

HEALTH SELECT COMMISSION

Date and Time :- Thursday, 11 July 2019 at 10.00 a.m.

Venue:- Town Hall, Moorgate Street, Rotherham.

Membership:- Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), John Turner, Vjestica, Walsh, Williams, Wilson and Yasseen)

Co-opted Members –Robert Parkin (Rotherham Speak Up),

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Democratic Services Officer of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

3. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

4. Communications

For Discussion

5. Monitoring Report on Drug and Alcohol Treatment and Recovery Services
Anne Charlesworth, Public Health and Joy Ainsworth, CGL, to present

6. Health Select Commission Work Programme 2019-20 (Pages 1 - 10)

7. Investment and Evolution - Primary Care and Developing Rotherham Community Health Centre (Pages 11 - 64)
Jacqui Tuffnell, Head of Commissioning
NHS Rotherham CCG
8. Healthwatch Rotherham

For Information

9. Health and Wellbeing Board (Pages 65 - 72)
Minutes of meeting held on 29th May, 2019
10. South Yorkshire Derbyshire and Wakefield Joint Health Overview and Scrutiny Committee Update
11. Depression Prevalence (Pages 73 - 74)
12. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.
13. Date and time of next meeting

The next meeting of the Health Select Commission will be held on Thursday, 5th September, 2019, commencing at **2.00 p.m.** in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

Health Select Commission – 11 July 2019

Report Title

Health Select Commission Work Programme 2019-20

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

This report presents the final draft of the work programme for 2019-20 for Health Select Commission members to consider and agree following a presentation and discussion at the meeting in April 2019.

Recommendations

That the Health Select Commission:

- 1 Receive and approve the draft work programme for 2019-20.
- 2 Consider and confirm the proposed membership for the quality account sub-groups and performance sub-group, subject to any Membership changes agreed at Council on 24 July 2019.
- 3 Note that if any urgent items emerge during the year this may necessitate a review and re-prioritisation of the work programme.

List of Appendices Included

Appendix 1 – Draft HSC Work Programme 2019-20

Appendix 2 – Draft Quality and Performance sub group memberships

Background Papers

Council Constitution

Minutes of HSC meetings during 2018-19 and April 2019-20.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Overall scrutiny work programme at Overview and Scrutiny Management Board.

Council Approval Required

No

Exempt from the Press and Public

No

Health Select Commission Work Programme 2019-20

1. Background

- 1.1 Health and social care services continue to undergo transformation and to move towards more integrated working through joint commissioning, locality working, increased co-location and multi-disciplinary teams. This work is an important long term programme that the Health Select Commission has been scrutinising since 2015-16 and is likely to endure over the next two to three years.
- 1.2 Overall performance of health partners is scrutinised through their quality accounts, with three sub-groups formed for this purpose. Their work will be supplemented by the quarterly meetings of the Chair and Vice Chair with the Rotherham NHS Foundation Trust; Rotherham, Doncaster and South Humber NHS Foundation Trust; and Rotherham Clinical Commissioning Group, which have been in place since 2014-2015.
- 1.3 Another significant ongoing piece of work is scrutiny of any major changes to NHS services across South Yorkshire and Bassetlaw, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the Health Select Commission (HSC) in the Constitution.

2. Key Issues

- 2.1 The proposed work programme in Appendix 1 addresses key policy and performance agendas aligned to the priorities in the Council Plan, with a clear focus on adding value.
- 2.2 The overall priorities for HSC this year include:
 - Rotherham Integrated Health and Social Care Place Plan
 - Adult Social Care – performance and development (in conjunction with OSMB)
 - Autism Strategy and Diagnosis Pathway
 - Social, Emotional and Mental Health
 - Sexual Health
 - Developments in Primary Care
 - Health and Wellbeing Strategy implementation
 - South Yorkshire and Bassetlaw Integrated Care System - NHS transformation (Joint Health Overview and Scrutiny Committee)
 - Monitoring past reviews
- 2.3 The Commission will continue use a range of approaches in its scrutiny work, including visits and service user feedback to supplement reports, presentations and performance information.
- 2.4 From the April meeting Gaming/Gambling was raised as a potential item to be the subject of a review and will need further discussion with officers to avoid duplication with existing work.

3. Options considered and recommended proposal

- 3.1 This report presents the final draft of the Health Select Commission work programme for 2019-20 for members to consider and approve, subject to the scheduling of items related to adult social care. Agenda items from June and July have been included so HSC members have the full programme in one document.
- 3.2 Appendix 2 sets out the proposed membership for the performance sub-group and each of the NHS trust quality sub-groups for consideration, mainly based on last year's membership to retain the knowledge Members have developed of those health partners' services. This is subject to any suggested changes at the meeting and any membership changes agreed by Council on 24 July 2019 and.

4. Consultation on proposal

- 4.1 Not applicable.

5. Timetable and Accountability for Implementing this Decision

- 5.1 Scheduling of agenda items is detailed in Appendix 1 where confirmed.

6. Financial and Procurement Advice and Implications

- 6.1 None arising from this report.

7. Legal Advice and Implications

- 7.1 There are no direct legal implications from this report, although the work programme of OSMB and the Select Commissions encompasses statutory duties of the Council.

8. Human Resources Advice and Implications

- 8.1 None arising directly from this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The work of the Health Select Commission includes services and support for children, young people and adults, with a specific focus on mental health service transformation and the adult social care development programme.
- 9.2 As some Members sit on both the Health and Improving Lives Select Commissions, this facilitates information sharing and feedback on relevant issues for children and young people between the two commissions.

10. Equalities and Human Rights Advice and Implications

- 10.1 Scrutiny focuses on promoting equality through improving access to service and support for all and ensuring the needs of groups sharing an equality protected characteristic are taken into account.

11. Implications for Partners

- 11.1 The work programme primarily focuses on the Adult Social Care, Housing and Public Health directorate and partner agencies across the local health economy, including Rotherham Clinical Commissioning Group, The Rotherham NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust.

12. Risks and Mitigation

- 12.1 The development of a clear work programme maximises the potential for the scrutiny function to have an impact and mitigates against the risk of using resources with little impact or outcome.
- 12.2 The programme does need to maintain flexibility to accommodate additional or urgent items that may emerge during the year, for example resulting from OSMB pre-decision scrutiny or scrutiny of Council Plan performance. If items are added, this may necessitate a review and re-prioritisation of the work programme.

13. Accountable Officer(s)

James McLaughlin, Democratic Services Manager

This report is published on the Council's website or can be found at:-
<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Meeting Date	Agenda Item or Activity
13 June 2019	Director of Public Health annual report - community assets and progress on recommendations from last year for working age adults
	Refreshed Sexual Health Strategy and Action Plan
	Response to Scrutiny Workshop: Adult Nursing and Residential Care Homes
11 July 2019	Monitoring update Drug and Alcohol Treatment and Recovery Services
	Investment & Evolution – Primary Care – New GP Contract and development of Primary Care Networks
	Developing Rotherham Community Health Centre – Ophthalmology Outpatients
	HSC Work Programme
TBC	Performance Sub-group provisional year end ASCOF measures
5 Sept 2019	Review of Respiratory Services – community and bed-based
	Maternity Plan
	Intermediate Care/Reablement
TBC	Refresh of Suicide Prevention Plan

Meeting Date	Agenda Item or Activity
10 Oct 2018	ASC update - tbc
	Update from TRFT on CQC inspection action plan
	Update on Social, Emotional and Mental Health Strategy
	Child and Adolescent Mental Health Services (CAMHS) and Trailblazer
28 Nov 2018	Autism - All Age Strategy/Diagnostic Pathway
	Update on RCCG Commissioning Plan - to reflect NHS Long-term Plan and new requirements on QIPP (Quality, Innovation, Productivity and Prevention)
	Update on Refresh of Joint Strategic Needs Assessment (JSNA)
	<i>SEND – joint with ILSC to cover health and education (tbc)</i>
Nov/ Dec	<ul style="list-style-type: none"> <i>The Rotherham NHS Foundation Trust (TRFT)</i> <i>- Sub-group session for half year progress on NHS Quality Report/Safe & Sound Framework</i>
Dates tbc	<ul style="list-style-type: none"> <i>Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)</i> <i>- Sub-group session for half year progress on NHS Quality Report, Rotherham Dashboard and estate strategy</i> <p>For both overview of performance in quarters 1 and 2 on national measures, local quality priorities for 2019-20 and actions from any CQC inspections.</p>
9 Jan 2020	ASC update(s) - tbc

Meeting Date	Agenda Item or Activity
	<i>To add</i>
TBC	Performance Sub-group final year end ASCOF measures and benchmarking
20 Feb 2020	ASC update(s) - tbc
	<i>To add</i>
March/ April 2019 Dates tbc	<ul style="list-style-type: none"> • TRFT • RDASH • Yorkshire Ambulance Service <ul style="list-style-type: none"> - Overview of performance for 2019-20 and discussion on the local priorities for 2020-21. - Final draft quality accounts circulated for consideration and comment, including on the local quality priorities for 2020-21, in March/April. <p><i>Follow up action:</i> HSC to submit statements for inclusion in the published accounts.</p>

Notes:

1. **Items still to be scheduled**

- Performance sub-group meetings
- Performance session on Health and Wellbeing Strategy linked to JSNA refresh
- Updates on Adult Social Care (in conjunction with OSMB)
 - Carers Strategy
 - My Front Door
 - Information, Advice and Guidance
 - Target Operating Model

2. **Possible reviews**

- Gambling/Gaming

3. **SY&B Integrated Care System – NHS transformation**

- As last year, scrutiny arrangements will be based on whether any proposals are Rotherham-specific or broader affecting more than one local authority, which would involve the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee (JHOSC). Standard HSC agenda item for discussion, updates and feeding into JHOSC.

- The current workstreams are monitoring implementation of changes to hyper acute stroke and unplanned out of hours children's surgery and anaesthesia, and developments under the Hospital Services Programme. The ICS will also develop its response to the NHS long-term plan.

