

**HEALTH SELECT COMMISSION**  
**Thursday 25 March 2021**

Present were Councillors Albiston, Andrews (The Mayor), Bird, Clark, Cooksey, Ellis, Evans, Jarvis, Keenan (In the Chair), John Turner, Vjestica, Walsh, and Williams.

Apologies were received from Cllrs R. Elliott, Brookes, Short and Fenwick-Green.

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

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

**139. MINUTES OF THE PREVIOUS MEETING HELD ON 04 FEBRUARY 2021**

**Resolved:-**

That the minutes of the meeting held on 04 February 2021 be approved as a true and correct record of the proceedings.

**140. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**141. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

The Chair confirmed that no questions had been submitted.

**142. EXCLUSION OF THE PRESS AND PUBLIC**

The Chair confirmed that there was no reason to exclude the press or public from any of the items for consideration at this meeting.

**143. INTERMEDIATE CARE AND REABLEMENT UPDATE**

Consideration was given to an update presentation on the Intermediate Care and Reablement Place Project. The report provided a definition of the various services and requirements; illustrated the rationale for the recent changes; identified current aims, objectives and milestones; described the COVID-19 response; and gave detailed information about the variety of care services offered. These services are designed to keep people living at home independently for as long as they can. When appropriate, people can be discharged from hospital to continue their recovery at home with the right care in place. Several case study examples were also provided. Workforce challenges and anticipated next steps were also described.

In discussion, Members requested clarification of whether during COVID, limited numbers of community beds has limited service delivery in any way. The response noted that available funding has allowed a bed-based

discharge where appropriate. National guidance had moved assessment out of the hospital and into the community; therefore, for some people coming out of hospital, upon further assessment, an adjustment is warranted.

Members expressed interest in hearing more about the cases that were not quite as successful and the learning that has been taken forward. Quite a lot of people were very poorly coming out of hospital, some with COVID, some without, so some of these have had to go back into a 24 hour care arrangement, but it was appropriate for them. It is a balance to do the best at the time with the resources available. The service always tries to learn and improve.

Clarification was requested regarding the 1.8% increase in the rate of patients being seen, and how that translated to numbers of patients. The answer was offered after the meeting.

Further clarification was requested around the 10% of urgent KPIs for integrated rapid response that were not met, and the reasons for these not being met. It was noted in the response that the demand on the service has been greater, and staff sickness has also been greater. The data regarding staff sickness was requested to be circulated as part of the next update.

Further information was requested about how the needs of people who want to go into residential care are considered. The response from officers provided assurances that learning would be taken from an upcoming customer satisfaction survey.

Members also requested to know which services had high KPI performance. The response from officers noted these are the Therapy teams and Occupational Therapy teams which are divided into acute and long term care teams. It was noted that generalised KPIs would be implemented as part of the next steps, so that all services have some shared KPIs.

Members requested more details around the waiting time to be seen for therapy after discharge. The response from partners noted that the assessment would normally be conducted within 24 hours. Joining up staff communication in the next phase will therefore be very important. It was requested that therapy data following discharge be included in the next update.

Assurances were requested around the mitigation of the skills shortage and other service delays. In terms of skills shortages, the response noted that recruitment teams and in-house training programme would be able to support new staff coming in who need new levels of training, and it is necessary to make reablement care an attractive career of choice. In terms of delays, the need to implement the pathway across the community—not just for those leaving hospital but for all people who need

to step up their care—is still underway. And there remained the need to embed learning and changes to have easier access to reablement and care, therefore working with the Community Hub triage is still underway.

Members also requested more information about how the vaccination programme delivery affect the delivery of intermediate and reablement care. The response provided assurances that most staff have already taken up the vaccine and the key groups have been given access to the vaccine. Therefore, access to the vaccine had not yet caused any delays to the provision of intermediate or reablement care, and all staff have been supported to access the vaccine in a timely manner.

**Resolved:-**

1. That the next update be submitted in 12 months' time, with this update including performance data.
2. That a briefing on the data regarding discharge therapy be provided to the Commission as soon as this can be made available.

**144. AUTISM STRATEGY AND PATHWAY UPDATE**

Consideration was given to an update on the Autism Strategy and Pathway. The update covered progress on the implementation of the strategy, reported on the results of the on-line diagnosis pilot with Healios, highlighted action being taken to address long waiting times for assessment/diagnosis and provision of post-diagnostic support, and provided assurance that focus is on all ages. The vision, objectives, and outcomes of the strategy and pathway were also described in detail. The digitally enabled pathway redesign for children and young people and for adults were also described in detail.

In discussion, the Cabinet Member for Adult Social Care and Health clarified the role of the Joint Strategic Needs Assessment (JSNA) and noted the upcoming changes to the CCG at the national and regional level which will affect how Rotherham as a place delivers the Autism strategy and pathway in the future.

Members lauded the progress that has been made in providing training to the people who work closely with children and young people with autism, as well as in providing services to support neurodiversity ahead of official assessment and diagnosis.

Members requested further details regarding user feedback on the strategy. The response from officers illustrated the overall positive feedback with some noting desire for more information regarding mental health needs of autistic people and employment building opportunities. The Autism Partnership Board brings stakeholders together to give feedback on strategy development and ongoing implementation.

Members requested further assurances around digital inclusion. The response from officers averred that the delivery of education as a whole has become more reliant on technology, so schools have been working to provide access for children.

