

HEALTH SELECT COMMISSION

Date and Time :- Thursday 30 June 2022 at 5.00 p.m.

Venue:- Town Hall, Moorgate Street, Rotherham.

Membership:- Councillors Yasseen (Chair), Baum-Dixon (Vice-Chair), Andrews, Barley, Bird, A Carter, Cooksey, Elliott, Griffin, Havard, Hoddinott, Keenan, Miro, Sansome, Thompson and Wooding.

Co-opted Member – 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 Governance Advisor 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. Minutes of the previous meeting held on 7 April 2022 (Pages 3 - 9)

To consider and approve the minutes of the previous meeting held on 7 April 2022 as a true and correct record of the proceedings.

3. Declarations of Interest

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

4. 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.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

6. Diagnostic Screenings (Pages 11 - 33)

To receive presentations from regional and local place partners on the commissioning, oversight and delivery of cancer screening programmes for Rotherham residents.

7. Rotherham Place Mental Health Update (Pages 35 - 84)

To receive a presentation from place partners and a report from Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) on the delivery and transformation of mental health services.

8. Healthwatch Rotherham

To receive a verbal update on recent activities by Healthwatch Rotherham.

9. Initial Work Programme (Pages 85 - 93)

To discuss an outline work programme for municipal year 2022/23 and receive suggestions for inclusion in the schedule of scrutiny work.

10. Representative to the Health, Welfare and Safety Panel

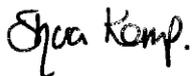
To receive nominations for representative to the Health Welfare and Safety Panel for municipal year 2022/23.

11. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

12. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 28 July 2022, commencing at 5 pm in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 7 April 2022

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, Atkin, Aveyard, Barley, A Carter, Elliott, Griffin, Haleem, Havard, Hoddinott, Keenan, Miro and Thompson, and the Co-optee from Rotherham SpeakUp, Mr. Robert Parkin.

Apologies for absence:- Apologies were received from Councillors Andrews, Bird and Wooding.

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

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

72. MINUTES OF THE PREVIOUS MEETING HELD ON 24 FEBRUARY 2022

Resolved:-

1. That the minutes of the meeting held on 24 February 2022 be approved as a true and correct record of the proceedings.

73. DECLARATIONS OF INTEREST

Cllrs Aveyard, Griffin and Havard declared personal interests in respect of their participation on the Cabinet focus group related to agenda item 6.

74. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted in relation to any items for consideration on the agenda.

75. EXCLUSION OF THE PRESS AND PUBLIC

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

76. AUTISM STRATEGY AND PATHWAY UPDATE

Consideration was given to a presentation in respect of progress on delivering Rotherham's All Age Autism Strategy and Implementation Plan 2020-2023. The Presentation included an overview of several further areas including waiting times for diagnosis across Rotherham's All Age Neurodevelopmental Pathway, Rotherham's post-diagnostic offer, and the review of Rotherham's Autism Strategy considering the publication of the National Autism Plan. The presentation went on to address the impact of COVID-19 on the delivery timeline. The presentation also outlined the vision for the strategy which included several objectives and desired outcomes.

In discussion, a representative from Speak Up requested further information about efforts being made in mainstream schools to make these a better and more friendly environment for autistic students. In discussion, officers summarised areas of burgeoning work in partnership with the special educational needs service within the local authority to be used alongside a graduated response – providing the tools and the clear expectation to make the school experience much more friendly. Further, a description was provided around developing additional dedicated specialist space and resource provision within schools. A further, detailed answer was offered outside the meeting.

A representative from Speak Up expressed interest in receiving an easy-to-understand version of the visualisations and flow charts. The representative of Speak Up also requested further information around annual enhanced health checks for autistic people. The response from officers affirmed that this was in the works awaiting national guidance, and when it comes out it will be implemented. Following the NHS long term plan, if someone is experiencing distress, we also offer clinical treatment reviews (CTRs) which are available to autistic people.

The co-opted Member from Speak Up also requested clarification around the event to be held at Gulliver's around support for training for employment. The response from officers clarified the intention of the event and the role of RIDO, as part of the action statement around preparation for adulthood with autistic young people, so that they are considering getting ready for employment, which should be something they are encouraged to think about from when they enter education.

Members requested to be apprised of the responses to the questions that were forthcoming from the discussion in the meeting and outside the meeting.

Members also requested information around a first port-of-call for parents or carers who are seeking assistance or support. The officers identified the first place to request help was from the SENDIASS service, accessible online at kids.org.uk. More informal support and advice can be found through the Rotherham Parent Carer Forum.

Members requested assurances that the upcoming review of the Strategy would take into account equalities and diversity perspectives and intersectionality in its person-centred and identity-led approach. The response from officers noted that the strategy was co-produced, and that consideration will be given to the need for more diversity perspectives in the strategy.

Members also expressed the desire for more information on mental health support in place to respond to neurodiversity needs. The response from officers noted the need to collaborate with partners such as RDaSH to ensure that the right support is in place. It was noted that Kooth has a

responsive pathway for Autism. Research currently was focused on Scandinavia, and new knowledge was being developed around the needs specific to this area.

Members noted negative feedback and frustration from parents and from autistic people around lack of co-production in the actions of the board, partnership or strategy. Further, the lack of diversity within the spectrum and other identity characteristics was noted. Officers responded that the feedback received so far had been positive, and it was noted that perhaps consultation needed to be wider in future in order to ensure that any voices that may have been missed in the production of the previous strategy design could be captured in the review and refresh. Officers understood the need to invite as many people as possible to participate in the conversation as possible.

Members requested further detail about the take up of post-diagnostic support services and what feedback is received from those who choose not to access these services. The response from officers noted that where people come back and say they do not want the post-diagnostic support, there were further conversations undertaken to find out the reasons for that decision. Where it is because the people could not access the support, that has been addressed. Many times, it is related to historic diagnosis.

Members requested additional details around the deployment and uptake of the SEND toolkit in schools, and the autism-specific tools within that support toolkit. The response noted that whilst the use of the resource materials in schools likely varies, all schools are aware of the toolkit. As an example, a discussion of the toolkit at a recent away-day event was described, providing feedback that the resources have been efficacious and relevant within schools. GP's initially were the ones referring; now the major referrer is schools. The age range has shifted in the use of the Kooth app as well: initially they were older young people; now there are more 11-15 year-olds accessing the app.

Further information was also requested around ongoing lines of dialogue between Speak Up and the services and providers, rather than one-time feeding into the strategy. The response from officers noted that the co-chair of Speak up participated in the ongoing conversations with officers around the strategy.

Resolved:-

1. That the update be noted, and that the next update be submitted in 12 months' time.
2. That an easy-to-understand version of a network tree illustrating service relationships and pathways be provided to Members as part of future updates, and that consideration be given to incorporating a similar visualisation in communications with service users where appropriate.
3. That the forthcoming review of the Autism Strategy include a consideration of equality and diversity in experiences of parents and service users in creating a more person-centred strategy.
4. That the next update include available information on progress with STOMP/STAMP.
5. That discussions be undertaken with relevant partners to lay the groundwork for enhanced local support for annual medical checks in anticipation of forthcoming government guidance.

77. ROTHERHAM HEALTHWATCH

Consideration was given to a verbal update presented by the new Manager of Rotherham Healthwatch, Natalie Palmer in respect of recent inquiries received and activities undertaken by Healthwatch. The majority of inquiries in March were in relation to access to GP appointments, with an upcoming report on this topic forthcoming from Healthwatch to be published at the end of April. Healthwatch had also continued its "Let's Talk" events, with an upcoming topic on cancer awareness. The organisation is currently advertising to recruit a community engagement officer, followed by recruitment of steering group members. Healthwatch have commenced collaboration with Maternity Services in accordance with a previous recommendation.

In discussion, next steps were requested in terms of findings on access to GP appointments. The response from the Healthwatch Manager noted the report is the beginning and gave details of further plans to pool knowledge to produce a balanced picture. The Chair confirmed that this item was upcoming on the work programme and welcomed input from Rotherham Healthwatch.

Resolved:-

1. That the update be noted.
2. That Rotherham Healthwatch continue to feed into upcoming work programme items as appropriate.

78. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Consideration was given to report presented by the Director of Public Health to communicate an overview of the wider impacts of Covid-19 and responses on individuals, communities and the economy. The report included progress on recommendations from the previous annual report from the Director of Public Health, as well as the recommendations from the Health and Wellbeing Board which originally received this report. The data presented in the report was through 31 January 2022, which includes the Omicron wave. The report included case reporting rates, including rates of death, 500,000 vaccine doses delivered, and current position of 85% of population having at least one dose of the vaccine. Data visualisations of the various transmission curves during various waves were included. Significant impacts of underlying conditions made outcomes worse for many Rotherham residents which were described. Negative effects on the population were described in terms of reduction of physical activity. Instances of suicide dropped during the pandemic but have risen in the first quarter of 2022. New rises in alcohol related and substance abuse were associated with the later part of the pandemic. Access to services dropped at the beginning of the pandemic, but recovered quickly with expansion of methods of access. 85% in-person rates of access dropped initially, but this then built up to 65% in person, with online and telephone over and above this. 183 education days were lost to children in Rotherham during the pandemic. Access and support from home varied significantly. Social development was also missed during these gaps. Volunteering decreased whilst opportunities were lost, but 1280 volunteers responded through the Community Hub. Food poverty increased, especially by those needing to isolate. In terms of community safety, more people are in their communities or at home during the daytime, so some areas of crime have not rebounded to previous levels. Domestic violence rates have remained stable. Many businesses issued redundancies. Economies in local highstreets were boosted during the pandemic. Widening of financial gaps and inequalities were described. Disruption to schools and businesses caused by staff being off sick was also noted. Significant mental health impacts were described, emphasising early support and prevention work as well as equitable access to support. Delivery of support must be delivered responsively to meet local needs.

In discussion, members requested assurances that cancer screenings and childhood vaccinations were catching up and requested clarification of impacts of delayed screenings or immunizations. The Director of Public Health has an assurance role to ensure screenings are being delivered and are being caught up. Childhood immunisations is one of the first things to return, with uptake over 90%, although some of the noise around COVID has discouraged some parents from taking up all immunisations. Diabetic eye screenings are also returning. Cancer screening programmes are running, with some reductions of uptake. The full reports will become available to Health Protection Committee in the coming months.

Members requested clarification around GP appointments delivered via an unknown mode. The age of patients attending A&E was also requested. The representative of TRFT related the age-related data of patients.

The first person to receive the vaccine was named in the meeting and commended for being the first to receive the vaccine in Rotherham. Specific instances of children and teachers being asked to come into school whilst testing positive were noted. How are the rules being clarified for schools and families? A letter had gone out in the week and updates with school heads at the beginning of the term around living safely with COVID. Head teachers have been interpreting the rules throughout the pandemic, so if there are specific instances, the Director of Public Health will follow these up with the head teachers. It was also noted that debt in private businesses is not necessarily bad, because that is how businesses scale and expand.

Members requested an update on the recommendations and forthcoming actions. The Director of Public Health identified areas where there are groups who can help respond to the recommendations and how they will all take part in taking up the recommendations, especially those that are already in the place plan, council plans and so forth.

Comparison with other areas around death rates was requested so as to be able to tell if these were high rates or low rates or somewhere in between. The Director of Public Health was asked the most significant lesson from the pandemic. The response was that the partnerships and day to day communication and working together made the difference.

Members noted their interest in developmental impacts on young people and requested a report on cancer screenings. A drop in terms of cancer diagnosis has meant later presentations through hospital rather than primary care routes. How will work with partners improve awareness and screening processes? The response noted that some screening appointments have been missed because during the pandemic, people did not present with the minor things that people would have brought forward previously to enable early detection. The conversations with NHS England have been ongoing with action plans for returning to full capacity and which patients to prioritise. Some people are not being called back in order to see the higher risk patients. This all adds additional risk so working with the CCG, and ICB as it will be, will be important. The NHS Health Check programme will need to be brought back with a refreshed model to involve primary care.

Resolved:-

1. That the report be noted.

79. WORK PROGRAMME

Consideration was given to an updated schedule of work and clarification given as to recent and forthcoming review work. Members expressed disappointment that the scheduled update from RDaSH had not been submitted to this meeting. The response from officers noted ongoing conversations with commissioning officers to identify issues and resolve the delays in delivery of this update.

Resolved:-

1. That the revised work programme be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.

80. URGENT BUSINESS

The Chair confirmed there were no urgent matters requiring consideration at the meeting.

81. DATE AND TIME OF NEXT MEETING

Resolved:-

1. That the next scheduled meeting of the Health Select Commission will be held on 19 May 2022, commencing at 5pm in Rotherham Town Hall.

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Rotherham Scrutiny Report S7a Cancer Screening Programmes

June 2022

NHS England and NHS Improvement



Introduction



The report will provide an overview of restoration and the progress made across the Public Health Section 7a Cancer Screening Programmes between April 2021 and December 2021, as this is the most recent published (shareable) data available, taking account of the challenges faced and actions taken during the Covid-19 Pandemic.

Since March 2020, the Covid-19 pandemic in combination with broader winter pressures has had a significant impact on the ability of primary care and the wider NHS to deliver routine services, including cancer screening.

As we return to more business as usual and start living with Covid, we must remain mindful of the potential for future waves (unknown in terms of timing or severity), and the emergence of new variants, which may impact on NHS services to varying degrees.

NHS England, along with partners such as the UK Health Security Agency (UKHSA) continue to monitor Covid-19 closely and continue to work with screening providers to ensure delivery of these vital services continues in line with national service specifications and standards.

The report/presentation will provide an update on key workstreams for Rotherham:

- Recovery and restoration of Bowel and Breast screening programmes which paused at the start of the pandemic in March 2020.
- Sustained delivery of Cervical Screening in Primary care - Business as Usual
- Reducing Inequalities following the impact of Covid-19 and restoration of screening programmes

The report will highlight key areas of performance, achievements and challenges associated with the delivery of the programmes, within the context of the COVID-19 pandemic.

