HEALTH SELECT COMMISSION
Thursday 24 November 2022

Present:- Councillors Yasseen (Chair), Baum-Dixon (Vice-chair) Andrews, Barley, A Carter, Cooksey, Griffin, Hoddinott, Sansome, Thompson and Wooding.

Apologies for absence:- Cllrs Bird, Elliott, Havard, Keenan and Miro.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

35. MINUTES OF THE PREVIOUS MEETING HELD ON 29 SEPTEMBER 2022

Resolved:-

1. That the minutes of the meeting held on 29 September 2022 be approved as a true and correct record of the proceedings.

36. DECLARATIONS OF INTEREST

There were no declarations of interest.

37. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that there were no questions submitted by members of the press or public.

38. EXCLUSION OF THE PRESS AND PUBLIC

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

39. NOMINATIONS FOR REPRESENTATIVE TO HEALTH, WELFARE AND SAFETY PANEL

Resolved:-

1. Cllr Baum-Dixon was appointed as representative to the Health Welfare and Safety Panel.

40. HEALTHWATCH ROTHERHAM

Consideration was given to a presentation by the Community Engagement Officer of Healthwatch Rotherham which outlined recent inquiries and activities as well as future directions of engagement work in the community.

In discussion, a variation from the prior format of updates from Healthwatch Rotherham was proposed which would allow Healthwatch to give updates on a periodic basis to provide insights into specific agenda items for scrutiny.

Resolved:-

1. That the report be noted.

2. That the next update be received at the 09 March meeting.

41. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) ANNUAL UPDATE

Consideration was given to a fifth annual update report and presentation in respect of Child and Adolescent Mental Health Services. The presentation was delivered by Place Partners including the RDaSH Care Group Director as well as by CYPS officers including the Joint Assistant Director of Commissioning, Performance and Improvement; the Interim Service Manager for Neurodiversity; and the Service Manager for CAMHS and With Me in Mind. The presentation was introduced by the Cabinet Member for Children and Young People.

The presentation noted the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing. The presentation addressed:

- Local Area SEND inspection in association with children and young people's mental health,
- Kooth digital mental health support
- CAMHs pathways including progress in relation to implementing the re-designed neuro-developmental pathway
- SEND sufficiency strategy

In discussion, Members requested clarification of the average wait time for CAMHS services. The response noted that the Service saw 70% of young people get help within 18 weeks. The longest wait times were 31 weeks.

Members noted a scenario that was representative of the difficulty encountered by families waiting on the neurodevelopmental pathway for diagnostic assessment. Members observed that two years' wait can have a detrimental impact on a child's long-term educational development and mental help. Members requested assurances that dispersed attention across multiple pathways, schemes and systems was not drawing resources away from working down the backlogs and reducing waiting lists for assessments that were needed most. The response from the Assistant Director for Commissioning, Performance, and Improvement, CYPS, noted that, in presenting the information around the number of children who were moving through the diagnostic pathway, this was not to suggest that the Service were not aware of the difficulty families were experiencing nor that the Service were not working very hard and doing

all that they can to help reduce the waiting lists and ensure that children are able to access the services they need. The service acknowledged this and intended to present a rounded view of the services as a whole. The challenges associated with delivering a high volume of diagnostic assessments without reducing the quality of the assessments were described, and the Service were committed to ensuring that assessments delivered were of high quality. It was affirmed that access to resources and services should not be assessment dependent. New provision at Dinnington and further capacity being added to provide additional school places for children who would be on the waiting list for diagnostic assessment were also described. It was advised that if Members became aware of families that were not getting the support they needed because of not having a diagnostic assessment, please let the Service know. It was emphasised that support should not be diagnosis dependent.