Members remarked on the pathway visualisation that could have been presented in a more reader-friendly way. This feedback would be passed to the publisher of this visualisation.

Clarification was requested and provided that 14 is the current number of referrals per week.

Members requested information regarding research into genetic causes of autism. Officers noted that autism is common across the whole of the country, and good practice is shared to enable services to meet the needs of children and young people with autism and enable them to be as happy and successful as they can be. Research, it was noted, was the purview of the universities, and any available research is taken on board and responded to as part of good practice.

Members requested further information regarding provision of mental health services to children and young people with autism. The response from officers noted the first line of response for children in school through the programme called With Me in Mind. The CAMHS as a while has launched an app for young people ages 11 to 18 who can go online to book an appointment and engage with a mental health professional through the app. This has been successful because it is less intimidating than accessing services in person with parents, etc. As children return to schools, it is priority to consider how best to provide training and support to the workforce to be able to better support the children and young people themselves. The priority of gathering feedback from service users was also emphasised, so that their perspectives inform the further development of the pathways.

Members asked for an update on the working through the waiting list for assessment. The response from officers averred it would take about three years to work through the waiting list. The extra capacity had been built in so that in addition to meeting current demand, the services could also chip away at the waiting list. Current capacity was keeping pace with demand, but not chipping away at the waiting list. A considered and dedicated amount of resource, accountability and attention was focused on reducing the waiting list, and HELIOS was also helping release capacity to this end.

More clarification was requested around the waiting list and how the progress would be measured and reported to scrutiny. The response from officers provided assurances that the children on the waiting list were currently receiving support, but they were not yet diagnosed. A lot of work had been done to support consistent response across schools and

strengthen their understanding of the pathway. As the pandemic eases, more focus can be given to areas of concern; however, currently the services are conscious of the need not to overload the schools as they are coping with increased pressure on staff and resources during the pandemic.

**Resolved:-**

1. That the next update be submitted in 12 months' time, to include a specific update on the waiting list and waiting times for assessments.

**145. OUTCOMES FROM WORKING GROUP - ADULT SOCIAL CARE OUTCOMES FRAMEWORK**

Consideration was given to the findings and recommendations of the recent working group which met on 25 January 2021 to examine the Adult Social Care Outcomes Framework (ASCOF) performance measures for 2019/20.

**Resolved:-**

1. That further information in respect of the following be ascertained and reported back to the Commission with the next annual benchmarking and performance report for 2020/21 in December 2021.
  - a. Analysis of the cohort of people receiving reablement services.
  - b. Analysis of the cohort of people entering residential care as a hospital discharge destination, with a view to demonstrating the effectiveness of the pathways in place which allow individuals to continue to live independently for as long as possible, and this analysis to include the proportion of new residents having previously availed social care and reablement support.
  - c. Analysis of Community Hub data to explore any increase in demand for Adult Social Care referrals.
  - d. A comparative account of other authorities whose ASCOF data may have been flagged with a data advisory due to challenges the pandemic has presented to data collection and authentication, and, insofar as this information may be available, a comparison of the results.
  - e. A timeline for planned actions in response to the ASCOF results for 2019/20 and for 2020/21 when these become available.

2. That the following recommendations be made to the Strategic Director of Adult Care, Housing and Public Health:
  - a. That the data format amended for future presentation materials with a view to clearly showing change over a period of time.
  - b. That a proactive communications plan be further developed whereby the wider public can be apprised of achievements in respect of Adult Social Care work programmes and available support schemes.
  - c. That policy options and frameworks be developed and system design be undertaken with a view to achieving greater parity of social care and health-based care in Rotherham, in anticipation of this provision being secured in forthcoming primary legislation.
  - d. That liaison with partner organisations and community connectors such as the Rotherham libraries service be undertaken to avail all resources and infuse valuable expertise into the further development of a digital access strategy.
  - e. That, toward bolstering the pathways whereby people with disabilities have gainful employment as part of full participation in the community, a strategic, place-based response be undertaken alongside partner organisations.
  
3. That a presentation illustrating the nuanced picture surrounding the gainful employment of people with disabilities be added to the 2020/21 work programme of the Health Select Commission.

#### **146. HEALTHWATCH UPDATE**

Consideration was given to an informal update from Lesley Cooper in respect of recent activities and studies by Healthwatch Rotherham. In particular, the update reported on the results of the recent Healthwatch survey on public opinion of the COVID-19 vaccine and the successful myth-busting session which has been held virtually, and which will continue to be hosted by Healthwatch as a series. Future work on diabetes will be undertaken in the near future.

The Chair noted her thanks for the comprehensive updates and asked how Members could assist Healthwatch in connecting with faith groups and area churches to help stop the proliferation of specific myths around the covid-19 vaccine. The response noted that Healthwatch has been reaching out to leaders of area faith groups to provide messaging ahead of the vaccine being made available to these groups of young people.

Officers further affirmed the positive partner working that Healthwatch has done to support the agenda of Community Champions which have also been working on myth-busting and communication of reliable information from national sources as well as those designed with the local context in mind.

**Resolved:-**

1. That the report be noted.

**147. URGENT BUSINESS**

The Chair confirmed there were no matters of urgent business to be decided at this meeting.

**148. DATE AND TIME OF NEXT MEETING**

The Chair announced that the next virtual meeting of the Health Select Commission would be held on 10 June 2021, commencing at 2.00 pm.