Published performance data in this report is available here: [Public Health Profiles - PHE](#)

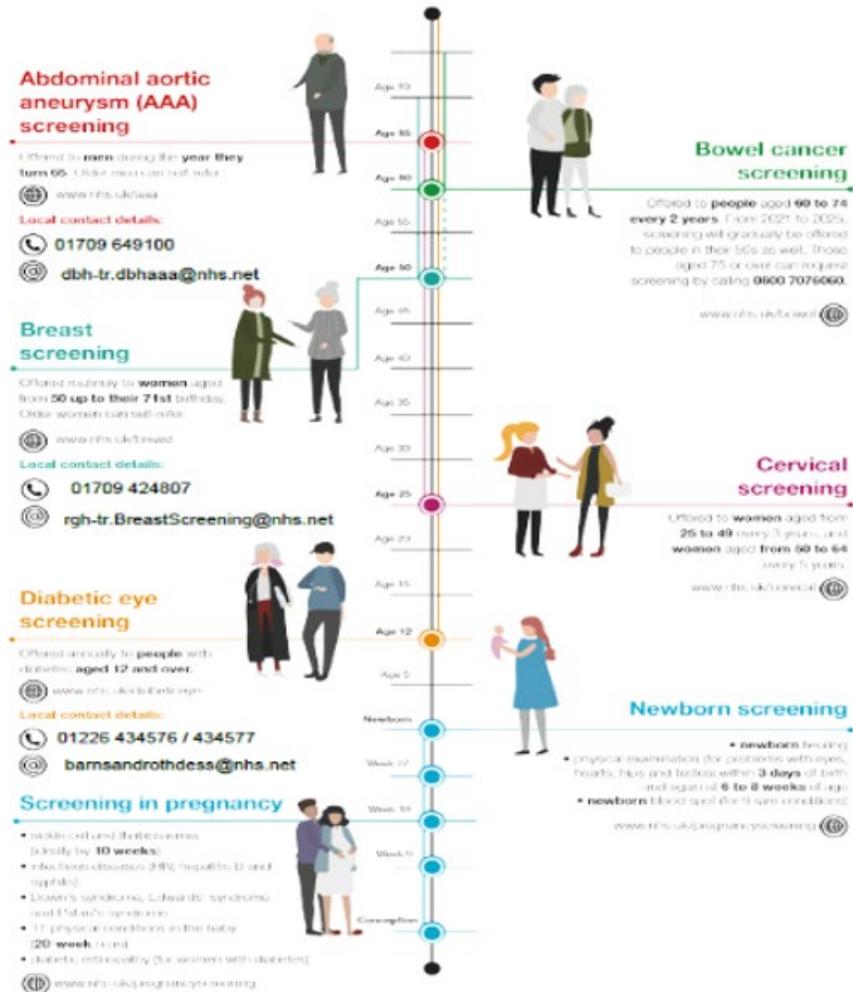
What is screening ?



- Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. It can help spot cancers or disease at an early stage, when treatment is more likely to be successful and the chances of survival are much better. In some cases, it can prevent cancers from developing at all, by picking up early changes that can then be treated to stop them turning into cancer.
- Screening is a personal choice and is a pathway (not just a test) and people should be supported to make informed decisions on whether or not they choose to attend screening appointments. The screening provider offers information; further tests; treatment; advice and support at all stages; in order to reduce associated problems or complications.
- Whilst screening can save lives or improve quality of life through early identification of a condition and reduce the chance of developing a serious condition or its complications, it should be recognised that it does not guarantee protection. Receiving a low chance result does not prevent the person from developing the condition at a later date. To help mitigate against this, the cancer screening programmes continue at agreed intervals over a number of years as determined by the UK National Screening Committee (UKNSC).
- Screening is not 100% accurate and there is also a small possibility of false positive or false negative results, which can cause unnecessary further tests and anxiety or misplaced reassurance. The large majority of people who attend population screening will be found to have no abnormality. People who are picked up with a positive screening test result will require further tests or investigations to diagnose or rule out the disease. Where disease is confirmed, people are referred urgently to treatment services.
- Many of the conditions where screening and treatment are offered disproportionately affect people from socio-economically deprived backgrounds and/or those with protected characteristics (as defined in the Equality Act 2010). Levels of participation vary between and within national screening programmes. Generally, people who might be at higher risk from a condition being screened are less likely to participate. It is important that screening programmes are effective and reach out to those in greatest need.

Screening timeline

Population screening timeline



Why is it important ?

- 375,400 New cases of cancer in the UK (2016-18 average).
- 166,533 Deaths from cancer in the UK (2016-18 average).
- 50% Survive cancers for 10 or more years (2010-11 England, Wales)
- 38% Cancer cases are preventable (UK 2015)

<https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk>

Commissioning Responsibilities and Quality Assurance

- NHS England are responsible for the commissioning and oversight (commissioning, delivery, quality, and safety) of all programmes under the Section 7a Public Health Agreement (delegated responsibility from the Secretary of State for Health), which includes the national screening and immunisation programmes.
- NHS cancer screening programmes in Rotherham are commissioned by NHSE North East and Yorkshire (NEY), Yorkshire and Humber Public Health Programme Team. As part of the national changes to the public health system and the development of UKHSA, in October 2021, the public health team, transferred from Public Health England (PHE) to NHSE.
- The delivery and quality of the screening programmes are supported by the Screening Quality Assurance Service (SQAS), who also transferred from PHE to NHSE in October 2021. Whilst routine quality assurance visits were ceased during the pandemic, SQAS have continued to have strong engagement with and provided ongoing support and advice to all screening programmes and the commissioners. Routine monitoring and assessment processes are being restored from April 2022.

NHSE Governance approach



The NHSE Governance approach is supported by Six-monthly South Yorkshire & Bassetlaw programme boards which have continued for each of the cancer screening programmes. These bring colleagues from all programme providers and stakeholders for each programme together to drive quality improvement across the screening pathway and facilitate shared learning across the system.

Interim monitoring takes place through monthly meetings between the provider and the public health programme team, these are supported by regular data submissions required from the screening providers. In addition, where concerns are identified, these are raised within NHSE public health programme team for further discussion and supports decision making and escalation/management as required, this may include contract discussions or escalation to NSHE commissioning management group.



Summary of Key 2021/22 Objectives



- Restore screening programmes that were paused at the start of the pandemic, returning to business as usual as soon as possible. Guidance relating to restoration and what that meant/entailed was issued by the relevant national programme team, as this differed from programme to programme, but all considered the following principles/elements:
 - Completing the pathway for patients who have already started the programme or been invited
 - Restoring all parts within the pathway including onward referral
 - Inviting high risk or surveillance patients
 - Inviting all eligible new patients and inviting all on time
- Work with all partners to identify and address inequalities in screening uptake. Improve equity of access to the cervical screening programme and halt the decline in uptake, especially amongst the younger aged cohort (25-49 years).
- Continue to progress with reducing turnaround times for cervical screening sample results to be reported



Restoration Definitions



Cervical Screening

- Whilst invitations for cervical screening were initially paused nationally, invites and screening activity began again on 6th June 2021, returning to normal (pre-pandemic) from October 2020. Colposcopy services continued to invite and see women based on risk stratification – seeing high risk women.
- The lab continued to receive and process samples and provided reports to the public health programme team on GP activity.

Breast Cancer Screening

Clearance of any backlog and achievement of 90% round length (36 months between last screen and next test due date). Invites/activity was risk stratified to ensure those at highest risk were seen as early as possible.

- Tier 1 - high risk women
- Tier 2 - screen positives in the pathway
- Tier 3 - screening results not processed
- Tier 4 exclusions – people currently in the breast screening pathway
- Tier 5 - People delayed an invitation

Bowel Cancer Screening

All programmes were paused for new patients (the posting of new kits was paused), however the bowel screening hub continued to process any returned kits.

Invites (sent from the bowel cancer screening hub) recommenced in line with the capacity and capability of each screening centre. For SYB, restoration was achieved in August 2021.



Achievement of Key 2021/22 Objectives



- Restore screening programmes that were paused at the start of the pandemic.

All Rotherham cancer screening programmes restored by April 2022 and have a renewed focus on health inequalities. NHSE&I are assured through monthly provider meetings of progress made, continuation of service delivery and equity of access with targeted support to underserved communities. This is supported by the Y&H Inequalities action plan.

- Work with all partners to identify Inequalities in screening uptake

The health facilitator team (RDASH) in Rotherham have and continue to support the Learning Disability (LD) Flagging project developed across South Yorkshire to ensure anyone with an identified LD flag on their record will be offered support (including accessible information) for them to participate in bowel screening when they are due.

- Improve equity of access to the cervical screening programme and halt the decline in uptake, especially amongst the younger aged cohort (25-49 years).

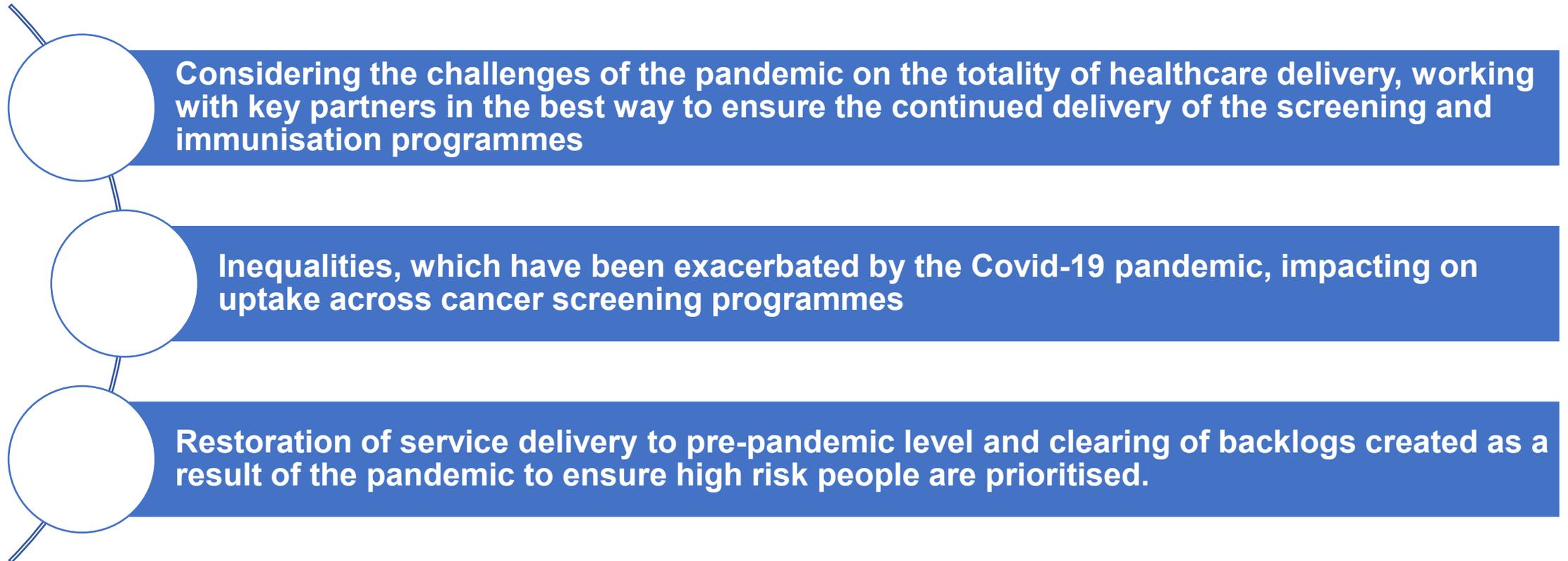
Behavioural science theories have been introduced to all Rotherham PCNs to support cervical screening uptake and at this present time there are 3 PCNs that are now showing an interest in completing the training and implementing the behavioural science nudges within invites by letter, SMS text message reminders and telephone scripts.

- Continue progress with reducing turnaround times for cervical screening sample results to be reported

Gateshead NHS Foundation Trust (cervical screening lab) are now processing above pre-covid levels of samples, although the number of samples received has continued to fluctuate. The Lab through their action plan have seen an improvement in performance, reducing the turnaround time for reporting on samples that are HPV positive. Work is ongoing to ensure this is sustained, although the lab continue to experience challenges in relation to workforce.



Challenges and Risks



Workstreams Update – Cervical (1/2)

Primary Care

In line with national primary care guidance on prioritisation, all practices in Rotherham have continued to offer cervical screening. Coverage shows a slight decrease in the uptake to previous years in 25-49 cohort and an increase in the uptake in the 50-64-year cohort. This is data from when Covid restrictions were still in place.

The collaborative partnership with the SYB ICS Cancer Alliance continues with the implementation of the innovative behavioural science approach using nudges and bespoke targeted messages within invites by letter, SMS text message reminders and telephone scripts to reach underrepresented groups and influence their behaviour to partake in cervical screening programme. Three PCNs in Rotherham have shown an interest in completing the behaviour science training and implementing some of the nudge theories. This approach will continue to be offered to the remaining PCN/practices within Rotherham.

Gateshead Cytology Laboratory

Our regional laboratory for primary care cervical screening samples is based at Gateshead Health NHS Foundation Trust.

Data from December 2021 shows 80% of samples are HPV tested and reported on within 7 days of receipt from across Yorkshire and Humber.

For those that are HPV positive and go on for cytology, turnaround times continue to breach the 14-day standard, with reporting cervical cytology samples currently at 22 days across SY&B, although this is an improvement on the previous year. Work with the lab is ongoing to reduce this to the 14-day standard. Where a sample requires follow up, referrals are sent directly to local colposcopy unit with no delay, thus minimising any risk to women. Additional cytology capacity has been added through bank staff and overtime.

Colposcopy

The Rotherham NHS Foundation Trust (TRFT) is the local colposcopy provider. Whilst the unit currently reports a higher number of referrals compared to the same period last year, all grades of referral (low and high risk) continue to be managed in line with national standards.

