

**HEALTH SELECT COMMISSION**  
**Thursday 7 October 2021**

Present:- Councillors Baum-Dixon (in the Chair), Aveyard, Baker-Rogers, Barley, Bird, Haleem, Hunter, Thompson and Wooding.

Apologies were received from Councillors Andrews, Atkin, R. Elliott, Griffin, Havard, Hughes, Wilson, Yasseen, and Mr. Robert Parkin.

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 2 SEPTEMBER 2021**

**Resolved:-**

That the minutes of the meeting held on 2 September 2021 be approved as a true and correct record of the proceedings.

**31. DECLARATIONS OF INTEREST**

Cllr Miro declared a personal interest based on his profession as a doctor.

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

The Chair confirmed there were no questions from members of the public or press.

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

The Chair confirmed there was no reason to exclude members of the public or press from observing any items on the agenda.

**34. ACUTE MENTAL HEALTH UPDATE**

Consideration was given to a presentation on Adult Acute Mental Health Services delivered by Rotherham, Doncaster and South Humber NHS Foundation Trust. The presentation included a description of services and touched on performance, achievements, and challenges of service delivery in Rotherham.

In discussion, Members sought additional information around action plans that respond to the recent CQC review and the identified areas needing improvement. The response from Partners explained the action plan is 75% achieved, with emphasis on recognising what constitutes “good” in various categories and scenarios of daily service delivery. Partners noted that if a problem is found steps are taken to address the problem, with the action left open until fully resolved everywhere in the organisation. The

response gave further details of the RAGB rating system by which performance objectives are reviewed. Where there was additional complexity in improving a specific performance objective, such as timely commissioning, and where performance objectives are linked, details were provided as to the prioritisation of actions against those that are categorised by the CQC as “Must Do” and “Should Do.” It was noted that in some areas of the organisation, the service specifications are 3-5 years old and are due to be reviewed and revised. During COVID the action plan had been suspended, as the paramount objective was safety.

Members requested further clarification of the term “immediate assessment” and of the timelines from assessment to treatment. The response from Partners supplied more details around the assessment process and Crisis pathway, included the Blue Light Service. A distinction was made between emergency/urgent standards in community versus hospital care settings. Staffing and workforce was noted as the main determinant of rates. Members proposed that a breakdown of response times and internal waits be supplied as part of thorough performance data in the next report.

Members requested detailed data in a more comprehensive report, with focus on Rotherham. Partners offered to bring this report to a future meeting along with supplementary narrative around the crisis service to help provide a full picture of service delivery.

Members expressed interest in more information around how COVID has affected intakes. The response from Partners noted that while there has been an uptick in new patients during COVID and lockdowns, there are also many who have not been seen for years but are now requiring care, and still others who have been stable recently but who have deteriorated during the recent strains. Currently a broad piece of work is being undertaken to better understand the reasons for this uptick in admissions, and whether other upstream interventions could have helped avoid some of these. Whether it be employment loss, grief, family or relationship breakdown, further analysis is being undertaken.

Members expressed concerns regarding out-of-area beds limiting patient access to loved ones. The response from Partners noted that patients had been moved as far away as Bristol and other similarly significant distances in order to find the specialist care necessary for the patient’s needs. These distances place pressure on the family and often prevent the patient from receiving visits from loved ones. It was observed that anywhere away from home is too far for patients; therefore, a block of beds had been purchased to help mitigate the pressure.

Members also requested further information regarding staff wellbeing. The response from Partners noted various efforts to enable agile working and culture that promotes staff wellbeing. It was observed that most staff absences since the pandemic began were stress-related.

**Resolved:-**

1. That the update be noted.
2. That the next update be presented in six months' time, to include information about response times and staff wellbeing as well as narrative around crisis service.
3. That the outcome of the Community Mental Health Transformation also be presented when available.

**35. TRFT ANNUAL UPDATE**

Consideration was given to a briefing provided by the Deputy Chief Executive of The Rotherham NHS Foundation Trust (TRFT). The briefing acknowledged the extremely challenging year it has been for the Trust and summarised recent decision-making, service response and changes, risks and challenges as well as mitigation and action plans.

In discussion, Members requested additional details regarding crisis child/adolescent mental health presentations and whether these were related to increased risks of suicide or attempted suicide. The response from TRFT indicated that crisis child/adolescent mental health presentations were predominantly related to eating disorders.

Clarification was requested around the term "fundamentals of care" which had been identified in the briefing as a priority for the Trust in the coming year. The response indicated that these fundamentals pertain, for example, to managing the HSMR mortality ratio; avoiding slips, trips and falls; and raising the CQC rating.

Members requested further details about the responses from staff on recent surveys and how these responses were collected and used. The response from TRFT highlighted that fewer staff reported they were looking to leave and more staff would be willing to have a relative treated at the Trust. The response rate had been 53%, with hopes that the next year's response rate would be 60%. This high response rate had been attributed to the distribution of paper copies of the survey, which would be conducted in the same mode this year. The current survey was about to begin.

Members requested further details regarding instances of hospital acquired COVID-19. The response from the Director of Public Health noted current numbers and factors that make it very difficult to eradicate instances of hospital acquired COVID-19 completely. These factors include the very subtle symptoms exhibited by COVID-19 positive patients who have been fully vaccinated. Also, visitors being allowed to visit recovering patients boosts morale and speeds their recovery, but can introduce transmissions. For these reasons it was observed that the rates of hospital acquired COVID were very low.

The Chair expressed thanks for the excellent work and care that the Trust and its staff had provided throughout the past year.

**Resolved:-**

1. That the report be noted and the next update be presented in 12 months' time.

**36. HEALTHWATCH UPDATE**

A verbal update was presented by the newly appointed Manager of Rotherham Healthwatch, Elizabeth Brown, with especial note of the upcoming 'Let's Talk' Sessions. Healthwatch would soon be publishing a piece of work on the experience of refugees and asylum seekers in Rotherham.

Members wished to know if experiences of the recent refugees from Afghanistan were included in this work. The response noted that the research was concluded prior to the arrival of refugees from Afghanistan, but there was a possibility of a further iteration of the work which may be undertaken in future.

**Resolved:-**

1. That the update be noted.

**37. WORK PROGRAMME UPDATE**

The Chair presented the updated work programme, noting the recent changes to the scheduling and inviting Members to make representations if interested in participating in the upcoming working group on Young Carers.

**Resolved:-**

1. That the revised work programme be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.

**38. URGENT BUSINESS**

The Chair announced there were no items urgently requiring a decisions.

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

The Chair announced the next meeting of Health Select Commission would take place on 25 November 2021, commencing at 5pm in Rotherham Town Hall.