4. **Underpinning themes for scrutiny**

- Impact on service user/patient experience
- Reducing health inequalities
- Ensuring services take account of the Director of Public Health Annual Report in service planning and delivery - "health in all policies" approach
- Ensuring partners are supporting prevention, self-management, education and early intervention (c/f RIHCPP)
- Equality and engagement

Appendix 2

Draft membership of NHS Quality Account and Performance sub-groups

	RDaSH	Rotherham Hospital	Yorkshire Ambulance Service	Performance
Chair	Cllr Keenan	<i>Vice Chair TBC</i>	Cllr Keenan	<i>Cllr Keenan tbc</i>
Members	Cllr Andrews	Cllr Albiston	<i>Cllr Brookes or Cllr Yasseen</i>	Cllr Andrews tbc
	<i>Cllr Brookes or Cllr Yasseen</i>	Cllr Bird	<i>Vice Chair TBC</i>	Cllr Bird
	Cllr Ellis	Cllr Cooksey	Cllr Evans	Cllr R Elliott
	Cllr Jarvis	Cllr R Elliott	Cllr Wilson	Cllr Ellis
	Cllr John Turner	Cllr Vjestica		Cllr Jarvis tbc
	Cllr Walsh	Cllr Williams		
				<i>Any others tbc</i>

Investment & Evolution – Primary Care & Developing Rotherham Community Health Centre

Jacqui Tuffnell, Head of Commissioning
NHS Rotherham CCG

11 July 2019

Your life, Your health

1

NHS Long Term Plan: Overview



- Published in January 2019
- Sets out the key ambitions for the NHS over the next 10 years
- Produced in response to a new five- year funding settlement

Your life, Your health

A New Service Model for the 21st Century

Five major changes to the NHS service model:

1. Boosting 'out-of-hospital' care and finally dissolving the historic divide between primary and community health services
2. Redesigning and reducing pressure on emergency hospital services
3. People will get more control over their own health, and more personalised care when they need it
4. Digitally-enabled primary and outpatient care will go mainstream across the NHS
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

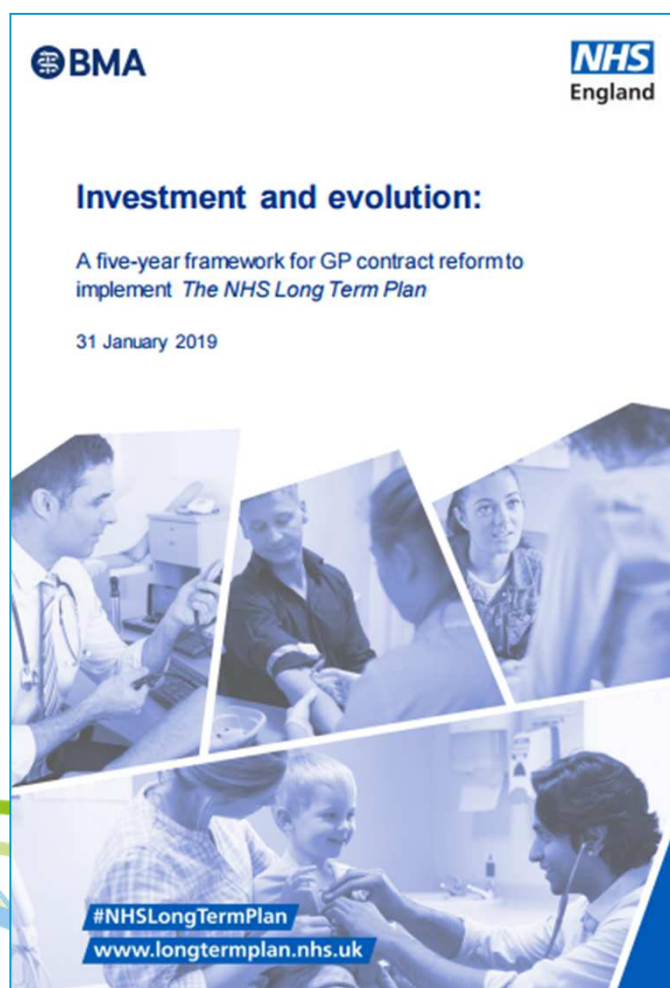
Your life, Your health

What this means.....

- Urgent community response and recovery services
- Primary Care Networks of primary and community teams
- Guaranteed NHS support for care homes
- Supporting people to age well
- Increasing patient choice
- Same day emergency care
- Personalised care when needed
- Reducing delays in patients going home
- Digitalisation of Primary and Outpatient care
- Integrated Care systems everywhere by 2021 – focussing on population health

Your life, Your health

Investment and Evolution: A Five Year Framework for GP Contract Reform to implement to NHS Long Term Plan



- Introduces automatic entitlement to a new Primary Care Network Contract
- Gives five-year funding clarity and certainty for practices

Your life, Your health

The vision for primary care networks

- The key building block of the [NHS long-term plan](#)
- All GP practices in geographical based PCNs with populations of around 30,000–50,000 patients;
- Intended to dissolve the historic divide between primary and community medical services
- Proposals submitted & agreed in May 2019
- Small enough to provide valued personal care;
- Large enough to work with other practices & organisations
- General practices working at scale together, to
 - **recruit and retain staff;**
 - **manage financial and estates pressures;**
 - **provide a wider range of services to patients**
 - **integrate with the wider health and care system.**

Your life, Your health

What will PCNs do?

- Provide care in different ways to meet different needs, e.g.
 - flexible access to advice and support for generally healthy people
 - joined up care for those with complex conditions
- focus on prevention and personalised care,
 - supporting patients to make informed decisions
 - to look after their own health
 - connecting patients with statutory and voluntary services

Your life, Your health

What will PCNs do? ...ctd

- provide a wider range of services through a wider set of staff roles i.e.
 - **first contact physiotherapy,**
 - **extended access**
 - **social prescribing.**
- deliver 7 national service specifications.
 - **Five will start by April 2020: Structured medication reviews, enhanced health in care homes, anticipatory care, personalised care & supporting earlier cancer diagnosis**
 - **Two will start by 2021: Tackling local health inequalities, CVD case finding**

Your life, Your health

What will PCNs do? ...ctd

- join up the delivery of urgent care in the community
- Be responsible for providing enhanced access services and extended hours requirements
- Publication of GP activity and waiting times data alongside hospital data
 - New measure of patient-reported experience of access

Your life, Your health

What will PCNs do? ctd

- will be the base for:
 - integrated community-based teams
 - community and mental health services
- will consider population health,
 - from 2020/21, will identify people who would benefit from targeted, proactive support.
- will represent primary care in integrated care systems, through the accountable clinical directors from each network

Your life, Your health

How will the funding work?

Practices have to be part of the network to receive payments, which will include:

- Separate national funding for digital-first support from April 2021
- Funding for additional roles to support general practice: Clinical Pharmacists and social prescribing link workers in 2019/20,
- funding for physiotherapists, physician associates and paramedics to follow

Your life, Your health

PCN accountability

- Practices are accountable to commissioners for the delivery of network services.
- A legally binding agreement
- An accountable clinical director for each network
- Publication of GP activity and waiting times data alongside hospital data
- New measure of patient-reported experience of access

Your life, Your health

Benefits for patients

- More co-ordinated services; where patients don't have to repeat information many times
- Access to a wider range of professionals in the community
- Appointments that work around patients' lives; shorter waits & treatment and advice delivered through digital, telephone **and** face to face
- More influence when people want it, with more power over how health and care services are planned and managed
- Personalisation and a focus on prevention and living healthily

Your life, Your health

Benefits for practices, and the wider health system

- Greater resilience; using shared staff, buildings and other resources to balance capacity and demand
- Better work life balance
- More satisfying work; each professional able to do what they do best
- Improved care and treatment for patients,
- Greater influence on the wider health system
- Better co-operation and co-ordination across services
- Wider range of services in community settings, meaning patients don't default to acute services
- Using the expertise in primary care on local populations to inform system wide decisions and how resources are allocated

Your life, Your health

Rotherham Primary Care Networks

6 Primary Care Networks all over 30,000 population:

- Health Village / Dearne Valley PCN
- Maltby Wickersley PCN
- Raven PCN
- Rother Valley South PCN
- Rotherham Central North PCN
- Wentworth 1 PCN



Your life, Your health

Rotherham Primary Care Networks

Primary Care Network (number of practices)	Member practices	Clinical Director
Health Village / Dearne Valley PCN (4 practices)	C87017 Clifton Medical Centre C87030 Crown Street Surgery C87029 Market Surgery C87005 St Ann's Medical Centre	Dr Simon Mackeown St Ann's Medical Centre Doncaster Gate, Rotherham S65 1DA Tel: 01709 375500
Maltby Wickersley PCN (6 practices)	C87016 Morthen Road Group Practice C87015 Wickersley Health Centre C87620 Manor Field Surgery C87616 Blyth Road Medical Centre C87031 Braithwell Road Surgery C87606 Queen's Medical Centre	Dr Geoff Avery Blyth Road Medical Centre 8 Blyth Rd, Maltby, Rotherham S66 8JD Tel: 01709 812827
Raven PCN (5 practices)	C87622 Gateway Primary Care C87014 Treeton Medical Centre C87007 Stag Medical Centre & Rose Court Surgery C87009 Brinsworth & Whiston Medical Centre C87604 Thorpe Hesley Surgery	Dr Ambreen Qureshi Stag Medical Centre 162 Wickersley Rd, Rotherham S60 4JW Tel: 01709 364990
Rother Valley South PCN (4 practices)	C87002 Dinnington Group Practice C87022 Village Surgery C87008 Swallownest Health Centre C87004 Kiveton Park Medical Centre	Dr Timothy Douglas Dinnington Group Practice Medical Centre, New St, Sheffield S25 2EZ Tel: 01909 562207
Rotherham Central North PCN (5 practices)	C87020 Greenside Surgery C87003 Woodstock Bower Group Practice C87603 Greasbrough Medical Centre C87012 Broom Lane Medical Centre C87621 Broom Valley Surgery	Dr N R Ravi Greenside Surgery 5 Greenside, Greasbrough, Rotherham S61 4PT Tel: 01709 560887
Wentworth 1 PCN (6 practices)	C87006 Magna Group Practice C87018 High Street, Rawmarsh C87013 Parkgate Medical Centre C87608 Shakespeare Road C87010 York Road Surgery C87024 Rawmarsh Health Centre	Dr Tariq Ahmed Magna Group Practice Saville Street, Dalton, Rotherham, S65 3HD Tel: 01709 851414

Your life, Your health

Rotherham Community Health Centre

- Rotherham Community Health Centre – purpose built to house the walk-in centre, GP practice, dental services and community/outpatient facilities
- Services have changed resulting in 2/3 of the centre now being empty – clear feedback from our population that it needs to be better utilised



Your life, Your health

What will work best for the centre and our population?

- 5 options considered
- Recommended option to relocate **Ophthalmology outpatients** enabling:
 - amalgamation of the service
 - to meet CQC requirements separating children from adults
 - ensuring the estate is fit for purpose to meet current and future capacity
 - reducing the footfall substantially on the hospital site (by approximately 48000 visits per year) and increasing the footfall into Rotherham's town centre
 - responding to the public's request to utilise this central, good quality facility

Your life, Your health

Next steps

- Engage current service users:
 - surveys with patients and carers in the department
 - publicise in the hospital main reception outlining the plans and asking for comments
 - Utilising social media to undertake surveys
 - Identify relevant stakeholders and key audiences
- Incorporate comments into the case for change
- Work up a plan for the changes required to accommodate Ophthalmology
- If finally agreed, facilitate the relocation before the end of the financial year

Your life, Your health

Operational Executive – 3 May 2019

Strategic Clinical Executive – 8 May 2019

GP Members Committee (GPMC) – 26 June 2019

Clinical Commissioning Group Governing Body - 3 July 2019

Proposal to relocate Ophthalmology Outpatients to the Rotherham Community Centre

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Joanne Martin, Senior Service Improvement Manager
Lead GP:	Dr Anand Barmade, GP clinical lead

Purpose:

This proposal seeks approval to re-locate the ophthalmology outpatient department from Rotherham Hospital to the Rotherham Community Health Centre (RCHC).

