

HEALTH SELECT COMMISSION
Thursday 7 March 2024

Present:- Councillor Yasseen (in the Chair); Councillors Miro, Andrews, Baum-Dixon, Cooksey, Foster, Griffin, N Harper and Hoddinott.

Apologies were received from Councillors, Havard, Keenan and Wilson.

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

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

54. MINUTES OF THE PREVIOUS MEETING HELD ON 25 JANUARY 2024

Resolved: That the minutes of the meeting held on 25 January 2024 be approved as a true and correct record of the proceedings.

55. DECLARATIONS OF INTEREST

There were no declarations of interest.

56. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

57. EXCLUSION OF THE PRESS AND PUBLIC

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

58. MATERNITY SERVICES UPDATE

The Chair explained that she had requested that scrutiny of this area of maternity services be added to the commission's work programme. She welcomed Sarah Petty, Head of Nursing and Midwifery, Family Health Division and Michael Wright, Deputy Chief Executive to the meeting.

The Head of Nursing and Midwifery, Family Health Division introduced the report and gave a presentation which focused on the Rotherham LMNS 3 Year Delivery Plan Assurance Visit. An overview of continuity of carer and where Rotherham maternity services were with that. It was implemented following better births and was target driven up until 2022. The targets were achieved in Rotherham and there were three continuity teams but following the maternity service reviews in East Kent, the Ockenden review there was quite an impact regarding safe staffing. In September 2022, Ruth May published guidance regarding that to ensure maternity units were safely staffed.

The community midwifery service had been reconfigured into four teams with eight midwives. The teams were linked to postcodes and included a

buddy midwife. The teams are now providing antenatal and postnatal continuity. Once the service reconfiguration had been conducted it was a unanimous vote by staff and supported women who used the service. She was pleased to report that the midwives were feeling much happier and more settled with the new model. It was also showing that women were getting more continuity of care with this model.

The next steps in following the three-year delivery plan were that they were considering how they could provide enhanced continuity of care for the most vulnerable. They were looking at their outcome data to help inform that.

There was discussion at last year's meeting following the Healthwatch report regarding antenatal classes and the report detailed an update on that area. The service had conducted a lot of work on antenatal class provision. Classes were provided, twice a month, at the Place Hub, which included partners. They were looking for the provision of classes for the Slovak communities and were looking at further engagement local communities through REMA and Clifton Partnership.

They were also looking at how they could provide enhanced support for families using the Solihull approach. This was a theoretical approach to behaviour change and women's and partners emotional experience through pregnancy and birth can be supported. She was pleased to report that the work being undertaken with the Rotherham hubs in terms of parental education.

Section three of the report provided an overview of their key performance indicators (KPI's) and performance remained consistent. They booked between 220 to 280 per month and had more bookings than births. A key KPI indicator was to ensure they were offering and inviting women to book in early in pregnancy. The target for this was below ten weeks and this was an area of challenge for most organisations, and they were performing at around 76% for that, however they were achieving against the below thirteen-week target.

They had made some significant improvement in their smoking at the time of delivery target which had now reduced to 11.2%. There was a still a lot to do as the government target was 6% so teams continued to work to support women with those care pathways.

Seasonal flu vaccinations were offered in the Greenoaks antenatal clinic along with Pertussis and Covid vaccines. There were other areas where women could access the vaccinations and data for vaccinations in pregnancy was reported through IMMSFORM to Public Health England (PHE).

The readmission of women and babies varied month on month. The themes and trends were considered along with ethnicity and deprivation scores which help to inform their data. Do find that more babies were

readmitted but that was due to the care pathways such as monitoring babies for jaundice and for weight loss in pregnancy.

The most recent CQC Maternity survey results were published on 9th February 2024 and the TRFT had maintained a good position nationally in the survey achieving improvement in 8 questions surveyed and maintaining the same in 46 responses.

Moving on to the presentation the Head of Nursing and Midwifery made the following points:

- 3021 women booked for maternity care under Rotherham Maternity Services and 2529 women birthed under Rotherham Maternity Services and that was because of the location in relation to other providers in South Yorkshire.
- Deprivation was a concern for local communities, and it was around how support was provided for families.
- 24% of women that booked at Rotherham were recorded as having Complex Social Factors so the Core20Plus5 approach was an important piece of work that would support families and they were committed to working with Partners.
- In an overview of the maternity services, she was pleased to report that the workforce was growing, and they had achieved birthrate plus recommendations.
- They had appointed sixteen early career midwives this year.
- One of the neonatal units had been refurbished and it was nice and welcoming, providing a comforting environment for parents and babies.
- The new neonatal unit had fourteen birthing rooms and was Level 2 status.
- They were meeting BAPM Standards and had an action plan in place to meet BAPM standard in March 24 for medical staff.

Points discussed in relation to the themes in the three-year action plan included:

- Theme 1: Listening with compassion and taking action:
 - They were really committed to families and listening to learn.
 - They held local resolution meetings when they had complaints and shared listening to learn with staff regarding any complaints or concerns.
 - A Birth in Mind service had been in place for the past three years and was offered for any women or partners who had experienced any birth trauma.
 - No decisions about the unit were made without engagement with the women and families.
 - They had service user engagement at their governance meetings to provide the parent voice.
 - They triangulated any themes from complaints, from claims and from incidents as well because that was how they improved.
 - They had really good engagement with the Apna Haq group

and Slovak communities.