The Cabinet Member for Children and Young People noted that budget pressures had been acknowledged nationally and emphasised the need to understand why children were experiencing mental health issues and poor mental wellbeing. Potential contributing factors were noted. Neurodiverse assessment was a separate issue. Schools needed to provide a graduated response for neurodiversity – an area that was highlighted in the SEND inspection. Children should have access to mainstream education at their local school as far as they possibly can, with the specialised neurodiverse support such as the resource base that the Service were working to put into place. There was a need to avoid labelling children unnecessarily with a mental health condition or pushing children through an assessment, raising the frequency of inappropriate referrals. Schools needed to provide graduated response and want to do so. Schools would need support to be able to deliver this, and the challenges faced by schools currently need to be considered. For example, schools were experiencing recruitment challenges congruent with other sectors. There was substantial work being undertaken in this area and results of the new consultation on the Government Green Paper was expected to be enacted in the New Year. Finance was important, but everyone involved agreed that children having access to the support they need was more important. Members with any concerns were asked to get in touch.

In discussion, Members noted the areas for improvement identified in the SEND inspection, requested more information around how parents and carers were being engaged. The response from the Cabinet Member indicated that the report had been tailored toward mental health. Progress had been made in these areas, and this information would be presented as part of a forthcoming report on SEND sufficiency that would be scrutinised at Improving Lives Select Commission. Members noted that the missing information would fit with the flow of the report.

Further clarification was requested regarding how the waiting list was prioritised and the safety nets in place. The response from officers noted that if something changes for the young person whilst waiting, they were

asked to get back in touch with the Service. The Multi-Disciplinary Team conducted triage, and most young people received help within 18 weeks. If there was a more urgent need, the Service responded appropriately. The Service kept in touch with those waiting longer.

Further clarification was requested around access to support for families and the child whilst going through the process and after diagnosis. The response from officers noted the avenues to support. Educational specialist psychologist support was available and there was a lead practitioner throughout the process. Following diagnosis, there was a referral to the Service to make the appropriate appointments and address medication needs depending on the complexity. There was also support available through Early Help, SENDIASS, and the Parent Carer Forum. There would be more made available through the SEND sufficiency phase four. The Cabinet Member described the close partnership with Parent Carer Forum.

Additional clarification was requested around the support available within schools. The response from officers noted that the With Me in Mind programme was currently funded to reach 60% of schools. The hope was that the programme would be extended. The Cabinet Member described ongoing discussions with schools about support offered, and noted steps taken to continue the With Me in Mind programme.

Resolved:-

1. That the report be noted and that the next update be submitted in 12 months' time, to include performance data.

2. That the information regarding engagement with parents and carers be circulated to Members.

42. THE ROTHERHAM NHS FOUNDATION TRUST (TRFT) ANNUAL UPDATE

Consideration was given to a report presented by representatives of TRFT providing an update on the financial year 2021/22. The discussion of this report was followed by a presentation of court findings relating to a CQC children's safeguarding investigation. Representing the Trust were the Deputy CEO, Deputy Chief Nurse, and Director of Performance. In respect of the Annual Report, it was noted that the Trust is organised into several divisions: medicine, surgery, urgent and emergency care, community, family health, and clinical support. The presentation noted key decisions and changes that had been implemented throughout the year, including setting up community as its own division, and responding to significant challenges presented by COVID-19. Successes were highlighted, including the award of funding which had been utilised for evolution and development of IT and command centre functions, and the return of the Trust to a financially balanced position following a cost

improvement of £5 million. Areas for improvement were also noted, including the outcome of CQC inspections which rated two areas as requiring improvement: urgent and emergency care and medicine. It was noted that the outcomes are not a focus; the focus of the Trust is safe and effective care. Good CQC outcomes will be a positive by-product of the work being done to deliver safe and effective care. The response to the staff survey had been the highest ever for the Trust, and one of the better response rates nationally, with 60%. The new strategy Our Journey Together was launched during the year, with focus on patients and partners. Improvements in results went from bottom quartile to the median within a two-year period. Developments in the capital plan and strategic investments were noted, including a web-based platform to improve accessibility, a refurbished stroke unit, energy efficiency, and staff wellbeing developments. In terms of performance, Referral to Treatment Times (RTT) had consistently remained in the top fifteen to twenty Trusts nationally. The emergency department was not working within standard on the pilot. This was an area where other Trusts had also experienced similar challenges. The possibility of returning to the 4-hour target had not been confirmed in writing. Challenges regarding cancer waiting times were noted, as well as successes in elective care with reducing the waiting lists. Staff sickness had fluctuated between 7 and 11 percent, with requirements to use agency staff during the most challenging parts of the pandemic.