Background:

Rotherham Community Health Centre is a purpose built medical facility in the heart of Rotherham town centre and was originally built to house the walk-in centre, GP practice, dental services and community/outpatient facilities.

Since November 2015 to the present day, a number of services have closed or merged into existing provision and relocated to The Rotherham Hospital main site, leaving the building approximately two thirds empty.

November 2015	Chantry Bridge, GP Practice ceased as a result of Care UK giving notice
April 2017	Sexual Health Service merged back into TRFT
July 2017	Walk –in –Centre closed
March 2019	Diagnostic Service merged back into TRFT as a result of Care UK giving notice

In various groups, RCCG has received feedback that Rotherham Community Health Centre should be reutilised predominantly because of its easy access. In November 2018, a small team of estates advisors from across the Rotherham place, started to consider how the building could be utilised more effectively, given its prime location in the centre of Rotherham.

As part of this process five options were considered as part of options appraisal. The recommended option, was to relocate ophthalmology outpatient services and orthotics, subject to capital investment being achieved and the flexibility from the landlord and NHS Property Services to upgrade the building to enable these services to relocate. Following exploratory design discussions it was identified that it would not be feasible to include orthotics into the plans and therefore RCCG and The Rotherham

Foundation Trust (TRFT) commenced a process to determine the feasibility of relocating the ophthalmology outpatient department. This would reduce the patient footfall at TRFT by approximately 48,000 per annum (which will be higher as many patients are accompanied to their appointments).

Analysis of key issues and of risks

This proposal seeks to reconfigure the Ophthalmology outpatient department from TRFT to the RCHC. This relocation is essential for the following reasons:

- Amalgamate the service into one bringing together the existing work force
- Meet CQC requirements, splitting children and adults
- Ensuring the estate is fit for purpose to meet future capacity
- Increase footfall into Rotherham's town centre, in keeping with the Rotherham place plan 'one estate' strategy
- Respond to the Rotherham public request to reutilise this central, good quality facility

The proposed move is part of a wider strategy to align TRFT services across the acute footprint and particularly enabling the movement of gynaecology services to facilitate the demolition of Greenoaks.

Patient, Public and Stakeholder Involvement:

Ophthalmology is one of the highest attending specialties at TRFT. Patients using the ophthalmology service frequently complain about patient parking at the hospital from difficulty in finding spaces to the distance from the car park to the ophthalmology service.

To meet the national guidance requirements it is proposed that the activity undertaken is appropriate for and proportionate to the size and level of change. A change of location is seen as a variation of service.

It is therefore proposed that we engage the current service users in the following ways:

- Undertake surveys with patients in the department
- Have a stand in the main reception of TRFT outlining the plans and asking for comments
- Utilising social media to undertake surveys

An action plan has been developed to help target key audiences to understand the changes to the service, when the change will take place and what it means to them.

Our plan ensures we will:

- Proactively and effectively communicate the change to the service and what it means to individuals and staff.
- Develop effective two-way opportunities where we share information, we listen and respond, and are visible.
- Identify relevant and timely tactics with key audiences and stakeholders.

Equality Impact:

An equality impact assessment has been undertaken and it was felt that there is minimal impact on patients being disadvantaged by the new location.

The service change has been suggested as Level 2 and has been indicated at this stage the following reasons:

- Not all the population will be impacted
- No changes to the service will be made
- The location is 2 miles from the current location and offers better public transport links and parking

Financial Implications:Capital

It is anticipated that the overall capital scheme will cost £750,000. This includes all costs including the design costs and TRFT recognise these costs and have incorporated in the TRFT 2019-20 capital programmes.

Recurrent

It is expected that on-going recurrent costs with RCHC (Property Services) and TRFT will be cost neutral.

Indicative costs are as follows:-

RCHC market rent	£219,855
RCHC service charge	£162,918
Total cost	£382,773
Current CCG void cost for RCHC	-£263,000
Current FM costs for ophthalmology & Greenoaks	-£45,000
Current capital charges released	-£51,000
Total additional cost to current	£23,773

This does not include the current cost of the diagnostic area at RCHC (£108,000) and assumes the current cost is unchanged. It is suggested that the proposed service charge costs are negotiated with Property Services to facilitate this move financially. If this is not feasible there is a cost pressure of £23,773 for TRFT.

Human Resource Implications:

There will be a need to relocate staff from TRFT to RCHC which TRFT will need to consider as part of this scheme.

Procurement Advice:

N/A

Data Protection Impact Assessment

N/A

Approval history:

OE supported this proposal on 3 May 2019

SCE supported this proposal on 8 May 2019

GP members supported this proposal on 26 June 2019

TRFT are also considering this proposal as part of their governance processes it will be presented to their board in July 2019

Recommendations:

It is recommended that the proposal to relocate ophthalmology services to RCHC is approved subject to TRFT board approval in July 2019.

Paper is for Approval

Proposal to Relocate Ophthalmology Outpatients to the Rotherham Community Health Centre

Document Control

Document Title	Proposal to relocate Ophthalmology outpatients to the Rotherham Community Centre
Version /Date	V1/ 28 th March 2019 V2/ 8 th April 2019 V3/ 9 th April 2019
Author	Joanne Martin Senior Service Improvement Manager

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1.0 Introduction

1.1 Purpose of Document

This proposal seeks approval to reconfigure the Ophthalmology outpatient department from The Rotherham Foundation Trust to the Rotherham Community Health Centre. This relocation is essential for the following reasons:

- Amalgamate the service into one bringing together the existing work force
- Meet CQC requirements, splitting children and adults
- Ensuring the estate is fit for purpose to meet future capacity

The proposed move is part of a wider strategy to align TRFT services across the acute footprint, with the potential to create of a cohesive intermediate care service located on-site at TRFT.

1.2 Background

Rotherham Community Health Centre (RCHC) is a purpose built medical facility in the heart of Rotherham town centre and was originally built to house the walk-in centre, GP practice, dental services and community/outpatient facilities. Since November 2015 to the present day, a number of services have closed or merged into existing provision and relocated to The Rotherham Hospital main site, leaving the building approximately two thirds empty.

The list below provides further clarification on services vacating RCHC over the last 5 years.

- November 2015 - Chantry Bridge, GP Practice ceased due to Care UK
- April 2017 - Sexual Health Service merged back into TRFT
- July 2017 - Walk –in –Centre closed
- March 2019 - Diagnostic Service merged back into TRFT after Care UK gave notice

If we are to have success in the delivery our place ambition, we need to ensure that our available housing and estates support and acts as an enabler to our strategic transformation work streams. Partners across Rotherham recognise the value of working together and taking a strategic approach to asset management and getting the most from our collective assets.

In November 2018, a small team of estates advisors from across the Rotherham place, considered how the building can be utilised more effectively, given its prime location in the centre of Rotherham. As part of this process five options were considered as part of optional appraisal (Appendix 1), with the recommendation to further explore the relocation of the ophthalmology department.

This proposal provides a worked up proposal, based on this recommendation.

2.0 Strategic Context

2.1 National Context

It is recognised that there may need to be trade-offs between land/capital sales with a current financial benefit and the potential need for additional facilities in the future. Where surplus land/empty estate currently exists, but there is a potential for future need, local systems can benefit from working with partners in the wider economy, to make best use of such sites in the short to medium term while maintaining the ability to return to health care provision use in the future.

Health care systems, commissioners, in partnership with providers and the public, have to consider the most appropriate configuration of their hospitals so that local clinical services are adequately supported, fit for purpose, sustainable, accessible and deliver the highest possible quality of care.

2.2 Local Context

The South Yorkshire and Bassetlaw ICS identifies movement of services out of acute settings and the cross-sector estate financial savings delivered through 'place-based plans' with the local Strategic Estates Forum (SEG) as being key to where the estates strategies of local partners are shared.

The Rotherham place plan, wants to ensure, through its estates strategy, that people with the right skills and experience work in an environment that makes it easier for them to do their jobs, and buildings and infrastructure are seen as essential 'enablers' to the delivery of the better care for patients to which Rotherham aspires to.

Working within a 'One Public Estate' model, system leaders within the Rotherham place have agreed four key principles for how we will approach our place discussions regarding housing and estates. These are:

- 1) We collectively value our best assets and will engage in constructive dialogue to maximise the optimisation of these
- 2) When making decisions we will take into account the impact on partners and not just our own organisations
- 3) We will work together to produce a Rotherham Estates Strategy
- 4) Our estate decisions will support the wider Rotherham Economic and Regeneration Strategy, Housing Strategy and the wider Rotherham Together Partnership

2.3 Alignment with commissioner objectives/priorities

The population continues to age and pressures on the health services to support individuals is increasing. Therefore it is important that we plan for care in settings which are accessible and provided in environments which can meet service need now and for the future.

Partners recognise the value of working together and taking a strategic approach to asset management and getting the most from our collective assets and working with a 'One Public Estate model' sees the efficient use of Rotherham's combined estate and other infrastructure, such as IT, as a significant enabler to health and care staff working in partnership. With organisations working in partnership in systems is to improve the experience of and outcomes for patients.

Our established Strategic Estates Group continues to work constructively, identifying available estate across the system, ensuring it is fit for purpose and identifying disposals where possible, in line with the 4 key principles of 'one estate'.

For these reasons the estates advisors from across the Rotherham place, considered how Rotherham Community Health Centre can be utilised more effectively, given its prime location in the centre of Rotherham, recommending the relocation of the ophthalmology service.

3.0 The Proposal

The proposal is to relocate the Adult and Paediatric Outpatient Ophthalmology service, including the administration team currently housed at the Rotherham Hospital Site, to the Rotherham Community Centre, to ensure that the service is fit for purpose now and in the future.

The service would be located on both the ground and first floors of RCHC and would ensure that children and adults are delivered from separate areas in line with CQC requirements and bring the service into one centralised team.

The administration team would be located in one area of the building together with the clinicians. Presently the team is spread into 5 areas across the hospital. The location of the team in one place will bring greater efficiencies, not only in time spent locating team members, but by creating a better culture for team work, in particular cross cover arrangements.

The relocation of the service will see better access arrangements for patients, given the sites central location across from the bus station and also parking directly outside the building. In addition, the move has the potential to free up to 43,000 spaces a year at the hospital site, given the transfer of patients to the new site.

The relocation of the service to the community health centre, also provides the potential for further development of ophthalmology services at an ICS level, providing the flexibility to deliver services across the footprint from this location.

