

HEALTH SELECT COMMISSION
Thursday 29 June 2023

Present:- Councillors Yasseen (Chair); Andrews, Baum-Dixon, Bird, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan and Sansome.

Apologies were received from Cllr Miro, Mr. Robert Parkin and Mr. David Gill.

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

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

9. MINUTES OF THE PREVIOUS MEETING HELD ON 20 APRIL 2023

Resolved:- That the minutes of the meeting held on 20 April 2023, be approved as a true and correct record of the proceedings.

10. DECLARATIONS OF INTEREST

There were no declarations of interest.

11. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

12. EXCLUSION OF THE PRESS AND PUBLIC

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

13. APPOINTMENT OF CO-OPTED MEMBER

Resolved:-

1. That Mr. David Gill of Rotherham Speakup Self Advocacy be appointed as a co-opted member of Health Select Commission.

14. NOMINATIONS FOR REPRESENTATIVE TO THE HEALTH WELFARE AND SAFETY PANEL

Resolved:-

1. That Councillor Emma Hoddinott be appointed to serve on the Health, Welfare and Safety Panel as a representative of the Health Select Commission for the 2023/24 municipal year.

15. PLACE PARTNERS MENTAL HEALTH SERVICES UPDATE

Further to a previous report considered by the Commission in January 2023 (minute 53 refers), Members received a presentation from the Rotherham Care Group Director of Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) in respect of waiting times and approaches to reducing delays in the delivery of mental health services and improving patient outcomes.

With regard to the current backlog, it was reported that the service continued to receive between 30 to 40 referrals a week, and whilst on average 20 of those referrals have a waiting time of less than a week to be triaged, the average waiting time for an assessment had increased to 20 weeks from 15 weeks in June 2022. It was further reported that an enhanced recovery plan had been initiated in May 2022 with increased management and clinical input. Members noted the hard work that had been put in by staff to decrease the number of patients waiting for assessment from 800 in June 2022 to 549 in May 2023, which had been achieved despite significant staffing challenges. In outlining the resourcing and recruitment challenges faced, it was explained that only 1.6 whole time equivalent (wte) practitioners were currently working out of 6 wte posts on the established structure for the team due to sickness absence and unfilled vacancies. It was noted that a Trust-wide overtime programme was in progress to support the recovery plan.

It was reported that positive progress had been made in relation to the Memory Service backlog, which had previously had a waiting list of 568 patients for an average of 29 weeks until assessment in June 2022, which had reduced to 390 patients with an average wait of 11 weeks until assessment in May 2023. This had been achieved despite a continued high level of referrals and the hard work and commitment of staff involved was commended. The Memory Service Locally Enhanced Service commenced in September 2022 with local GPs and had led to a reduction in the annual review waiting list of approximately 80%. It was noted that significant work had taken place to improve recruitment for the Memory Service and that the Integrated Care Board had contributed funds to support this and it was anticipated that the additional benefit of new staff recruitment would be realised by the end of the summer and early autumn of 2023.

Members noted that there were two main transformation programmes in operation within the Trust presently. Whilst the Crisis transformation programme was largely an internal project, it had linked to national NHS programmes which would ensure a direct link to local Crisis Services via NHS 111 and that was planned to be implemented later in the year, with direct access from 999 calls being planned for implementation in 2024. In addition, the internal plans had led to or would lead to the following changes:-

- Moving all crisis calls out of hours from the Care Coordination Centre to Doncaster Single Point of Access on 1 June 2023

- Yorkshire Ambulance Service (YAS) Push Model – support YAS to identify patients who are appropriate to redirect to the Crisis Service with the aim of avoiding A&E, which will be implemented in late 2023

It was further reported that the underlying aim of transforming community mental health provision was for people to be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This aim had been agreed to help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation. The four core elements of this programme were Model Development, Care Provision, Workforce, Data & Outcomes and within those there are three dedicated focus milestones which were identified as:

- Complex Emotional Needs/'personality disorder'
- Community Rehabilitation
- Eating Disorders

Within this programme, there had been a focus on the development of Primary Care Hubs, which involved placing mental health practitioners within some primary care provision across the borough. It was noted that RDaSH were working with the Council to identify a location in the town centre for further hub provision. The aim of this approach was to ensure that issues were identified and patients supported through primary care and avoiding the need for secondary care involvement. It was also explained that the hub would provide more options in terms of pathways into secondary care and stem the flow of referrals, which in turn would help the Trust to redirect resources to deal with the backlog.

The presentation then moved on to set out the Council's role in leading the delivery of the Mental Health Crisis and Liaison Programme, which is a key priority within the Place Plan. It was noted that there were a number of transformation programmes to support delivery of this, including:

- Developing a revised mental health service offer and model
- Co-producing a new mental health reablement and day opportunities offer with people with lived experience, their families and carers.

It was planned for the offer to be developed by December 2023 and implemented in quarter 1 of 2024/25. In terms of progress, it was reported that a workshop focussed on the crisis offer was followed by a local authority-led initial partnership workshop to:

- (i) Identify statutory and legal duties, and must-dos of each organisation

- (ii) Identify terms of engagement for partner working
- (iii) Develop objectives for the programme of work, including a joint-approach
- (iv) Agree definitions and core principles to shape the revised pathway
- (v) Begin developing a high-level mental health pathway to help inform the future service offer and model.

