HEALTH SELECT COMMISSION
Thursday 25 November 2021

Present:- Councillors Andrews, Baker-Rogers, Barley, Bird, Elliott, Haleem, Havard, Keenan, Miro, Thompson, Wooding and Yasseen (Chair).

Apologies were received from Cllrs Baum-Dixon, Atkin, Aveyard, Hunter and from Mr. Parkin the co-optee from Rotherham Speak Up

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

40. MINUTES OF THE PREVIOUS MEETING HELD ON 7 OCTOBER 2021

Resolved:-

1. That the minutes of the meeting held on 7 October 2021 be approved as a true and correct record of the proceedings.

41. DECLARATIONS OF INTEREST

Cllr Baker-Rogers declared a personal interest in relation to Agenda Item 6, as a family member was a service user.

42. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed no questions had been submitted.

43. EXCLUSION OF THE PRESS AND PUBLIC

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

44. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Consideration was given to an update report on Rotherham Child and Adolescent Mental Health (CAMHS) – Annual Update to Health Select Commission which provided a further update regarding the Local Area SEND inspection in association with children and young people's mental health, the impact of the Covid-19 pandemic on children and young people's mental health, and on progress in relation to implementing the re-designed neuro-developmental pathway and phase 3 of the SEND sufficiency strategy.

In discussion, clarification was requested around digital services Kooth and Healios. The response from partners indicated the differences in Kooth as an anonymous online platform for low-level signposting and advice versus Healios which is an assessment-focused pathway to assistance for young people with ADHD and Autism. There are robust

criteria whereby not all children can be referred through Healios, but if cases are complex or involve safeguarding issues, these cases stay within CAMHS.

Members expressed interest in the investments that had been made recently in the service to attempt to manage caseloads and waiting lists. The response from officers, the Cabinet Member, and partners identified the plans that had been in place before the pandemic to whittle down the waitlist whilst keeping up with current demand for assessments. The pandemic had resulted in an increase in demand, so the waitlist had not been growing but had not diminished in the timeframe planned. More resource had been worked into the system, but as for specific numbers, these could not be shared in the meeting. A new referral pathway had been designed based on the current numbers and rates whereby the waiting list could again be eradicated, in part by reducing the number of inappropriate referrals. The Cabinet Member noted the use of Containment Outbreak Management Funds in the service of CAMHS, although the cases of Tier 4 mental health issues are funded centrally by what has been formerly known as Public Health England rather than from place funds.

Members requested clarification as to whether these pathways were the primary pathways for CSE survivors. The response from partners identified that for CSE survivors, specific, diverse consultation methods and advice models were in use, and trainings and advice were provided in respect of CSE. The Cabinet Member also noted in respect of reviewing the effectiveness of the pathway redesign, that the Rotherham Parent Carer Forum is consulted on a regular basis and was involved the recent SEND inspection. The Cabinet Member stressed the importance of multiple partnership working for maximum effectiveness.

Members also sought assurances that the service had been able to recruit and retain the sufficient staff with the right skills to meet the need. Partners provided details around recent successful recruitment campaigns and workforce strategy which sought to retain trainees, psychologists, and social workers. When occasionally there were pressures and shortages, these were often in respect of the neurodevelopmental pathway, and periods of challenges in recruiting did sometimes occur.

Clarification was requested around average waiting times for assessments versus the target wait time. The response from partners noted that the previous wait time for assessment was 3.5 years. Under the redesigned referral pathway, the average wait time was 18 weeks. It was noted that for some children the diagnosis is important, but for many the importance is in the child's receiving the support they need to achieve their potential.

Members requested clarification around the referrals through schools and education. The response in schools had not been consistent. Some schools have robust support while others do not, and this varies based on

the individual resource capacity of that school. Officers noted that not all parents and carers are aware of the support that is available. Work had been undertaken with parents, carers and in schools and with members of the voluntary sector to ensure that the available support provision was appropriate. The Cabinet Member noted that the challenge seems to have been in accessing the local support offer rather than in the content of the local support offer.

Members requested further information around the crisis provision from an operational standpoint. The response from partners provided details around timing and staffing provision for crisis response and supplied narrative around crisis pathway workflows and the handling of queries in real time.

Members requested additional information around timelines for next steps identified in the report. The response from officers and the Cabinet Member offered to elaborate on each of these in a subsequent update and would share the upcoming NHS England action plan.

Members requested further details around attendance at appointments. The response from partners identified the Did Not Attend rate at a very low 4%, partly due to the implementation of text messaging reminders.

Further assurances were requested around the response to increasing cases of eating disorders. Partners noted the dramatic increase in eating disorders in the last two years. The support had been working, and the position had greatly improved in respect of eating disorder patients, with no cases currently in the hospital. It had been observed that the cases had high acuity and were more severe than were being seen before the pandemic.

The Cabinet Member further emphasised the need to understand the growing prevalence of mental health issues among children and young people in order to prevent this. Behind each case is a child and a family who are seeking help. With exam pressures, social media, and worries about climate change affecting more young people's mental health, the importance of trailblazing mental health support in schools is growing. If children can be supported early on when they are starting to experience a mental health problem and are not labelled, this can go a long way to help prevent a serious issue in the longer term.