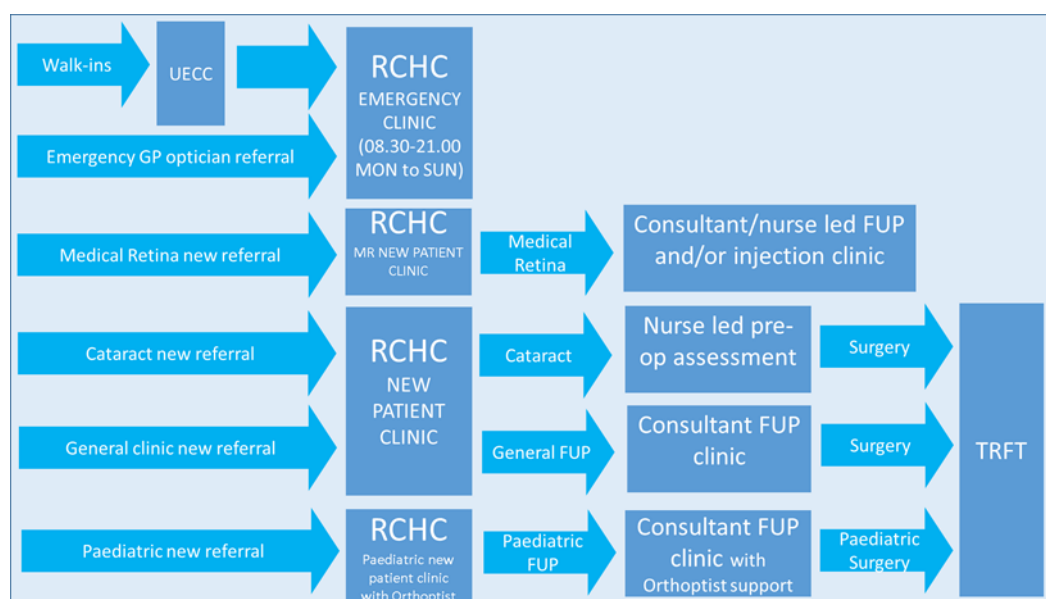
The service model to be delivered from RCHC is outlined below:

3.1 Service Model

3.1.1 Overview

Clinics run from the Rotherham Hospital, including Saturdays, with minor surgery being carried out in the clinic and 11 theatre sessions available per week in the main hospital theatres.

Many patients are referred by their GP, but some are referred by their optician. TRFT operates a one-stop clinic where patients will be seen and assessed and if surgery is required patients are given at their first clinic visit. More than 90% of our surgery is carried out under local anaesthetic as day surgery cases.



3.1.2 Service Description

EMERGENCY PATIENTS

- Daily emergency clinics MON-FRI seen by middle grade
- Patients referred from GP, opticians and through UECC.
- TRFT on call cover 08.30 – 21.00 MON-SUN
- External HUB cover 21.00 – 08.30 MON-SUN provided by Sheffield or Doncaster.
- Emergency surgery undertaken by on-call consultant (above on-call hours apply)

GENERAL REFERRALS

- New and follow up patients seen by consultant or middle grade

GLAUCOMA PATIENTS

- New referrals seen by consultant or middle grade
- Complex follow up seen by consultant or middle grade
- Stable follow up seen by CNS or Orthoptist (under clinical supervision)
- Surgery undertaken by consultant or (middle grade with consultant obs if training list)

CATARACTS

- New referrals seen by consultant
- Pre-op seen by CNS
- Surgery undertaken by consultant or (middle grade with consultant obs if training list)
- Post-op seen by CNS

PAEDIATRICS

- New referrals seen by paediatric specialist consultant with orthoptic support
- Followups seen by consultant or middle grade with orthoptic support
- ROP screening undertaken by consultant
- Surgery (squints etc) undertaken by consultant

MEDICAL RETINA

- New referrals seen by MR specialist consultant
- Follow ups seen by MR specialist consultant, middle grade or CNS
- Injections undertaken by MR specialist consultant, middle grade or CNS
- Imaging review clinics undertaken by MR specialist consultant
- Treat and extend patients seen by MR specialist consultant, middle grade or CNS

DES (DIABETIC EYE SCREENING)

- New referrals seen by MR specialist consultant
- Follow ups seen by MR specialist consultant, middle grade or CNS
- Moved onto MR pathway if appropriate

MINOR OPS

- Operated on by consultant or middle grade

LASER

- Follow up patients for YAG and ARGON laser seen by consultant or middle grade

ORTHOPTISTS

- Undertake vision screening peripatetically in all Rotherham CCG schools
- Perform Visual field tests
- Perform Goldmann Visual tests
- Perform Low Visual Aid tests
- Provide General and paediatric Orthoptist clinics
- Provide stable glaucoma follow up clinics
- Provide adult motility tests

ECLO (EYE CLINIC LIAISON OFFICER) SERVICE

- Advise, help and guidance for patients attending hospital appointments

MEDICAL PHOTOGRAPHY

- Provide OCT test
- Provide Autofluorescence tests
- Provide FFA (fluoroangiography) tests
- Provide ad-hoc medical photography requests

3.2 Delivering the long term plan ambitions for Ophthalmology

In July 2019 a new minor eye care service (MECs) will commence in Rotherham enabling patients to have care closer to home for minor eye care problems. Work is also on-going to review the follow-up arrangements and improve community diagnostics to enable more appropriate community care of patients. The current pathways will be reviewed as part of this work to ensure patients are only seen face to face where physically required.

3.3 Floor plans

The proposal is to relocate the service on 2 floors within RCHC, utilising the vacant space left by the relocation of the walk-in centre, GP practice, diagnostic service and the cash clinic.

Initial plans can be provided in appendices A and B and are explained in high level below.

3.3.1 Ground Floor

The ground floor will provide new, pre-op and post-op cataract appointments, new and follow up general, emergency, glaucoma, Goldmann, Low visual aid, Adult Motility and Orthoptist clinics all serviced by VA, VF and OCT rooms with corresponding sub waiting areas to improve patient flow and experience.

There is a separate designated paediatric area for new and follow-up patients with access to segregated VA, VF and Orthoptist rooms required for their appointments.

3.3.2 First Floor

The first floor will provide new, follow up and injection clinics for Medical Retia patients in conjunction with the diagnostic imaging of OCT and FFA in addition to VA (visual acuity) rooms and sub-wait areas to ensure the best patient experience and flow.

There will be a temperature controlled dedicated laser room and Minor Operations surgical area which will both utilise the OCT and VA rooms in close proximity

4.0 The Case for Change

The case for change is clear, the service demand has outgrown its current location and there is not space within the existing footprint at TRFT to extend the service. Further details on the chase for change are outlined in 4.1 below.

4.1 Facilities

Current State

The Ophthalmology outpatient clinical space has been unchanged for the past 27 years. In February 2017, the Royal College of Ophthalmologists undertook a service review of the present Ophthalmology Service, presently housed on C level of the Rotherham Hospital. The review highlighted the following:

- With the expansion of services in response to increasing demand, more space and infrastructure will be required to deliver optimal services.
- A dedicated children's clinic area in the eye outpatients' clinic is needed to meet CQC requirements. Preferably this should be close to/adjacent to the orthoptic clinic.
- Elective patients situated in the same area as the outpatient clinics.

The current estate within the hospital does not enable the flexibility required to deliver the present service or of the future.

4.2 Staffing

Clinical Staff

Presently the clinical staff for the ophthalmology service are fragmented, based across several floors and departments of the hospital. The result is that the nursing team are managed by different divisions, providing little chance for joined up working across the service or for cross cover if required.

Administration Staff

The administration staff are located across five sites of the hospital which means there is little ability for the service to quickly flex to demand when the reception desk becomes busy, causing constraints in the physical reception area around the desk as patients queue.

With the team separated it means that the secretaries and consultants are not able to be co-located, which can lead to communication issues and much time can be wasted trying to locate team members.

With the whole team dispersed across the site the team is not able to create a culture for problem-solving, and learning, which often develop from having team members at hand for coordination.

4.3 Service Delivery

The current clinical and admin footprint is used to full capacity with no room for flexibility in service delivery. The lack of space and facilities means that the current service delivery is disjointed with poor patient flow, causing bottle necks and long waits for patients and clinical staff alike.

4.4 Patient Experience

Whilst feedback of the clinical service is positive, feedback on the facilities of the service are poor. Below outlines the case for change in relation to patient experience.

4.5 Waiting areas

The service frequently receives negative comments surrounding the waiting area, which is very cramped as every area of space is used to house patients waiting to be seen, or in the process of treatment who are forced to wait in the same area, due to lack of space for an appropriate number of sub waits.

Due to the overcrowded waiting area, the summer months can become especially unpleasant, given there is not air conditioning and the ability to place fans is limited.

4.6 Patients with mobility issues

Complaints are frequently received from patients with mobility problems, due restricted space in the department. Patients are often forced to wait in corridors within the department, due to lack of space to house patients in wheelchairs. Unfortunately this then results in bottlenecks creating further issues regarding patient flow within the service.

4.7 Relatives/Carers

Often patients using the service require a relative or carer to support them to attend their appointment, or to be picked up following treatment. Due to the areas being overcrowded, it is very difficult to house relative/carers. The restrictive size of the consultation rooms also limits relatives from attending the clinical discussion. For some patients this can be quite distressing.

4.8 Lighting and furnishings/ General Environment

There is a lack of natural light the department, which means that the facility has poor lighting and is rather gloomy with furnishings which require investment, from a patient experience perspective, it does not great a welcoming environment.

4.9 Access to the service

Patients using the ophthalmology service frequently complain about patient parking at the hospital from difficulty in finding spaces to the distance from the car park to the ophthalmology service.

5.0 Improvement of current service delivery if relocated to RCHC

5.1 Estate fit for purpose

The proposal to relocate the service to the community health centre will ensure that the service will meet the requirements set out in the review, separating children and adults and elective and outpatient clinics.

RCHC also provides much needed space to provide a better, more responsive service, with room to grow/expand.

The floor plan for the service will be tailored to the service needs, which means that current bottle necks created by overspill sub wait areas will be removed, as sub wait areas will be built into the design plans adjacent to treatment areas, creating a much better patient flow across the department.

5.2 Co-location of Staff

The relocation of the service to RCHC will bring the ophthalmology team together, creating a team culture.

Housing the nursing team together in one place, means that cross cover working will be more easily managed and supports the national direction of travel for multi-disciplinary and joined up working and the team will be managed by the division.

While the site will be delivered on two floors, the clinics will be situated in a logical order, unlike the present service which places clinics where space allows. By designing the space around the service model, staff on shift will not regularly be required to travel between the floors. Where staff may have to move between clinics, the time taken to do this is minimal.

Initial indications with the team have shown that they are excited by the change and feel that the new layout and facility will greatly enhance their working environment not only as the service will be less cramped and fit for purpose, but that from an aesthetic perspective, as the environment will be new, airy and more spacious.

5.3 Patient benefits

There are many benefits to patients by relocating the service to RCHC. In particular access to the service is improved, with the bus stations directly opposite the building, and car parking immediately outside.

The Ophthalmology service is currently contracted to see 43,000 patients per year, many of whom access the service by car. The unintended benefit of relocating the service to RCHC is that the utilisation of the car park at TRFT will be substantially reduced.

Better flow of the department will result in improving the time patients are waiting. Often the service has to juggle rooms to be able to meet the patient activity, which

can mean that patients may have to wait slightly longer until a clinical room is available for the patient to be seen in. RCHC provides capacity and expansion space for the future for clinical space. This in turn drives improvements in waiting times for patients.

