

HEALTH SELECT COMMISSION
Thursday 7 April 2022

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, Atkin, Aveyard, Barley, A Carter, Elliott, Griffin, Haleem, Havard, Hoddinott, Keenan, Miro and Thompson, and the Co-optee from Rotherham SpeakUp, Mr. Robert Parkin.

Apologies for absence:- Apologies were received from Councillors Andrews, Bird and Wooding.

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

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

72. MINUTES OF THE PREVIOUS MEETING HELD ON 24 FEBRUARY 2022

Resolved:-

1. That the minutes of the meeting held on 24 February 2022 be approved as a true and correct record of the proceedings.

73. DECLARATIONS OF INTEREST

Cllrs Aveyard, Griffin and Havard declared personal interests in respect of their participation on the Cabinet focus group related to agenda item 6.

74. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted in relation to any items for consideration on the agenda.

75. EXCLUSION OF THE PRESS AND PUBLIC

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

76. AUTISM STRATEGY AND PATHWAY UPDATE

Consideration was given to a presentation in respect of progress on delivering Rotherham's All Age Autism Strategy and Implementation Plan 2020-2023. The Presentation included an overview of several further areas including waiting times for diagnosis across Rotherham's All Age Neurodevelopmental Pathway, Rotherham's post-diagnostic offer, and the review of Rotherham's Autism Strategy considering the publication of the National Autism Plan. The presentation went on to address the impact of COVID-19 on the delivery timeline. The presentation also outlined the vision for the strategy which included several objectives and desired outcomes.

In discussion, a representative from Speak Up requested further information about efforts being made in mainstream schools to make these a better and more friendly environment for autistic students. In discussion, officers summarised areas of burgeoning work in partnership with the special educational needs service within the local authority to be used alongside a graduated response – providing the tools and the clear expectation to make the school experience much more friendly. Further, a description was provided around developing additional dedicated specialist space and resource provision within schools. A further, detailed answer was offered outside the meeting.

A representative from Speak Up expressed interest in receiving an easy-to-understand version of the visualisations and flow charts. The representative of Speak Up also requested further information around annual enhanced health checks for autistic people. The response from officers affirmed that this was in the works awaiting national guidance, and when it comes out it will be implemented. Following the NHS long term plan, if someone is experiencing distress, we also offer clinical treatment reviews (CTRs) which are available to autistic people.

The co-opted Member from Speak Up also requested clarification around the event to be held at Gulliver's around support for training for employment. The response from officers clarified the intention of the event and the role of RIDO, as part of the action statement around preparation for adulthood with autistic young people, so that they are considering getting ready for employment, which should be something they are encouraged to think about from when they enter education.

Members requested to be apprised of the responses to the questions that were forthcoming from the discussion in the meeting and outside the meeting.

Members also requested information around a first port-of-call for parents or carers who are seeking assistance or support. The officers identified the first place to request help was from the SENDIASS service, accessible online at kids.org.uk. More informal support and advice can be found through the Rotherham Parent Carer Forum.

Members requested assurances that the upcoming review of the Strategy would take into account equalities and diversity perspectives and intersectionality in its person-centred and identity-led approach. The response from officers noted that the strategy was co-produced, and that consideration will be given to the need for more diversity perspectives in the strategy.

Members also expressed the desire for more information on mental health support in place to respond to neurodiversity needs. The response from officers noted the need to collaborate with partners such as RDaSH to ensure that the right support is in place. It was noted that Kooth has a

responsive pathway for Autism. Research currently was focused on Scandinavia, and new knowledge was being developed around the needs specific to this area.

Members noted negative feedback and frustration from parents and from autistic people around lack of co-production in the actions of the board, partnership or strategy. Further, the lack of diversity within the spectrum and other identity characteristics was noted. Officers responded that the feedback received so far had been positive, and it was noted that perhaps consultation needed to be wider in future in order to ensure that any voices that may have been missed in the production of the previous strategy design could be captured in the review and refresh. Officers understood the need to invite as many people as possible to participate in the conversation as possible.

Members requested further detail about the take up of post-diagnostic support services and what feedback is received from those who choose not to access these services. The response from officers noted that where people come back and say they do not want the post-diagnostic support, there were further conversations undertaken to find out the reasons for that decision. Where it is because the people could not access the support, that has been addressed. Many times, it is related to historic diagnosis.

Members requested additional details around the deployment and uptake of the SEND toolkit in schools, and the autism-specific tools within that support toolkit. The response noted that whilst the use of the resource materials in schools likely varies, all schools are aware of the toolkit. As an example, a discussion of the toolkit at a recent away-day event was described, providing feedback that the resources have been efficacious and relevant within schools. GP's initially were the ones referring; now the major referrer is schools. The age range has shifted in the use of the Kooth app as well: initially they were older young people; now there are more 11-15 year-olds accessing the app.

Further information was also requested around ongoing lines of dialogue between Speak Up and the services and providers, rather than one-time feeding into the strategy. The response from officers noted that the co-chair of Speak up participated in the ongoing conversations with officers around the strategy.

Resolved:-

1. That the update be noted, and that the next update be submitted in 12 months' time.
2. That an easy-to-understand version of a network tree illustrating service relationships and pathways be provided to Members as part of future updates, and that consideration be given to incorporating a similar visualisation in communications with service users where appropriate.
3. That the forthcoming review of the Autism Strategy include a consideration of equality and diversity in experiences of parents and service users in creating a more person-centred strategy.
4. That the next update include available information on progress with STOMP/STAMP.
5. That discussions be undertaken with relevant partners to lay the groundwork for enhanced local support for annual medical checks in anticipation of forthcoming government guidance.

