HEALTH SELECT COMMISSION
Thursday, 9th July, 2020

Present:- Councillor Keenan (in the Chair); Councillors Albiston, The Mayor (Councillor Jenny Andrews), Bird, Cooksey, R. Elliott, Ellis, Jarvis, Williams, Vjestica, Walsh and Short.

Apologies for absence:- Apologies were received from Councillor John Turner.

Councillor Cusworth, Chair of Improving Lives Select Commission and Councillor Roche, Cabinet Member for Adult Social Care and Health were in attendance at the invitation of the Chair.

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

84. DECLARATIONS OF INTEREST

There were no declarations of interest in respect of any of the items of business on the agenda.

85. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business that would require the exclusion of the press or public from the meeting.

86. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

No questions had been received from members of the public or press in respect of matters on the agenda for the meeting.

87. MINUTES OF THE PREVIOUS MEETING HELD ON 4 JUNE 2020

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 4 June 2020.

Resolved:- That the minutes of the previous meeting held on 4 June 2020 be agreed as a correct record.

88. COMMUNICATIONS

Update on Covid-19 Response and Recovery – Adult Social Care

The Strategic Director of Adult Care, Housing and Public Health provided a summary of key issues and developments in relation to the pandemic. The present position fell between response and recovery and the next month would be important to see the effects of the easements introduced by the Government on the community and the most vulnerable.

Face-to-face interactions were increasing with precautions taken through social distancing and use of Personal Protective Equipment (PPE) where appropriate but work was done remotely whenever possible, often at people's own request. In terms of the dip in demand seen at the beginning of the pandemic, this was now going back up. Some readmissions to care homes had occurred but not a significant increase, which was positive and would continue to be monitored. Carer breakdown continued to be a concern and officers were working on this at sub-regional level.

Guidance was anticipated regarding provision of day care opportunities, whether in-house or externally provided. Clarification was also being sought on respite, both in general and with regard to testing.

The process had changed again for re-testing in care homes and would be every 28 days for any person in a 65+ care home and weekly for staff. Any concerns regarding a residential care home could see testing undertaken weekly, which in turn raised concerns about provider ability to manage this. This was a national initiative through the new Care Quality Commission (CQC) portal, whereas before local stratification in terms of risk had been carried out and Rotherham would be closely monitoring this. This was a good example of still being in a state of responding, as matters were not yet stable in terms of the expectations for care homes. It was clarified that testing in care homes was paid for by health through the NHS and the Director of Public Health would also have some access to emergency testing although the detail was awaited.

The Government had formed a Social Care Taskforce comprising a wide range of organisations to have a full oversight of the situation in adult social care.

The Council was waiting for the re-testing regime to be extended to learning disability, mental health and supported living but there was an issue over capacity. If continual testing was undertaken as some people were asymptomatic then in all likelihood more positive test results would ensue.

Recovery was being undertaken slowly together with partners in terms of stepping services back up in a planned way. Some of the new ways of working would be retained as people had liked them and there was collective practice within the directorate to consider all the learning and ways to be agile, including in the contact centre. Various compliments had been received. The service worked closely with the Community Hub which had led to a lot of requests coming through, not just from those shielding, but regarding the food banks. Close monitoring would be needed should a new cohort of people come into adult social care because of the psychological impact of Covid-19; for example, on people's daily living, motivation and skills, particularly in terms of the reablement service. As the hospital returned to business as normal there would be an impact on adult care with the flow of patients out of hospital

and Association of Directors of Social Services (ADASS) had produced helpful guidance that would be considered from the Rotherham perspective. The number of Delayed Transfers of Care (DTOC) had been minimal during the pandemic, as the three-hour turnaround had worked very well and would be looked at going forward. Positively most people had gone home from hospital rather than to a residential or nursing home, with the right level of support.

Cllr Roche, Cabinet Member for Adult Social Care and Health confirmed that work was taking place to try and get day opportunities back but the lack of clear guidance regarding day opportunities and respite around the necessary precautions was unhelpful. For respite, progress was reported regarding the new facility in Conway Crescent at Herringthorpe. Registration had been obtained, virtual tours would be taking place of the premises to enable people to see what it would be like once operational and autism-friendly validation had been achieved following a review by a West Midlands autism organisation.

Members asked about readiness for a second wave in the autumn, especially with the potential for flu and additional winter pressures. Winter planning usually commenced in June and the debrief from last winter had taken place two weeks earlier. The Integrated Care System had held a stress testing event the previous week and Gold Place Group was planning for winter and such an eventuality in addition to the recovery conversation. The project to change from seven to three reablement/intermediate care pathways had been paused but would resume and would be important for the winter in terms of capacity. Learning from the past was important about what would be done differently next time with the benefit of hindsight as well as scenario planning. Emergency planning work was underway with the wider health and social care system and across the Council regarding a potential significant outbreak in the community which would cut across services and schools so potential staff deployment was looked at.

