding what was meant by a health in all policies approach and how this benefitted Rotherham residents.

The Director of Public Health explained that this related to recognition that almost everything the council did had an impact on health and wellbeing and encouraged thinking holistically about how decisions being made were impacting on peoples' health and wellbeing, how to reference and promote that in policies and working practices across all Council services and functions to maximise the reach, influence and impact of the small team. Work was ongoing across the Council exploring how the Public Health team could support this approach.

Councillor Duncan noted the reports in the peer review regarding the need to improve engagement with seldom heard voices and hard to reach communities. They questioned whether it was understood why this continued to be an issue, and sought reassurance as to how progress in this area would be measured.

The Director of Public Health explained that they expected this would always represent an issue due to the inherent complexities of the communities for whom services were commissioned, and the need to engage with different groups at different time dependent upon the work that was undertaken.

Co-production with communities not accessing services, and the barriers to access was always a consideration. There was the clear intention to move the JSNA from data based graphical representations to a richer picture of what the needs of service users are based on feedback, meaningful engagement and hearing the voice of specific groups and communities regarding, when and how they accessed services with a view to informing service design, commissioning and delivery. There was the desire for the Health and Wellbeing strategy refresh to reflect what

was important to Rotherham people, rather than solely reflecting what data indicated was an issue. For example, to reflect that better access to green spaces was needed to promote increased physical activity as a driver for the reduction of cardiovascular disease rather than solely highlighting its statistical prominence as a health concern for the borough. Engagement work through public events and community groups was ongoing to develop this further.

Councillor Yasseen expressed the opinion that the Public Health team was a gem within the Council, but acknowledged its need for wider influence on the offer. They expressed the view that whilst the report rightly acknowledged effective partnership working on a corporate basis, it equally suggested that the same level of partnership working was not embedded with communities. They advocated radical approaches, and cited the need to fully understand why the Council were not reaching seldom heard voices and hard to reach communities to ensure that their voices were reflected in commissioning and associated decision making, and sought reassurance regarding what would be done differently to achieve this.

Councillor Baker-Rogers commented that it was widely acknowledged that progress on population health was a slow process, and highlighted the need to measure progress over extended timescales. They also encouraged all Health Select Commission Members to attend the 'Prevention Matters' workshop in January 2025 as this would be relevant to the issues raised by Councillor Yasseen.

The Director of Public Health advised that some partnership and tenant engagement groups were community led, and gave examples of ways in which he believed the Council worked in partnership with communities already. They expressed the view that the potential gap was harnessing the voice of those communities with which the Council frequently engaged with the specific goal of ensuring those interactions resulted in feedback which informed policy design, service planning, commissioning and delivery.

Councillor Thorp explained that as a relatively new Councillor their knowledge and understanding of social prescribing, open arms, warm welcome, was limited and they were concerned about how information was shared, both with Councillors and with communities. They advised that they had not seen information about those services shared in either capacity, and therefore queried how the Council could address the marketing and communications strategies to raise awareness amongst those who needed to know.

The Director of Public Health was appreciative of the feedback, and advised they would have further discussions with Councillor Baker-Rogers and would work with the communications team to ensure that social media algorithms and other means of communication were being appropriately channelled for maximum impact with the target

demographic.

Resolved:-

That the Health Select Commission:

1. Noted the findings of the Peer Review of Public Health.

36. HEALTH SELECT COMMISSION WORK PROGRAMME - 2024/2025

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed that the Governance Advisor was authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and report any such changes back to the next meeting.

37. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair invited the Governance Advisor to summarise the key points of note from the JHOSC minutes.

The Governance Advisor drew members attention to the revised JHOSC Terms of Reference included in the agenda pack, and explained that the changes reflected in the document were minimal and borne solely of associated legislation changes.

They also advised members that an item arising from work undertaken by JHOSC relation to Oncology Transformation, specifically regarding the relocation of the Lung Clinic to Rotherham hospital had been added to the Commission's work programme due to the localised nature of the impact. This was expected to be brought before members towards the end of the municipal year.

They advised members that JHOSC were interested to be kept informed of work being undertaken by Public Health Consultant, Andrew Turvey in relation to barriers to accessing and attending medical appointment based on levels of deprivation as outlined by the Director of Public Health and TRFT Managing Director, Michael Wright during the 3 October Health Select Commission Meeting. This was because this type of work was not being undertaken elsewhere to JHOSC's knowledge and it was felt that this piece of work would offer insights of wider benefit.

Resolved:-

That the Health Select Commission:

1. Noted the minutes and recommendations of the 10 October 2024 JHOSC meeting.
2. Noted the updated JHOSC Terms of Reference as approved during the 10 October meeting.

38. HEALTH AND WELLBEING BOARD ANNUAL REPORT

Resolved:-

That the Health Select Commission:

1. Noted the Health and Wellbeing Board Annual Report.

39. URGENT BUSINESS

The Chair updated members regarding the review scoping, scoring and prioritisation meeting that had taken place and outlined the two items that had been identified to take forward as reviews by the Health Select Commission.

The Chair explained that detailed and considered discussion had resulted in members determining that there was the need to increase knowledge and awareness around the existing social prescribing access routes via an awareness workshop, alongside establishing a reliable evidence base regarding the demand and deployment of social prescribing before more specific and targeted scrutiny was taken forward.

The Chair invited members' question and comments on the review proposals.

Councillor Yasseen queried whether she had understood correctly that social prescribing had not been prioritised for review. The Chair confirmed that this was the case.

Councillor Yasseen explained that members had engaged in a healthy discussion on the unique place of social prescribing during the pre-meeting and outlined that social prescribing had originally been identified as a potential review topic as a result of an LGA (Local Government Association) led away day. They expressed concern that the topic would be lost were it not prioritised, and sought reassurance that social prescribing would return as a future option for scrutiny.

The Chair confirmed that this was the intent of the proposal. They explained that progressing an awareness workshop in the first instance aimed to achieve universal understanding of the social prescribing offer,

service position and access routes, particularly for newer Councillors who had not had the benefit of the previous input. The intention was that this would facilitate further meaningful discussion to identify targeted scrutiny around social prescribing at a future date, with the greatest potential for tangible impact for Rotherham residents.

Resolved:-

That the Health Select Commission:

1. Agreed to proceed with two reviews in relation to a) access to contraceptives and b) access to NHS dentistry in that priority order.