Integrated Sexual Health (ISH)

On the 1st April 2022 the Integrated Sexual Health Service at The Rotherham NHS Foundation Trust implemented the delivery of Cervical Screening for eligible people who access this service to increase the uptake of cervical screening in Rotherham.

Workstreams Update – Cervical (2/2)



Objectives for Cervical Screening within the Health Improvement Plan

1. Continue to roll out behavioural science nudge work to assist practices to increase uptake of women who don't usually take up the offer of screening.
2. Continue to identify and specifically target any inequalities related to ethnicity and deprivation.
3. Ensure all practices continue to offer screening as a priority service despite other challenges resulting from the Covid-19 pandemic.

Table 1: Screening Coverage Data % Uptake 2018/2019, 2019/2020 and 2020/2021 as a comparison

Year	2018/2019	2019/20	2020/21		
Screening programme	Cervical	Cervical	Cervical	Cervical	Cervical
Cohort	Females, 25-64, attending cervical screening within target period (3.5- or 5.5-year coverage, %)	Females, 25-64, attending cervical screening within target period (3.5- or 5.5-year coverage, %)	Females, 25-64, attending screening within target period (3.5- or 5.5-year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5- or 5.5-year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5- or 5.5-year coverage, %)
Standard	80%	80%	80%	80%	80%
Lower threshold	75%	75%	75%	75%	75%
England	72.6%	72.2%	No longer reported as a full cohort	69.1%	75.0%
Rotherham	76.1%	76.6%	75.4%	74.4%	77.0%

Workstreams Update – Bowel (1/2)



Service Overview

Bowel cancer screening for the population of Rotherham is coordinated by the South Yorkshire & Bassetlaw Bowel Screening Centre. Work has continued throughout the pandemic to restore the programme and clear the backlog created by the initial pause in screening during the early stages of the Covid-19 pandemic.

Restoration

The South Yorkshire & Bassetlaw Bowel Screening programme has restored to achieve the six-week standard of sending out invitations, for the local population invitations are now within this standard.

Age Extension

The Rotherham NHS Foundation Trust Hospital (and all Hospital Trust's across SYB) agreed to commence implementation of the Age Extension programme from 4th January 2022.

The Age Extension will be a phased approach (see below) over a four-year period reducing the age of bowel cancer screening to 50-year-olds. The order in which each cohort is to be invited is based on modelling undertaken by the UK National Screening Committee.

The agreed starting age for bowel screening age extension is 56 years, allowing people who would have previously been eligible for bowel scope screening at age 55 years as part of the bowel screening programme to be invited first (as bowel scope screening is no longer offered)

- Year 1 invites will be sent to all 56-year-olds
- Year 2 invites will be sent to 58-year-olds
- Year 3 invites will be sent to all 54-year-olds
- Year 4 invites will be sent to all 52- and 50-year-olds

Learning Disabilities Project

The Public Health Programme Team established a working group to implement a flagging system within the service user's health record which prompts the provision of easy read invite letter and screening kit with easy read instructions and support to make reasonable adjustments by the community learning disability team if required. Rotherham are progressing this work in collaboration with The Health Facilitator Team RDASH, CCG, Primary Care colleagues and the bowel hub in Gateshead. This work has now commenced and is endorsed by all GP practices in Rotherham.

Workstreams Update – Bowel (2/2)



Table 2: Bowel Screening % Uptake 2018/2019, 2019/2020 and 2020/21 as a comparison

Year	2018/19	2019/20	2020/21
Screening programme	Bowel	Bowel	Bowel
Cohort	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)	Persons, 60-74, Screened for Bowel Cancer in last 30 months (2.5 years coverage, %)
Standard	60%	60%	60%
Lower threshold	55%	55%	55%
England	60.5%	63.8%	66.8%
Rotherham	62.0%	65.1%	68.6%

Workstreams Update – Breast (1/2)



Service Overview

The Breast screening service for the local population is delivered at The Rotherham NHS Foundation Trust Hospital. Despite pausing at the beginning of the Covid-19 pandemic, the programme has worked hard to restore the programme.

Nationally submitted KPIs monitoring data were paused during the pandemic.

Data source: [Public Health Profiles - PHE](#)

Recovery

Restoration has progressed well, with the Rotherham Breast Screening programme having restored from their backlog created during the Covid-19 pandemic meaning that they have now returned to their normal 36-month next test due date (previously round length) and inviting women who are now due for screening.

The data provided in table 3 below shows activity for the year March 2020 to April 2021, displaying an adequate uptake of around 60.9%. NHSE are currently working with the provider in the development of an improvement plan which will include a review of why women Did Not Respond (DNR) to invite and complete targeted work to encourage non-responders back into the service.

Rotherham breast screening moved to open invites on a national directive to support restoration and ensure that the reduced capacity was maximised. The service are still operating open invites; however, they are reviewing whether to resume to a fixed invite offer due to higher uptake pre pandemic and to also allow them the ability to manage workforce with demand and capacity.

In July 2021, NHSE provided additional funding to the programme to allow them to introduce text messaging with the expectation that they continue to utilise this beyond service restoration as evidence shows that this is best practice. Rotherham breast screening programme have continued using text messaging which includes behavioural science nudges in prepared texts to encourage women to attend for screening. Rotherham breast screening service have already seen an increase in screening attendance in the short time that these messages have been utilised.

Workstreams Update – Breast (2/2)

Table 3: Breast Cancer Screening % uptake 2018/2019, 2019/20 and 2020-2021 as a comparison

Year	2018/19	2019/20	2020/21
Screening programme	Breast	Breast	Breast
Cohort	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)
Standard	80%	80%	80%
Lower threshold	70%	70%	70%
England	71.6%	70.0%	61.3%
Rotherham	75.7%	74.0%	60.9% *

* Unvalidated data indicates a significant improvement, bringing current uptake much closer to previous years.

Objectives for Rotherham 2022/23



- Maintain assurance from programmes that they can deliver screening to all eligible cohorts in line with national service specifications, standards and/or guidance.
- Work collaboratively with Breast Screening Programme to increase uptake by identifying those women who have not responded to their initial invite and complete targeted work to encourage non-responders back into the service.
- Continue to roll out the use of behavioural science nudges across Rotherham to support cervical screening uptake.
- Work collaboratively with current CCG to ensure all practices continue to offer cervical screening as a priority and that they review their communications with patients and use the behavioural science techniques on offer to improve uptake.
- Continue to work with the health facilitator team (RDASH) in Rotherham to ensure anyone with a LD diagnosis feels supported to participate in Bowel screening through proactive phone calls.
- To work collaboratively with the CCG, Local authority and cancer screening providers to ensure that the LD Rotherham case register is shared with all 3 cancer screening programmes to enable reasonable adjustments to be made including easy read invites and information
- To strengthen collaborative working with Rotherham CCG, Local Authority, cancer screening providers and any other partners on the development of intervention/project plans which will facilitate and/or support the increase of screening attendance and ensure equity of access across all three cancer screening programmes.
- Utilise Inequalities and Early Diagnosis (IED) Board and other ICS/Place Forums to report and monitor progress and improvement 22/23

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Cancer Screening Update

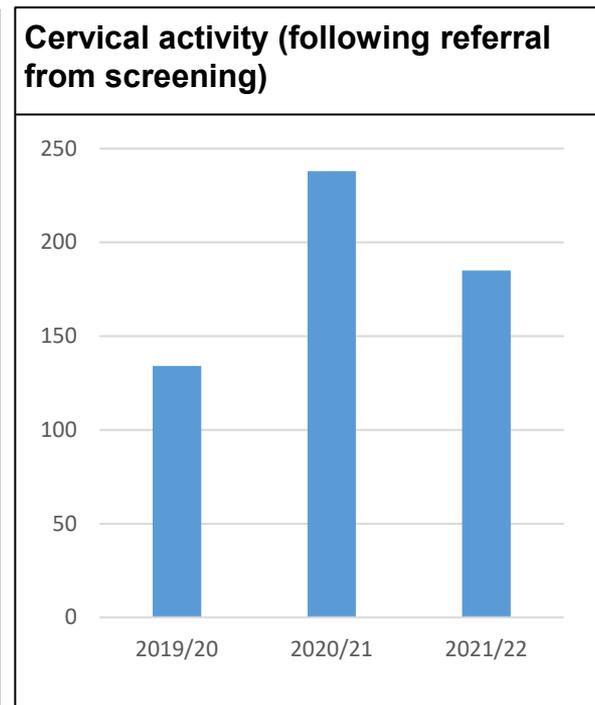
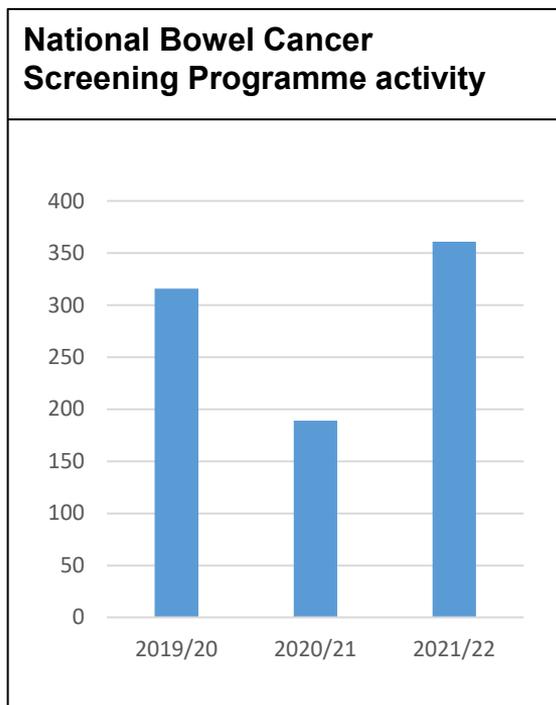
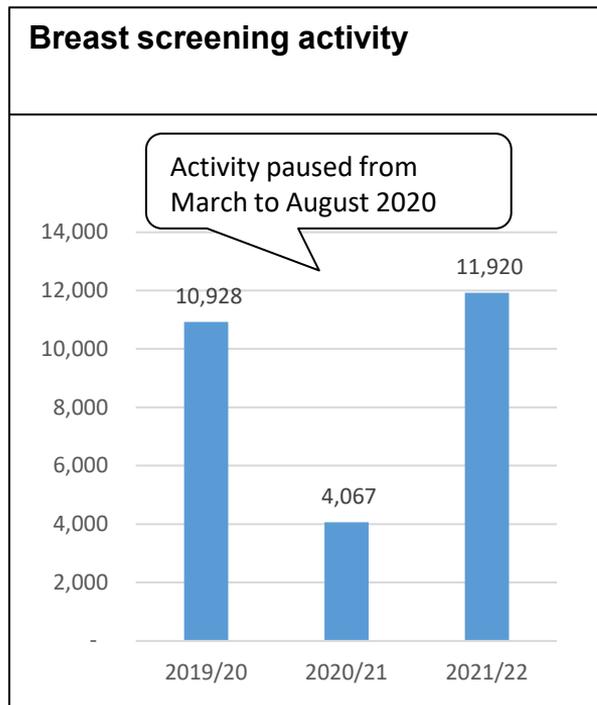
Rotherham Health Select Commission

30 June 2022

The Trust carries out cancer screening across a number of tumour sites

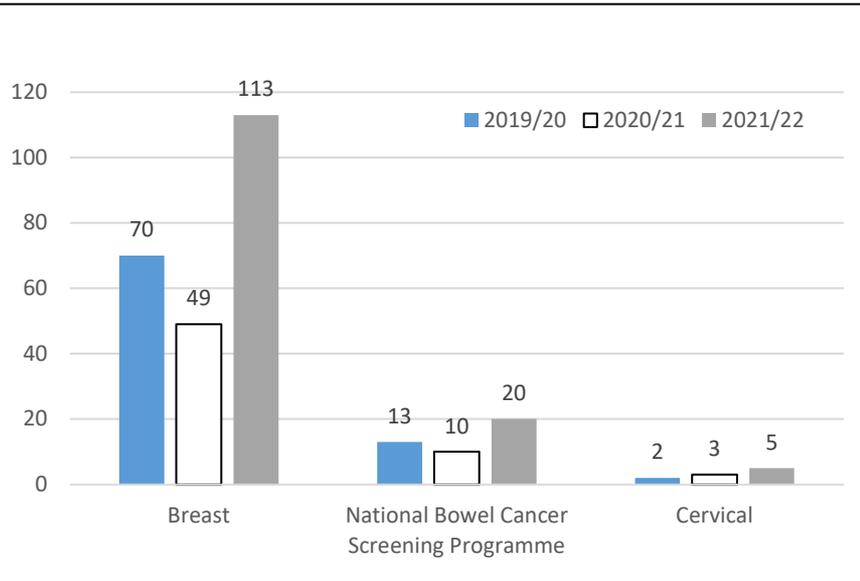
- **Bowel cancer screening** – patients will receive screening via the National Bowel Cancer Screening Programme, or can be referred via their GP for cancer diagnostics on a standard 2ww pathway or via direct access
- **Breast cancer screening** – patients will be invited to screening as part of the national programme
- **Cervical screening** – the Trust has recently started offering a new service, which began in April 2022, for opportunistic patients. The national programme is delivered in primary care. Patients with anomalies from initial screening will be referred to us for diagnoses and treatment

The Trust delivers high volumes of activity across some of these programmes, although most was curtailed during wave 1 of Covid-19 in 2020