Staff had not gone into Riverside House in full teams as a precautionary measure and this would continue until a vaccine was available. For example, the six locality teams would be one in and one out for each. Reablement had initially been ok but then dipped as staff were off, similarly with hospital staff, so there was learning in how to manage such situations and staff had moved between services in an agile way. How to bring staff back in who had been shielding needed to be considered and staff anxiety was still very high, so there was ongoing work to address this. The pandemic had affected and touched us all, and there was a challenge to maintain staff morale and buoyancy, which was equally important as the system preparation for another surge. A recognition event was being planned for the whole service with the Communications team entitled “People Caring for People”.

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

It was confirmed that the next meeting would be held on 28 July 2020. One of the items on the agenda would be in regard of Children's Surgery, which NHS colleagues had indicated they wished to discuss with the Joint Committee. The link to the agenda papers would be shared with Health Select Commission (HSC) members who were requested to email the Chair and Governance Advisor with any issues or questions they wished to be raised at the meeting.

89. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

After a brief introduction by Cllr Roche, the Director of Public Health delivered a short presentation to introduce the Public Health Annual Report 2019 - The First 1001 Days.

Annual Report of the Director of Public Health (DPH)

- Statutory duty to write independent report on health and wellbeing of local population
- The annual report continues to be one of the ways in which DPH can highlight specific issues that will improve the health and wellbeing of the
  population of Rotherham
- 2018 previous Annual Report focused on 'What keeps us happy and well in Rotherham?'

Progress on recommendations from last year (2018)

1) Re-launch of Joint Strategic Needs Assessment (JSNA) – Community insight to supplement the data was impacted by Covid-19 but to note the importance of work on loneliness and isolation and focus on mental health and mental ill health. Increased focus on the local economic plan in readiness for jobs coming back and links to numbers 5 and 6.
2) Raising awareness/training mental health – positive impact of men's small grants programme.
3) Workforce development and training as part of the Thriving Neighbourhoods Strategy – Getting closer to communities and more assessment based approach
4) Support the expansion of the offer of social prescribing
5) All partners to continue to support the 'Working Win'
6) Rotherham launch of the South Yorkshire BeWell@Work Award
7) Interactive artwork at the Rotherham Show

Under Making Every Contact Count 362 people have been trained. With Five Ways to Wellbeing mental health, alcohol awareness and sleep awareness courses had all run, more health champions had been recruited and over 100 people trained in dementia awareness. 15 schools were involved.

2019 Annual Report - Focus of Report

- The First 1001 Days – A legacy for life
- Key Influencers on the First 1001 Days
- Preparing for Parenthood
- Pregnancy
- The First 2 Years of Life, including showcasing what we are doing in Rotherham

The First 1001 Days – Window of Opportunity

- Between conception and a child's second birthday
- Critical to life-long health and wellbeing
- Not every baby has the same opportunities in Rotherham
- Impact of parental behaviours
- Wider societal influences e.g. living in areas with polluted air

Recommendations
In Rotherham we will develop, jointly with all stakeholders and partners, a clear and ambitious plan to improve support for children, parents and families in the first 1001 days; key actions are outlined below.

What we can do together
Work in a partnership with our services to improve the health and wellbeing of families and their young children. In particular have a focus on:

1. Reduction in Smoking in Pregnancy rates
2. Improve diet and nutrition
3. Promote physical activity
4. Increase breastfeeding prevalence
5. Increase Ages and Stages Questionnaire -3
6. Improve air pollution
7. Support offered by Public Health Commissioned Services

The First 1001 Days, between conception and a child's second birthday, was critical to life-long health and wellbeing as it was difficult to reverse negative consequences beyond 1001 days. From the science it was known that not every baby born in Rotherham had the same opportunities as their peers for a healthy and fulfilled life, due to several parental behaviours such as smoking and drinking alcohol during pregnancy, not eating a balanced diet and taking little exercise. The well-being of the family could be influenced by wider determinants of health, including socio-economic, environment, income and inequality. Early public investment in the first 1001 days set the foundation for greater societal return on such investment, helped to reduce inequalities and should lessen the requirement for expensive interventions later in life.

Cllr Roche emphasised the JSNA was more interactive and interesting than previous iterations and that no major decision making should take place without taking account of the JSNA. Information would also feed through into ward profiles with LGA support as on the previous ones.

