

## HEALTH SELECT COMMISSION

**Date and Time :-** Thursday 29 September 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 28 July 2022 (Pages 3 - 12)**

To consider and approve the minutes of the previous meeting held on 28 July 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. Representative to the Health, Welfare and Safety Panel**

To receive nominations for a representative to the Health, Welfare and Safety Panel.

**7. Healthwatch Rotherham**

To receive a verbal update in respect of recent activities and findings of Healthwatch Rotherham.

**8. Medicine Management (Pages 13 - 23)**

To receive a presentation in respect of medicine management arrangements and practice in place across Rotherham.

**9. Suicide Prevention (Pages 25 - 55)**

To receive a presentation in respect of recent activity regarding suicide prevention.

**10. Health and Wellbeing Board Annual Report (Pages 57 - 76)**

To receive and note the annual report of the Health and Wellbeing Board of the Council.

**11. Work Programme (Pages 77 - 85)**

To receive an updated outline programme of scrutiny work for endorsement.

**12. Urgent Business**

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

**13. Date and time of next meeting**

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



SHARON KEMP,  
Chief Executive.

**HEALTH SELECT COMMISSION**  
**Thursday 28 July 2022**

Present were Councillors Yasseen (Chair), Andrews, Bird, A Carter, Cooksey, Griffin, Hoddinott, Havard, Thompson and Wooding.

Apologies were received from Cllrs Baum-Dixon, Barley, Elliott, Keenan, Miro, Sansome and from co-optee Mr. Robert Parkin of Speak Up.

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

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

**12. MINUTES OF THE PREVIOUS MEETING HELD ON 30 JUNE 2022**

**Resolved:-**

1. That the minutes of the meeting held on 30 June 2022 be approved as a true and correct record of the proceedings.

**13. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

The Chair confirmed that no questions had been submitted.

**15. EXCLUSION OF THE PRESS AND PUBLIC**

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

**16. UPDATE FROM HEALTHWATCH ROTHERHAM**

Consideration was given to an update from Healthwatch Rotherham presented by the Community Engagement Officer in respect of recent activities and inquiries received. 23 total inquiries had been received since the last update on a range of topics including the hospital, dental, GP practices, ambulance, adult social care, mental health, and 111 services. A survey on Long COVID had been completed, garnering 48 responses. The Let'sTalk session on perinatal Mental Health had been successfully delivered to spread awareness of the support available through the Birth in Mind programme. Healthwatch Rotherham has also conducted in-person engagement campaigns throughout the Borough, speaking to people on hospital wards, visiting GP practices, etc.

In discussion, Healthwatch Rotherham was acknowledged for contribution to the scrutiny work programme in respect of oral health.

**Resolved:-**

1. That the update be noted.

**17. ACCESS TO DENTAL CARE**

Consideration was given to a report and presentation presented by NHS England. Background regarding dental commissioning was provided and information covering the full pathway of access to dental care through primary and secondary pathways. Information was also included around recommissioning of dental services. The Key Stakeholder Bulletin was referenced as a place this information is made available widely.

The presentation clarified that patients do not register for a dental practice. This is unlike the process for attending a GP which requires registration with a particular GP. Patients will be seen at a specific dental practice over a course of treatment, but the pandemic introduced significant difficulty, which was described. Details around national closures of dentistry practices for 3 months were provided. These closures were required by national instructions. From July 2022, GPs have been operating at 100% of activity. Infection control and national guidance have been limiting factors for dental provision.

Descriptions of services commissioned in Rotherham were provided, and an explanation of how NHS appointments are commissioned as units of dental care was also given, noting that current reforms are changing how dentists are paid to perform units of dental care. The NHS England representatives described pathways for LAC and foster carers to receive dental care.

The impact of the end of the Outbreak Management Fund in March included the end of access to out of hours and weekends NHS appointments. The extended access had provided between 400 and 600 additional appointments in Rotherham. It was noted that the remainder of the investment could not be used. It was observed that many people needing dental care had complex needs, and some practices had dropped off the list of flexible providers. The Oral Health Needs Assessment for dental is an ongoing piece of work. Existing funding would continue.

It was noted that commissioners were able to work with dental providers to use the unique skills mix of the practice with preventative measures performed by oral hygienists. This flexible approach to commissioning was outcome focused. Currently there was an expression of interest to expand wider in Rotherham. 100 practices had come forward to be part of the flexible commissioning scheme, which involves specific performance criteria and training in oral health prevention in collaboration with Health Education England and NHS England. More practices in Rotherham were expected to be added. Meanwhile, NHS England was working with Integrated Care Boards (ICBs) to help inform commissioning decisions.