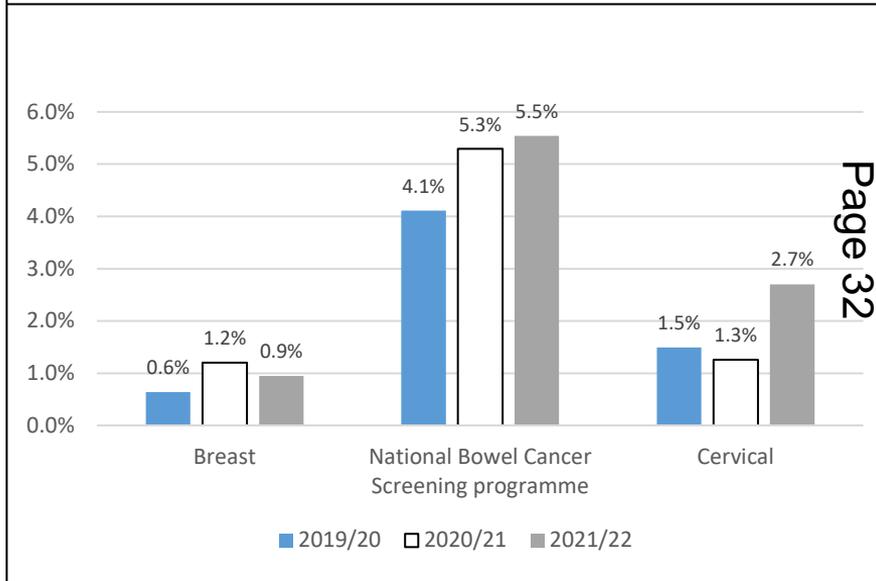


As a result of the lower levels of screening activity due to Covid-19, the numbers of cancers diagnosed fell in 2021 (before rising in 2021/22), and notably there wasn't a proportionate drop in positive diagnoses

Number of cancers diagnosed in year, by screening type



Proportion of screened patients receiving cancer diagnosis



Cancer screening has caught up the backlog of patients who missed screening appointments in 2020/21 due to the Covid-19 pandemic, although there are some patients awaiting an endoscopy

- **Bowel cancer screening** – There are some patients awaiting an endoscopy who are overdue their appointment (in some cases just by a few days). However, this encompasses all patients, not just those on cancer screening patients (e.g., IBD patients, patients with polyps). The Trust is undertaking an exercise to identify how many specific cancer patients (if any) are within this cohort.
- **Breast cancer screening** – The Trust has fully caught up with the breast screening programme invites, with patients due their appointment in July being sent invitations in June for immediate booking.
- **Cervical screening** – The new service is delivered by our Integrated Sexual Health team, with up to 34 screenings available monthly as commissioned by NHS England. Only 7 were required in May 2022.

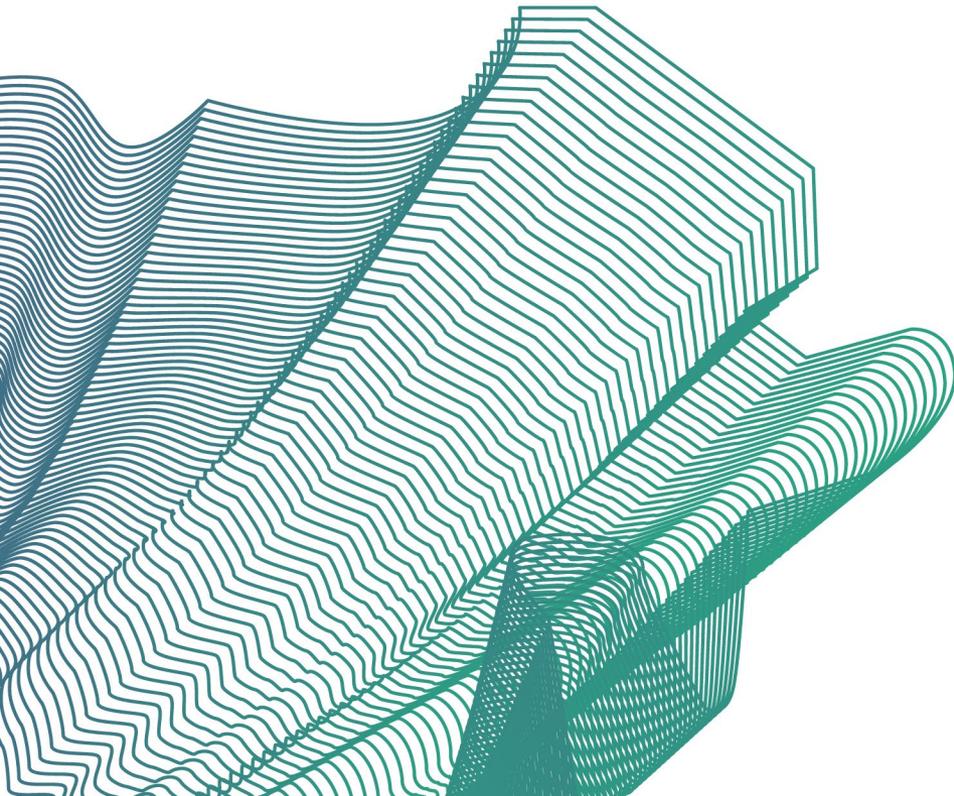
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ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Health Select Commission 30 June 2022

Rotherham Place Mental Health Update



NHS

Rotherham
Clinical Commissioning Group

Rotherham, Doncaster
and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



**CONNECT
HEALTHCARE**
ROTHERHAM CIC

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Agenda Item 7

Rotherhive (Early Intervention/Prevention)



Face Book – [link](#) / Rotherhive – [link](#) / Wellness Hive – [link](#) / Working Well – [link](#)

Communication / Awareness (Early Intervention/ Prevention)

Rotherhive:

- Social media campaigns (ongoing)
- Partner websites development
- Platform Development / new sections launches
- Joint working with Public Health – Be Well@ Work (promotional key ring)
- **Rotherhive on Paper**
- **Rotherhive Toolkit**

BE THE ONE

to talk / listen / care

Suicide Prevention

<https://www.be-the-one.co.uk/>

- Campaigns – Men / Women
- Zero Suicide Alliance
- Suicide awareness / self-harm training programmes
- Amparo / Listening Ear Awareness workshops
- Suicide prevention real time process



Worried, anxious or stressed?

Support for people in Rotherham

One in four of us will experience a mental health issue every year. Depression can occur at any age or any ability.

Everyone has mental health and we need to take care of it so that we can think, feel and react in ways that we need and want in our lives.

Anxiety **Post-traumatic stress disorder** **Phobias** **Panic disorders**
Social anxiety **Obsessive compulsive disorder** **Depression** **Stress**

Partnership Campaigns:

- Anxiety campaign
- Mental Health Awareness / Loneliness
- IAPT – anxiety / sleep / depression (ongoing)
- ICS – Online MH Platform
- Kooth
- Library promotions

Rotherhive self-help library launched includes easy read and audio leaflets – [link](#)

Promotional Banners

Over 25,000 leaflets distributed

Be Well @ Work You film 'workplace film is called Let's Talk about Talking'

Building Community Capacity to support Mental Health Wellbeing

Over the past two years the CCG and Public Health have worked with a wide range of organisations to support the development / Enhance of Peer Support / Lived Experience led support across the Borough. Examples of this work include:

- Rotherham Survivors of Bereavement by Suicide (SOBS) group
- Women's group (Andy's Man Club)
- Bipolar UK – peer support group & self- management training
- Men Actively Taking Together Group (MATT)
- Supporting the development of a wide range of peer led community groups (mental Health small grants scheme)



Join a new online peer support group for people with bipolar in Rotherham

3rd Wednesday of each month
7pm - 9pm

Open to anyone affected by bipolar who's registered with a GP in Rotherham

Email supportgroups@bipolaruk.org and we'll send you a Zoom link

Let's talk bipolar www.bipolaruk.org



EMOTIONS HAVE NO GENDER
DON'T LOCK YOURS IN THE DARK

 @MattTalking  @MenActuallyTalking

Building Community Mental Health Wellbeing

Building Community Mental Health Support

Working with Voluntary Action Rotherham the CCG / PCNs / ICS has commissioned:

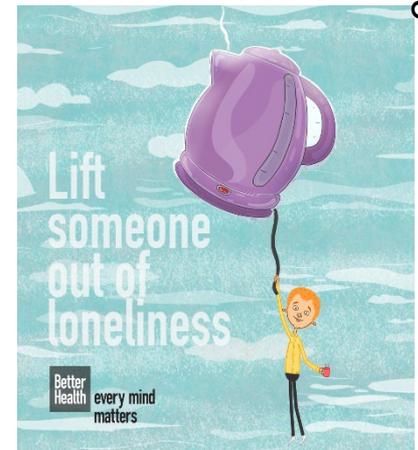
- Social prescribing / PCN LINK Workers / VSC groups
- Green Prescribing (ICS)
- 3 year Mental Health Small Grants programme
- BAME Crisis grants scheme
- Seasonal Pressures Grants
- Development of a Mental Health VCFS Provider Alliance
- Mental Health Network Manager to support the development of community capacity and long-term sustainability (to reflect community diversity)

Building awareness and confidence

- MECC Loneliness training
- Self-harm train the trainers / self-harm awareness training
- Bipolar UK self-management training
- Amparo / Listening awareness sessions
- Suicide prevention awareness training

Developing next steps:

- Better Mental Health For All Action Plan (refresh)
- Loneliness Action Plan (refresh)
- Suicide prevention and self-harm Action Plan (refresh)
- Place / Health & Wellbeing Board sign-up to the Prevention Concordat for Mental Health
- DHSC 10-year Mental Health and Wellbeing Plan – National consultation until July 22/ expected publication Autumn 22



Enhancing Access to Support

Thanks to my therapist for keeping it real and understanding about sleep patterns and how it can affect your life, great listener, and good knowledge of what could help

I just wished I had signed up to this earlier

Absolutely brilliant transformed my self-confidence and reduced anxiety

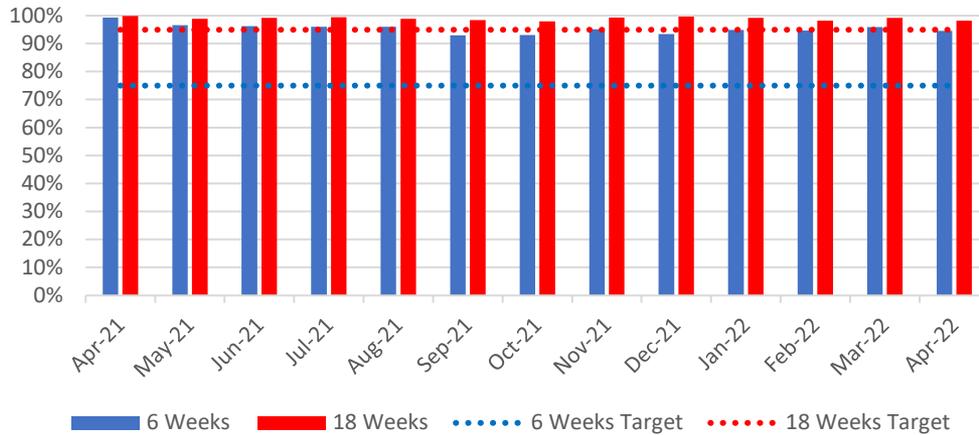
Expansion of the Rotherham Improving Access to Psychological Therapy (RDaSH, IESO & Sign Health)

- Increase activity commissioned
- IAPT can be accessed in different ways – face to face , digital options, Via Rotherham Health App +/- or groups
- Sign health available in Rotherham which provides an IAPT British Sign Language Service (BSL). Referral every month since Sept 2020
- RDaSH Clinical Nurse Specialist in Mental Health and Deafness , supports people access IAPT and is working with local groups to raise awareness of mental health services / how to access
- Workforce access to IAPT initiative
- Work underway to increase Older Peoples' access to IAPT
- Implementation of new national data requirements (including BAME recovery rates
- Place communication plan to promote awareness of IAPT provision / anxiety / depression / sleep

59% Out of Hours
(i.e. Mon- Fri,
9.00 – 5.00

Enhancing Access to Support – Rotherham Place IAPT Performance

6 and 18 week waiting times



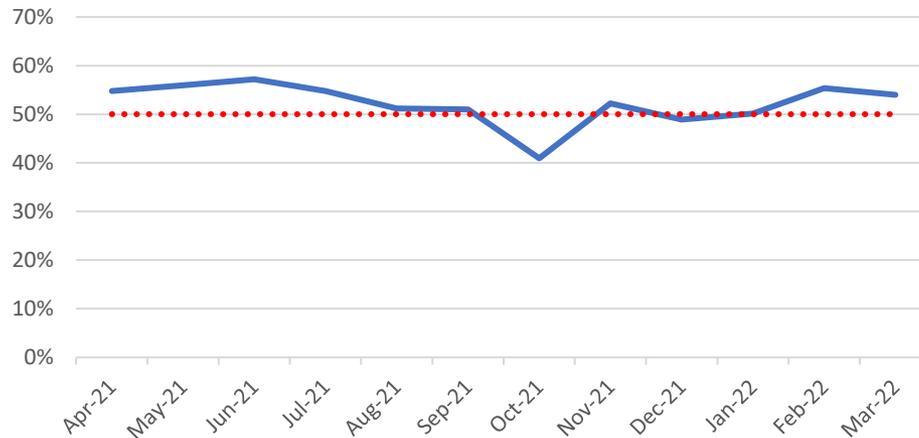
National Targets:

- 75% of people enter treatment in 6 weeks
- 95% of people enter treatment in 18 weeks

National Target:

- 50% of eligible referrals to IAPT services should move to recovery

Recovery %



Enhancing Access to Support

Rotherhive

- Ongoing expansion of Rotherhive / developed in conjunction with Experts by Experience
- Expansion of information in different formats – easy read, video and audio
- Accessibility features added
- Additional Languages added to translation functionality
- **Rotherhive on Paper initiative (digital exclusion)**

RDaSH 24/7 Crisis Helpline has introduced a text phone service for anyone unable to use the standard telephone line (Text number: 07974 603610)

Service development / expansion

- Early Intervention in Psychosis (Level 3, awaiting outcome of latest evaluation)
- Amparo service (recommissioned across South Yorkshire)
- Extension of Listening Ear Bereavement
- Mental Health VSC commissioning
- E-prescribing functionality developed in RDaSH
- Expansion of RDaSH Children & Young People eating disorders / Crisis Provision
- SYEDA adults eating disorder provision