Members asked about the effects of living in cold houses on babies and their respiratory systems, as years ago no houses had central heating or indoor bathrooms. Not everyone living in a cold home would have respiratory problems and equally a home lacking in ventilation or that was too hot could cause problems. Dampness increased the risk of asthma and when it was cold the cilia in people's noses did not move so well which could affect the respiratory system. In damp/cold houses people tended to congregate in one room, which could have other consequences such as impacting on young people trying to do their homework. Reference was made to the Hotspots initiative which included trying to encourage people to improve their home insulation.

Assurance was given that the report and recommendations included disabled children and disabled mothers and that within the concept of universal proportionalism, there would be tailored support.

Trends for smoking and drinking showed an upward trajectory and Members questioned the likely impacts on babies, young people and parents. The advice was no alcohol in pregnancy to minimise risk as it soon passed through the placenta to the baby and thus impact on development. Women needed to have as healthy a pregnancy as possible and to reduce risks to the baby.

Meeting the target for smoking in pregnancy had been a struggle but this was one of a few that had improved during Covid-19. There was some evidence available on the impact of e-cigarettes and pregnancy but e-cigarettes were considered less harmful than other cigarettes due to the other harmful chemicals (4000+) in the latter besides the nicotine.

With regard to substance misuse, Members highlighted the proliferation of discarded nitrous oxide capsules during lockdown for the pandemic. It was agreed to respond to these concerns through a report to a future meeting.

The breastfeeding buddies initiative to encourage mums was viewed positively but Rotherham still had comparatively low numbers. Members questioned what more could be done to increase the number of women breastfeeding up to six months as recommended by the World Health Organisation. Numbers had increased but could be improved and work continued with Rotherham Hospital who were accredited under the Unicef breastfeeding friendly scheme and were going for an additional award. Rotherham sought to be a breastfeeding friendly town and to work with other towns and communities to even reach borough-wide, which was welcomed by HSC. Breastfeeding needed to be normalised and seen as Rotherham had generations in families who had never breast fed. Work with midwives continued to encourage breastfeeding whilst recognising that for many women it was difficult. Another issue was that many women returned early to work and although continuing to breast feed could be managed it was not easy.

Concerns were raised as to whether companies were still permitted to promote formula products and give free samples, including the meals in jars which were not as good as home prepared food. This would be doublechecked as the understanding was that sponsorship of leaflets or training had ceased.

Questions were asked about the ability to influence the growing trajectory of child poverty and what fell within parental and local authority control as opposed to national economic policy, plus how to exert influence at societal level. Child poverty should be addressed locally by taking advantage of the Sheffield City Region, such as grant funding, to tackle family poverty and societal issues. Challenge and Member support were still needed through Thriving Neighbourhoods and at community level. Universal proportionalism would be key.

Members requested statistics regarding the Healthy Foundations accreditation scheme for early years settings on the numbers who had achieved or were working towards each level. This data would be obtained from Children and Young People's Services. It was queried that health and safety only featured at gold level in the scheme rather than being included at the start. This would be followed up to check that it was implicit not just implied.

With the move to a whole family approach from SureStart, Members queried if this had resulted in better engagement from birth. Under SureStart certain communities of special need had been targeted but things had shifted and engagement as a whole had improved. Children's centres had really helped support the overall Public Health agenda – stopping smoking, promoting breastfeeding, weaning and bonding – and were a useful resource for prevention.

The question was asked as to whether the report was challenging enough and critical enough to the Council and all partners on the steps to tackle health inequalities. The slant of the report had been from an enabling rather than a demanding stance.

With greater understanding of the impact of Adverse Childhood Experiences (ACE), Members probed how this would now go forward into actions and stressed the need to tackle health inequalities and to push the Public Health agenda even more in light of Covid-19. Working with other directorates on the report had raised this up the agenda, certainly much more with CYPS now. There was a challenge to recognise them all individually and earlier, a need for awareness raising and then to see this reflected in commissioning. Parenting courses would be a key element and follow up, using all the means available to services to support people. Recommissioning of the 0-19 service would see it embedded in there for all community support in the multi-agency approach.

Cllr Roche referred to a recent seminar in which Marmot referred to the lost last ten years and would share the seminar slides. The Health and

Wellbeing Board would refocus on the Marmot principles as part of the recovery from Covid-19 and the refresh of the Health and Wellbeing Strategy would take account of the DPH annual report. ACEs needed to be a fundamental part as they represented the sharp end of not getting things right.