NHS England representatives described the anticipated impact of the Health Equity Audit which would determine the equity of access and would lead to new commissioning decisions. A further review of services would take place ahead of the end of the contract next September, with findings coming forward and recommendations expected in autumn 2022.

It was noted that Rotherham care homes are reasonably well looked after, with one dental practice serving 16 of 34 care homes in Rotherham. A few dentists also do ad hoc work as needed for care home residents. Care levels differ.

It was observed that benchmarking for South Yorkshire fares well. The 19 July outcome of 2022/23 contract negotiations had ushered in a first stage of change to the contract which had previously been in place since 2006. Initial reforms address challenges in delivering care to high needs patients and improving access.

In discussion, members noted the rates of extraction among children had decreased. The response from the Chair of the dental network noted that the drop in extractions was due to children not accessing dental services rather than an improvement in children's oral health.

Members requested more information about prevention work in schools, children's centres and as part of parents' days. The response noted that oral health prevention would sit within the local authority. With the flexible commissioning, there is an element of prevention, and the money is allocated from the contract specifically to provide prevention schemes. Members expressed desire for NHS England to work more closely with the local authorities on prevention.

Members requested assurances that care home residents receive the right care despite not always being able to say if they have a problem. Members wanted to know about how practitioners know whether someone has a dental issue. Assurances were provided that a close relationship between the local authority and dentistry is maintained. It was the role of NHS England to commission. It was confirmed that people with dementia cannot explain when they are in pain. Often, people can experience more confusion because they are in pain. Practitioners can see if there is a problem when they are doing check-ups.

The Director of Public Health pointed out that 40% of adults and 30% of children were not getting NHS appointments currently. In view of this, assurances were requested that the commissioners knew where those people are, and that actions are being taken to improve access for these people. The response from commissioners indicated that dental practices accepted people who ring up; however, the waiting list may be 2000 people. There was a cohort of patients who have not seen the dentist in two to three years who have high treatment needs. The issue was that more work is needed now on patients who would have been seen every year or every few months.

Members highlighted the misconception that people have to register. Some dental practices seem to perpetuate the misconception by giving the impression that they are full. Assurances were requested around a plan of action to fix this, noting that the investment of £50 million was not spent which was very unfortunate. The response from commissioners noted that significant workforce challenges outweighed the monetary problems because the money could not be spent.

Members requested clarification of the investment in terms of the allocation for Rotherham. The unspent investment had been UK-wide, and could only be used for out of hours, weekend, or evening appointments. The combination of factors had contributed to the inability to spend including national shortage of nurses and dentists and high treatment needs. The adding of the extra hours had been a voluntary service.

Members requested more information as to reason for the lack of dentists and dental nurses. The response from commissioners identified causes including leaving the EU, when a number of Spanish, French, and Portuguese dentists and nurses were lost from the UK workforce. Furthermore, in some areas, insufficient numbers of dentists had been trained to sustain the needed workforce levels. High treatment needs were observed, but it had also been seen that people expect more. Whereas 30 years ago, people would go to the dentist only when they had a toothache, people now keep their natural teeth for longer which is associated with more care needs. Not enough resilience and not being able to spend the 50 million has shown that throwing money has not solved the problems or resolved challenges associated with units of dental activity. It was noted that during COVID-19, dentists were told what to do by government bodies, and they were pay protected.

Members requested clarification of whether dentists were paid during COVID-19 irrespective of provision levels. The response offered clarification that dentists were obligated to provide NHS work during the period. For example, whereas there routinely may have been 10 or 20 people in the waiting room ordinarily, during COVID-19, one patient waited outside. The masked patient was escorted into the building. The treatment was performed in full specialised Personal Protective Equipment (PPE,) and the surgery had to be left fallow for 30 minutes with specially installed air purification. This meant a 15-minute appointment would take half an hour. Less dental work took the full schedule of of hours.

It was observed that the 0-19 service recommends 5 contacts within first 5 years of life, and it was noted that cavities were already happening at that age for Rotherham children. It was noted that during health visits, opportunities may be missed that could be used to promote oral hygiene and dental health. Therefore, assurances were requested that a review would be undertaken to re-evaluate the service.

Further clarification was requested as to the shortfall of dentists in Rotherham and whether the outlook for recruitment is cause for concern. The response from commissioners noted that there was no upward trend to suggest recruitment rates would be picking up.