One of the issues with the present estate is that the consultation rooms are small and often relatives are asked to wait outside in the waiting area. The clinical rooms in the community health centre are built on a larger footprint, which means that as well as the rooms being more airy and light, there is space for relatives, should the patient request them to sit in on the consultation. Not only is this better for service users, but it also frees up the waiting area.

5.4 Digital opportunities

The NHS is increasingly looking at how digital technology can be utilised to make improvement in service delivery. The relocation of ophthalmology to the community health centre creates an opportunity:

- A paperless outpatient department in Rotherham
- Digital self check in desks
- Virtual clinics /video consultation as appropriate
- Faster digital transfer of diagnostics
- Video guidance/electronic leaflets for using eye/drops
- Electronic prescriptions
- Links to the Rotherham Health APP

As the scheme progresses from design to implementation, further opportunities for digital options will be explored.

5.5 Pharmacy arrangements

TRFT will need to consider how prescribing and dispensing will work within RCHC as there is no longer a pharmacy located within RCHC. Options include the use of vending, provision of a small ophthalmic pharmacy within the centre of use of FP10s. These options will be worked through by the ophthalmology, pharmacy and estates teams.

6.0 Finance

6.1 Indicative costs

6.1.1 Capital costs

To facilitate the relocation of services to the RCHC, building work will be required to adapt layout to meet the ophthalmology department's needs.

The estimated costs for full service relocation are £750,000. Full costs for the service will be known following the design phase which will be 10% of the capital scheme. TRFT recognise these costs and have them covered in their 2019-20 capital programme.

6.1.2 Recurrent Cost

It is expected that on-going recurrent costs with RCHC (Property Services) and TRFT will be cost neutral.

Indicative costs are as follows:-

RCHC market rent	£219,855
RCHC service charge	£162,918
Total cost	£382,773
Current CCG void cost for RCHC	-£263,000
Current FM costs for ophthalmology & Greenoaks	-£45,000
Current capital charges released	-£51,000
Total additional cost to current	£23,773

This does not include the current cost of the diagnostic area at RCHC (£108,000) and assumes the current cost is unchanged. It is suggested that the proposed service charge costs are negotiated with Property Services to facilitate this move financially. If Property services are not willing to support this, there is a financial risk of £23,773 for TRFT.

6.2. Non-financial benefits

As outlined in section 5, there are a great number of non-financial benefits to relating the service to RCHC. The table below provides a comparison of the present service against the non-financial benefits to be realised:

	TRFT	RCHC
Staffing	Staff fragmented across several floors and departments of the hospital offering little chance for joined up working and cross cover if required	Co-location of staff of staff to defined easily accessible areas over two floors. Easier management, more joined up working and cross cover opportunities
Expansion	Current clinical and admin	Can accommodate all current

	footprint used to capacity and beyond with no room for expansion of services	services, including recommendations from RCR relating to waiting areas with sufficient scope to expand clinical and admin services to future proof department
Service Delivery	Disjointed delivery due to lack of space and facilities meaning patient flow causes bottlenecks and long waits for patients and clinical staff alike.	Redesign of service delivery to enable patients to flow more easily through departments, reduce bottle necks and improve patient and clinical experience and reduce appointment time and therefore time in department
Patient experience	B6 and OP in similar states of disrepair with poor lighting and furnishings, OP offers little designated waiting area and limited paediatric waiting area with no sub-waits. Limited car parking away from main hospital, when available	New building in light, airy setting. Designated waiting areas and sub waits. Car parking straight outside building

7.0 Approach to project management

To ensure a smooth delivery of the capital scheme is recommended that NHS Property Services are appointed to design and project manage the building works, given their relationship with the Superior landlord and negating the need to have legal documents in the form of licences to undertake alterations which would likely incur legal fees.

Initial discussions have highlighted that the fee proposed by NHS Property services is in line with industry standard practice of circa 10% of the works cost to take the scheme through all the relevant stages of the process from design brief to handover.

7.1 Delivery Team

To ensure successful delivery of the scheme the following project team will be delivering the scheme.

Senior Responsible Officer	Suzanne Stubbs
Capital Scheme Lead	John Cartwright
Clinical Lead	Mr Georgios Mariatos
Operational Lead	James Hichman
Nurse Lead	Debbie Timms
Finance Lead	TBC
HR Lead	TBC
Communication Lead	Gordon Laidlaw
Project Management Lead	TBC

7.2 High Level Programme Plan

The table below sets out the high level programme of works. Initial discussions with property services suggest that if the scheme is approved in April, the service should be able to relocate by November 2019.

Should there be any delays in the scheme then the service will not be able to move until spring 2020, due to seasonal winter pressures.

	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Approve Outline Proposal									
Appoint Contractor									
Design /Tender									
Patient Engagement									
Full Proposal									
Agree contract									
Building works									
Communications									
Move Department									

8.0 Risks

8.1 Initial Risks associated with the scheme

The service has identified the following risks, detailed in the table 1 below

Issues/Risks	Description	Mitigating action
Timeframe/Deliverability	It is recognised that the timeframe of delivering the scheme by November is tight. The risk lies with TRFT and property services to ensure the relevant project team are freed up to deliver the scheme.	Establishing weekly meetings/calls with the project team to progress the work, escalating any risks and actioning as appropriate.
Theatres	Not viable to move the service Cost to make the building fit for purpose for theatres	Patients will follow the day surgery pathway at the main hospital site
Staffing considerations	Relocation costs Consultation period	Travel time impact assessment
Links to other service in TRFT e.g – A&E	Emergency demand, further work needed to take place on the location as to where the demand will be seen. Transfer of case notes for emergency patients.	Use ASU area to review emergency ophthalmology patients

Table 1 - Risks

8.2 Approach to risk management

The delivery team will identify and quantify the key risks associated with the scheme resulting in a project contingency. Risks will be apportioned to either the Trust, contractor or shared and mitigating strategies identified in the Risk Register. This will be monitored on a regular basis by the Project Team for the life of the project. It is the Trust Project Manager's responsibility to manage the risk register.

9.0 Communications

9.1 Communications Plan

Communicating effectively with patients, the public, stakeholders and staff will be fundamental to the move of the Ophthalmology outpatients service to Rotherham Community Health Centre and it is essential that the communication activity is clear, concise and easy-to-understand.

Our communications activity will focus on informing, sharing and listening. An action plan (appendix C), has been developed to help key target audiences understand the changes to the service, when the change will take place and what it means to them.

Our plan shows how we will:

- **Proactively** and **effectively** communicate the change to the service and what it means to individuals and staff.
- Develop effective **two-way** opportunities where we share information, we listen and respond, and are visible.
- Identify **relevant** and **timely** tactics with key audiences and stakeholders.

9.2 Public Engagement

NHS CCGs have a duty to involve patients and the public (By means of providing information, consultation or in other ways). Section 14 Z2 of the Health Service act as amended by the Health & Care Act 2012

In terms of service change, CCGs are legally required to have regard to the guidance produced by NHS England 'Planning assuring and delivering service change for patients (NHSE 2012)

To meet the national guidance requirements it is proposed that the activity undertaken is appropriate for and proportionate to the size and level of change. Any change of location is seen as a variation of service.

It is therefore proposed that we engage the current service users in the following ways:

- Undertake surveys with patients in the department
- Have a stand in the main reception of TRFT outlining the plans and asking for comments
- Utilising social media to undertake surveys

9.3 Equality Impact Assessment

An equality impact assessment has been undertaken (appendix X) and demonstrates that the benefits of relocating the ophthalmology service to the community health are substantial. It is felt that the approach to engagement with service users in the manner set out above is approach to the service change taking place.

10.0 Conclusions and salient issues for further consideration

10.1 Conclusions

The case for relocating the Ophthalmology outpatient department to the Rotherham Community Health Centre is clear. The existing premise is no longer fit for purpose. Relocation to the Rotherham Community Health Centre will:

- Amalgamate the service into one bringing together the existing work force
- Meet CQC requirements, splitting children and adults
- Ensuring the estate is fit for purpose to meet future service requirements

The proposed move is in line with Rotherham's 'One Estate' approach increasing the footprint of residents into the town centre and supporting the local economy.

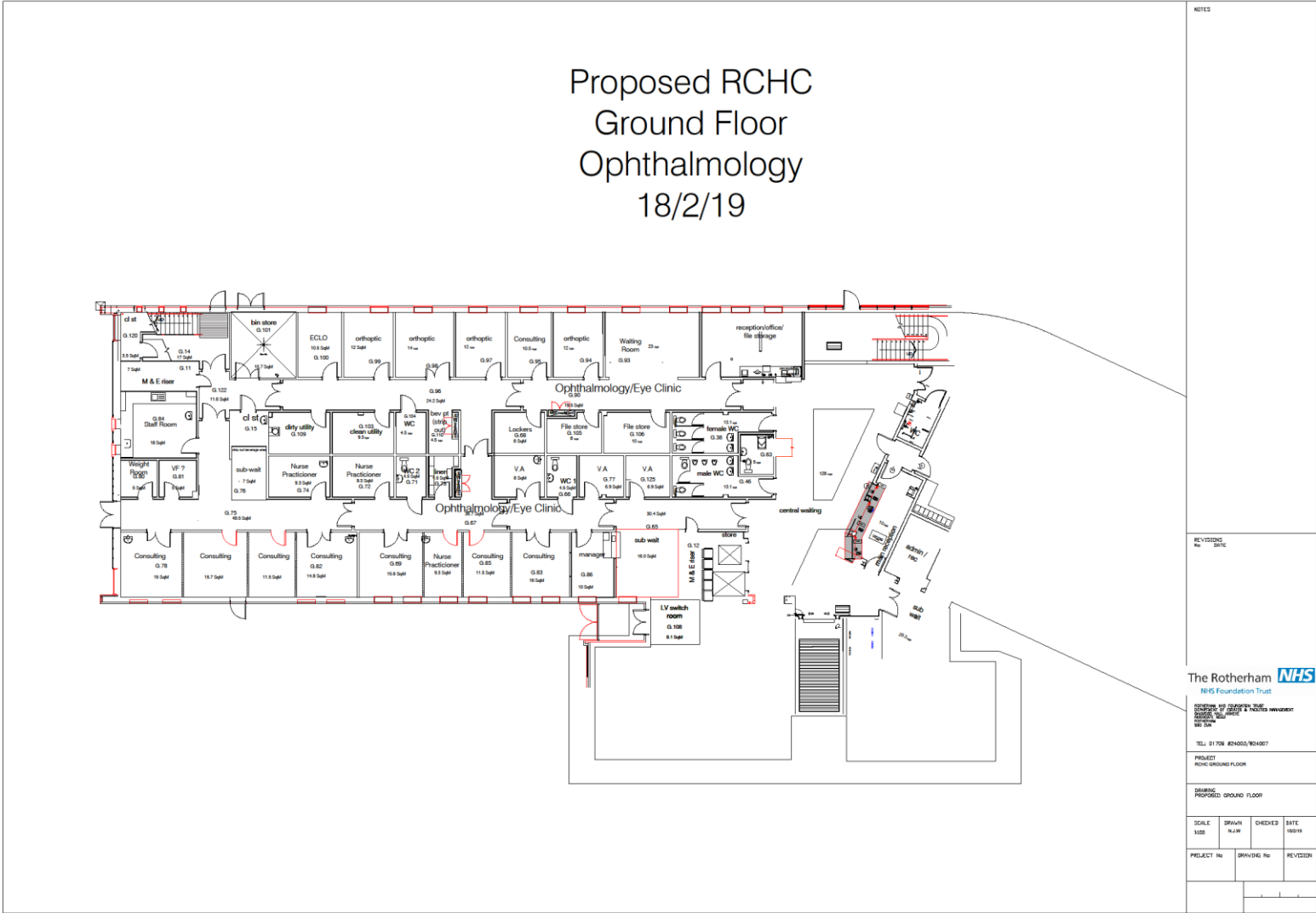
10.2 Salient issues for consideration

The key issues to consider for this proposal are:

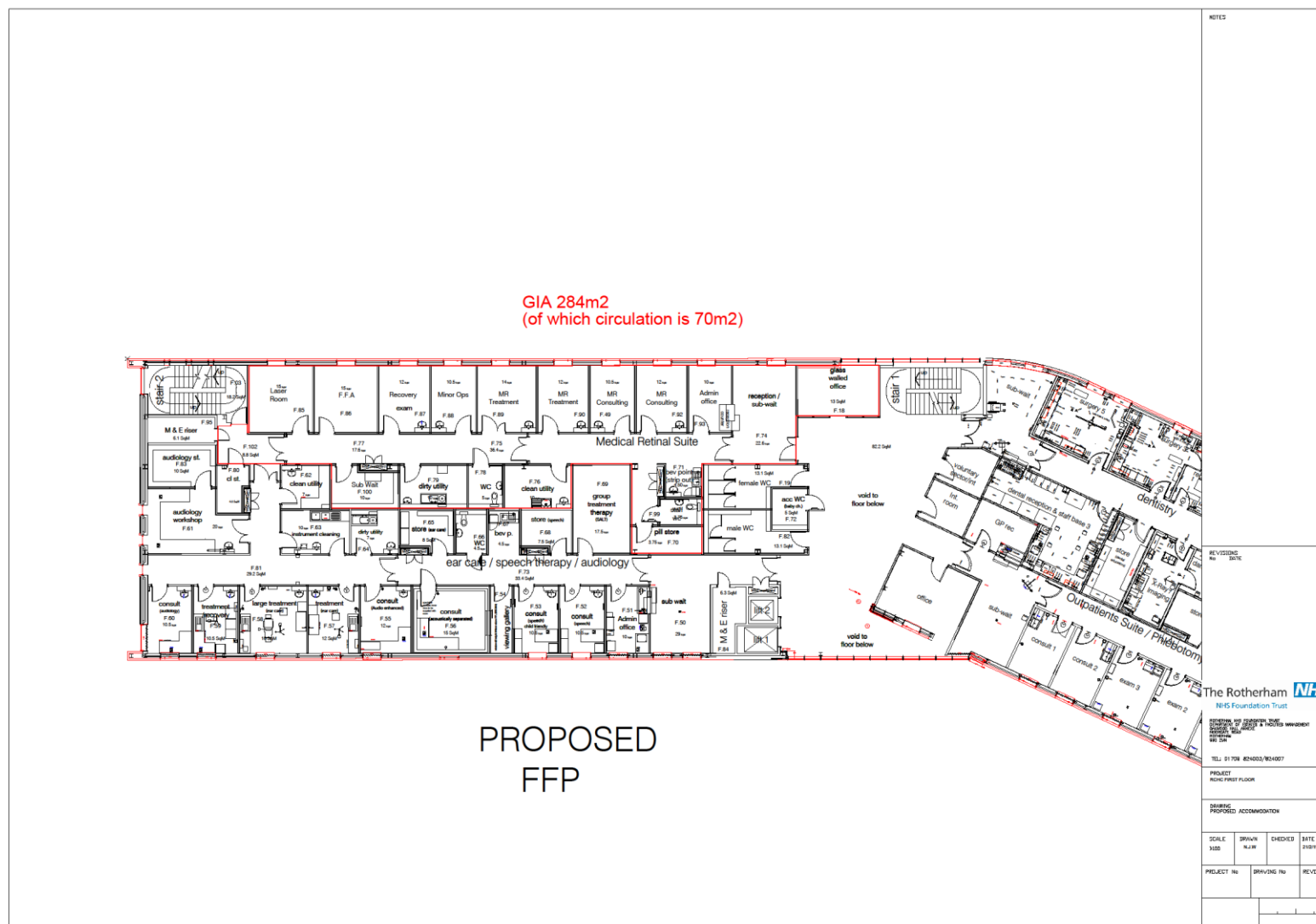
- **Timeframe/Delivery** - if the proposal is approved work needs to take place quickly , establishing weekly meetings with the project team to progress the work
- **Patient engagement** – the CCG has a duty to consult with patients

11. Appendices

Appendix A Ground Floor Plan



Appendix B First Floor Plan



Appendix C – High level Communications Plan

Activity	Lead	Audience	Timescale	Progress (RAG)
External (patients, public and key stakeholders)				
Information sheet/letter to existing patients	Jo Martin/Gordon Laidlaw	Patients, family/carers	2nd September 2019	
Frequently Asked Questions – Available for frontline staff to use with patients. Also available on the website.	Jo Martin/Gordon Laidlaw		Available by end of August 2019	
Online information – Social media posts via CCG and TRFT and website update to RCHC pages	GL/TRFT Comms	Patients, family/carers	Live – 6 th September	
Information shared with Patient Participation Groups/Network	Gordon Laidlaw/Helen Wyatt	Patients, family/carers	August/September 2019	
Media Relations <ul style="list-style-type: none"> Press release to communicate the changes – bringing outpatient appointments closer to patients to make them easier to access. 	Gordon Laidlaw	Media, patients and the public	Week commencing 16 th September 2019	
Posters in current outpatient area and RCHC prior to move and in weeks following the move.	TRFT Comms/Gordon Laidlaw	Patients, family/carers	Week commencing 2 nd September 2019	
Partner/stakeholder briefing – information the change for key stakeholders including councillors and MPs	Jo Martin/Gordon Laidlaw		Week commencing 2 nd September 2019	
Staff/Clinicians (TRFT acute/ community and primary care)				
Online information – intranet information with links to public site	Gordon Laidlaw/TRFT Comms	GP Practices and frontline TRFT clinicians	Live – 6 th September	
GP bulletin – before and after move of the service to RCHC	Gordon Laidlaw	GP Practices staff	20 th September and 11 th October	
TRFT internal communications weekly briefing	TRFT Comms team	Acute and community frontline staff	Throughout September 2019	
Face-to-face briefings – information for staff and opportunity to ask questions	Service managers with TRFT Comms	Acute and community	Throughout August/September	

	team	frontline staff	2019	
PLTC and CCG staff meeting	Gordon Laidlaw and Jo Martin	Practice staff and commissioners	Autumn 2019	

Appendix D Equality Impact assessment

Equality Impact and Engagement Assessment Form					
Complete this section Please retain one copy, and pass one copy to both the Equalities and Engagement leads					
Section one – Project or plan details					
1.1	Project Title: Relocation of the Ophthalmology Service to Rotherham Community Health Centre				
1.2	Project Lead: Joanne Martin		Contact Details: joanne.martin19@nhs.net		
1.3	This activity /project is: Service relocation to another site				
1.4	Describe the activity/project To relocate the Ophthalmology outpatient department from The Rotherham Foundation Trust to the Rotherham Community Health Centre. This relocation is essential for the following reasons: <ul style="list-style-type: none"> Amalgamate the service into one bringing together the existing work force Meet CQC requirements, splitting children and adults Ensuring the estate is fit for purpose to meet future capacity <p>The proposed move is part of a wider strategy to align TRFT services across the acute footprint, with the potential to create of a cohesive intermediate care service located on-site at TRFT.</p>				
1.5	Timescales The move is planned to take place in October/November 2019.				
2	Equality Impact Assessment				
2.1	Gathering of Information: This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.				
2.2	Screening				
	Please complete each area)	What key impact have you identified?			Information Source
		Positive Impact - will actively promote or improve equality of opportunity.	Neutral Impact - where there are no notable consequences for any group.	Negative Impact negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.	What action, if any, is needed to address these issues and what difference will this make? For example: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>
	Human Rights		Y		
	Age		Y		
	Carers		Y		
	Disability	Y			Disabled access would improve as RCHC has better access for patients in terms of parking, and is a smaller site to negotiate.

	Sex		Y		
	Race		Y		
	Religion or belief		Y		
	Sexual Orientation		Y		
	Gender reassignment		Y		
	Pregnancy and maternity		Y		
	Marriage/civil partnership (only eliminating discrimination)		Y		
	Other relevant groups		Y		
NEXT ACTIONS See 3.4 below					
3 Engagement Assessment					
3.1	<p>What is the level of service change? – see diagram 3 above</p> <p>If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.</p> <p>The assurance process generally looks at the ‘case for change’ The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_hempsons_stp.pdf DH 2013</p> <p>Circle or highlight the appropriate level of service change</p> <p>Level 1 <u>Level 2</u> Level 3 Level 4</p> <p>Add additional information and rationale for this scoring below</p> <p>Level 2 has been indicated at this stage the following reasons:</p> <ul style="list-style-type: none"> • Not all the population will be impacted • No changes to the service will be made • The location is 2 miles from the current location and offers better public transport links and parking 				
3.2	<p>Who are your stakeholders?</p> <p>Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document</p> <ul style="list-style-type: none"> • Patients of the Ophthalmology Service at TRFT • The Ophthalmology Service at TRFT 				
3.3	<p>What do we already know?</p> <p>What do you already know about peoples’ access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.</p> <p>Where activity has been found key points of the work are highlighted below:</p>				

	<ul style="list-style-type: none"> • Respondents valued local services closer to home • Respondents viewed that more locations would improve waiting times • Respondents felt the service would ensure access to right professional/ service in the right place, first time • Respondents felt the service would avoid hold ups in the system and alleviate pressure in other services e.g. GP's • Local services were seen to be easier to get access than an acute setting • The importance of parking and access to facilities was highlighted 						
	<p>Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? How will the insight available to you help to inform your decision?</p>						
	<p>NHS CCGs have a duty to involve patients and the public where there will be a change to services https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf</p> <p>Therefore It is proposed we carry out a programme of engagement work proportionate to and appropriate for the level of change:</p> <ul style="list-style-type: none"> • Provide the opportunity to seek information and to comment on our website, and other means as appropriate; for example, paper surveys and presentations • Provide the opportunity to comment in clinics and relevant venues (display; comments sheets, survey) • Send information out to and give the opportunity to comment, to relevant stakeholders as identified in the stakeholder analysis • A drop in session at the CCG Annual General Meeting • Should any unexpected issues, concerns, opposition, barriers and access issues be raised during this period of engagement, we would then reflect on the plans further • Share our plans and the outcomes of the engagement work with Scrutiny Committee, and ensure they are in agreement with the service change 						
	<p>Briefly describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?</p>						
	<p>Based on the change to the service location and the number of patients impacted it is recommended that engagement is required as outlined above as this is considered to be proportionate to the service change.</p>						
3.4	<p>Reaching out to overlooked communities Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, and those experiencing health inequalities are involved</p> <table border="0"> <tr> <td>• Seldom-heard groups</td> <td>No</td> </tr> <tr> <td>• Nine Protected Characteristics</td> <td>Yes</td> </tr> <tr> <td>• Health inequalities</td> <td>No</td> </tr> </table> <p>If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups</p> <p>As this change does affect one of the protected characteristics, the guidance of Rotherham Sight and Sound will be sought to ensure engagement is effective and appropriate and Health Watch will also be consulted.</p>	• Seldom-heard groups	No	• Nine Protected Characteristics	Yes	• Health inequalities	No
• Seldom-heard groups	No						
• Nine Protected Characteristics	Yes						
• Health inequalities	No						