Enhancing Access to Support & Next Steps

New services / developments

- Safe Space Touchstone Alternative to Crisis / peer support
- Listening Ear – Bereavement helpline
- SYEDA – Eating disorder services (Children and young people / adults)
- RDaSH / Samaritan's Wellness Check Pathway
- Development of YAS Mental Health Response (including Mental Health vehicle & develop mental health workforce)
- Development of ICS initiatives (S12 solutions, Guidance development, improving data and activity)
- Hospital Discharge Initiative RDaSH
- Dementia pathway transformation – primary care development
- Kooth is a free, safe and anonymous online mental wellbeing community for people aged 11-25 (RMBC/CCG) – [Link](#)
- ICS Online Mental Health Platform
- Antidepressant Review Clinic
- Community Mental Health Transformation Programme – Mental Health roles in primary care, RDaSH and VSC

Next Steps:

- Launch Safe Spaces Touchstone
- Attempted Suicide Prevention Procurement / implementation
- Public Health Led Actions plan refresh launch / implementation
- Develop 23/24 Bereavement action plan
- Community Mental Health Transformation implementation (including primary care Mental Health roles)
- Build / complete mobilisation of the 21/22 development/ investment programme
- Dementia pathway Transformation – Primary care / Admiral Nurses / expansion of Memory Clinic
- Delivery of the 22/23 Rotherhive / Mental Health Communication plan
- Deliver quality requirement to improve self-harm assessment in UEC (CQUIN Biopsychosocial assessment)
- Full implementation of ICS Online Mental Health Platform

Further development areas:

Physical health & Pain
Autism / crisis
Self-harm
Addressing Inequalities

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**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

Rotherham Secondary Care Mental Health Services 30 June 2022

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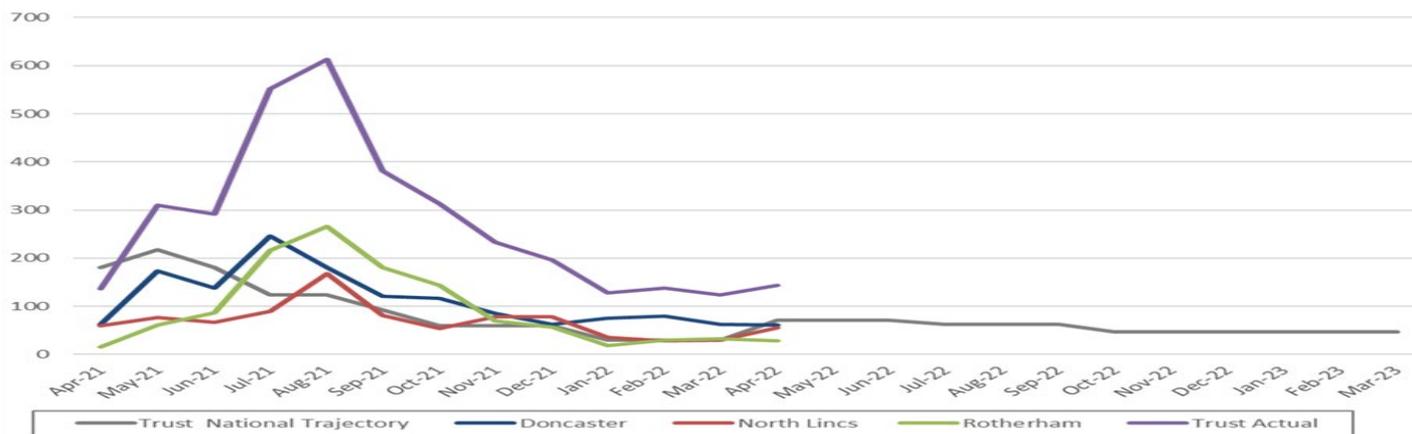
Contents

- Out of Area Placements
- Early Intervention
- Older People's Mental Health / Memory Clinic
- Perinatal Services
- Other Community Services
- Addressing Health Inequalities

*Learning Disabilities and Neurodevelopment pathways have been omitted from this presentation following recent detailed presentations being delivered in this forum

Inappropriate Out of Area Placements

An inappropriate out of area placement for acute mental health in-patient care is defined as when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of their usual local network of services. This means an inpatient unit that does not usually admit people living in the catchment of the person’s local community mental health service, and where the person cannot be visited regularly by their care co-ordinator to ensure continuity of care and effective discharge planning.



* all out of area placements for the last 6 months have related to Psychiatric Intensive Care

Early Intervention in Psychosis

At Risk Mental State (ARMS)



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Current Waiting List	Current Wait Next Appointment
0	Less than 2 Weeks

Performance Indicators

Service Users offered Cognitive behavioural therapy

Service Users allocated a lead professional / care coordinator within 2 weeks

First Episode Psychosis (FEP)

Current Waiting List	Current wait for next appointment
1	Less than 2 weeks

Performance Indicators

Patients seen & treatment started within 2 weeks of referral

Service Users with Psychosis will receive Cognitive Behavioural therapy for Psychosis

Service users will receive family intervention

Service users will receive an annual physical health review

Service users offered physical health interventions

Service users with first episode of psychosis take up supportive employment & education programmes

Carers take up carer education and support programmes

Early Intervention in Psychosis

Performance

- National Clinical Audit of Psychosis – annual audit awaiting approval – projected NCAP level 4 (top performance) – to be confirmed June / July 2022 (see next slide for NCAP standards)

Day to Day Challenges

- Engaging families / carers and providing the necessary level of support, education, and skills to maintain their caring role

Improvements

- Development of family therapy offer – currently looking at different models based on patient feedback.
- Planned implementation of patient engagement forum - 2022

Patient Feedback

- Patient feedback response rates very low from 'your opinion count forms'. SMS trials in other MH services with a view to being rolled out if successful. Anecdotal feedback very positive. There were no formal complaints raised against this service in 2021/22.

Early Intervention in Psychosis

National Clinical Audit of Psychosis (NCAP) – Standards

Service users with first episode of psychosis:-

- Start treatment within 2 weeks of referral
- Take up Cognitive Behavioural Therapy (CBT)
- With families take up family interventions
- Offered Clozapine if not responded adequately with at least two antipsychotic drugs
- Take up supported employment & education programmes
- Receives an annual physical health review
- Offered relevant interventions for their physical health
- Carers take up carer focussed education & support programmes

Older People's Mental Health / Memory Clinic



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Assessment / Diagnostic

Current Waiting List	Average Wait Next Appointment	Longest Wait Next Appointment
568	29 weeks	41 weeks

Performance Indicators

- RTT waiting time (18 weeks)
- RTT Diagnostic waiting time (6 weeks)

Older People's Mental Health / Memory Clinic

Performance

- RTT waiting time (within18 weeks) – 32% (target 92%)
- RTT Diagnostic waiting time – 13% (within 6 weeks)

Day to Day Challenges

- Capacity & demand / staffing challenges – current model includes ongoing annual medication reviews

Improvements

- Implementation of new Local Enhanced Service – agreed discharge of patients back to primary care following diagnosis & stabilisation. This will free up resource to focus on the diagnostic part of the pathway to reduce waits & significantly improve patient pathway.

Patient Feedback

- Patient feedback response rates very low from 'your opinion count forms'. SMS trials in other MH services with a view to being rolled out if successful . There was one formal complaint raised against this service in 2021/22

Current Waiting List	Current Wait Next Appointment
0	Under 10 days

SHADOW Performance indicators (new service)

- Annual Assessments - 4.5% of the total birth rate in Rotherham (based on 2016 birth rate – 147 pa)
- Initial Assessment within 10 working days

Performance

- Annual Assessments - 4.5% of the total birth-rate in Rotherham (based on 2016 birth-rate data – 147 pa) – *over-achieved for 2021/22*
- Initial Assessment within 10 working days – *achieving June 2022 – staffing issues Q4 / Q1 resulted in increased waits for first assessment*

Day to day challenges

- Capacity and Demand is significant for assessment
- Significant number of new staff just recruited and in post – in-role training

Improvements

- Ongoing work to develop and offer psychology pathways
- Different disciplines of staff now in post and developing more holistic offer

Patient feedback

- Really positive around service delivery
- Monthly agreement in place with 'experts by experience' gaining feedback for the service.
- There were no formal complaints raised against this service in 2021/22

Other Community Services



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To ensure full oversight of access into all Rotherham services, below demonstrates current waiting list numbers and average wait to next appointment for all community services not previously summarised.

Service	Current Waiting List	Current wait for next appointment
Assessment & Formulation	800	15 weeks
Assertive Outreach	0	0
Adult MH CMHT South	3	1.5 weeks
Adult MH CMHT North	10	3 weeks
Older People MH CMHT South	19	2 weeks
Older People MH CMHT North	9	2.5 weeks

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Day to day challenges

- Staffing issues – particularly medical staffing with vacancies across the care group
- Increase in referrals & increase in acuity of those being referred – more complex case mix

Improvements

- New Care Group Director in post May 2022, plan for ‘deep dive’ into each service during 2022/23 to identify service improvements

Addressing Health Inequalities

Contribution to the developing picture, through:

- Rotherham Prevention & Health Inequalities Group
- Contributing to the Rotherham Prevention & Health Inequalities Action Plan
- Building the NHS England / Integrated Care Board Place development programme for Rotherham
- Monthly Trust wide DAWN (disability & wellbeing network)
- Monthly Equality Diversity & inclusion Programme
- Use of the health passport for staff who have a disability
- Use of 'tasks' on clinical system to ensure any additional needs of patients are clearly recorded
- Work commenced to look at local demographics of deprivation
- Care Group attendance at Trust Anti-racism meeting – to pilot a local Rotherham Care Group in July 2022
- Bespoke transgender awareness training to be delivered in conjunction with the Patient Focus Group.
- Care Group Representation at LGBTQ+ role model training delivered by Stonewall

Addressing Health Inequalities

Next 12 – 18 Months

This will be working with partners at place and systems (where applicable)

- Learning about better service take-up, focus upon IAPT initially
- Reporting on equality – service access, outcomes and experience (protected characteristics, 20% most deprived areas)
- Digital inclusion and accessibility
- Primary care: completeness of GP records
- People who don't fall into 'protected characteristics' (e.g. rough sleepers)
- Start to develop and use our data, plus work on where we need to do more to make reporting more systemic (e.g. complaints)

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NHS Foundation Trust

Acute Mental Health Update

Health Select Committee – 30th June 2022

Julie Thornton
Care Group Director - Rotherham

June 2022

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Page 3	Crisis – Overview of Service
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Page 5	Crisis – Outcomes
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Page 8	Day in the Life of a Crisis Clinician
Page 11	Rotherham Care Group Staffing Levels
Page 12	Rotherham Care Group Staff Survey
Page 13	Rotherham Care Group Staff Well-being
Page 17	Community Mental Health Transformation [PLACE]

Purpose of Report

Following a presentation to the Health Select Committee on 7th October 2021, Rotherham Doncaster & South Humber NHS Foundation Trust were asked to provide supplementary information on:-

- Crisis Team
- Staff Health & Wellbeing
- Community Mental Health Transformation – Progress.

This report attempts to answer all outstanding questions.

Crisis – Overview of Service

All Crisis referrals come into the team via telephone. They can be self-referrals, or come from other agencies such as GPs, Police, Probation, RMBC, and other Voluntary organisations. Family members can refer.

The most frequent referrals are self-referral and from GPs.

The call is initially answered by an experienced admin team member, who take basic details and either task the referral to a clinician, or if at that point it is deemed urgent, it can be passed straight to a clinician, or emergency services are contacted.

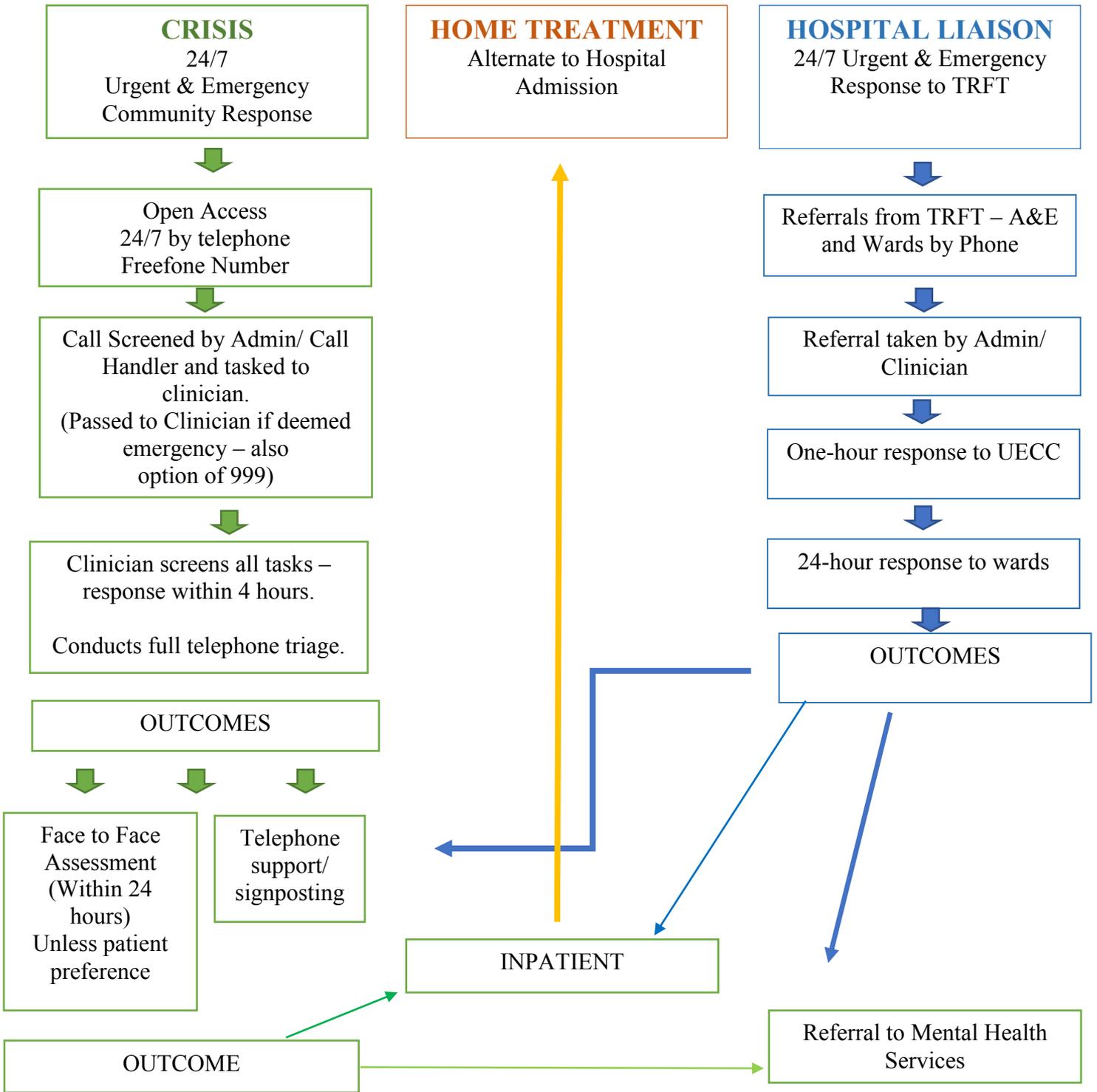
The call is clinically triaged, and the following options are available to the clinician:-