Consideration was then given to a presentation of court findings regarding a CQC investigation into historical cases, of October-December 2019 leading into January-February 2020, of four children involved in nonaccidental injuries which were appropriately highlighted to the Trust. Serious incident reports were completed as a result, with investigations internally. The CQC was not satisfied that the actions to take were fully embedded at the time. Going through to court proceedings, the Trust reflected on these historical cases that this was not an adequate level of care that the Trust would expect to deliver to children within Rotherham. The court were clear that no children came to harm as a result of the nonadherence to policy and procedure, but clearly there were missed opportunities. No clinical staff were found at fault for this, but rather the policies, education and training that had been delivered and the embedding of the actions from sustainable learning.

Significant change to safeguarding had been made within the last years in response, including an increase in workforce and a new training programme for staff through the Think Family approach, accessible online. Mandatory training levels were now acceptable wherein most staff are now trained across safeguarding procedures to meet statutory requirements. There was now evidence supported by partners to show the Trust is meeting statutory requirements. These measures were in place to ensure these incidents do not or are unlikely to happen again. The court recognised that the Trust had made significant improvements and had taken ownership of the failings at that time to make the right steps and approaches for prevention in the future. The Trust had been

working with Public Health/NHS England and would continue to do so over the next two years to ensure that the Trust were making sustainable changes. Public Health/NHS England had observed that it was evident that significant resource had gone into to making changes to ensure this does not happen in future. Changes to policies had made these easier to follow, with changes to practice around safeguarding huddles to pick up any missed opportunities to provide an additional safety net.

Members proceeded first to discuss the annual report.

In discussion of the annual report, Members requested more information regarding impact of industrial action on the delivery of safe and effective care. The latest position was that industrial action would not be taking place in Rotherham. If this changed, it would be a challenge, but emergency care would continue with a skeleton staff.

Members felt that the annual report did not reflect the concerns reflected in people's experiences and in the press, which make people not feel safe. Clarification was requested as to why the challenges were not articulated in the report. The response from the Deputy CEO of TRFT noted that recent events from this financial year will be covered in the report following this financial year. The response confirmed that there had been waits for ambulance handovers over an hour. This deterioration was not unique to Rotherham. Where ambulance waits were over an hour, these were escalated to the regulator, identifying what was being done to manage this. The Trust was experiencing significant pressures with acuity, flow, length of stay, and people requiring medical care for longer. The Trust had responded to these pressures by addressing capacity. The Trust was working with partners and with the ICB to find the right model whereby patients could be discharged into the appropriate setting, but an appropriate setting had not yet been found. Given that the greatest difficulty had been seen in the last few months, this will figure in the report that will be submitted next year.

Members requested more insight into whether it was felt that the current model for the urgent and emergency care centre is working. The response noted that the urgent and emergency care centre facility was a modern facility fit for purpose but seeing increasing numbers of patients. It was designed for 200, reaching to 250, patients at most. It frequently now saw 300, sometimes as many as 360 patients. In terms of how it was managed, a return to the previous 4 hour target was welcomed. It was clarified that, as a pilot site, the UECC worked to a new set of standards in a testing phase since May 2019. An emerging discussion of whether the 14 pilot sites would return to the previous 4-hour standard, which other Trusts currently work to. This meant a different way of working for teams, which created operational impact that in turn affected how patients are treated within the facility. At the moment, the UECC worked to a different set of standards which potentially meant that patients had a different experience. The outcome of this national discussion was not yet known but was imminent. The UECC compared to the traditional A&E

department had the same functionality. The UECC brings primary care into the facility so there was a single front door. It saw the same types of patients, other than the fact that it was not a tertiary or major trauma centre. This was appropriate for this size of District General Hospital (DGH).

