HEALTH SELECT COMMISSION
Thursday 28 September 2023

Present:- Councillors Yasseen (Chair), Miro (Vice Chair), Andrews, Baum-Dixon, Bird, A Carter, Cooksey, Havard, Hoddinott, Hunter and Wilson; and co-opted member Mr. Robert Parkin, representing Rotherham Speakup.

Apologies were received from Councillors Foster, Griffin, Keenan, and Thompson; and from co-opted member David Gill of Rotherham Speakup.

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

28. MINUTES OF THE PREVIOUS MEETING HELD ON 27 JULY 2023

Resolved:-
That the minutes of the previous meeting held on 27 July 2023 be approved as a true and correct record of the proceedings.

29. DECLARATIONS OF INTEREST

There were no declarations of interest.

30. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

31. EXCLUSION OF THE PRESS AND PUBLIC

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

32. SUICIDE PREVENTION UPDATE

Consideration was given to an update presentation in respect of suicide prevention work in the Borough, presented by the Cabinet Member for Adult Social Care and Health and Consultant in Public Health. The presentation described how over the past year the Borough had seen a reduction in suicide rates for men in Rotherham, which brought the rate for Rotherham statistically similar to the national average. The rates for women had not decreased, however, since the last report in September 2022. The rates for women in the South Yorkshire and Humber region had increased, which was an area of concern. Rotherham's overall position had improved when compared to statistically similar neighbours. The presentation noted that government had recently announced voluntary sector grants for suicide prevention work. The Service would work with the voluntary sector partners to support grant applications.

The presentation illustrated how the Service responded to risk factors with task and finish groups and how this focus is led by real time data provided by the South Yorkshire surveillance system that is coordinated by South Yorkshire Police. This system is a replication across South Yorkshire of good practice that originated in Rotherham. Bereavement support to families throughout South Yorkshire continued to be delivered through the Amparo Service, which would soon be recommissioned as it was nearing the end of the contract term. This Service going forward would be an all-age service. Monitoring of trends information provided by the coroner informed the local action plan. Sessions with the media and work with a group in Doncaster had been done to look at work within prisons.

South Yorkshire local authorities, Chilipep, Amparo, and South Yorkshire Police entered the Local Government Chronicle awards and won in the category for public partnership. The toolkit app they developed was seen as a scalable resource that can be used elsewhere. This was the first time a resource had been designed by speaking with young people about what would help support them when they are bereaved by suicide. This toolkit had been sent out to all colleges, schools, childcare providers, early help, and to the NHS.

In discussion, Members sought further insight regarding men who were previously unknown to services and those who were known to services but who may not have been sufficiently reached by them. Members requested assurances that early intervention was an approach being taken system-wide, as there were concerns that waiting times for therapies to nonmedical treatment could result in increased reliance on primary care. The response from the Consultant in Public Health described work to get the messaging right for men in particular in their 40s and 50s. Three men's talking groups were active across the borough. It was known that some individuals were not even registered with a GP, particularly from Eastern European communities. This presented a challenge to their knowing how they can access services. The emphasis was on collective responsibility and getting people trained to provide that initial support which was very important to accessing services. Suicide Prevention training within organisations was ongoing to build up skill in knowing what signs to look for and confidence in having these important conversations.

Members also sought to understand the issues that led to the increase relating to women and the key services that people were interacting with. The response from the Cabinet Member and the Consultant in Public Health described that work was going on, but in some categories, the numbers were going up. It was felt that more information was needed, for example, in relation to work with people in and leaving prison. It was noted that suicide was an outcome that does not always follow on from issues. It was possible, for example, that there could be even more prevented than previously. A significant number of people who take their own lives had not had any contact with services, so initiatives like the 'BE The One' programme which increase involvement in the services were

important. It was not possible to unpick any person's situation and say what could have been done. It was very hard to get evidence of effectiveness, at a Rotherham, national or international level. The current data looks at the bigger cohort of cases. The presentation of data could also be very identifiable, so it was necessary to be circumspect about how information around suicide was presented. Something else that the Service was interested in was how people felt about their experience in contact with services.

Members sought additional information on whether data was captured regarding attempts. The response from the Consultant in Public Health noted that data limitations around groups, for example relating to geographical areas, which would be helpful. The Service was working with Local Authorities to achieve this. The National Strategy and data provided a sense of themes. It was noted that December was a time of the year when there is increased risk. Where the person had been in contact with services such as housing, Adult Social Care, or domestic abuse, there would be a serious incident review. Generic case studies were reviewed to help those services understand where additional support might be provided. Sometimes people are clear regarding their determination; asking people directly was important. There was a safeguarding lead for adult services within the Council. Members expressed interest in an additional session to explore where there could be additional interventions.