In response to requests from Members to receive the commissioners professional opinion of how the future looks for dentistry, the commissioners explained that in the current contract, dentists are limited by the NHS and are given so many numbers over which, if they take more patients, they will not be paid. In private dentistry, however, the dentist does only private work. A July request for an appointment related to a cavity will likely yield a September NHS appointment. If someone has a problem such as a toothache or uncontrollable bleeding, a patient can get an appointment, although travelling to the flexible commissioning location may be required. If the dentist is offering flexible commissioning, the person will be placed on the waiting list. The commissioners expressed sympathy and regret, noting that most dentists will try to see children and anyone in pain. It was acknowledged to be a real problem, which was expected to gradually ease as the COVID-19 crisis clears. It was down to the individual to decide whether to hold on for NHS treatment in their case.

Members averred the importance of early intervention with children, including very young children, and emphasised a joined-up prevention response. Members requested further assurances that the changes to the contract would address capacity issues. The response from commissioners noted that the new reforms would mean one pot of money for dentistry, and the reforms would help to facilitate dentists within the NHS. It was not known how much this would help access, as this was the first part of anticipated reforms. This part would adjust how dentists are remunerated and had been decided based on feedback from dentists. The reform was an attempt to make things fair for dentists, as currently they are paid the same amount for one filling or five fillings in terms of how much time they take. Recall systems will aim to adjust the expectations of needing to attend an appointment every six months where this is not required. There will still be a mix of staffing as part of flexible commissioning to find ways to increase access.

Members requested to know more information about any discussions of approaches to clearing backlogs, and whether special provision would be needed. Members expressed concerns that the reforms sound like tweaked contracts with existing dentists. The response from commissioners noted that the reforms would help high risk patients who need to be seen for longer because a practice will be able to take the time needed. The cessation of nonrecurrent money suggested the commissioners now needed to look at other areas to improve access, to examine and better understand waiting lists. Practices are currently focusing on urgent needs, and the reforms will enable them to focus on high needs patients.

Members requested further information around how people might be signposted to where there is NHS availability, given that most people do not know all the practices. The response noted that people seeking NHS availability can ring 111 to learn which practices are accepting new patients, but possibly new patients may spend time on a waiting list.

Members requested more information about how oral care had been provided in schools. It was noted that the Councils do check-ups in schools; there have been schemes in schools which have encountered a few problems with obtaining consent from parents. Schools generally do not want to get involved in oral care provision because of this need to obtain consent from parents or carers. Whilst difficult to get started, it could be looked at and is working in other areas. How oral hygiene education and treatments needs could be addressed in educational settings was an area that could be explored. Members recognised that dental care in schools is not without challenges, but it was observed that something must be done because there are real failures. The commissioners observed that there would need to be dentists available to go into schools, but there were not any readily available.

Members noted that whilst access to dental care was a national problem, Rotherham's situation was slightly worse than the national picture. Members requested assurances that a plan was in development to address the expanding cohort aged 85+ for the future. Members requested more information around the movement of some providers leaving NHS and going totally private. Assurances were requested that the reforms are not putting off dentists and trainees and are addressing the real problem. The response from commissioners noted that the new reforms are the first stage. There is only one pot of money for dentistry. The aim of these reforms is to make it more attractive to dentists to take on the high needs patients. Members noted that even if what is coming in the door is heart breaking, patients are sometimes being asked to go to practices far away that cost travel time and money to people in desperate need. Members emphasised the need to know where the areas of greatest deprivation are in making commissioning decisions.

**Resolved:-**

1. That the report be noted and that an update be received in 12 months' time, to include the outcomes of reviews for Homebound and Care Home residents as well as contract changes that affect provision of dental care to Rotherham Residents.
2. That consideration be given to expanding links with area schools to help children develop good dental habits from a young age.
3. That Early Help pathways prioritise dental health for inclusion in support offered to families with young children.



4. That future updates around flexible commissioning arrangements show how these have taken into account the need for access in the most deprived areas of the Borough in order to tackle health inequality in dental provision.
5. That a review be undertaken in respect of place-based strategic approaches to improve oral health among vulnerable Rotherham residents, including children and older people.

## **18. CARERS STRATEGY AND YOUNG CARERS**

Consideration was given to a report providing an update on the progress made against the Carers Strategic Framework. Following endorsement from the Health and Wellbeing Board in January 2022, various activities had been undertaken by the Council and by third sector organisations in line with the outlined strategic framework. The report and presentation identified the important role of unpaid Carers in the Borough and identified the challenges Carers face. Therefore, the Carers Strategy had been developed in partnership with colleagues across the Council, Health and the voluntary sector.