Members expressed desire to hear more frequent updates rather than receiving feedback on the previous financial year following the annual report. The response from partners identified the timescales associated with producing the annual report and welcomed the opportunity to bring periodic updates upon request. The information was released into the public domain, and the earliest opportunity to bring an annual report was in September. Members expressed interest in periodic updates, especially regarding the improvement and pressures in the emergency department.

Members requested information regarding pressures around discharge and increased length of stay for patients who are medically fit for discharge. The response noted that patients ready for discharge are monitored on a daily basis. Typically there were on average forty to fifty patients awaiting discharge. In difficult times, this number has reached 74. The Trust was not an outlier in this, as other Trusts had similar levels if not higher. There was one other Trust not far away that did have far lower patients waiting for discharge. This was achieved by using a home assessment model. Therefore, Rotherham was looking to pilot the discharge to assess model. The other approach was looking at care home capacity. Rotherham MBC colleagues had been proactive in securing additional care home capacity, in addition to home care support as well. As patients within an aging population had more co-morbidities and more complexity, it became increasingly more difficult to find the right setting.

Members sought more information around impacts on radiology and pathology on service provision and timely monitoring. The response described two business continuity incidents where systems went down, specifically related to routine IT development and maintenance. The Gold Group managed the incident. Services switched to manual, and in both instances were up and running quickly. There had been legacy issues on the more recent incident, which were resolved the next day. No patient harm was seen as a result. There were no delays in terms of radiology and results, as these systems stayed operational throughout. The electronic patient care records and prescribing were immediately reverted to paper.

Members sought assurances that it was felt that everything was being done through the ICS that could be, and that the right preparations were in place for use of Winter funding. In terms of the ICS and admission avoidance, there is GP out of hours, in terms of ICS cooperation support, we have worked to support the Trust with various schemes. It was felt that the Trust was receiving the support needed. The system was awaiting clarity on funding that would be received, as the moneys would be concentrated on areas of the system that were struggling, which was likely

not to be seen in Rotherham. Whilst funding is eagerly received by the NHS broadly, the Trust were not yet clear on what that would mean for Rotherham. The response from the Deputy Place Director noted that Place partners were working on an integrated model for admission avoidance and discharge. This model involved working collectively on admission avoidance and discharge from hospital to improve flow. Regarding the funding, there was money for discharge and for mental health, it has to be spent on additional provision, so it was being considered what would be done with this fund over and above what is already in place in the Winter Plan.

The Strategic Director of Adult Care, Housing, and Public Health noted regarding challenges around discharge, that across the system, workforce was a significant challenge. After COVID-19, many adults in Rotherham did not return to work across all the employment opportunities in the Borough. Without the potential employees needed to deliver services, this created a pressured situation. Urgent meetings were held three times each week with the Trust and the Multi-Disciplinary Teams. As a Place, everything possible was being done, including placing staff in UECC to divert patients who did not need to be there. Any issues were escalated. If there were patients within the Trust from other local authorities, these were managed as quickly as possible to reduce local impact. Every opportunity was taken to make a difference, and a collective effort was being made, acknowledging that no one wants to stay in the hospital longer than necessary, but the challenge was understood. Regarding the £500 million that had just been announced, if there were time to plan, the workforce would be examined, but time to plan had not been allowed. Initiatives had to be formed around what could be delivered now, as it was not possible to recruit a workforce in the space of a few weeks.

Members then proceeded to discuss the court findings.

Members requested clarification around what led to the past failings and the role of culture change in preventing future failings. The response noted there had been complex policies that were not as accessible as these needed to be, and without the safety nets in place. Whilst this could appear as reflective of culture, this was why the Trust had brought in the education programme and the Think Family approach. It was not something that was caused by people not seeking out policy due to culture necessarily but was more to do with needing better policies and education and training to be provided. A different leadership structure had been put in place since the events, so the culture had changed also. From a governance perspective, there was now much closer scrutiny on reporting from ward to safeguarding board, and reporting against that was much more rigorous on this agenda than before. Changes to executive teams had been made as well. A monthly delivery group looked at delivery of key metrics on the “must” and “should do” actions advised by the CQC. Daily audits gave real time information on how the Trust was performing in these areas.