Members sought additional information around pathways for people who ring 999. The response from the Director of Public Health noted that since the last update, there had been a policy change. Assurances were provided that this pathway had been developed, and safeguards were in place. There had been a policy change to 'Right Care, Right Person' which was being implemented. Under the policy, the police response does not include following up when a person has made the decision not to attend an adult care appointment where this reflects individual choice and there is not a threat to life. The next phase of implementation was set to continue into early 2024, as timescales were being clarified. It was noted that this could be an area where scrutiny could add value as part of the next year's work programme. The Deputy CEO also noted that people did come into the urgent and emergency care centre in some instances. South Yorkshire Police officers had been extremely supportive during the process of getting the patient into the right setting.

Members expressed interest in receiving more information which could inform delivery of council functions, such as licensing. There was a desire to know more about how the Service works with places attended by people who may not access services. The response from the Consultant in Public Health affirmed the importance of thinking outside the box to extend the reach of the offer into additional kinds of communities. For this reason, the Service had a coordinated strategy for targeted interventions. The Director of Public Health further noted that life events such as relationship breakdown, finances or homelessness were a few of the risk

factors. Therefore, the awareness training was part of the Better Health and Work Programmes to extend the reach of the training as widely as possible. The Consultant in Public Health provided as an example the targeted work with retailers in the areas where there had been increasing numbers.

More information was requested around work with Housing Services. The response from the Director of Public Health noted that housing officers were skilled in understanding the challenges faced by many people who are in accommodation that was not ideal for them. Additional support provided by the Housing Service was described.

Members sought additional information around how the new national strategy would impact the local plan. The response from the Cabinet Member and the Consultant in Public Health noted that most of the things were included in the local plan, although, the local suicide prevention groups had not yet met since the national strategy was so recently published. Post-intervention and bereavement support was felt to be already strong locally, in line with the Strategy. The Strategy also addressed self-harm, which was included in the local action plan, with a framework currently in development.

Members sought further understanding of local risks in Rotherham. The response from the Consultant in Public Health noted that the rate among males had come down, very close to the national average, which was felt to be significant and welcome progress in the right direction. There was less national research to explain the rise in the rate for women. It was understood that the pandemic had a massive impact on women's mental health and in suicide where women have been under control and coercion. At the Place level and also across the Yorkshire and Humber Region, female deaths were a concern. This was not unique to Rotherham only, but it was a focus of the Service.

Members requested further clarification around how the figures of suspected suicides were compiled. The response from the Consultant in Public Health described the role of partners such as police or TRFT. Only the coroner was able to make the determination whether a death was a suicide. Prior to this, it could not be called or recorded as suicide. Furthermore, in any attempted suicide, the first intention was to help the person. A person may not declare their motives. This also applied to drug-related deaths. The data showing what was happening across South Yorkshire was helpful to the Service in enhancing understanding.

Members sought additional assurances around the response of the Service to help women, given that the numbers for women were the highest in 19 years. The response from the Consultant in Public Health noted this was something the Yorkshire and Humber Region were struggling with in the absence of national research. Themes of work in Rotherham had included raising awareness of domestic abuse. However, the long-term effect of the pandemic on women's mental health could not

be known. Areas of support work had focused on carers to promote wellbeing where there is risk of isolation. It was felt that more national evidence was needed, and it was believed that the wider implementation of the new national strategy would bring about more information.

Members proposed a workshop session to build in-depth understanding of the information and data basis for the interventions, noting the limitations around identifiable and attempted suicide. It was desired that housing, early help, homelessness and other services of the Council contribute to the workshop regarding their role in the interventions. There was also a desire for greater understanding of the equalities issues, and issues for younger community members, which could be contributing to the picture for Rotherham. The response from the Director of Public Health welcomed a further conversation around the scope of the workshop, and the Consultant in Public Health and the Cabinet Member welcomed the opportunity to provide further information around how the Service was delivering against the national strategy.

Resolved:-

1. That the presentation be noted.
2. That a workshop be planned within the next six months to explore the role of Council services in suicide prevention.

33. ADULT SOCIAL CARE PREPAREDNESS FOR CQC REGULATION

Consideration was given to a presentation by the Cabinet Member for Adult Social Care and Health and the Head of Localities which outlined the plans and progress made in respect of the Adult Social Care Service in preparedness for regulation. The Cabinet member outlined the introduction of a new regulatory framework including a new inspection regime for adults which had come into effect amid nation-wide challenges in respect of staff retention and recruitment within an underfunded sector that is experiencing increasing demand on services. As the pilot phases of the inspection regime were being implemented, the Service garnered additional learning and intelligence that informed the preparations. The current picture was outlined, including zero people on the care home waiting list and a significant reduction in the number of people awaiting assessment. The Service had also recently been awarded a mental health concordat as an exemplar of excellence. The Service had developed a plan for self-assessment and peer review which would be implemented in the run up to regulation, which involved taking account of areas which were good and where improvements could be made.

In discussion, members sought additional details around how the service is linked up with other services. The Cabinet Member considered that this was part of listening well to people’s voices and preferences, and there was now strong co-production work, but there was more work to do in this area.

