

HEALTH SELECT COMMISSION
Thursday 29 September 2022

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, Andrews, Barley, Cooksey, Griffin, Hoddinott, Havard, Keenan, Sansome and Thompson.

Apologies were received from Cllrs Bird, A Carter, Elliott, Miro and Wooding.

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

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

23. MINUTES OF THE PREVIOUS MEETING HELD ON 28 JULY 2022

Resolved:-

1. That the minutes of the meeting held on 28 July 2022 be approved as a true and correct record of the proceedings.

24. DECLARATIONS OF INTEREST

There were no declarations of interest.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair Confirmed there were no members of the press or public present at the meeting.

26. EXCLUSION OF THE PRESS AND PUBLIC

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

27. REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL

The Chair invited nominations for a representative to the Health Welfare and Safety Panel. No nominations were received.

Resolved:-

1. That nominations be received at the next meeting on 24 November 2022.

28. HEALTHWATCH ROTHERHAM

Consideration was given to a verbal update presented by the Healthwatch Community Engagement Officer which included a breakdown of the referrals that had been received since the last update. The update noted ongoing work in communities and through consultation surveys to gather

direct feedback from service users and to raise awareness. Open consultation surveys were noted and participation encouraged.

In discussion, it was noted that insights from Healthwatch were valuable in work planning and would continue to be sought in upcoming scrutiny work.

Resolved:-

1. That the update be noted.

29. MEDICINE MANAGEMENT

Consideration was given to a presentation presented by NHS South Yorkshire in respect of medicine management. The presentation addressed the range and scope of medicine management activity in Rotherham. The presentation outlined the remit of the NHS South Yorkshire, Rotherham Place Medicines Management as well as strategic aims and therapeutic pathways.

Among successes highlighted in the presentation, reduction in antibiotics prescribing had taken Rotherham from a high prescriber pre-pandemic to a below average prescriber during pandemic without returning to pre-pandemic levels. In terms of challenges, it was noted that staff turnover made it challenging to work with care homes. The context behind medicine shortages was explained, with the likelihood of more shortages to manage in near future due to the low prices for drugs in the UK. It can happen that a drug can be sold elsewhere for a higher price, which interrupts the supply to the UK. It was also noted that variation exists in support across heart failure treatments, and the Place were working to address these inequalities.

In discussion, Members expressed interest in hearing more about therapeutic alternative, and whether alternatives have worked for the patients in terms of quality. The response from the Head of Medicine Management noted that alternatives can reduce costs, but there can be variation because each batch is slightly different. It was confirmed that sometimes generic medicines can be this way. Nevertheless, where these medicines are used to treat chronic conditions such as in rheumatology, the services were not hearing of relapses.

Members expressed interest in the Care Hydration Project and asked to hear more about culture in care homes. The response from the Head of Medicine Management described a previous wound care project that had to stop for reasons of economics because as soon as a staff member had been trained, they had left. It was early days, of the Care Hydration Project, but the training had been well received. Because interventions are well received, it was clear that there was appetite for more support. Hydration is key for training.

Members sought further clarification around pain management approaches that are not pharmacological. The response noted that Rotherham has need of psychologists and pain specialists. Funding was in place for designated pain specialist nurses, and these had been identified. The commissioning process was described and the timescale for delivery was projected to go live in January 2023. The service would be patient-led, for patients who are working with their GPs to try a different approach.

Members expressed a desire for more information around measures of performance. The response averred that performance is most certainly monitored in terms of prescribing against disease registers. It was observed that no practice wants to be at the wrong end of the graph. Feedback is provided to the practices, identifying the highest rates of antibiotic prescribing, and narrowing down to individual practices that appear to under-medicate heart failure. In terms of diabetes control, it was known which practice was the best and the worst. This information prompted self-reflection by the practices and was well received. It did lead to improvement because people want to do a good job.

Clarification was requested regarding whether this monitoring was applicable to all ages including children. The response confirmed that all ages were monitored, and this included work with children. The work with children included medicalising problem feeders, prescribing of antibiotics for children, as well as working to ensure children are not overprescribed inhalers.