The Strategic Framework set out a vision for working with and supporting Carers, it also provided an action-focused road map for how the Place will achieve the changes directly with carers. Delivery of the actions over the next three years was described, along with the vision to continue to put Carers at the heart of the process through their direct involvement in the Borough That Cares Strategic Group.

The report also included an update in respect of the developing support offer for Young Carers. This included the Cabinet response to the recommendations from the scrutiny review of support for Young Carers. Developments in response to the recommendations were described.

In discussion, Members requested clarification of how waiting lists developed and how they are being addressed. The response from officers noted the recruitment and expansion of staff hours to be able to pick up the cases. Workforce details were provided as to how the additional hours were to be achieved in order to reduce the waiting list. Officers averred that the waiting list had resulted from difficulty closing cases during the pandemic when there was less frequent contact with the Young Carers. It was noted that the contact did not stop, but less face-to-face contact was possible. As the work involves a vulnerable cohort, the service does not close cases without having full completion of work including these necessary contacts. It was noted that a close eye is kept on the service to ensure there is resource to meet the demand. It was noted that the additional non-recurrent funding was put in place to enable the expansion of hours and training that the Barnardo's team have undertaken. The Quarter 1 reports indicated 15 more children have been allocated. A significant number of referrals were still being seen.

Members requested clarification around timelines involved in the case study. The dates of the timeline were not known but the duration of involvement was 18 months. The wait time was 3 months, which is typical. One of the service goals was to raise awareness although greater awareness led to more referrals. This was true across all services. The case study provided information about training, education and skills, but a quantity of info had to be taken out of the case study to make it publishable to the public.

Appreciation for development of the service offer was expressed. Members also expressed interest in the sustainment of the service and requested further details in respect of challenges associated with recruiting based on non-recurrent funding. The response from officers and partners noted that recurrent funding is in place. Up until the Quarter 1 report, the numbers were as anticipated, but the referral rate had gone up slightly. There were not currently additional lines of funding for expansion; therefore, if the upward trend continued, the service would develop an appropriate response to support Young Carers.

Members requested further assurances around the trajectory of the waiting list in view of the high numbers in some wards. Assurances were requested around the plans of the service around anticipated figures. The support needs of the service were identified and preventative practices described.

As primary care practitioners were going into the community, examples were requested around effective ways by which young carers had been identified and referrals made. The response from officers noted that the Rotherham community resource information is collected and made available as a pack in GP practices. Members noted that this would be an area for development, with the knowledge that Carers are not a homogenous group. Many carers are not young nor are they older; a middle group also exists which can sometimes be a gap in the offer.

Members noted the importance of a dedicated venue for support and the importance of enabling Young Carers to experience childhood. The response from officers noted the importance of examining venues and colleagues were looking at face to face venues as a place to go to have conversations when they are needed. There was also a desire to consider venues around the Borough. Other Boroughs had a Carer Card, which needs to be considered for implementation in Rotherham. Partners agreed that it would be ideal to have a Carer Card for free access to leisure, as this would help facilitate their social networks and a break from caring responsibilities. Barnardo's also support children to join civic organisations.

Members noted the need for a presence of Young Carers voice in the report, and that results of consultations could demonstrate what Young Carers are saying about their experience and their needs.

Members noted that the emergency respite care was of major importance to Carers and had been difficult to commission. The response from officers noted that House of Commons Health and Social Care Select Committee had recently presented findings in respect of workforce pressures in Health and Social Care. It was noted that pay progression and status made it difficult to recruit new talent into the care sector across all facets including our own Council services. An honest appraisal suggests there was a widespread workforce shortage which made these challenges very difficult to solve. The service had requested assistance from health partners in meeting the need.

**Resolved:-**

1. That the report be noted, and that an update be received at the appropriate time to feed into the refresh of the Carers strategy.
2. That the refreshed strategy take into account the feedback from Carers to refine and improve the support offer.
3. That consideration be given to how best to ensure the refreshed strategy includes provision for urgent respite care.
4. That future reports in respect of Young Carers include strong evidence of co-production and assurances that the perspectives of Young Carers are being heard.
5. That the service prioritise provision of access to leisure and culture activities for respite for Young Carers.

**19. REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL**

There were no volunteers or nominations.

**Resolved:-**

1. That nominations be received at the next meeting.

**20. REVISED WORK PROGRAMME**

Consideration was given to an updated outline work programme. Scope of upcoming items was highlighted.

**Resolved:-**

1. That the updated outline work programme be noted.
2. That the governance advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair and reporting any changes back at the next meeting for endorsement.