Members expressed interest in the proposed adoption of a similar test to the NHS 'friends and family test' and sought additional information about how this would be implemented. The response from the Head of Localities explained that a pilot was active which utilised an automated text option, but other options were used where there are accessibility preferences. Further details regarding good practice were sought and provided for reference by the Deputy CEO of TRFT. The response from the Deputy CEO noted that there were numerous ways of doing this, for example, volunteers could sit down with patients to go through the questions, or the CQC can write out to patients who write back with their response. This was felt to be very powerful information. As a further example, a Google search for 'TRFT friends and family' would return the questions that were asked by the Trust.

Members requested to know more how the rating system would work. The Cabinet Member noted the range of possible ratings. During the first tranche, there were no ratings given. The Cabinet Member aimed for the Service to be rated 'good', noting the significant improvement journey of the Service over the last eight years. The Cabinet Member noted that more knowledge around how the process will work gives the Service more insight into how to prepare well to achieve the desired outcome.

Members sought additional information on how the Service had performed in the self-assessment, and how the inspection process could involve participation by Councillors. The first pilot was a reduced version, however, in phase two there would be questions asked of Councillors. There would also be conversations with partner organisations.

Members sought additional assurances around the role of ASC within the discharge process from hospital. The Cabinet Member affirmed the virtual wards as a strong approach that had been effective. The Cabinet member noted that this would be part of the regulation framework. The Cabinet member summarised the Better Care Fund funding and monitoring of the initiative through the Rotherham Place Board and noted that there was a desire to expand this approach. The Deputy CEO of TRFT noted the current numbers of patients receiving care through virtual wards, which worked closely with the Integrated Discharge Team to focus on patients in acute care who were able to go to a care home or home package. It was felt that this was working well.

Members sought additional details regarding how the service would respond if there was found to be a need for extra support and help. The response from the Cabinet Member noted that an action plan would be created based on the specific areas or weakness and the urgency and scale of the required improvements. The improvements would then be delivered according to the action plan, but significant improvement had been done, and self-assessments undertaken to recognise areas in need of improvement, with preparation in place to strengthen the position.

Members sought additional assurances that any focus on 'passing the test' would result in improvements to the Service. The response from the Cabinet Member affirmed that a good result from the inspection would be a sign of having a good Service. The preparation had prompted the Service to get stronger at co-production and to improve in areas where it had been identified that there was room for improvement. The Head of Localities noted that the inspection is an opportunity to do the right thing by looking at all the areas to identify gaps and implementing plans to address these. The Director of Public Health noted also that the inspection would not be about simply meeting a standard, but required the Service to demonstrate self-awareness around what was good and what needed to be improved. The self-assessment was a very important part in this process which showed there would be progressively better outcomes achieved. The Cabinet Member noted that the summary report regarding the self-assessment review had been so substantial and thorough, that readers had requested an abridged version.

The co-opted member representing Speak Up Self Advocacy noted the need for 'you said, we did' evidence of co-production that uses plain language rather than jargon. It was also hoped that co-production initiatives would not conflate learning disability and Autism. It was felt that Autism should not be forgotten within what could sometimes sound like a generic discourse around disability. The response from the Cabinet Member confirmed that a focus group solely around Autism was currently being set up.

Members also sought further assurances that there were sufficient staff capacity to deliver the improvements in line with the ambition following on from the assessment. The Cabinet Member noted there were no current vacancies in the Riverside-located side of the Service, and there were discussions of bringing on someone specifically to ensure the Service is on track for the assessments. The Cabinet Member further noted regarding the interface regarding the residents and the Service, the shortage of workers across the sector, and the several factors contributing to the shortage. This was why the Council had increased the funding to Care Homes for staff.

The Chair expressed a desire to know more about how equalities was a part of the preparations for regulation. The response from the Chair offered to supply data to illustrate any particular area of the plans which members would like more information on.

Resolved:-

1. That the presentation be noted.
2. That a plain language 'you said we did' approach be adopted to demonstrate the responsiveness of the Service and the impact of user feedback.

3. That the Service continue to ensure the assessment process prioritises the duty to equalities as it drives forward improvements.

4. That the response of the Service to the peer review be included as part of the next update in January 2024.

34. WORK PROGRAMME

Consideration was given to an updated outline schedule of scrutiny work for the remainder of the municipal year 2023-24, and to the updated terms of reference of the Joint Health Overview and Scrutiny Committee, which were received for information.

Resolved:-

1. That the outline 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 the updated Terms of Reference of the South Yorkshire, Derbyshire, and Nottinghamshire Joint Health Overview and Scrutiny Committee be noted, reflecting the Chair of Health Select Commission as representative on the committee with the Vice Chair as Deputy.

35. URGENT BUSINESS

The Chair advised that there were no urgent matters requiring a decision at the meeting.

36. DATE AND TIME OF NEXT MEETING

Resolved:-

The next scheduled meeting of Health Select Commission will be held on 16 November 2023, commencing at 5pm in Rotherham Town Hall.