- Face to face assessment - at the person's home or at our Rotherham site at Woodlands. This is offered within 24 hours, routinely, patients will ask for the following day. A full assessment will be undertaken and the person signposted or referred as appropriate to their needs. A small number of patients can be kept on the crisis patient list for a short time (a number of weeks) if they require ongoing short-term support
- Referral to Group pathways, run by the Localities, offering Anxiety management, Mood groups, Emotional coping skills, Hearing voices groups.
- Referral to Home Treatment team to receive a period of assessment and support at home with input from a Consultant Psychiatrist.
- Respite stay in Cedar House, with support from the crisis team if required.
- Referral to the Crisis support worker to support with housing, benefits and attending appointments in the short term.
- Facilitate a hospital admission where Home Treatment is not appropriate.

Crisis – Pathways into the Service

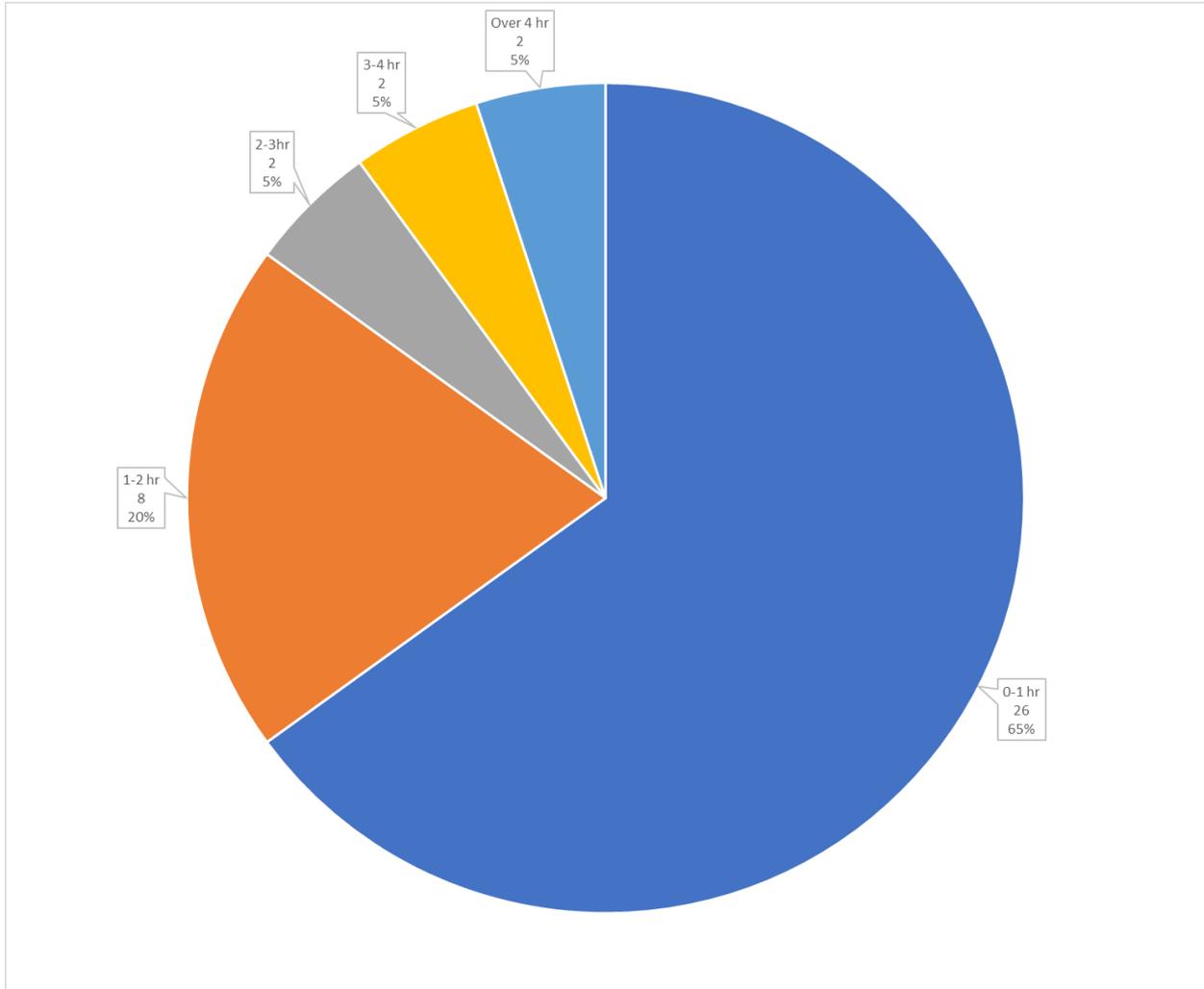
The flow chart below depicts the patient pathway in process map form for all elements of the Crisis service offered by RDASH for Rotherham patients.

The green flow represents the community offer, with referral options to the Home Treatment Team as an alternative to hospital admission. The blue flow highlights the Hospital Liaison pathway for patients in crisis who are in an acute physical health hospital setting – either accessing urgent & emergency care or admitted to a ward. This service also interfaces with the Home Treatment Team to ensure care at home is available following physical health intervention.



Crisis – Clinical Triage Response Times

Taken as a Snapshot on 31st May 2022, 40 open cases were reviewed to look at clinical triage response times (time from referral to initial clinician call back).



Of the patient's sampled, 65% were clinically triaged within 1 hour and 85% were triaged within 2 hours.

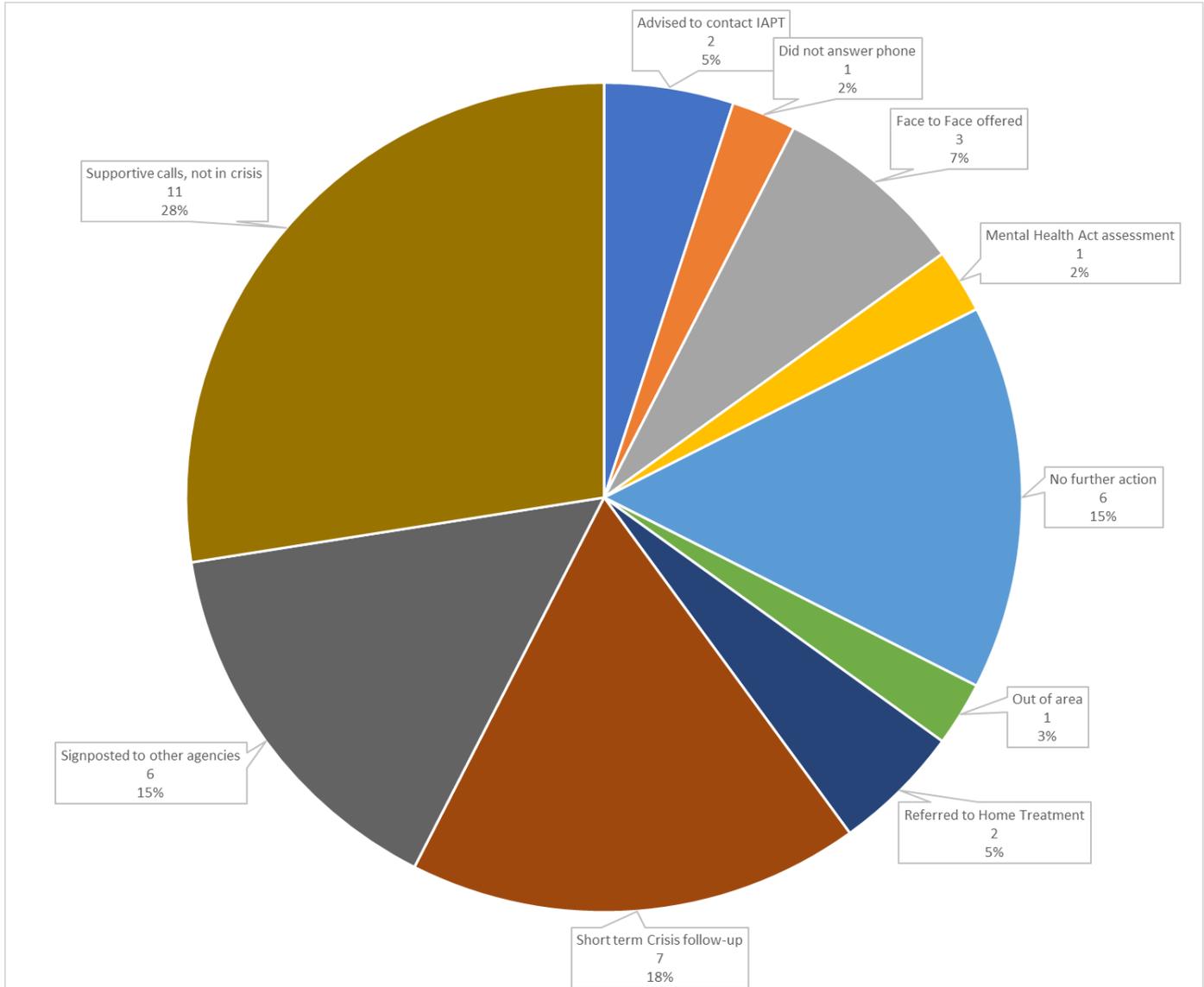
5% (2 patients) waited over 4 hours to be clinically triaged. Exceptions:-

- Build up of tasks while clinicians are on face-to-face assessments creating a backlog and delay in clinical triage
- Non-response of individual at time of call

Average time to Clinical Triage (patients in snapshot) – 65 minutes

Crisis – Outcomes

Taken as a Snapshot on 31st May 2022, 40 open cases were reviewed to look at outcomes.



Of the patients sampled, 28% were deemed not to be in crisis but these individuals still received a supportive call from a Crisis clinician. 18% remained with the Crisis team to receive short term follow up via telephone and 7% were offered face to face appointments within the team. 12% were referred on to other RDASH services and 15% of calls resulted in no further action following the initial clinical telephone triage.

Crisis - Patient Feedback

Patient feedback forms are sent to all patients who have had a face-to-face assessment, by post with a stamp addressed envelope for return. Return rates are low and we are currently reviewing alternative feedback options via text and email. This will be piloted in the Home Treatment Team in July 2022 and rolled out to the Crisis Team following this.

Below are examples of patient feedback received over the last 6 months.

Patient 1

“I was very nervous but the mental health practitioners made me feel at ease. This was the first time I had to deal with anything like this and i came away feeling in a much better place, it was a relief to be able to talk to someone who understood, didn't judge and didn't treat me like I had a illness or was less of a person”

Patient 2

“This was the first time I had spoken to someone face to face about my illness. This has really helped me. I hadn't fully understood everything that was happening. Now I do and have felt much better since. I appreciate all the follow up telephone calls and feel I can anything. Your support has changed everything. Thank you.”

Patient 3

“Katrina has been amazing at retraining my thoughts. She got me! Thanks to Cheryl & Robin too in the beginning when I was a wreck. I still feel crappy at times, but I am working on it thanks for all the support you gave me. I am truly grateful.”

Patient 4

Be clear on what the assessment is and what is involved prior to visit.
Follow up and make things happen – don't just say things.

Patient 5

“Thank you very much for helping me. I felt so at ease & comfortable talking to you both. I so needed this 28 years ago. Andy's Man Club is just the tonic I have long awaited for. So many things to fix and so many wrongs to right. I finally have the support I have been desperately needing”

There have been no formal complaints raised against the Crisis Team in 2021/2022. The Hospital Liaison team have received one complaint during this period.

A Day in the Life of a Crisis Clinician

Crisis shifts are: (optimum staffing levels)

- 09:00-19:00 (2x clinicians)
- 12:00-22:00 (2 x clinicians)
- 21:00-07:00 (1 x clinician)

09:00 – Calls diverted back from Care Coordination Centre (take calls overnight from TRFT site)

09:00 – Clinician starts duty. Likely to be several electronic tasks remaining from overnight (can be up to 20) (Night worker deals with calls as they come through but some follow up calls will remain). 9am Clinician will prioritise calls, pick up urgent calls plus follow ups from the previous day.

The calls vary in content. Some calls are very simple, advice being sought and easily directed. Some calls can be extremely distressing to the staff if they are abusive or threatening in nature. The staff are very supportive of each other, and discussions do take place after difficult calls where possible.