**21. URGENT BUSINESS**

There were no urgent items requiring a decision at the meeting.

**22. DATE AND TIME OF NEXT MEETING**

**Resolved:-**

1. That the next scheduled meeting be held on 29 September 2022, commencing at 5pm in Rotherham Town Hall.



**South Yorkshire**  
Integrated Care Board

# **NHS South Yorkshire Rotherham Place Medicines Management**

Who are we & what do we do

Stuart Lakin, Head of Medicine Management, NHS South Yorkshire  
(Rotherham)

# NHS South Yorkshire Rotherham Place Medicines Management

- What we do
- All aspects of GP prescribing
  - Quality
    - Guidelines
    - NICE compliance
    - Health inequalities
    - Interface issues
    - Queries
    - Waste
    - Therapeutic Pathways
  - Cost
- Who we liaise with but do not manage.
  - LPC local pharmaceutical committee
  - NHSE Local Community Pharmacy contracts
    - Complaints
    - Performance
- TRFT (Pharmacy/Community services)
- RMBC
  - Advisory
  - Health inequalities

# 2021/22 Activity

- 6,278,292 prescriptions issued
- A total of 8972 different products were prescribed
- = £44,837,507.

- £1,435,676      Nutritional products
- £912,210        Wound care products
- £431,916        Oxygen
- £5,995,819      Non PBR drugs

Total =  
£53,613,128

# 2022-2023 Work Plan (QIPP)

- Cost effectiveness
  - Product switches
  - Drugs of limited clinic value
  - Waste
- Medicines Safety
  - Medicines Safety dashboard
- Quality
  - Antibiotics
  - Health Inequalities



# Therapeutic Pathways

## Aim

- Better care
- Better outcomes
- Fewer admissions
- Less reliance on pharmacological interventions

# Therapeutic Pathways

- Diabetes
  - 18,167 patients with diabetes (up 18% pre-pandemic)
    - Diabetes dietetic clinics
    - Point of care testing
    - Improve pharmacological management
    - Increase pre-pharmacological interventions / Life-style interventions.

## Infant Feeding Pathway

- Management of cows milk protein allergy
- Antidepressant prescribing
  - Rotherhive / Social Prescribing
  - Antidepressant reviews

# Therapeutic Pathways

- Chronic pain
  - High prescribing rates for opioid analgesics
  - Trial clinic to focus on non-pharmacological interventions
- Antibiotics
  - Traditional high prescribing rates
- Cardiovascular
  - Improved outcomes through improved prescribing
    - Heart failure
    - Hypertension

- MM Care Home Team
  - Support training
  - Link between Care Home/GP Practice/ Community Pharmacy/Hospital/RMBC
- Care home hydration project
  - Awarded nation grant
    - Reduced hospital admissions
    - Reduced ambulance call-outs
    - Reduced UTI's antibiotic prescribing
    - Reduced laxative use

# Challenges

- Workforce
  - Team
  - Community Pharmacy
  - Care Homes
- Supply / Product shortages
  - Global commodities

# Key Partners

- Community pharmacies
  - Three new services commissioned by NHSE
    - Discharge medicines service
    - Community Pharmacy Consultation Service
    - BP monitoring service
- TRFT
  - RMOG (Rotherham medicines optimisation group)
    - Harmonisation of guidelines/formularies
    - Joint guidelines policies
    - Management of non-PBR drugs

# Key Partners

- Care Homes
  - Advisory role
    - All aspects of medicine management
    - Liaise between GP practice \ Community pharmacy
    - Specific projects
- RMBC
  - Advisory role / shared agenda
    - Health inequalities
    - RMBC commissioned services
    - Medication policies

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# Health Select Commission

## 29 September 2022

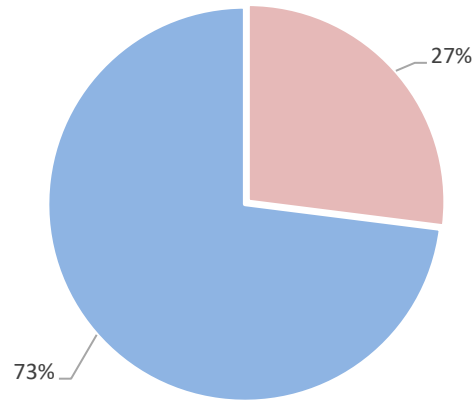
Ben Anderson, Director of Public Health  
Ruth Fletcher-Brown, Public Health Specialist

# Overview

- National context
- Local context
- Rotherham Suicide Prevention and Self Harm Action plan
- Workforce Development
- ICS wide activity
- Support Services