Resolved:-

1. That the report be noted.

2. That the next update be presented in 12 months' time to include projected timelines for all next steps.

3. That a briefing describing timelines for the next steps identified in section 2.2.6 of the report be provided to Members and that the "You Said, We Did" document also be circulated to Members when available.

45. PREVENTION-LED SYSTEMS

Consideration was given to a report outlining some of the key challenges and opportunities in Rotherham in relation to the prevention agenda. It also provided an update on activity taking place to produce a Prevention and Health Inequalities Strategy for Rotherham, presenting an opportunity for Health Select Commission to feed into the development of this strategy.

In discussion, Members requested additional information around access to primary care and hesitation of residents to go to the GP. The response from officers and the Cabinet Member noted that some hesitation is related to changes in access to care during the pandemic, and some hesitation can be reduced by changing appointments to a more suitable date. Whereas previously a patient may have sought early access to care, now patients wait for a change in their needs or their health. It is important to get treatment at an early stage however. There has been improved efforts to reach into communities with better communication and engagement, for example, taking health checks to people, such as offering lung checks in car parks, etc.

Members also requested additional information regarding what prevention is available before a patient enters the cardiac pathway or multiple pathways. The response indicated that frailty assessments were conducted as were mental and physical health checks and checks for chronic disease. Details were provided around the provision of annual health checks, and how fewer healthy people were receiving health checks during the pandemic. The data generated from GPS in terms of various conditions were useful for prevention intelligence. Work was being done around communication of early signs, because people who were seeing early signs in their 30s and 40s could be experiencing disease in their 50s and 60s. Likewise, childen's behaviour can indicate vulnerability to early onset.

Members expressed curiosity if it was the view that there would be an improvement. The response predicted a decline for the next 2 to 3 years. Smoking, however, was a measure that had actually improved during the pandemic.

Members also wished to know about substantive prevention efforts that had been ongoing. The response from the Cabinet Member noted the recent work over the past 4 to 5 years to feed into housing standards and licensing, controlling air quality and pollution, maintaining two services for drugs and alcohol treatment and recovery, thwarting a fast food outlet

being opened within a few meters of a school, strengthening links with culture and leisure to improve peace of mind and physical health. Work had also been doing in respect of the 5 ways of wellbeing and refreshing the obesity programme. Ultimately, prevention comes down to choices but providing activities and strategies was a key part. A further response from the Director of Public Health noted that the COVID-19 vaccination programme was the largest scale prevention programme that had been delivered and that early identification screenings for hypertension had also been strengthened. More BAME women were receiving maternity care, and more people with chronic mental illness were receiving testing whilst receiving treatment.

Resolved:-

1. That the report be noted.

2. That Members provide comments and contribute towards the development of a prevention and health inequalities strategy for Rotherham.

3. That Members consider how this developing area of strategy should be reflected in future scrutiny activity.

46. FINDINGS FROM SPOTLIGHT REVIEW ON ROTHERHAM COMMUNITY HUB

Consideration was given to a summary of findings and recommendations from the 13 September 2021 spotlight review on the befriending service and support for loneliness and isolation provided by the Rotherham Community Hub during the pandemic.

Resolved:-

1. That the report be noted.

2. That the excellent work of Rotherham Community Hub be commended, especially in respect of the befriending service which helped relieve loneliness and isolation throughout the pandemic.

3. That Members be encouraged to add the Community Hub to their ward priorities and e-bulletins to better support vulnerable residents and families.

4. Whereas the current Community Hub model is due to end in March 2022, should there be a further evolution of the Community Hub model, that an update be brought in 12 months' time.

47. FINDINGS FROM SPOTLIGHT REVIEW ON YOUNG CARERS

Consideration was given to a summary of findings and recommendations from the 22 October 2021 spotlight review on support for young carers.

Resolved:-

1. That the report be noted.

2. That action plans and performance metrics be supplied as part of the next update in 6 months' time.

3. That the next update include a plan to address the current data gap in respect of young carers who mature into adult carers, with a view to providing the best preparation possible and making this transition as seamless as possible for young carers who may continue to have caring responsibilities into adulthood.

4. That consideration be given to how best to provide additional support to young carers seeking to access employment skills, education, and training.

48. ROTHERHAM HEALTHWATCH UPDATE

Consideration was given to a verbal update from Rotherham Healthwatch in respect of recent and upcoming activities.

49. SCRUTINY WORK PROGRAMME

Consideration was given to an updated work programme and schedule for the 2021/22 municipal year. Three changes were noted. First, based on a change in government requirements for this year, Members were not being approached with a request to review half-year quality accounts. Also, the agenda for January would include an item on the Strategic value of Physical Activity in Tackling Health Inequalities. Finally, the next request for participants in a spotlight review would be for the Adult Social Care Outcomes Framework (ASCOF) performance review in mid-January. Members were invited to make representations if they wished to participate.

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.

50. URGENT BUSINESS

There was no urgent business requiring a decision at the meeting.

51. DATE AND TIME OF NEXT MEETING

The Chair announced the next meeting of Health Select Commission would be held on 13 January 2022, commencing at 5 pm.