

HEALTH SELECT COMMISSION
Thursday 30 June 2022

Present were Councillors Baum-Dixon (in the Chair), Councillor Jenny Andrews, Bird, Cooksey, Elliott, Griffin, Hoddinott, Havard, Keenan, Miro and Sansome.

Apologies were received from Cllrs Barley, A Carter, Thompson, Wooding and Yasseen.

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

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

1. MINUTES OF THE PREVIOUS MEETING HELD ON 7 APRIL 2022

Resolved:-

1. That the minutes of the meeting held on 7 April 2022, be approved as a true and correct record of the proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no members of the Public or Press had submitted a question to the meeting.

4. EXCLUSION OF THE PRESS AND PUBLIC

The Chair confirmed that there was no reason to exclude members of the public or press from observing any of the proceedings.

5. DIAGNOSTIC SCREENINGS

Consideration was given to a presentation by the Principal Screening and Immunisation Manager and the Screening and Immunisation Coordinator, on behalf of the Public Health Programme Team for NHS England, North East and Yorkshire. The presentation included an overview of screening initiatives; Key objectives achieved in 2021/22; an overview of the NHSE Governance of the screening and immunisation programme; service restoration following the pandemic and workstreams associated with cervical, breast and bowel cancer screenings; challenges and risks in delivering the programme; and objectives for Rotherham 2022/23.

In discussion, Members requested more information around reasons for unequal access of screening services and what is being done to address this health inequality. The response from partners noted the importance of finding out what are the priorities of a community and to understand the

motivations of individuals. Meeting people where they are is more effective than giving out a ubiquitous generalised message that can miss a lot of people. The Programme fine tunes the delivery of messaging, for example, by thoughtfully deploying behavioural nudges within the delivery.

Members noted the communication channels and resources of the Council and expressed interest in knowing more about the ways the Council might be able to help deliver key messaging across the Borough in respect of prevention and screenings. The response from NHSE noted the value of local expertise to extend the reach of collaborative working around community. NHSE is aware that social media can be used for more awareness of screening and prevention initiatives.

Members cited a noteworthy example of Deborah James's work to reduce fear and increase ease of access. The response from officers noted the impact of depictions on BBC news and the importance of sustained, coordinated efforts to make sure that awareness does not drop off. It was clarified that the Trust provides access to two-week pathways and secondary care via GPs. There is access directly to equivalent tests via GPs.

Members expressed concern that the younger cohort is not as eagerly taking up the screening offer and expressed interest in more details around the effect of vaccines on screening. The response from NHSE noted that vaccination had massive impacts on reducing cervical cancer. The instances of cancers have greatly reduced. There is a misperception that, because one has had a vaccination, one need not attend for screening. The vaccination is a priority, and the two go hand in hand. Once someone has received a vaccine, that gets recorded on a national system which links into the cervical screenings, allowing a much more individualised understanding of the benefits of vaccination. Next month, the service plans to re-evaluate the current offer, but it was noted that partners had not received any reports of people not being able to get appointments. The services were looking at options for access, dovetailing with work going on nationally to make appointments easier for women to book. If a patient rings up about something else, the script can be read around the invitation to screening.

Members requested clarification around how the service caters for people with disabilities, for example for people who need to make appointments in unique ways. The response from NHSE partners noted that the way the screening services work with patients with learning difficulties or additional needs is flagging patients with a known learning difficulty. Then, for example, the bowel screening hub will let the health facilitator know to find out what support is needed to do the kit. NHSE is giving GPs the resources to do the same for cervical screening also.

Members requested more information around how Rotherham benchmarks in comparison with other areas in terms of uptake and participation. The response from the NHSE representative noted that Rotherham figures are better than the England average and that unvalidated data to date indicated an improving direction of travel. Reminder text messages issues have shown an increase in uptake. That data directly from providers is just starting to come through.

Members requested further detail about behavioural nudges. The response from NHSE noted that these tactics include personalising letters, with chevrons graduating from green to amber to red, and with increasingly more direct messaging.

Resolved:-

1. That the report be noted.
2. That the next update be submitted in 12 months' time.
3. That the outcomes of deep dives be circulated to Members as soon as these become available.
4. To extend the reach of awareness campaigns and communications in respect of diagnostic screenings, that the Communications Team collaborate with NHSE partners where possible.