# Overview of data (1)

Recent contact with mental health services  
(NCISH 2009-2019)

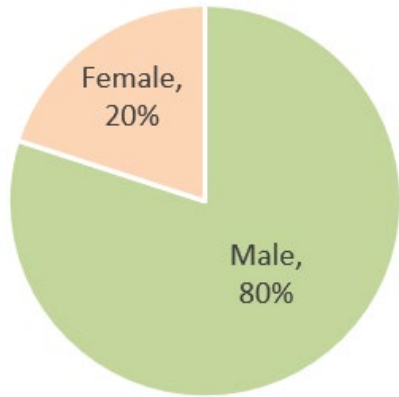


- Had recent contact with mental health services (previous 12 months)
- No recent contact with mental health services (previous 12 months)

“A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.”

Shiner M. et al. When things fall apart: Gender and suicide across the life course. *Social Science and Medicine*. 2009;69(5):738-746.

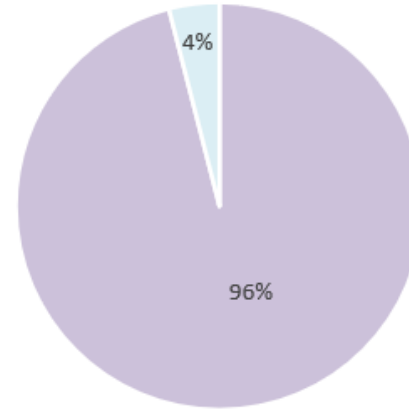
# Overview of data (2)



**80%** of deaths by suicide were **male**



**65%** lived in the highest **2 quintiles** of derivation



■ White ethnicity ■ Other ethnic group

**80%** of deaths by suicide were **male**

**48**

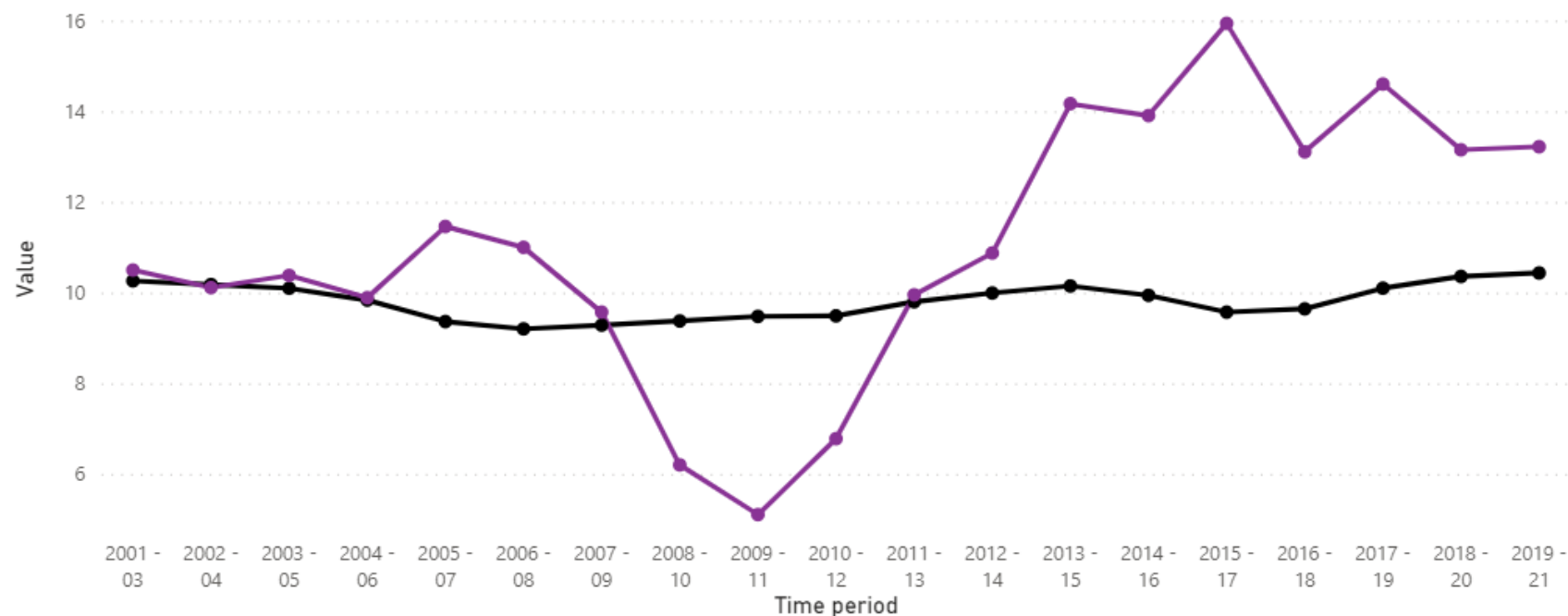
The average age for deaths by suicide was **48-years-old**