- Theme 2: Grow, Retain and support the workforce:
 - BirthRate Plus was the establishment tool that was used, and they were compliant with that.
 - Their staff turnover was less than 1%.
 - They offered flexible working for staff, and this was an offer that needed to be continued and improved.
 - The professional midwifery advocates were in place to support the teams to ensure staff felt supported when at work or involved in complex cases or poor outcomes.
 - They were now offering Birth Rights Training.
- Theme 3: Developing and sustaining a culture of safety:
 - They were fully compliant with CNST.
 - They had Safety Champions who were chief nurses, who did walk rounds and liaised with teams.
- Theme 4: Standards and structures that underpin safer, more personalised and more equitable care:
 - They worked with the MNVP regarding supporting personalised care plans.
 - Deprivation scores were used to inform their outcome data to see what care be improved in the care offer.
 - A lot of work was being carried out regarding equity and equality and how they could support families and staff through the action plans.
- They had seen a downward trend in their stillbirth and perinatal mortality rates, which had reduced year on year since 2019.
- They conducted an annual perinatal event, which looked at any perinatal deaths, so deaths of babies from 24 weeks up to 28 weeks, 28 days of age, where the data was considered, taking account of deprivation and ethnicity to see what improvements needed to be made.

Discussion ensued on the presentation with the following issues raised/clarified:

- It was very positive to see so many of the KPI's heading in the right direction.
- The reason for the difference in the number of women booked in and the number of births was down to how Rotherham bordered onto a number of other providers, meaning some women come under Rotherham postcodes but chose to birth with other providers. Some women also chose to birth with us from other providers as well.
- The team were working with partners in the Family Hubs and were operating in four hubs. That partnership working would help the work being undertaken with the vulnerable, hard to reach families, and the work being undertaken regarding deprivation.
- Clinics and antenatal classes were taking place in the hubs.
- Working within the hubs provided lots of scope for multi-agency working and support for families.

- There were midwives who supported families with substance misuse.
- Data was available on foetal alcohol syndrome, and this was considered by the Health and Wellbeing Board.
- It was confirmed that they did not use agency staff as their own staff picked up additional shifts if needed.
- They did have retired midwives who had come back to work on a more flexible basis.
- The younger workforce wanted to work around 30 hours a week and staff can chose to work set days to accommodate childcare arrangements.
- They engaged with staff when service reconfiguration or change was proposed.
- There was a bereavement midwife and community midwives who provided support. There was a really robust process in place when reviewing perinatal deaths.
- Bereavement counselling was also provided in Rotherham.
- Birthrate Plus was an establishment setting tool that was based on the activity they had and calculated how many midwives and support workers were needed.
- They only had a small amount of staff vacancies.
- Other midwives also provided pastoral support to early career midwives.
- The continuity of care KPI was measured through having the same antenatal and postnatal care by the same midwife and consideration was being given to how that could be enhanced.
- A large number of readmissions were due to weight loss, and this was supported by two infant feeding support workers and if needed it would be part of the referral pathways to clinicians.
- It was queried if GPs were informing pregnant women of the services within their local areas, in particular in the more deprived areas.
- Women now had the option to be able to self-refer themselves into antenatal classes.
- The Family hubs programme was being carried out regarding the Healthy Start offer along with the baby packs which would be implemented from next year.
- Work was being undertaken regarding inviting partners to stay overnight to increase take up of this offer.
- The name of the vulnerability midwives' team would change to Blossom because they wanted to support people to blossom. The structure of the team was being considered to strengthen the team.
- The complex social factors in Rotherham were significant and it was confirmed that Sexual Health Services were doing a lot of work to ensure support was available.
- It was noted that a future ambition was to have one system for all providers across South Yorkshire to access, however this would require a large amount of investment.
- There would be huge benefits to have one patient record across all

of South Yorkshire but the costs of that would need to be fully understood to ensure it was affordable.

- A community helpline number which was available 9am-5pm and all women should be provided with that number. If assistance was needed out of hours, it would be their triage line, and this was staffed with two midwives.

The Chair thanked Sarah Petty, Head of Nursing and Midwifery, Family Health Division and Michael Wright, Deputy Chief Executive for the presentation and discuss during the meeting. The report indicated good progress had been made.

Resolved: That the Health Select Commission were assured by the 2023/24 Maternity Services Update.

59. HEALTH SELECT COMMISSION - WORK PROGRAMME 2023-2024

The Chair noted that the following topics would be submitted as potential items for scrutiny within the new municipal year:

- Review into Menopause, Sexual and Reproductive Health.
- The Social Prescribing workshop.

This will enable the Commission to establish the scope for each of those topics understanding how they fit into the wider health and social care provision within Rotherham.

The Chair highlighted that the Suicide Prevention workshop was scheduled for Thursday 14 March from 2pm at the Town Hall.

The Governance Manager noted the report for the Scrutiny Review Recommendations: Improving Oral Health in Rotherham was nearing completion and would be circulated to the Commission once completed.

Resolved: That the Health Select Commission:

1. Noted the outline work programme.
2. Agreed that the Governance Manager 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.

60. URGENT BUSINESS

There was no urgent business to be considered.

61. DATE AND TIME OF NEXT MEETING

Resolved: That the Health Select Commission noted that the next meeting would take place on the Thursday 27 June 2024 commencing at 5pm in Rotherham Town Hall.