In terms of next steps, Members noted that several themes emerged from the partnership workshop, including:

- Prevention and early intervention, including the front door and 'make safe' duty
- Crisis interventions and alternatives, including admission, inpatient care and discharge
- Reablement, recovery and rehabilitation, including day opportunities

It was confirmed that those themes would be scoped and key actions identified to operationalise the pathway. The Crisis Concordat was also planned to be refreshed to hold those actions, providing leadership across partner organisations. Furthermore, it was confirmed that an approach would be developed and agreed to involve people with lived experience, their carers and family in shaping the future reablement and day opportunities offer.

In moving to questions, Members sought an explanation as to why the number of referrals had dropped by a third but the assessment waiting time had increased by a third, and whether that was the result of prioritisation of need. It was explained that the improvement in referrals was the result of a more effective triage process, which was usually undertaken within a week. Some of the resource had been allocated to the triage process which explained the improvement in performance. It was felt that this was a much safer approach but had materially extended the wait for assessments.

Having heard much about recruitment, Members sought clarification on the position in relation to the retention of existing employees. It was confirmed that retention was proving to be a challenge. Since the pandemic, more employees had retired and not returned to work, whereas previously they may have left and come back at a later point. This was an issue replicated across many sectors nationally, including local government. One of the approaches to minimise the impact of staff leaving employment with the Trust was to make use of agency staff, although it was recognised that this tended to focus on in-patient services rather than specialised community services.

Reflecting on South Yorkshire Police's announcement that its officers would no longer attend mental health crises unless there was a danger associated, Members queried whether that was having an impact on

the Trust and other place partners and how that was being managed. In response, it was confirmed that this related to the Right Care Right Person model that was being rolled out nationally in phases and set out differing levels of intervention that the police worked to. There was beginning to be an impact with the police pushing back and saying that they would not attend when requests or contact was made. It was confirmed that the Trust were actively involved in this programme and representatives from Rotherham Care Group were looking at how this would be implemented with the police, who were being proactive in engaging on this matter. It was further explained all agencies were meeting on a monthly basis to review what was coming through on strategic and tactical levels and that could potentially provide an evidence base to suggest to the police that they had got their position wrong.

Following on, Members sought further reassurances around the role of South Yorkshire Police in relation to mental health crisis support and what they saw their future role being. In response, it was confirmed that local police were involved and active transformation activity and had a key seat around those particular tables. However, welfare checks and Right Care Right Person sits within a different department of the police force which is focused on protecting vulnerable adults. Officers were assured that both parts of the police were talking to each other, but the lead in respect of the transformation activity was the Safer Neighbourhoods Team. Overall, the concerns of partners about the new position through Right Care Right Person was timeliness and the speed at which the police had withdrawn nationally as it remained important to get referrals and welfare checks undertaken.

Information was requested in respect of the level of dropouts caused by individuals having to wait too long for assessments. In response, it was confirmed that everyone recorded in the statistics referred to in the earlier presentation would have received triage. It was acknowledged that a number of people would have disengaged prior to being assessed or did not attend their allotted appointment, but it was stressed that those would be the only reasons why someone would not have had an assessment after triage. The 'Did Not Attend' rate was stated as being at around 8% of all referrals.

Members also sought clarification on how children's and adults services were dovetailed to meet the specific needs of people between 16 and 24 who may not be ready or keen to receive support within adult mental health care services. In response, it was explained that there were separate Care Groups for adult and children's care, and this meant that different services were being provided according to the needs of those groups. It was noted that there was a transition group for ages 18 – 25, but the organisations were the same and would arrange for the appropriate pathway on a case-by-case basis.

In response to a query about working with local community organisations it was confirmed that there was a lot of engagement with voluntary sector partners and there had recently been an event for voluntary sector groups to raise awareness of services on offer. It was also stated that referrals to such groups were made when it was considered appropriate to do so.

Members sought clarification around the process followed in cases of dual diagnosis. It was explained that the approach in Rotherham was to treat individuals for the most prevalent issue that they were facing at that time, but, if there was a need to be on two separate pathways, the service would ensure that the individuals were receiving the support required.

Reassurances were sought that rural areas were getting the same level of support in terms of mental health care. In response, it was noted that the cost-of-living crisis was having an effect on people's ability to come to urban centres to access mental health support. Consultation was seeking views on how to get service provision closer to people's homes through the hubs and not making affordability an issue to access care or support. In a workshop with voluntary sector partners that took place earlier in June 2023, the issue of targeting harder to reach communities had been considered and this was part of the scoping exercise.

Members also wished to understand what continuity there was in care and what further support was available in the form of after care. In response, it was explained that patients in the community would have a Care Coordinator assigned to them when referred into the service, and the Care Coordinator would be with them throughout the treatment journey. This was replicated in some specialised services also, to maintain consistency. In terms of post discharge care, patients are given a discharge plan detailing what services are available and confirms what to do in particular circumstances.

Resolved:-

1. That a six-month update on transformation be received in January 2024.

16. WORK PROGRAMME

Consideration was given to the latest iteration of the Commission's work programme for the 2023/24 municipal year. In doing so, the Chair encouraged Members to get involved in reviewing quality accounts for NHS organisations in the local health economy, as well as other bespoke workshops.

In considering the work programme, Members were mindful not to overload future agendas and were aware of the limited time available to

consider matters before the pre-election period commences in March 2024. It was suggested that some items on the work programme may be better dealt with through separate workshop discussions rather than through formal committee agenda items.

Resolved:-

1. That the schedule of work be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme as appropriate, in consultation with the Chair/Vice-chair, and with any changes reported to the next meeting.

17. URGENT BUSINESS

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

18. DATE AND TIME OF NEXT MEETING

Resolved:- The next meeting of Health Select Commission will be held on 27 July 2023, commencing at 5.00 pm in Rotherham Town Hall.