Members sought assurances that cases were not being misdiagnosed where there was lack of expertise. The response noted that cow's milk protein allergy was the highest rates in Europe. By the time the patient had been referred, very few have had to be referred on to paediatricians. This means that the treatment is working. Key Performance Indicators for this pathway with GPs were such that a dietician needed to see them quickly. 90% of patients were seen within two weeks of going to the GP. Feeding problems was an area for future work.

Members expressed concerns regarding over-prescribing of a particular opioid drug. The response noted that prescriptions were slightly above the national average. It was noted that the concerns were shared, and it was understood that chronic pain is important to manage because it impacts on quality of life and causes depression.

Members requested additional details regarding social prescribing across the Place. The response indicated use of social prescribing as early intervention much as we do as a noteworthy achievement. The mobile app and programmes such as Get Healthy Rotherham have been in use, and the Place continues looking at these interventions much more in management of chronic pain.

Members requested more information around how medicines can be duplicated resulting in waste, and how medicines waste could be reduced. The response noted that sometimes drugs are duplicated because sometimes medicines are lost. It can happen that people's drugs may not move with them from ward to ward in the hospital. When this happens, sometimes it is easier to get a new prescription.

Members requested further information regarding prescription of medications for ADHD. The response provided information around ADHD local pathways, which were quite robust. Patients sometimes go to alternative providers to get their initial diagnosis. The number of diagnoses were increasing and the medication prescriptions were increasing. It was noted ADHD can be difficult to manage, especially among over-medicalised long-term patients.

Resolved:-

1. That the report be noted.

30. SUICIDE PREVENTION

Consideration was given to a presentation by the Director of Public Health, Public Health Specialist, and the Cabinet Member for Adult Social Care and Health in respect of the Council's and Place Partners' recent activity in respect of suicide prevention. This presentation follows on from a previous scrutiny discussion on this topic in September 2021. The presentation outlined the national and local context, the Rotherham Suicide Prevention and Self Harm Action Plan, workforce development, ICS-wide activity, and support services available. The presentation provided updates in response to previous recommendations including the facilitation of suicide and self-harm prevention trainings and public health work in the community.

In discussion, Members expressed interest in learning more about whether any unique factors about Rotherham could be influencing the situation. The response from officers noted the difficulty in identifying any one factor that makes Rotherham unique. It was noted that service provision for child and family health was very good, and that thinking about childhood trauma and adverse experiences was of great importance. The service and partners across the Place were focusing on vulnerable locations and ensuring actions were taken to protect people in those areas. It was noted that this was very complex. Therefore, no one thing would alleviate it, but everything done to help alleviate poverty and deprivation would also help prevent suicide.

Members requested more information regarding the high percentage of people not in contact with mental health services. Members sought assurances that efforts are being made to bring vulnerable people into contact with support. The response from officers noted the context of the high percentages was national. Locally, a third of people are known to

mental health services. When signposting is offered to people, this needs to signpost people to other organisations in addition to mental health services. This is because sometimes people prefer to contact Papyrus or Samaritans, for example. People have options as to where to find help. Sometimes the best option for the person may be provided through a voluntary sector organisation. It had been observed during the pandemic that more people go where they have an existing relationship.

Members requested more information around collaboration with local authority housing services. The response from officers noted that the service does learn if people were tenants. The service communicated through the Home Matters publication to say where people can access support. The Cabinet Member noted the importance of recognising early signs and being willing to be the one to talk. With understanding of early signs, there was a better chance to help others then move forward.

Members noted the work is top class and expressed interest in knowing more about work by the service that speaks to the needs of late middle age, gender inclusively, especially taking into account the rising cost of living. The response from officers noted that there was research on groups being affected by the pandemic, and women were one of the groups that emerged. Rotherham had fortunately identified this and had done some prevention work targeting women prior to the pandemic. There is more work to be done, but employers are doing more work around mental health implications of menopause, and there had been work with Place Partners through RotherHive. This was an area for development moving forward.

Further, Members sought assurances that circulation of support services leaflets include veterans, as veterans' charities are working hard to overcome the effects of isolation. The response from officers noted that this is a key group to reach, and it was noted that RotherHive would include resources for veterans. It was hoped that the new National Strategy would flag up the needs of this group as well.