6. ROTHERHAM PLACE MENTAL HEALTH UPDATE

Consideration was given to a report and presentation from Rotherham place partners in respect of mental health services. A supplemental report provided information in response to previous recommendations, specifically in respect of the RDaSH workforce, referral and treatment waiting times, and crisis service provision. The presentation included information in respect of:

- Enhancing Access to Support
- Out of Area Placements
- Early Intervention
- Older People's Mental Health / Memory Clinic
- Perinatal Services
- Other Community Services
- Addressing Health Inequalities

In discussion, Members requested that the future updates provide information around performance measures that show levels of effectiveness of the service areas. The response from RDaSH representatives noted that the KPIs were in place for services and quality indicator dashboards are available and will be provided as part of the next update.

Members also raised concerns that transport reduction across the area will make access to services even more difficult. Considering this, information was requested around plans to expand locations in deprived communities. The response from officers noted the need to strengthen service access within communities and invited Members to feed into potential areas where the service might need to focus attention.

Assurances were requested by the Co-optee from Speak Up Rotherham regarding collaboration with Speak Up feeding into the improvement of the RotherHive resource and the expressed desire of the service to expand easy-read resources. The response from Place Partners welcomed the opportunity to liaise with Speak Up Rotherham to feed into the improvement of these resources to make them easier to access.

Does individual placement support also include people with disabilities and autistic people who may have severe mental health issues. The answer from partners said that this support does include people with disabilities and autistic people.

Members expressed interest in knowing more about funding for mental health to recover from the pandemic. The response from partners described the emphasis on funding physical health care during the pandemic, and the national funding decision was not extended to cover long waits within mental health.

Members expressed interest in more details around timelines for next steps. These were noted to Members in the meeting and were agreed to be provided following the meeting as well. Among the action plans described, a key action plan was highlighted around suicide prevention and self-harm will be a national report available in September which will feed local implementation. Further, there were also plans being developed to reduce waits. A referral platform will be launched in August.

How is the service working collaboratively with perinatal, postnatal support and the hospital's maternity services. Descriptions were given of setup of triage clinics and work with midwives to identify patients who may be in need of perinatal service. The training package will be developed further.

Members requested additional information in respect of social prescribing. The response from Place Partners noted the success of the blue and green campaign to popularise the use of green spaces and water spaces to enhance overall wellbeing and mental health benefits. A slow start has been made in identifying groups that would apply for the programme. Additionally, some GPs do social prescribing. The service has successful case studies from working with people who are being discharged from hospital which could be better publicised as part of the social prescribing initiative.

Resolved:-

1. That the update be noted, and that the next update be submitted in 6 months' time, with emphasis on outcomes and quality KPIs and progress with backlog clearance in the memory and assessment and formulation clinics.
2. That ICB partners including RDaSH seek to collaborate with Speak Up around accessibility and inclusion work in respect of RotherHive
3. That Speak Up circulate the outcomes of current research work with universities to Members, ICB and RDaSH.

7. HEALTHWATCH ROTHERHAM

Consideration was given to a verbal update from the Manager of Healthwatch Rotherham. The update provided a breakdown of the 24 inquiries received by Healthwatch Rotherham since the most recent update on 30 June. Of these, nine were in respect of hospital patient experience. The departments associated with the inquiries received included A&E, maternity, urology, as well as more general inquiries.

Healthwatch will be working on a report on the topic of Long COVID. Healthwatch will also investigate defibrillators and training around defibrillator access and use. Many organisations do not know how or why to invest in defibrillator resources and training, which has recently been brought to the attention of Healthwatch Rotherham. In times of need, many people could not access a defibrillator when asked to by emergency services.

Further, an update on the consultation partnership with perinatal services was also provided. The Healthwatch Rotherham Engagement Officer had been recruited and was building links with key providers, signposting, and delivering face to face surgeries in the community. Future work on suicide awareness and breastfeeding work through the Health and Wellbeing Board was also highlighted.

Resolved:-

1. That the update be noted.

8. INITIAL WORK PROGRAMME

Consideration was given to a draft outline work programme, and Members were invited to feed into the revised work programme for submission to the next meeting of HSC.

Resolved:-

1. That the initial 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.

9. REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL**Resolved:**

1. That this item be deferred to the 28 July 2022 meeting of Health Select Commission.

10. URGENT BUSINESS

There was no urgent business requiring consideration at this meeting.

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

1. That the next scheduled meeting of Health Select Commission will be held on 28 July 2022, commencing at 5pm in Rotherham Town Hall.