Cllr Cusworth drew attention to the connection between food poverty and child/family poverty and confirmed that the Improving Lives Select Commission were working on the issue of holiday hunger. Free school meals had been extended through the summer holidays. Key issues were how this was managed as it was fragmented at present and increased food bank reliance in economically difficult times. Updates could be shared with HSC.

Members sought greater assurance that in terms of the refresh of the JSNA, it would now act more as a driver to inform service commissioning, based on needs but also reflecting our assets, than the previous version. In addition, with a move to more sub-regional partnership working HSC asked if councils and partners taking account of and shared their JSNAs. It was more of an asset not a deficit model and all partners should take account of it to influence commissioning. One of the reasons for involving more agencies in its development had been to make it more meaningful and relevant for them. It would also inform the ward plans.

Housing was mentioned in the report but not covered in the seven areas of what we can do together but HSC's expectation was that those links were present and would continue, including with the Selective Licensing initiatives. Housing was a vital element within the Marmot principles and part of the holistic approach. It would be included in the refresh of the Health and Wellbeing Strategy. Aim 4 in the strategy was the wide reaching one and more services were now involved with the Health and Wellbeing Board, not just Public Health but every directorate and it needed that wider working to enable progress. There was also the Rotherham Place Plan.

The Chair inquired about work to be done with parents to engender good oral health when children first start cutting their teeth. Rotherham still had an oral health team that worked in children's centres and schools on tooth brushing clubs as well as awareness raising with parents. Dentists look for risks and services were exploring possibilities for further work, even possibly water fluoridation.

The DPH was thanked for presenting her report.

Resolved:-

1) That the Health Select Commission work jointly with all stakeholders and partners, to develop a clear and ambitious plan to improve support for children, parents and families in the first 1001 days, with particular support for the seven areas highlighted:

1. Reduction in Smoking in Pregnancy rates
2. Improve diet and nutrition
3. Promote physical activity
4. Increase breastfeeding prevalence
5. Increase Ages and Stages Questionnaire -3
6. Improve air pollution
7. Referrals to Public Health Commissioned Services, Get Healthy Rotherham, Drug and Alcohol Services, as well as supporting Early Years and 0-19 Integrated PH Nursing

2) That Public Health submit a briefing paper on the use of nitrous oxide and the Council's approach and policy in relation to its misuse.

90. INTRODUCTION TO NEW HEALTHWATCH

The Chair welcomed Lesley Cooper, manager of the new Healthwatch service to her first Health Select Commission meeting.

Healthwatch England (HWE) was established under the Health and Social Care Act 2012 and every local authority was obliged to commission a local Healthwatch service. The main powers and duties of the local Healthwatch were outlined for Members:

- To represent the voice of local people in health and social care matters.
- To signpost people to information on health and social care matters.
- To provide information about what people can do when things go wrong with their treatment/care.
- A have a seat on the Health and Wellbeing Board to ensure residents are involved in local decision making.
- Powers to request information from commissioners
- Powers to enter health and social care premises.
- To feed back information locally to councils and partners and nationally to Healthwatch England

The new contract commenced from 1 April 2020 when Healthwatch moved over to the Citizens' Advice Bureau. The transition happened smoothly with no loss of service due to advance planning, however the service had been affected by the pandemic in terms of delays in staff recruitment and forming the steering group. The independent complaints advocacy work was no longer part of Healthwatch's remit.

Healthwatch employed multiple means of gathering information from residents:

- Speaking to local people at community events (pre Covid-19)
- Surveys, social media and online forums
- Getting involved in national campaigns via Healthwatch England
- Healthwatch Hour (post Covid-19) – Question and Answer session

- Working in partnership with other third sector organisations, service providers and commissioners

Activity to date in the first quarter of the year was highlighted:

- Responded to residents' concerns via email and telephone (69 clients to date)
- Provided up to date information on our social media pages and website
- Kept in regular contact with commissioners and service providers
- Ran an online survey regarding Covid-19 (175 responses in 10 days)
- Fed back information to Healthwatch England on cancer services, maternity and mental health.
- Taken up our seat on the Health and Wellbeing Board.
- Appointed two new volunteers for the Steering Group, (five potential members to be interviewed next week)
- Made new contacts with established groups in Rotherham

During quarter two Healthwatch hoped to make progress and achieve the following:

- Have a Steering Group in place with work plan and priorities agreed
- Successfully recruit an Engagement Officer and Research & Campaigns Officer.
- Set up a quarterly newsletter.
- Expand the Healthwatch Hour idea to incorporate an online chat session
- Work with third sector partners to arrange some form of engagement with seldom heard groups.
- Continue to attend strategic meetings and build relationships with service providers and commissioners.
- Work with South Yorkshire & Bassetlaw Integrated Care System.
- Look at opportunities that arise from the post Covid recovery.