Co-optees from Speak Up for Autism requested additional information around support available for autistic people with suicide prevention, given that nationally there is increased risk for people with autism or ADHD. We expect to see research emerging during the forthcoming period. Locally, it can be difficult to know about the person's identity prior to access to the coroner's perspective and the associated records. There is training and resources are available. The intention is to ensure volunteers can access the easy read leaflets. Resources such as RotherHive and the Stay Alive app were described. Signposting was offered outside the meeting through a conversation to see how the service can help further.

Members requested comment from the service regarding a specific programme model being piloted and considered for implementation by a few local authorities in the region. The model involved a small team providing a rapid referral, seven days a week, and working intensively

with people, not previously known to any service, for up to six weeks. The response from officers noted that Barnsley and Doncaster had services for people who have attempted suicide and for people who are at high risk but are unknown to any service. The response from officers noted the intention to pilot a service in early 2023 for people who have attempted or are at high risk of suicide. This is in addition to the NHS Touchstone pilot for people in crisis which is a separate service being piloted.

Members requested assurances that support is in place for volunteers and peers. Survivors of Bereavement by Suicide received support from a regional coordinator. Volunteers received training before volunteering, and they received regular check-ins. The general shortage of volunteers was also described. Many people volunteered during the pandemic, who have not necessarily continued. Keeping momentum had therefore become very important. There were volunteer organisations and people need to be trained.

Members requested an example in reflection of a change that had been made in response to learning from a review. The response from officers noted it is difficult to identify any one thing because it is so very complex. Post-suicide intervention had helped reduce the number of people taking their own life who had lost a family member. Since implementing post-suicide support, not one family had had a family member take their life. This was a form of prevention.

Members requested further details regarding the ongoing work to address loneliness and isolation. The response from officers noted the women's ASK group. Many women have said their thought process would be very different without the group providing a safe space. Delivery of trainings also strengthened lines of defence and had resulted in people coming back days or weeks later and saying they had a conversation with a friend or a loved one or a colleague and were getting them to help.

Members requested more specifics around how long AMPARO was commissioned and when the new strategy would be reviewed. The response from officers noted that AMPARO was commissioned until 2024. The strategic plan would come through from the ICP, and the strategy would be drafted by December with suicide prevention would figure in that strategy. The national strategy was ten years old. Unless the new administration decided to refresh the strategy, this would continue. The Health and Wellbeing Board would consider the local strategy this June. The local strategy will be refreshed ahead of the national strategy because the service did not want to wait. The service had consulted with stakeholders and experts and would reflect on the national strategy when it comes out. Rotherham Place had been collecting real time data down to the hard work of partners, and Rotherham could be proud that this work was influencing the national strategy.

Members requested more specifics regarding how long it would take for someone going to their GP in crisis to receive help. The response from

officers noted that Primary Care have received top tips for suicide prevention, and for that level of risk and signposting, the service expected GPs to know the appropriate steps to take. The Crisis Support in Rotherham provided on-the-day response to support people in crisis.

Co-optees from Speak Up noted that Speak Up has assisted families with making a video about end of life planning and coping with death, which could be circulated.

Members expressed interest in knowing more about how areas may be made safer or how signs of neglect or of not coping well could be responded to. The officers noted that collaborations with enforcement teams' work to "design out crime" had cascading effects to also make areas safer to vulnerable people. Further, the service worked with National Highways to prioritise dangerous areas. Working with local media at not reporting method to the general public, and working with Housing services to pick up on wider factors all contribute to making areas safer.

Resolved:-

1. That the presentation be noted, and that an update be submitted in 12 months' time.
2. That consideration be given to how upstream prevention work, for example, through collaborations with schools, GPs, housing services, businesses and the voluntary sector, might strengthen emotional resilience and peer support in communities.
3. That the next update include the outcome of the safe space pilot and other peer support schemes.
4. That the next update include assurances that volunteers are receiving the support they need, and that volunteer groups are aware of the support available.