77. ROTHERHAM HEALTHWATCH

Consideration was given to a verbal update presented by the new Manager of Rotherham Healthwatch, Natalie Palmer in respect of recent inquiries received and activities undertaken by Healthwatch. The majority of inquiries in March were in relation to access to GP appointments, with an upcoming report on this topic forthcoming from Healthwatch to be published at the end of April. Healthwatch had also continued its "Let's Talk" events, with an upcoming topic on cancer awareness. The organisation is currently advertising to recruit a community engagement officer, followed by recruitment of steering group members. Healthwatch have commenced collaboration with Maternity Services in accordance with a previous recommendation.

In discussion, next steps were requested in terms of findings on access to GP appointments. The response from the Healthwatch Manager noted the report is the beginning and gave details of further plans to pool knowledge to produce a balanced picture. The Chair confirmed that this item was upcoming on the work programme and welcomed input from Rotherham Healthwatch.

Resolved:-

1. That the update be noted.
2. That Rotherham Healthwatch continue to feed into upcoming work programme items as appropriate.

78. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Consideration was given to report presented by the Director of Public Health to communicate an overview of the wider impacts of Covid-19 and responses on individuals, communities and the economy. The report included progress on recommendations from the previous annual report from the Director of Public Health, as well as the recommendations from the Health and Wellbeing Board which originally received this report. The data presented in the report was through 31 January 2022, which includes the Omicron wave. The report included case reporting rates, including rates of death, 500,000 vaccine doses delivered, and current position of 85% of population having at least one dose of the vaccine. Data visualisations of the various transmission curves during various waves were included. Significant impacts of underlying conditions made outcomes worse for many Rotherham residents which were described. Negative effects on the population were described in terms of reduction of physical activity. Instances of suicide dropped during the pandemic but have risen in the first quarter of 2022. New rises in alcohol related and substance abuse were associated with the later part of the pandemic. Access to services dropped at the beginning of the pandemic, but recovered quickly with expansion of methods of access. 85% in-person rates of access dropped initially, but this then built up to 65% in person, with online and telephone over and above this. 183 education days were lost to children in Rotherham during the pandemic. Access and support from home varied significantly. Social development was also missed during these gaps. Volunteering decreased whilst opportunities were lost, but 1280 volunteers responded through the Community Hub. Food poverty increased, especially by those needing to isolate. In terms of community safety, more people are in their communities or at home during the daytime, so some areas of crime have not rebounded to previous levels. Domestic violence rates have remained stable. Many businesses issued redundancies. Economies in local highstreets were boosted during the pandemic. Widening of financial gaps and inequalities were described. Disruption to schools and businesses caused by staff being off sick was also noted. Significant mental health impacts were described, emphasising early support and prevention work as well as equitable access to support. Delivery of support must be delivered responsively to meet local needs.

In discussion, members requested assurances that cancer screenings and childhood vaccinations were catching up and requested clarification of impacts of delayed screenings or immunizations. The Director of Public Health has an assurance role to ensure screenings are being delivered and are being caught up. Childhood immunisations is one of the first things to return, with uptake over 90%, although some of the noise around COVID has discouraged some parents from taking up all immunisations. Diabetic eye screenings are also returning. Cancer screening programmes are running, with some reductions of uptake. The full reports will become available to Health Protection Committee in the coming months.

Members requested clarification around GP appointments delivered via an unknown mode. The age of patients attending A&E was also requested. The representative of TRFT related the age-related data of patients.

The first person to receive the vaccine was named in the meeting and commended for being the first to receive the vaccine in Rotherham. Specific instances of children and teachers being asked to come into school whilst testing positive were noted. How are the rules being clarified for schools and families? A letter had gone out in the week and updates with school heads at the beginning of the term around living safely with COVID. Head teachers have been interpreting the rules throughout the pandemic, so if there are specific instances, the Director of Public Health will follow these up with the head teachers. It was also noted that debt in private businesses is not necessarily bad, because that is how businesses scale and expand.

Members requested an update on the recommendations and forthcoming actions. The Director of Public Health identified areas where there are groups who can help respond to the recommendations and how they will all take part in taking up the recommendations, especially those that are already in the place plan, council plans and so forth.

Comparison with other areas around death rates was requested so as to be able to tell if these were high rates or low rates or somewhere in between. The Director of Public Health was asked the most significant lesson from the pandemic. The response was that the partnerships and day to day communication and working together made the difference.

Members noted their interest in developmental impacts on young people and requested a report on cancer screenings. A drop in terms of cancer diagnosis has meant later presentations through hospital rather than primary care routes. How will work with partners improve awareness and screening processes? The response noted that some screening appointments have been missed because during the pandemic, people did not present with the minor things that people would have brought forward previously to enable early detection. The conversations with NHS England have been ongoing with action plans for returning to full capacity and which patients to prioritise. Some people are not being called back in order to see the higher risk patients. This all adds additional risk so working with the CCG, and ICB as it will be, will be important. The NHS Health Check programme will need to be brought back with a refreshed model to involve primary care.

Resolved:-

1. That the report be noted.

79. WORK PROGRAMME

Consideration was given to an updated schedule of work and clarification given as to recent and forthcoming review work. Members expressed disappointment that the scheduled update from RDaSH had not been submitted to this meeting. The response from officers noted ongoing conversations with commissioning officers to identify issues and resolve the delays in delivery of this update.

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.

80. URGENT BUSINESS

The Chair confirmed there were no urgent matters requiring consideration at the meeting.

81. DATE AND TIME OF NEXT MEETING**Resolved:-**

1. That the next scheduled meeting of the Health Select Commission will be held on 19 May 2022, commencing at 5pm in Rotherham Town Hall.