# National Trends

- In Q1 and Q2 of 2022, there have been 2,515 suicides registered. In 2021, there were 5,219 suicides registered and 4,912 in 2020.
- In 2022, 15.0% of these deaths (377) had a date of death in 2022 - This is in line with expectations, given coroner involvement with the investigation of these deaths and the amount of time it takes to hold an inquest.
- The rate seen in Quarter 1 2022 is consistent with the rate seen in previous years; the rate seen in Quarter 2 2022 continues to be like the rate seen in earlier years, except for 2020, when we saw a decrease in suicide rates because of the impact of the coronavirus (COVID-19) pandemic.
- The decrease is likely to be driven by two factors; a decrease in male suicides at the start of the coronavirus (COVID 19) pandemic, and delays in death registrations because of the pandemic.
- Around three-quarters of registered suicide deaths in 2021 were for men (3,852 deaths; 73.8%), which follows a consistent trend back to the mid-1990s.
- Males and females aged 50 to 54 years had the highest number of deaths caused by suicide in 2021, England.
- The suicide rate for males, Rotherham, is not statistically different to England.
- The suicide rate for females and persons, Rotherham, are statistically higher than England.

# Suicide rate, directly standardised rate per 100,000, Rotherham and England, persons, 2001-03 to 2019-21

Area Name ● England ● Rotherham



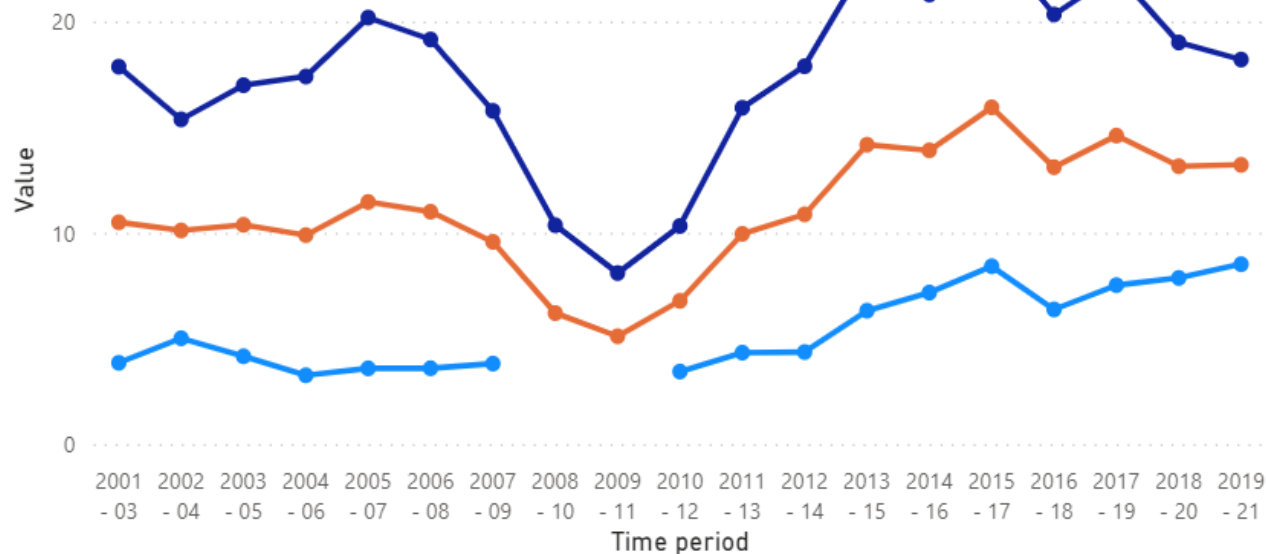
Area Name	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20	2019 - 21
England	9.20	9.28	9.38	9.48	9.49	9.80	9.99	10.15	9.94	9.57	9.64	10.10	10.36	10.43
Rotherham	11.00	9.57	6.20	5.11	6.78	9.95	10.88	14.17	13.91	15.94	13.11	14.60	13.15	13.22