31. HEALTH AND WELLBEING BOARD ANNUAL REPORT

Consideration was given to a summary report of achievements of the previous year and priorities for the forthcoming year of the Health and Wellbeing Board (HWBB). These included developing a framework to give every child the best start in life, supporting children's mental health in schools, ongoing work to support carers and supporting the Covid-safe delivery of Rotherham Show as one of the first in-person large scale events many residents attended since the start of the pandemic. Tackling health inequalities had been the core focus over the last year. In order to ensure that the health of vulnerable residents was improving at the fastest rate possible, a prevention and health inequalities sub-group has been established at place level.

In the coming year, there was an intention to hold a review of the impact of Covid-19 and lessons to be learnt from it. Health inequalities would continue as the uniting theme. Consideration of the changes being brought in through the Health and Care Bill, including to place-level ICP was also needed. Most of the work had taken place over the last year, but changes were still being finalised at the time of reporting. The coming year would also bring refresh of the Health and Wellbeing Strategy, as well as the accompanying action plan to ensure alignment with the reviewed priorities and any place-level changes.

In discussion, Members expressed interest in knowing the distinctions between urban and rural populations, and the differences across the Borough. Members noted the need for an approach to strategies to be Borough-wide, emphasising the role of parks in terms of health. Members also emphasised the importance of working with voluntary and community organisations. The response from the Cabinet Member affirmed the mental and emotional benefits derived from green spaces, and the role of providing for every park. Examples were cited of developing a community park on land that was formerly a council-owned wasteland as well as ambitions for community orchards. The need for volunteers and to enlist the partnership of voluntary organisations were also key. The Director of Public Health added that the next update would report on the health inequalities work around the Place Development Programme was focusing on Wath, Maltby and Dinnington and would span across the Borough. Conversations around being active are ongoing in partnership with South Yorkshire Sport which will build social movement and look at what is happening in communities at sports clubs to derive strategic approaches and keep communities and parish councils informed of the work being done.

What consideration is being given to anti-poverty strategies. The response from the Cabinet Member noted that this is being taken forward on several fronts, especially in response to the cost of living crisis. This has impacts through food, health, heating and housing deprivation as well, therefore it is being taken forward. In terms of tackling health inequalities, the Director of Public Health noted the work that happens through RIDO and through Improving Places and Improving Lives. The work of the Health and Wellbeing Board is key to that work.

Are there any indications of the future of the HWBB. Our area is characterised by NHS colleagues being willing to work with the HWBB. The response from the Cabinet Member noted that Better Care Fund comes through HWBB, and there have been discussions about how that might evolve. It is significant funding that supports discharge and reablement. The current White Paper has set up the Integrated Care Partnerships, and Health and Wellbeing Boards are still in the structure. But it is not clear what further changes may come.

Members noted the strengths of the JSNA resource and the desire to see overviews and narrative information. Further there was a need to be

proactive and to think outside the box to get people talking and moving and to inspire culture shifts in communities. The response from the Cabinet Member noted the JSNA seminar was coming up for Members. It was also noted that a regional half day conference on health inequalities had been proposed with Professor Chris Bentley coming along as the special guest. The Cabinet Member noted that life expectancy was going down across the country, the determinants of which were far beyond the scope of the Health and Wellbeing Board because they have to do with cutting services, deprivation, housing shortages, low incomes and austerity. Decreases in healthy life expectancy were especially significant as this is where the real differences are felt.

Resolved:-

1. That the report be noted.
2. That the Pharmaceutical Needs Assessment be circulated to Members when available.
3. That Members feed into the work of the Health and Wellbeing Board on the subject of health inequalities.

32. WORK PROGRAMME

Changes to the work programme were noted, including the consideration of frailty prevention in March to facilitate the earlier attention to a review in respect of oral health. The physical activity strategy would be considered in January to enable room on the 24 November agenda for a consideration of winter pressures and surge planning across the place. The recommendations of previous review work would be submitted for endorsement on 24 November. And the spring workshop item would be updated to reflect the most current priorities for scrutiny, as significant work had been undertaken by partners in respect of social value.

Resolved:-

1. That the updated 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.

33. URGENT BUSINESS

The Chair announced that there were no urgent items in need of consideration at the meeting.

34. DATE AND TIME OF NEXT MEETING

Resolved:-

1. That the next meeting of Health Select Commission will be held on 24 November 2022, commencing at 5pm in Rotherham Town Hall.