Members requested more clarification around how red flags and possible red flags were now progressed. The response noted that the changes in place now required red flags to be progressed for non-mobile babies, for example, or if a child had been in more than once before the age of one. Safety net processes were in place if a red flag were to be missed, as the red flags can be fragile. There was a process now that every child now went through a safeguarding huddle the next day that was facilitated by the access to safeguarding team. There was access to safeguarding advice 24/7, either within the Trust or through social care. The referral system working in partnership with social care was receiving positive feedback.

Members expressed desire to understand how failings in children's safeguarding could have been allowed to happen, given historic lessons learned in Rotherham about the importance of safeguarding. The response acknowledged that the Trust did not give the care that they would have expected at the time. It was felt that the Trust was in a position to be able to give assurances that learning had been implemented and the right support and care was in place now. The Trust looked not only internally at processes; there was attention given to recommendations from relevant cases and findings from elsewhere as well. These recommendations are reported through to the Trust, which informs how the Trust maps their own performance against safeguarding to ensure that the Trust was learning from other cases that were unfortunately very sad, to ensure that something was not being missed.

Members sought more information about how the findings in the Jay and Casey Reports for all the public agencies had not been embedded system wide. The response did not dispute that the Trust failed in its duties, which was exceptionally disappointing. So that it did not happen again, the Trust had seen there was commitment. The time had been provided to undertake the training. The Trust had changed a range of processes. NHS England had done a recent visit, and the findings from that had been positive. The past could not be changed, but could be learned from, and it was felt that the Trust had learned from this. The response from Members noted that more assurances were desired around pressures in the emergency service, and a further update at the next meeting was desired.

Resolved:-

1. That the report be noted.

2. That a further update be submitted to the next meeting in respect of the emergency department.

43. ROTHERHAM PLACE PARTNERSHIP: WINTER PLANNING

Consideration was given to a presentation by the Deputy Place Director of Rotherham Place in respect of the Winter plan response to seasonal pressures encountered by Place Partners in delivery of health and social

care services. The Plan had been developed in collaboration with all Place Partners based on learning from previous years, and including learning from the Thinking Differently for Winter workshop. The Plan had been agreed through the Urgent Emergency Care Board. The presentation highlighted what will be different this year and noted anticipated challenges. Specific innovations and challenges around Winter Planning were noted in respect of acute services, community services, primary care, children and young people, mental health, and system wide approaches.

In discussion, Members expressed interest in hearing more about urgent care and the wider system efforts to promote self-help, acknowledging that children and particularly babies can become very unwell very quickly. Members wished to know more about how this self-help advice is handled and if risks had been considered in forming this guidance. The response from the Deputy Place Director noted that a thorough description of what is being done to provide guidance and give clarity to parents and carers on where to seek advice was available from a staff member who would be in touch with the detailed answer following the meeting.

In regard to workforce challenges, Members sought assurances that these were being addressed and that everything that could be done locally to provide enhancements was being pursued. Members noted that the workforce have gone through the pandemic and received quite an insulting pay rise. Details were requested around intentions of the ICB to progress incentives of other kinds. The Deputy CEO of TRFT noted that the Trust was working to implement health and wellbeing measures to support staff. This had included considering making hot meals available during the night, which has not been previously available but was being considered. Ringfenced capital was available for the purpose of supporting staff. It had been noted that staff sickness levels were up, and fatigue was evident. The Trust had observed it was a very challenged workforce at the moment.

Members requested clarification around the first primary care and health access in terms of clinicians that are available and whether this varies among Primary Care Networks (PCNs). The response from the Deputy Place Director noted that this did vary, but all PCNs were increasing their access in the way they saw fit. Additional appointment times and extended access service added capacity over the weekends and into the night.

As regards public health measures and prevention of admissions, Members requested more information around what is being done to encourage self-management of illnesses at home. The response from the Director of Public Health indicated that there was education through schools on the prevention side as well as an examination of unnecessary attendances at A&E. The findings showed that most attendances are very much necessary. There was not observed to be a proliferation of attendances associated with self-limited illnesses that could be managed

at home. There was further public health work to be done in terms of preventing admissions in the first place. There were significant media and social media campaigns to get advice out through the NHS around pharmacy first approaches.