Some calls can be less urgent, such as someone who has had a relationship break-up, and has been feeling low in mood. There may be no indication that this is a crisis, but the clinician will still give the person time to talk this through and offer any required advice.

There are calls where someone is really distressed, threatening to harm themselves immediately and the clinician needs to stay on the phone while another person rings the emergency services. There is often no way of knowing how long a call will last before making it.

Face to face appointments are booked when a telephone triage has been undertaken and a more in depth assessment is indicated. Frequently, an assessment will result in no further action, other than, for example advice about sleep hygiene and a referral to social prescribing or other community services. Less frequently, someone will be assessed as being acutely mentally unwell, and require a more intensive intervention such as hospital admission, although wherever possible, we refer into the Home Treatment team and use the Crisis beds available.

Following referral into the service, there are occasions when, on clinician call back for triage, the individual will not answer. It may be the person no longer wishes to speak to us, or the referral may have been made by another agency and the individual does not wish to engage. On these occasions the

clinicians will make at least 3 attempts to contact by telephone, then a follow up letter will be sent which includes supportive information on services and how to re-contact the team if required.

11:00 / 13:00 / 15:00 – pre booked face to face assessments following telephone triage – although times can be negotiated with the individual. Due to the risk of crisis work, face to face assessments are routinely done in pairs, often leaving one clinician in the office during these periods. We offer assessments at our base or in the person's home. Following each assessment the clinician needs to complete:-

- Full needs assessment
- Risk assessment
- A plan of care letter for the patient
- A GP letter

During the afternoon, the electronic tasks will have been building up, as the urgent incoming work will be prioritised.

17:00 calls go through to the Care Coordination Centre, so this alleviates some of the pressure of incoming calls directly. The call handlers (based at TRFT) screen the calls and task them to the team.

Rotherham Care Group Staffing Levels

Work is constantly ongoing to ensure we have the right staffing levels in all services to provide safe & effective care. As is reflected across the Trust and nationally throughout the NHS there are some staffing 'hot spots' which create challenges, however as a Care Group and wider Trust, there are multiple programmes of work in train to address this. These include:-

- Community Mental Health Transformation Programme – introducing a different skill mix and primary care support to reduce referrals into secondary mental health services
- International nursing recruitment – currently 5 international nurses in Rotherham Care Group from North Africa and South America
- Dedicated group to look at medical staffing & to address vacancies
- Executive review of Recruitment & Retention premia underway
- Pilot for Community Nursing safer staffing model underway (already in place on inpatient units.
- Proactive management of sickness across the Trust - Trust sickness target - 5.1%. Rotherham reported 6.7% cumulatively for 2021/22.
- Targeted workstream for Psychological professionals due to high vacancy rate. As at 31st May 2022 vacancy rate for this cohort significantly reduced to 0.6%.
- Targeted workstream for Allied Health Professionals – as above commencing June 2022.
- Innovative recruitment schemes e.g. bespoke videos for recruitment – highlighted benefits of working in Rotherham.

Rotherham Care Group – Staff Survey

Staff survey (2021/22)*

	
<p>You wanted to see improvements in how we support your <u>Health and Wellbeing</u> in the following areas;</p> <p>6c - Relationships at work are strained</p> <p>11a - Does your organisation take positive action on health and well-being?</p> <p>11c - During the last 12 months have you felt unwell as a result of work-related stress?</p> <p>11d - In the last three months have you ever come to work despite not feeling well enough to perform your duties?</p> <p>11g - Have you put yourself under pressures to come to work?</p> <p>15b - In the last 12 months have you personally experienced discrimination at work from any of the following - manager/team leader or other colleagues</p>	<ul style="list-style-type: none"> • We are ensuring that regular supervision, PDR's, team meetings are in place • We are encouraging staff to use the vast support offered by the Health and Wellbeing team such as wobble rooms and out of work activities (see list below) • We are utilising occupational health and PAM Assist where appropriate • We will be try to be as flexible as possible with staff in relation to flexible working requests, agile working etc.

*2022/23 staff survey results out May 2022 – engagement events / actions plans in progress

Rotherham Care Group Staff Wellbeing

Rotherham, Doncaster & South Humber NHS Foundation Trust invest heavily in staff health & wellbeing in terms of mental health, physical health & financial wellbeing. The Trusts health & wellbeing offer has been refreshed and expanded during the Covid 19 pandemic and this continues as we address other challenges faced by staff such as support for staff affected by the war in Ukraine and the cost of living crisis.

Mental Wellbeing Offers

- Employee Assistance Programme – Supporting volunteers and employees with any concerns, from money worries and relationship troubles to stress and anxiety 24/7.
- On-site counsellors at The Woodlands and Swallownest Court – providing face to face advice to employees and managers.
- Mental Health First Aid Virtual Training- offered internally
- Health Champions throughout the organisation to support colleagues and signpost to help.
- Occupational Health – providing advice on reasonable adjustments. Physiotherapy, confidential counselling and more intensive psychological therapies.
- South Yorkshire and Bassetlaw Mental Health Hub -training and fast track mental health support and a Long Covid Clinic.
- Health and Wellbeing “Wobble Rooms” – During the Covid-19. These remain in place at each of the Rotherham premises/service sites.

Physical Wellbeing Offers

- Free access to a 12-week Slimming World programme.
- National 12 Week Digital Weight Management Support for NHS Colleagues

- Health Shield health cash plan
- Kaido Wellbeing Challenge (on-line team building challenges)
- Free national fitness platform to access at home - Be Military Fit – with nutritional information and live fitness classes
- On site Gym facility at Swallownest Court – available to all staff.

Financial Wellbeing Offers

- Salary Finance – offering financial education and loans to employees
- Salary Advance Scheme
- Transave Credit Union – Not for profit organisation offering saving schemes and loans to employees.
- NHS Fleet Solutions – Salary sacrifice cars with monthly payment taken directly from salary.
- School Uniform Bank
- Financial well-being leaflet
- Cycle to Work Scheme
- Home Electronics – Furniture, electronics can be purchased and the cost spread over 12-24 months and monthly payments taken directly from wages.
- Current additional pressures for staff around travel costs both to and in work and the increasing cost of living factors are being considered

Community Mental Health Transformation (Place)

Key deliverables in the Long Term Plan by 2023/24

Core model

A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Networks, contributing to 370k minimum access number by 23/24

Dedicated focus areas

Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', in need of mental health rehabilitation and eating disorders, contributing to 370k minimum access number by 23/24

Physical health

Increasing the number of people with SMI receiving a comprehensive physical health check to a total of 390,000 people per year

Employment Support

Supporting a total of 55,000 people a year to participate in the Individual Placement and Support programme

Early Intervention in Psychosis

Maintaining the 60% Early Intervention in Psychosis access standard and ensuring 95% of services achieve Level 3 NICE concordance



NHS Rotherham Year 2 (2022/23) Road Map - Priorities for CMHT transformation for Mental Health Trusts, Primary Care, Social Care, VCSE providers, Community Leaders, Underserved Community representatives' (correct as at 11.05.22)

Model development	Care provision	Workforce	Data & outcomes	Dedicated focus ²		
				CEN / 'personality disorder'	Community rehab	Eating disorders
Joint governance with ICB oversight ¹	"Must have" ² services commissioned at PCN level tailored for SMI	Recruitment in line with indicative 21/22 MH workforce profile	Record activity data from new model (inc. primary, secondary and VCS orgs)	Commenced work on 2 of 3 dedicated focus areas (Systems undertaking transformation should meet the below expectations for relevant areas)		
Model design coproduced with service users, carers & communities	"Additional" ² services commissioned at PCN level tailored for SMI	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning	Dedicated function linked to care model: increased access to dedicated function and consultation, support, supervision and training to care model		
Integration with primary care with access at PCN level ¹	Improved access to psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of paired outcome scores for PROMs	Embed experts by experience in service development and delivery		
Commissioning and partnership working with range of VCSE services	Tailored offer for young adults and older adults	Multi-disciplinary place-based model ¹ in place	Waiting time standard for CMH services (care and dedicated focus areas)	Development of trauma-specific support, drawing on VCSE provision	Ensure a strong MDT approach ²	No barriers to access e.g. SMI or weight thresholds
Integration with Local Authority services	Evidence the impact of advancing inequalities for underserved communities	Staff retention and well-being initiatives	Interoperability b/w primary, secondary & VCS (e.g. shared care records)	Co-produced model of care in place support for a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
~33% PCN coverage for transformed model	Improved support for co-occurring physical needs (e.g. substance misuse)	Dedicated resource to support full range of lived experience input			Co-produced care and support planning is undertaken	Clear arrangements in place with primary care for medical monitoring
Shift away from CPA	Embedded trauma-informed & personalised care approaches	Staff:caseload ratios to deliver high quality care				Support across spectrum of severity and type of ED diagnoses
Alignment of model with IAPT, CYP & perinatal	No wrong-door approach means no rejected referrals recorded	Place-based co-location approaches				Joint working with CYP ED services including transitions
						Accept self-referrals, VCS referrals and Primary Care referrals.

■ In place by end of year
■ In progress by end of year
■ Planning underway by end of year



Community Mental Health Transformation (CMHT) Rotherham PLACE - Progress So Far

Core Model

- Rotherham CMHT Specialist Team & Programme Manager now recruited
- Monthly Rotherham CMHT Steering Group meeting in place (2021/22)
- Model Development Workshop (co-produced with Lived Experience input) agreed (May 2022) - themes being developed
- Year 1 2021/ 22 Mobilisation (recruited during year):
 - Additional Roles Reimbursement Scheme (ARRs) Primary Care Specialist Mental Health Practitioners (band 7s) now in post (6.8 wte)
 - 2 Trainee Clinical Associate Psychologists (CAPs) in post
 - 4 Mental Health Wellbeing Practitioners recruited
- CCG Peer Support Lived Experience Workers- Tender & Evaluation complete (June 2022)

Key progress being made under each dedicated workstream to achieve Road map ambitions:

Personality Disorders

- Recruitment 0.8 wte Principal Psychology Lead in post
- Early intervention / self-management resources commissioned by the CCG:

Eating Disorders

- 2021/22 CCG Commissioned South Yorkshire Eating Disorders Association (children and adults).
- Eating Disorders and Older People Top Tips guidance for GPs developed (RDASH / CCG)

Mental Health Rehabilitation

- Attain commissioned to review current provision and make recommendations.

Individual placement support for people with Severe Mental Illness (SMI)

- ICS-wide fidelity compliant Individual Placement & Support service commissioned until Autumn 2022 Rotherham CCG agreed expansion of the service as part of 2022/23 planning agreement

Physical Health Checks for People with Severe Mental Illness (SMI)

- SMI Local Enhance Service (SMI LES) in place in all GP practices 21/22. Rotherham exceeding national average.

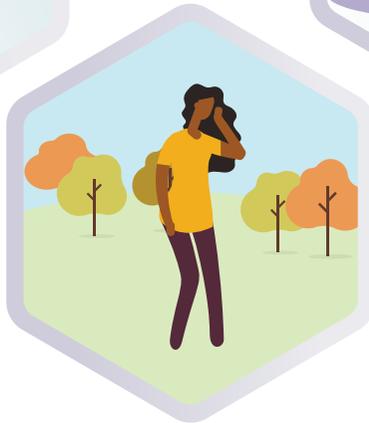
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Worried, anxious or stressed?

Support for people in Rotherham

One in four of us will experience a mental health issue every year. Depression can occur at any age during adulthood.

Everybody has mental health and we need to take care of it so that we can think, feel and react in ways that we need and want in our lives.



Anxiety

Post-traumatic stress disorder

Phobias

Panic disorders

Social anxiety

Obsessive compulsive disorder

Depression

Stress

There is support available for Rotherham residents coping with:

Anxiety

Post-traumatic stress disorder

Phobias

Panic disorders

Social anxiety

Obsessive compulsive disorder

Depression

Stress

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) Improving access to psychological therapies (IAPT) service

The service is provided by local highly experienced therapists who are available to speak to regarding a wide range of common mental health problems, such as low mood, anxiety, or sleep disorders.

This service can offer you an appropriate therapy, including talking therapies, counselling, guided self-help, Eye Movement Desensitization and Reprocessing (EMDR), and Cognitive Behavioural Therapy (CBT).

You can speak to a therapist by:

- Telephone
- Video
- Face-to-face contact



There are also a range of group therapy sessions, that are being run online during COVID, where you can join a therapist and other residents with similar mental health needs, as a way of supporting each other to resolve your problems.

For more information visit www.iapt.rdash.nhs.uk or call 01709 447755



**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

You can also access support via the Rotherham Health App.



Rotherham Health App

Ieso Digital Health Online cognitive behavioural therapy (CBT)



CBT is an effective type of talking therapy used to treat a range of common mental health problems.

With online CBT you will work 1:1 with your therapist, but the conversation is typed instead of spoken. It's exactly like chatting via a messenger service with friends. You don't need to be brilliant at spelling or worry about using the correct grammar.

Online CBT has been shown to be just as effective as face-to-face, and many people find it less daunting and easier to be open.



Other benefits of online CBT:

- Attend your therapy sessions from home.
- Flexible appointments to suit you.
- Seven days a week, 6am to 11pm.



For more information visit

www.iesohealth.com or call 0800 0745560

Sign Health Psychological Therapy



If you want to know more about how you're feeling, find information about a mental health condition or get support, all of our therapists are Deaf, or hearing and fluent in BSL

- There is no need for an interpreter
- Our therapists understand Deaf culture
- Flexible appointments
- Secure and confidential
- Only BSL Talking Therapies (IAPT) Service commissioned by NHS England
- Over 10 years of experience delivering a therapy service for Deaf people

For more information visit

www.signhealth.org.uk/with-deaf-people/psychological-therapy/

Not sure which offer is right for you? Contact 01709 447755 for an initial discussion

NEW
Working well
for professionals
and self-help
leaflet library



RotherHive provides a range of verified practical mental health and wellbeing information, support and advice for adults in Rotherham.