	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)				
	Yes, potentially for people with sight impairment. Rotherham Sight and Sound will be used to seek guidance.				
3.5	What resources do you need for this? Consider the sections above <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge 				
	Guidance will be sought from Rotherham Sight and Sound.				
4	Feedback and Evaluation				
4.1	How will you use the feedback – who does it need to be shared with?				
	Patient feedback will be used to inform the plan for relocation, and will be shared with all stakeholders.				
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.				
	To ensure the public voice is heard, Health Watch and Rotherham Sight and Sound will be asked to participate in the engagement process.				
4.3	How will the outcomes of participation be reported back to those involved?				
	To be confirmed, depending on the specifics of the patient engagement exercise once guidance has been sought.				
4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?				
	Feedback collected by the service will be discussed as part of contract monitoring, with changes and appropriate action requested if appropriate.				
5	Engagement and Equality Impact Plan				
	Action	Approx. Timescale	Lead	Deadline	Comments/progress
	Information on the proposed move on the CCG website and partners ie TRFT	May 19	HW/JM/GL		
	Initial plans and proposals shared with HOSC/Health select committee; any suggestions and additional activity acknowledged and added to plan	May 19	HW/JM		
	Electronic and paper survey available	May 19	HW/JM		
	Information on the proposed move disseminated through information networks (VAR Newsletter; Healthwatch, parent carer forum etc, providers etc) and to all relevant stakeholder groups and organisations	June 19	HW/JM		
	Survey promoted	May/June 19	HW/JM		

	Surveys carried out in clinics	June 19	HW/JM		
	Outreach to groups communities etc as identified – these are likely to include Sight and sight, age UK etc. capacity permitting	June 19	HW/JM		
	A drop in session at the CCG Annual General Meeting; this will be promoted as an alternative	3 rd July 19	HW/JM		
	Share the outcomes of the engagement work with Scrutiny Committee, and ensure they are in agreement with the service change	End July 19	HW/JM		
6	Form details				
	Completed by:	Joanne Martin			
	Job title:	Senior Service Improvement Manager			
	Date	1 st April 2019			
	Reported to	Operational Executive			

HEALTH AND WELLBEING BOARD
29th May, 2019

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Steve Chapman	Temporary District Commander, South Yorkshire Police
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carol Lavelle	NHS England
Jenny Lingrell	Joint Assistant Director, Commissioning, Performance and Inclusion (representing Jon Stonehouse)
Anne Marie Lubanski	Strategic Director, Adult Care, Housing and Public Health)
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Angela Wood	Chief Nurse, Rotherham Foundation Trust (representing Louise Barnett)

Also Present:-

Adam Bramall	South Yorkshire Fire and Rescue Service (representing Steve Adams)
Paul Woodcock	Strategic Director, Regeneration and Environment Services
Rebecca Woolley	Policy and Partnerships Officer, RMBC

Report Presenters:-

Sam Barstow	Head of Community Safety and Regulatory Services
Richard Hart	Health Protection Principal
Councillor Emma Hoddinott	Cabinet Member for Waste, Roads and Community Safety
Jill Jones	Homelessness Manager
Sandra Tolley	Head of Housing Options

Apologies for absence were received from Councillors Mallinder and Watson, Louise Barnett (Rotherham Foundation Trust) and Kathryn Singh (RDaSH)

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting.

3. COMMUNICATIONS

The new Local Government Association publication that featured Rotherham's Health and Wellbeing Board was scheduled to be launched in July, 2019.

The Rotherham's Clinical Commissioning Group's Annual General Meeting was to take place on 3rd July, 2019, at the New York Stadium and would include stalls to promote good health and wellbeing and a workshop on loneliness.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 20th March, 2019, were considered.

Arising from Minute No. 53 (Local Authority Declaration on Healthy Weight), it was noted that the report had been submitted to the Cabinet for information.

Arising from Minute No. 54(2) (Voice of the Child Lifestyle Survey 2019), it was noted that Becky Woolley and the Performance Assurance Manager were drawing up information with regard to long term trends. The information would then be used for Aim 1.

Arising from Minute No. 57(6) (Harmful Gambling), it was noted that the Task and Finish Group had been set up and would meet as soon as the member of staff responsible had returned to work. The first of the training had taken place with more arranged for June.

Resolved:- That the minutes of the previous meeting held on 20th March, 2019, be approved as a correct record.

5. UPDATE FROM SAFER ROTHERHAM PARTNERSHIP

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety and Chair of the Safer Rotherham Partnership Board, together with Sam Barstow, Head of Community Safety and Regulatory Services, gave the following powerpoint presentation on the work of the Partnership:-

Current Priorities (2019/20)

- Protecting vulnerable children
- Protecting vulnerable adults
- Building confident and cohesive communities
- Preventing domestic abuse and other related offences
- Preventing serious and organised crime

Performance Highlights

- First time young offenders down from 229 to 194
- Over 100 engagement sessions regarding countering extremism

Performance Challenges

- Mental Health referrals
- Stalking and harassment
- Substance misuse

Project Highlights

- Hate crime
 - 101 crimes/incidents reported
 - 120 drop-in sessions
 - 45 awareness raising sessions
 - 6 new panel members
 - 165 women part of a network
- Kickz
 - 120 young people engaged
 - 12 educational workshops for young people
 - 7 community events and tournaments
 - 20 young people referred on to education programmes etc.
- Perpetrator Programme
- Engagement activity
 - 1,224 families receiving leaflet on protecting children from extremism
 - 3,499 young people participating in the Lifestyle Survey
 - 7 young people attending a consultant event
 - 7 domestic abuse victims engaged by a 'DA Car' over the Christmas period
- Training activity
 - Hate Crime/Extremism
 - Co-abuse training for DA practitioners
 - Organised Crime sessions within schools
 - Training for responsible authorities under the Licensing Act
 - Extreme right wing ideology

Forward Look

- Continuing to develop co-located teams
- Licensing – Gambling, Training and Sex establishments
- Embedding delivery of the Child Criminal Exploitation project
- Tackling Harmful Narratives and Hate Crime
- Focussing on Environmental Crime, Drug Use/Supply and Off-Road Motorcycles
- Exploring and promoting intelligence across agencies
- Community Payback in local communities
- Hate Crime Strategy
- Anti-Social Behaviour Strategy

It was noted that the Cabinet was to shortly consider the Sex Establishment Policy, upon which consultation was currently being undertaken, and a refresh of the Licensing and Gambling Policy.

Discussion ensued with the following issues raised/clarified:-

- Public Health would be contributing to the Licensing and Gambling Policy consultation i.e. the health/alcohol harm evidence
- Anecdotal hotspots were known but supporting data was required for the cumulative impact assessment
- The Partnership had commissioned work later in the year on the vulnerabilities of people that were subject to certain types of crime
- The Board was pressing for a formalised plan around Mate Crime
- The link between anti-social behaviour and isolation/loneliness - would supporting people to address loneliness and isolation have an impact on the frequent reporters of anti-social behaviour

Councillor Hoddinott and Sam were thanked for their presentation.

Resolved:- That the presentation be noted.

6. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2018 independent annual report. For the previous 3 years, the annual reports had focussed on the lifecourse; the 2018 report took a new approach and sought to champion the strengths of Rotherham's local communities and share experiences of what kept its residents healthy, happy and well.

The general public had been asked to submit photographs which showed what kept them healthy, happy and well where they lived. These were then grouped by theme and found that they fell into 2 main themes – community and the environment – as well as capturing all 5 of the 'five ways to wellbeing'.

The 2018 annual report was broken down into chapters on:-

- What does keeping healthy, happy and well in Rotherham mean to you
- Our communities
- Five ways to wellbeing
- What can we do to support health and wellbeing
- Recommendations
- What we will do together
- Progress on last year's recommendations

The key recommendations in the report were:-

- Consider 'health and wellbeing' in the wider context of being influenced by everything around us
- Seek first to understand what is 'strong' in our communities and what assets we can build on together to support the health and wellbeing of our residents

Discussion ensued on the report and presentation with the following issues raised/clarified:-

- Discussion would take place at the Aim 3 workshop to be held later that day with regard to asset-based training
- Should there be focus on one issue to maximise the impact?

Resolved:- That the report be noted.

7. HEALTH PROTECTION COMMITTEE ANNUAL REPORT

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2018 which highlighted the main areas of health protection activity in Rotherham over the period 1st January to 31st December, 2018.

The organisations represented on the Rotherham Health Protection Committee (RHPC) collectively acted to prevent or reduce the harm or impact on the health of the local population caused by infectious disease or environmental hazards, major incidents and other threats.

The Health Protection Committee, on behalf of the Director of Public Health, would continue to meet on a quarterly basis to oversee and discharge the Council's Health Protection duties.

With the publication of the NHS Long Term Plan (7th January 2019), there were opportunities to strengthen actions on health inequalities, antimicrobial resistance, air pollution, supporting people in care homes, national screening programmes and childhood immunisations.

There were 2 risks on the Council's Strategic Risk Register associated with protecting the health of the local health population:-

- To provide an effective co-ordinated multi-agency response in the early stages of any flu pandemic
- To reduce the impact of any communicable disease incident/outbreak in Rotherham

The report set out the areas that RHPC had identified as the focus for actions in the year ahead from which the following key recommendations had been drawn:-

1. Maintain effective monitoring, communication and response to incidents or outbreaks and consolidate multi-agency arrangements which includes an agreed approach to funding.
2. Improve the update of Measles, Mumps and Rubella (MMR) vaccination to achieve minimum herd immunity, routine immunisations for the hard to reach communities and seasonal flu vaccination for staff and the eligible population.

3. Review Borough-wide Infection Prevention and Control Services and make recommendations for improvements to the patient pathway and the sustainability of services (including Tuberculosis Specialist Services).