Future plans encompassed the #BecauseWeAllCare campaign (joint work with HWE and the CQC); outreach sessions (virtually in the first instance); post boxes for comments in all GP practices/outpatient areas and Healthwatch Hour/Healthwatch Huddles. Hospital discharges would be one of the first issues in the eight to ten month campaign.

The power to enter and view health and social care premises had not really been utilised before but would be in the future. Volunteers would run this part of the service with visits to three or four care homes each quarter and reports back to RMBC, the Clinical Commissioning Group and Public Health.

Members asked how the service connected with GPs, dentists and hospital patient groups. With libraries and community centres due to re-open they also inquired whether that would present an opportunity to promote the service and as well as gathering information including in

relation to the pandemic. Confirmation was given that once staff were in place engagement with the community would be a key aspect, including talks to community groups about what Healthwatch could offer. Newsletters, case studies and good news stories would all be used to show how Healthwatch had been able to help people.

The Chair thanked Lesley for her informative overview of the new service and looked forward to closer working in the future. It was also confirmed that Healthwatch would provide a short update on key activity and issues at each HSC meeting.

91. HEALTH SELECT COMMISSION WORK PROGRAMME 2020-21

Janet Spurling, Governance Advisor, introduced the final draft of the Health Select Commission's work programme for 2020-21 for approval. The programme reflected agenda items prioritised by HSC for 2020-21; together with issues on which the Select Commission had requested progress reports in order to scrutinise the impact of service or policy changes; plus other items delegated from the Overview and Scrutiny Management Board for monitoring.

Overall priorities for the year included:

- Covid-19 response and recovery
- Adult Social Care – development and performance
- Depression and Mental Health – all ages
- Healthy Weight
- Carers
- Health Inequalities

The programme would also take account of the response to and recovery from the Covid-19 pandemic, following the scrutiny of Care Homes in June. This would include not only the immediate response to the pandemic and any lessons learned across services and partners but also broader implications for services and for patients and service users. As many services were being delivered very differently as a result of the pandemic, it would also present an opportunity to reconsider how things might be done in the future, rather than an automatic resumption to former ways.

Appendix 2 set out the proposed membership for the Quality Subgroups for Rotherham NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust, based on last year's membership, for approval.

Members were requested to express an interest to be involved in the sub-group for Yorkshire Ambulance Service. This did not meet last year, although a broader discussion with HSC took place on a number of concerns raised with the Trust, which prompted further work for 2020-21.

HSC Members were also asked to confirm if they wished to be part of the

sub-group to scrutinise Adult Social Care Outcomes Framework performance.

Resolved:-

1) That the Health Select Commission approve the work programme for 2020-21 as set out in Appendix 1.

2) That the proposed membership for the Rotherham NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust quality sub-groups be confirmed, subject to any Membership changes agreed at Council on 22 July 2020.

3) That Members inform the Governance Advisor if they wish to be included in either of the remaining sub-groups for Yorkshire Ambulance Service and/or the Adult Social Care Outcomes Framework.

4) To note that should any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

92. BRIEFING - FOLLOW UP TO SCRUTINY OF ROTHERHAM LONELINESS AND SUICIDE PREVENTION AND SELF HARM ACTION PLANS

The Chair confirmed that this item was one of two deferred from the previous meeting due to the comprehensive scrutiny of care homes. The paper followed up on recommendations made by HSC when they had scrutinised these two important plans and showed how the feedback from Scrutiny was reflected in the final versions and in planned work.

Resolved:-
To note progress with recommendations made previously on the Rotherham Suicide Prevention and Self Harm Action Plan and the Rotherham Loneliness Action Plan.

93. BRIEFING - INFORMATION FOR HEALTH SELECT COMMISSION FROM PREVIOUS SCRUTINY

The Chair confirmed that this briefing had also been deferred from the previous meeting. It was a short paper for information that brought together several requests for follow up information from items scrutinised last year, together with progress on a number of recommendations from Scrutiny. The Select Commission would be able to revisit any outstanding issues in the course of the work programme for 2020-21.

Resolved:–
Health Select Commission to note the information contained in the briefing.

94. URGENT BUSINESS

The Chair advised that there was one matter of urgent business to discuss at the meeting. This was to congratulate Governance Advisor Janet Spurling on her imminent retirement and to thank her for her work in supporting the Health Select Commission.

95. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday 10 September 2020, commencing at 2.00 p.m. as a virtual meeting.