Members requested further information about what was being done by primary care to achieve admission avoidance. The response from the Deputy Place Director noted that the target nationally was for 70% of people to be seen within 2 hours. Local services were hitting around 85% through the urgent response service. A community hub was also being established locally. It was noted that referrals coming in through GPs were then triaged and passed on to the appropriate clinician. The multi-disciplinary team (MDT) approach continued striving to reduce admissions by looking at ways these may be avoided.

Members indicated a desire to know more about plans in place to deliver the work with the voluntary and community organisation sector. The response from the Deputy Place Director noted that the post was originally separate, so there was work to ensure the post can access through social prescribing.

Members requested assurances that every contact will count during the challenging winter season. The response from the Deputy Place Director noted that in terms of cost of living challenges, Age UK provided a discharge service to support all patients on pathway 0 (without support) or pathway 1 (with support such as home care). This service provides a health and welfare check, so that concerns around cost of living can be picked up. Further work through the Warm Welcome scheme and through libraries providing warm spaces was also noted. From a strategy perspective, when the Place Plan was refreshed, emerging needs around the Place would be taken into consideration, including a wider communications plan to address emerging needs.

Resolved:-

1. That the report be noted.

44. SCRUTINY REVIEW RECOMMENDATIONS: COVID-19 CARE HOME SAFETY

Consideration was given to a summary of findings and recommendations from the spotlight review of Care Home Safety during COVID-19. These findings remained relevant as Rotherham Place headed into what was expected to be a challenging winter season. The spotlight review obtained assurances that key learning was being captured and robust procedures were in place to protect care home residents and workers. However, the review also found that workforce challenges presented real risk to optimising safety for residents and workers in care homes.

Resolved:-

1. That the following recommendations be submitted to Overview and Scrutiny Management Board for consideration:

    a) That the learning from the pandemic and ongoing needs in respect of care home safety be noted.

    b) That the service consider how the Council may help support recruitment and retention within the care sector.

    c) That consideration be given to how best to retain where possible the benefits of supportive models such as regular engagement, access to training/guidance and the IMT approach which were adopted during the pandemic.

    d) That outcomes of forthcoming reviews by the Health and Wellbeing Board on learning from the Pandemic be considered for scrutiny.

45. WORK PROGRAMME

The Chair noted changes to the work programme:

- The item on Drug and Alcohol Recovery Services had been deferred to 2023 to allow the new service contract to be tendered and commissioned.
- A Scoping exercise for the Oral Health Review had been conducted and the outcome included on the schedule of work. Members were encouraged to make representations prior to 1 December if any further addition to this scope is desired.
- Outcomes from the spotlight on Access to Primary Care would be received at the next meeting.
- Upcoming updates from Healthwatch were reflected against the meetings where they would speak to specific items on the agenda. Healthwatch would also speak to the workshop on health inequalities, where Members will review the findings of the Health and Wellbeing Board review in respect of alleviating disparities in access to health and care services and information and in healthy life expectancy in Rotherham.

In discussion, Members emphasised the need for scrutiny to examine the local risks and findings associated with damp or mouldy conditions in housing accommodation. The response from officers noted that these concerns would be raised as part of the relevant scrutiny reviews of private sector housing and cost of living currently on the work programmes of Improving Places Select Commission and Overview and Scrutiny Management Board.

Resolved:-

1. That the updated work programme be noted.

2. That the governance advisor 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.

3. That risks and findings associated with damp and mouldy conditions in housing accommodation be raised with the relevant scrutiny Chairs for consideration as part of reviews on the scrutiny work programme.

46. URGENT BUSINESS

The Chair announced that there were no urgent items requiring a decision at the meeting.

47. DATE AND TIME OF NEXT MEETING

Resolved:-

1. The next scheduled meeting of Health Select Commission will be held on 26 January 2023, commencing at 5pm in Rotherham Town Hall.