Discussion ensued on the report with the following issues raised/clarified:-

- There was national debate with regard to the take up of vaccinations to children. If there was a national decision with regard to the way forward it would be adopted by Rotherham. Rotherham Public Health worked very closely with partners and the NHSE worked with GPs
- Public Health England was responsible for vaccinations and the CCG for management of local arrangements. There was history of it being unclear who was responsible for what in the event of a pandemic. It was important that PHE representation was in attendance at any workshop to discuss how such an event would be handled
- Whilst awaiting a lead nationally, it was considered prudent to have such conversations with school leaders through the Rotherham Educational Strategic Partnership as to their thoughts on vaccinations
- Consultation was due to start shortly on Clean Air Zones
- Weekly oversight by the CCG on the availability of drugs

Resolved:- (1) That report be noted.

(2) That the Board's commitment for all partners to sustain their contributions to the Borough-wide health protection work and actions of the Rotherham Health Protection Committee be approved.

ACTION:- All Board members

8. UPDATE ON AIM 1 OF THE HEALTH AND WELLBEING STRATEGY

Aim 1: All children get the best start in life and go on to achieve their potential

Dr. Jason Page, Rotherham CCG, presented an update in relation to Aim 1 of the Health and Wellbeing Strategy 2025.

With the aim of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well
What are we worried about
What needs to happen

Discussion ensued with the following issues raised/clarified:-

- 25.5% of children aged 4-5 years old were classed as obese 15% would be the expected at that level

- Places for People, Rotherham's leisure provider, was fully engaged with the Council. For adults there was Slimming World, through Healthy Rotherham, and the Healthy Weight for All Plan which was about listening and endeavouring to get people more active. The Rotherham Active Partnership was hosted at the Rotherham Leisure Centre recently. Their aim was to engage the harder to reach groups
- Ensure food outlets were not next to schools
- Work required on advertising e.g. the display of adverts on public transport for fast food

Resolved:- That the report be noted.

9. OUTCOMES FRAMEWORK - SPOTLIGHT: HOMELESSNESS

Sandra Tolley, Head of Housing Options, and Jill Jones, Homelessness Manager, gave a powerpoint presentation on Homelessness Prevention and Rough Sleeper Strategy 2019-22.

The presentation included:-

- The vision
- National context – The Homelessness Reduction Act
- The local picture – the demand and funding
- The 6 aims of the Strategy:-
 - To support people with complex needs
 - To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker
 - To increase support for young people to prevent homelessness
 - To end rough sleeping and begging
 - To improve access to tenancy support, employment and health support services
 - To ensure there is sufficient decent emergency accommodation
- Action plan to address the gaps
- Housing First
- Analysis of temporary accommodation
- Performance framework/trends

Discussion ensued with the following issues raised/clarified:-

- Housing had a good relationship with certain parts of the Hospital's Discharge Team. Some people discharged from A&E and/or the Mental Health Unit at Swallownest Court may be in need of temporary accommodation. The Service would be providing an Outreach Service at Swallownest Court
- Rotherham had seen an increase in the number of people with a disability rough sleeping over the past 12 months. That could be someone who was in temporary accommodation because it took longer to provide the appropriate accommodation

- Housing OT was part of the Housing Team so an applicant would have an assessment. However, they may have to spend more time in temporary accommodation until suitable accommodation was found. They may be unable to return to their previous accommodation due to their illness
- They would still be accepted under the Homeless Duty because their home was no longer suitable for them
- Step Up and Step Down was where people discharged from hospital and did not have a suitable home to go to and went into temporary accommodation as an interim measure
- The need to ensure everyone was aware and understood the pathways and a report back to the Board on what/where the challenges were in the system as experienced by different parties

Resolved:- That the report be noted.

10. ISSUES ESCALATED FROM PLACE BOARD

There were no issues to report.

11. Q3 PLACE PLAN PERFORMANCE

It was noted that Place Plan performance would be available at a future meeting.

12. ROTHERHAM ICP PLACE BOARD 6TH MARCH AND 3RD APRIL 2019

The minutes of the Rotherham Integrated Care Partnership Place Board held on 6th March and 3rd April, 2019, were noted.

13. UPCOMING AGENDA ITEMS

Joint Strategic Needs Assessment update - July

Loneliness - November

14. DATE AND TIME OF NEXT MEETING

Resolved:- That a meeting be held on Wednesday, 10th July, 2019, commencing at 9.00 a.m. venue to be agreed.

Depression prevalence briefing note for Health Select Commission

The recorded depression prevalence is the estimated number of people with depression recorded on their GP practice register as a proportion of the practice list size, aged 18 years or over, allocated to a local authority boundary using the postcode of the practice. The register includes all patients aged 18 or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.

This shows Rotherham to have a depression prevalence of 13.4% as noted in the Annual Report of the Director of Public Health 2018.

The table below shows Rotherham compares to other areas in Yorkshire and the Humber, with all areas benchmarked against the England average. All areas with red bars are significantly higher than the England average.

Depression: recorded prevalence (age 18+)

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↑	4,589,213	9.9		9.9	9.9
Yorkshire and the Humber region	↑	468,837	10.3		10.2	10.3
Barnsley	↑	23,992	11.3		11.2	11.5
Bradford	↑	45,728	10.5		10.4	10.6
Calderdale	↑	22,207	12.8		12.7	13.0
Doncaster	↑	25,111	9.7		9.6	9.8
East Riding of Yorkshire	↑	22,269	8.5		8.4	8.6
Kingston upon Hull	↑	22,153	9.4		9.3	9.5
Kirklees	↑	37,714	11.0		10.8	11.1
Leeds	↑	66,528	9.3		9.3	9.4
North East Lincolnshire	↑	12,283	9.1		9.0	9.3
North Lincolnshire	↑	17,031	11.7		11.5	11.8
North Yorkshire	↑	47,565	9.8		9.7	9.9
Rotherham	↑	27,748	13.4		13.2	13.5
Sheffield	↑	49,431	10.2		10.2	10.3
Wakefield	↑	31,222	10.8		10.7	11.0
York	↑	17,855	9.4		9.3	9.6

This table compares Rotherham to our nearest CIPFA neighbours. The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between local authorities, so these 15 local authorities are the most similar to Rotherham using a range of indicators including population, unemployment, housing, and proportion of people in lower socio-economic groups.

Depression: recorded prevalence (age 18+)

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	↑	-	4,589,213	9.9		9.9	9.9
Neighbours average	-	-	388,705	11.9*		-	-
Rotherham	↑	-	27,748	13.4		13.2	13.5
Doncaster	↑	1	25,111	9.7		9.6	9.8
St. Helens	↑	2	20,758	13.4		13.3	13.6
Barnsley	↑	3	23,992	11.3		11.2	11.5
Wakefield	↑	4	31,222	10.8		10.7	11.0
Wigan	↑	5	30,061	11.7		11.6	11.8
Tameside	↑	6	22,770	12.8		12.6	12.9
Stockton-on-Tees	↑	7	21,541	13.6		13.5	13.8
Telford and Wrekin	↑	8	19,588	13.5		13.3	13.6
Halton	↑	9	13,411	13.0		12.8	13.2
Calderdale	↑	10	22,207	12.8		12.7	13.0
Dudley	-	11	30,243	11.7		11.6	11.9
Walsall	↑	12	23,265	10.5		10.4	10.6
Bolton	↑	13	23,792	10.0		9.9	10.2
Sunderland	↑	14	25,142	10.9		10.8	11.1
Rochdale	↑	15	27,854	15.6		15.4	15.7

Source: Quality and Outcomes Framework (QOF)

The following table shows prevalence of depression and mental health conditions (patients with schizophrenia, bipolar affective disorder and other psychoses) as recorded on GP practice registers. The relative level of deprivation in the ward where the main GP practice is based is also noted.

**Depression and Mental Health Prevalence 2017/18 (QOF) plus Deprivation
Rotherham Practices and Ward (based on postcode of main branch)**

(sorted in order of depression prevalence)

Rotherham Practice	Ward (main practice)	Prevalence 2017/18 (%)		Deprivation (IMD 2015)
		Depression	MH	
Wickersley Health Centre	Wickersley	20.5	0.60	Lower
Greasbrough Medical Centre	Wingfield	18.8	1.35	Higher
Dinnington Group Practice	Dinnington	18.6	0.83	Mid
Greenside Surgery	Wingfield	18.0	1.15	Higher
Blyth Road Medical Centre	Maltby	17.9	0.62	Higher
Market Surgery	Wath	17.4	1.05	Mid
Swallownest Health Centre	Holderness	15.9	0.68	Lower
The Magna Group Practice	Swinton	14.8	1.05	Mid
Kiveton Park Medical Practice	Wales	14.7	0.54	Lower
Crown Street Surgery	Swinton	14.3	0.79	Mid
High Street Surgery	Rawmarsh	13.8	1.16	Higher
Brinsworth Medical Centre	Brinsworth and Catcliffe	12.9	0.73	Mid
Clifton Medical Centre	Boston Castle	12.9	1.14	Higher
Gateway Primary Care	Boston Castle	12.8	1.36	Higher
Broom Lane Medical Centre	Boston Castle	12.8	0.85	Higher
Rawmarsh Health Centre	Rawmarsh	12.8	0.78	Higher
Manor Field Surgery	Maltby	12.4	0.87	Higher
St Ann's Medical Centre	Boston Castle	12.3	1.35	Higher
Queen's Medical Centre	Maltby	12.2	1.77	Higher
Dr Shrivastava's Practice	Maltby	10.6	0.86	Higher
Village Surgery	Rother Vale	10.4	0.79	Mid
Stag Medical Centre	Sitwell	10.0	0.96	Lower
Woodstock Bower Group Practice	Rotherham West	9.9	1.53	Higher
Thorpe Hesley Surgery	Keppel	9.9	0.66	Lower
Morthen Road Group Practice	Hellaby	9.8	0.53	Lower
Parkgate Medical Centre	Rawmarsh	9.1	1.11	Higher
Treeton Medical Centre	Rother Vale	9.0	0.62	Mid
York Road Surgery	Rotherham East	7.3	0.56	Higher
Broom Valley Road Surgery	Boston Castle	6.7	0.89	Higher
Brookfield Surgery	Valley	6.1	0.94	Higher
Shakespeare Road Surgery	Rotherham East	5.8	0.88	Higher
NHS Rotherham CCG		13.4	0.93	
England		9.9	0.94	

Sources:

Quality and Outcomes Framework (QOF). Data by practice allocated to local authority based on the postcode of the practice.

Indices of Multiple Deprivation (IMD) 2015: NHS Digital, Ministry of Housing, Communities and Local Government.

Deprivation: Estimated IMD 2015 scores by ward sorted and grouped as top/middle/bottom 7 wards.

It should be noted that prevalence of a condition does not alone give a complete picture of the underlying mental ill health of a population. Factors may increase diagnosis regardless of underlying true prevalence, such as patients being more likely to seek help, and availability of services to aid treatment. A tool has been produced by Public Health England which compares a range of indicators including prevalence, but also risk factors, protective factors, services, quality and outcomes. These can all be explored in more detail here: <https://fingertips.phe.org.uk/mh-jsna#page/0/gid/1938132922/pat/6/par/E12000003/ati/102/are/E08000018/iid/91141/age/246/sex/4>