Visit the website www.rotherhive.co.uk to find out more.



www.rotherhive.co.uk



 Follow us on Facebook
www.facebook.com/rotherhive

You can also access support via the Rotherham Health App.
 **Rotherham Health App**



SCAN ME!

Free, safe and anonymous mental health support.

for all young people and young adults across Rotherham aged 11-25.



Chat to our team



Helpful articles



Community Support

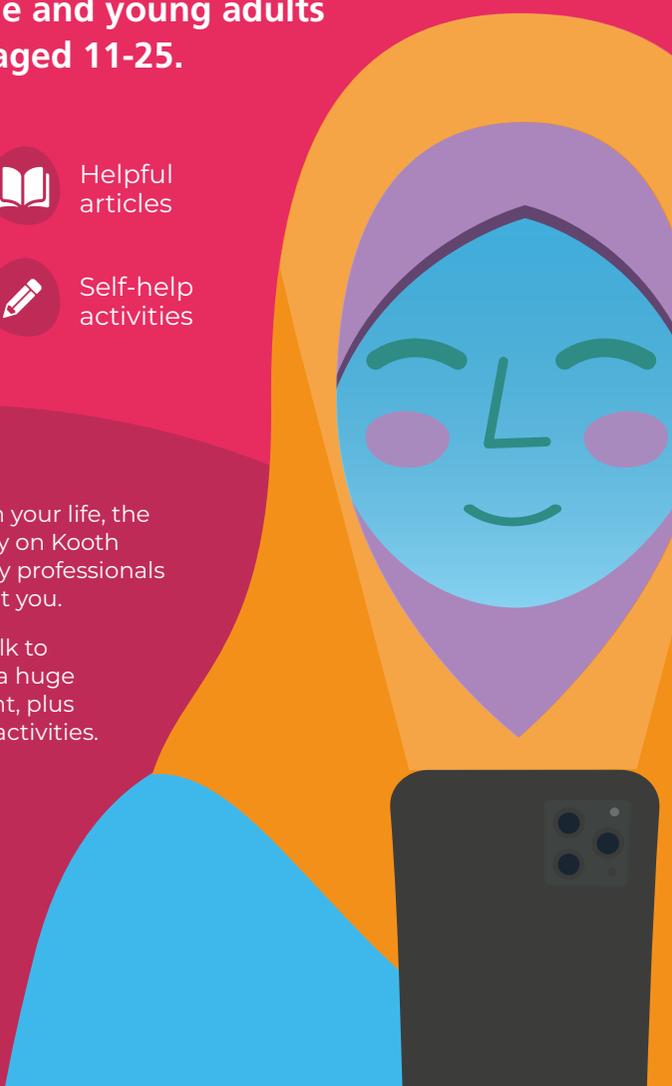


Self-help activities

Whatever is going on in your life, the anonymous community on Kooth and our team of friendly professionals are here to help support you.

Or if you'd rather not talk to anyone, we've also got a huge library of helpful content, plus self-help tools and fun activities.

Sign up today at kooth.com



Support after bereavement or loss

Bereavement is a normal reaction to loss in human beings in virtually every culture across the world. There are no set rules for how long “normal” bereavement lasts, as each person and each loss is very different. If you or someone you know is grieving a loss and would like some support, there are local services that can help you to cope.

Amparo - Rotherham

Amparo provides support for anyone bereaved or affected by suicide. Support can be provided one-to-one, to family groups, groups of colleagues or peers – whatever is preferred by you and is most appropriate to your situation.

Telephone: 0330 088 9255

Email: amparo.service@listening-ear.co.uk

www.amparo.org.uk

Listening Ear South Yorkshire

Bereavement helpline service for anyone who has lost or has been affected by bereavement, who needs practical support, emotional health and wellbeing support, advice or guidance. The service provides:

- One-to-one telephone support from an qualified worker
- Information, emotional and practical support
- Practical support dealing with healthcare agencies
- Local information with regards to the current funeral process
- Help overcoming any feelings of isolation
- Referrals and signposting to other services as required.

Telephone: 0800 048 5224 Email: helpline@listening-ear.co.uk

www.listening-ear.co.uk/refer



Urgent support

It's important to know there is always someone to talk to. If you are in need of urgent help you can contact:

Samaritans

Call: 116 123 (24 hr support)

Text: SHOUT, the 24/7 UK text service for people in crisis, on 85258

Email: jo@samaritans.org

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Crisis Team

Call: 0800 652 9571

Text: 07974 603 610

Committee Name and Date of Committee Meeting

Health Select Commission – 30 June 2022

Report Title

Initial Work Programme

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

No

Strategic Director Approving Submission of the Report

Jo Brown, Assistant Chief Executive

Report Author(s)

Katherine Harclerode, Governance Advisor
01709 254532 or katherine.harclerode@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

To outline an initial work programme for Health Select Commission 2022/23.

Recommendations

1. That the updated work programme be noted.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with any changes to be reported back at the next meeting for endorsement.

List of Appendices Included

Appendix 1 Work Programme – Health Select Commission

Background Papers

Agendas of Health Select Commission during the 2021/22 Municipal Year
Minutes of Health Select Commission during 2021/22 Municipal Year

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Initial Work Programme

1. Background

- 1.1 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.
- 1.2 Addressing health inequalities that exist in the borough, through prevention-led health and social care strategies and plans, and through looking at the wider determinants of health is an overarching principle.
- 1.3 The Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long-term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving. The 2022 Health and Care Act ushers in changes in the commissioning, organisation and provision of health and social care that will remain a focus with evolving implications for how health scrutiny is conducted in the future.
- 1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the HSC in the Council Constitution.
- 1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. HSC has chosen to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.
- 1.6 Health Select Commission has seven scheduled meetings over the course of 2021/22, representing a maximum of 14 hours of formal public scrutiny per year – assuming approximately 2 hours per meeting. Members therefore are selective in their choice of items for the work programme. The following key principles of effective scrutiny have been considered in determining the work programme:
 - Selection – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
 - Value-added – Items had to have the potential to ‘add value’ to the work of the council and its partners.

- **Ambition** – the Programme does not shy away from scrutinising issues that are of greatest concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gives local authorities the power to take actions that promote economic, social and environmental wellbeing of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.
- **Flexibility** – The Work Programme maintains a degree of flexibility as required to respond to unforeseen issues/items for consideration during the year and to accommodate any further work that falls within the remit of this Commission.
- **Timing** – The Programme has been designed to ensure that the scrutiny activity is timely and that, where appropriate, its findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. The Work Programme also helps safeguard against duplication of work undertaken elsewhere.

2. Key Issues

- 2.1 Members are required to review their work programme at each meeting during the 2021/22 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of the borough.
- 2.2 Following the discussion at Health Select Commission on 30 June 2022, a revised draft work programme for 2022/23 will be developed and presented at the 28 July 2022 meeting for endorsement. In keeping with the priorities of the Council and those expressed by Commission Members, this work programme reflects continued prioritisation of mental health, care and health system changes, and accessibility of services.
- 2.3 Updates on evolving changes in Health and Social Care Provision in Rotherham associated with the Health and Care Act 2022 have also been included in the work programme for 2022/23.
- 2.4 TRFT has requested consideration of several matters where scrutiny could add value to the work currently being undertaken by the Trust, including strengthening community services and social value. These items have been added to the forward plan, and a site visit will also be considered for 2022/23.
- 2.5 Previous priorities for scrutiny 2021/22 have been mental health for adults and children, addressing health inequalities, and access to services. Prevention, a further priority which will be carried into 2022/23, was agreed on 25 November 2021.

3. Options considered and recommended proposal

- 3.1 Members are recommended to begin considering priorities for the 2022/23 municipal year and contribute suggestions for the work programme or forward plan.

4. Consultation on proposal

- 4.1 The work programme is subject to consultation with the Chair and Members of the Health Select Commission. Regular discussions take place with Cabinet Member; partner organisations, including the Clinical Commissioning Group (CCG) and National Health Service (NHS); and officers in respect of the scope and timeliness of items set out on the work programme.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The decision to develop and endorse a work programme is a matter reserved to the Commission and will be effective immediately after consideration of this report.
- 5.2 The Statutory Scrutiny Officer (Head of Democratic Services) is accountable for the implementation of any decision in respect of the Commission's work programme. The Governance Advisor supporting the Commission is responsible on a day-to-day basis for the Commission's work programme. Members are recommended to delegate authority to the Governance Advisor to make amendments to the programme between meetings.

6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial or procurement implications arising from this report.

7. Legal Advice and Implications

- 7.1 There are no direct legal implications arising from this report.
- 7.2 The authority of the Select Commission to determine its work programme is detailed within the Overview and Scrutiny Procedure Rules and Responsibility for Functions parts of the Constitution. The proposal to review the work programme is consistent with those provisions.

8. Human Resources Advice and Implications

- 8.1 There are no direct human resources implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 There are no implications for children and young people or vulnerable adults directly arising from this report; however, Members have regard to potential implications for young people and vulnerable adults in compiling and carrying out the scrutiny work programme.

10. Equalities and Human Rights Advice and Implications

- 10.1 Whilst there are no specific equalities implications directly arising from this report, equalities and diversity are key considerations when developing and reviewing scrutiny work programmes. One of the key principles of scrutiny is to provide a voice for communities, and the work programme for this Commission has been prepared following feedback from Members representing those communities.

11. Implications for CO2 Emissions and Climate Change

11.1 Whilst there are no implications for CO2 emissions or climate change directly arising from this report, members have regard to implications in compiling and carrying out the scrutiny work programme.

12. Implications for Partners

12.1 The Commission has a co-opted Member from Rotherham Speak Up who contributes to the development and review of the work programme. Where other matters are being considered for inclusion on the work programme, relevant partners or external organisations are consulted on the proposed activity and its timeliness.

13. Risks and Mitigation

13.1 There are no risks arising from this report.

14. Accountable Officer(s)

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer

*Report Author: Katherine Harclerode, Governance Advisor
01709 254532 or katherine.harclerode@rotherham.gov.uk*

This report is published on the Council's [website](#).

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Appendix 1 – Initial Work Programme 2022/23

Meeting Date	Agenda Item	Summary of Scope
30 June 2022	Healthwatch	
	RDaSH and Mental Health Update	Resolved 7 October 2021, this item presents RDaSH response to previous recommendations and update on current provision of MH services to Rotherham residents
	Diagnostic Screenings	resolved 03 Feb 2022, to receive assurances that the place are catching up on routine cancer screenings that may have been paused during the pandemic. A breakdown of information by cancer type and pathway with pre-pandemic comparison.
	Initial Work Programme	To discuss and suggest items for scrutiny 2022/23
28 July 2022	Healthwatch	
	Carers Programme and Young Carers	Full report encompassing response to previous review recommendations in respect of young carers and response to recommendations in respect of the Carers Programme.
	Access to Dental Care	To receive a current picture for Rotherham residents seeking to obtain routine and emergency dental care. Regarding provision of care to adults, children and older people (including care home residents), as well as information around provision for Children in Care, vulnerable people, people with disabilities, and ethnic minorities including people for whom English may not be their first language. Supplemental analysis of the national picture and projections around future care provision are also requested.
	Scrutiny Review Recommendations	Covid-19 and Care Home Safety
	Scrutiny Review Recommendations	Access to Primary Care Networks
	Revised Work Programme	To discuss and approve an outline work programme for scrutiny 2022/23
29 September 2022	Healthwatch	
	Medicine Management	To receive assurances in respect of <ul style="list-style-type: none"> the refresh of the Rotherham Pharmaceutical Needs Assessment (PNA) and how this document will help tackle health inequalities. person-centred approaches to medicine management for Care Home residents, for example, which allow the patient if possible to have a say in their medicine regimen. Current work to ensure all members of Rotherham communities, including vulnerable

Appendix 1 – Initial Work Programme 2022/23

		<p>people, have access to good, timely advice around medicine.</p> <ul style="list-style-type: none"> the kinds of consultations that are best had with a pharmacist rather than a GP – and vice versa. participation from the PCNs in social prescribing where pharmaceuticals are not the best and only route to better health. work to address hospital discharge delays due to medicines work to address overmedication concerns
	Suicide Prevention Update	Resolved 12 month return updating on progress with voluntary sector trainings and activities funded by small grants, outcome of coroner's audit and resulting insights, and response post-pandemic
	Work Programme	
Autumn 2022 Review Item	Frailty Prevention	Request from ILSC and Members of HSC in 2021/22 to involve geriatric specialists and innovators promoting better approaches to mobility and independence for older people in Rotherham.
24 November 2022	Healthwatch	
	CAMHS	Resolved 12 month update on response to recommendations
	Physical Activity Strategy Update	Resolved 3 February 2022 update on strategy development and response to recommendations
	TRFT Annual Update	To receive an annual briefing on activities and improvement work
	Work Programme	
Winter 2023 Review Item	Health Care Worker Safety	Takes a local focus dovetailing with national scrutiny on safety of health care workers in response to outcry from health care workers and their families in 2020-21
26 January 2023	Healthwatch	
	Sexual Health Strategy	To receive a progress report on the refreshed strategy
	Drug and Alcohol Recovery	To monitor progress of the recently recommissioned service
	Work Programme	

Appendix 1 – Initial Work Programme 2022/23

Spring 2023	TRFT Site Visit	Invitation from TRFT in 2021
Workshop: Spring 2023	Community Services and Social Value Elements of the TRFT 5 Year Plan	Request from TRFT in 2021 for scrutiny in respect of strengthening community services and feeding into the social value elements of the TRFT 5-year plan
09 March 2023	Healthwatch	
	Intermediate Care and Reablement	To receive an update on progress with embedding urgent 2-hour response from April 2022, and groundwork in preparation for 2-day response from 2024, from a prevention and admission-avoidance angle
	Maternity Services Update	12 month update on outcomes of inclusive consultation work and implementation of continuity of care model
	Work Programme	
20 April 2023	Healthwatch	
	Rothercare	
	Residential Care	
	Work Programme	

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