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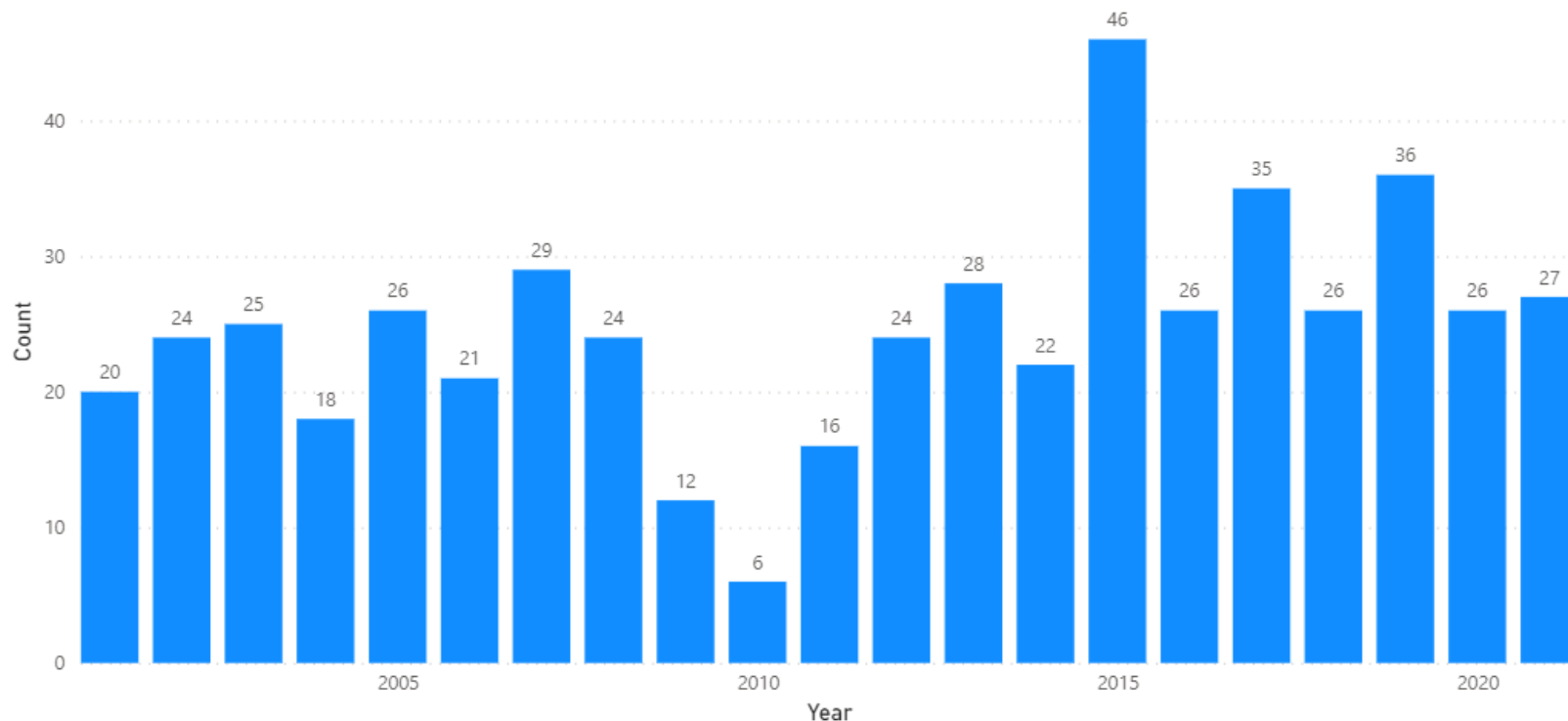
# Suicide rate, directly standardised rate per 100,000., Rotherham, 2001-03 to 2019-21

Sex ● Female ● Male ● Persons



Time period	Female	Male	Persons
2001 - 03	3.85	17.86	10.50
2002 - 04	5.01	15.37	10.11
2003 - 05	4.16	16.99	10.38
2004 - 06	3.26	17.40	9.89
2005 - 07	3.59	20.19	11.46
2006 - 08	3.59	19.15	11.00
2007 - 09	3.81	15.77	9.57
2008 - 10		10.36	6.20
2009 - 11		8.10	5.11
2010 - 12	3.44	10.32	6.78
2011 - 13	4.33	15.92	9.95
2012 - 14	4.36	17.88	10.88
2013 - 15	6.32	22.88	14.17
2014 - 16	7.17	21.28	13.91
2015 - 17	8.42	23.99	15.94
2016 - 18	6.38	20.33	13.11
2017 - 19	7.52	22.31	14.60
2018 - 20	7.87	19.01	13.15
2019 - 21	8.52	18.20	13.22

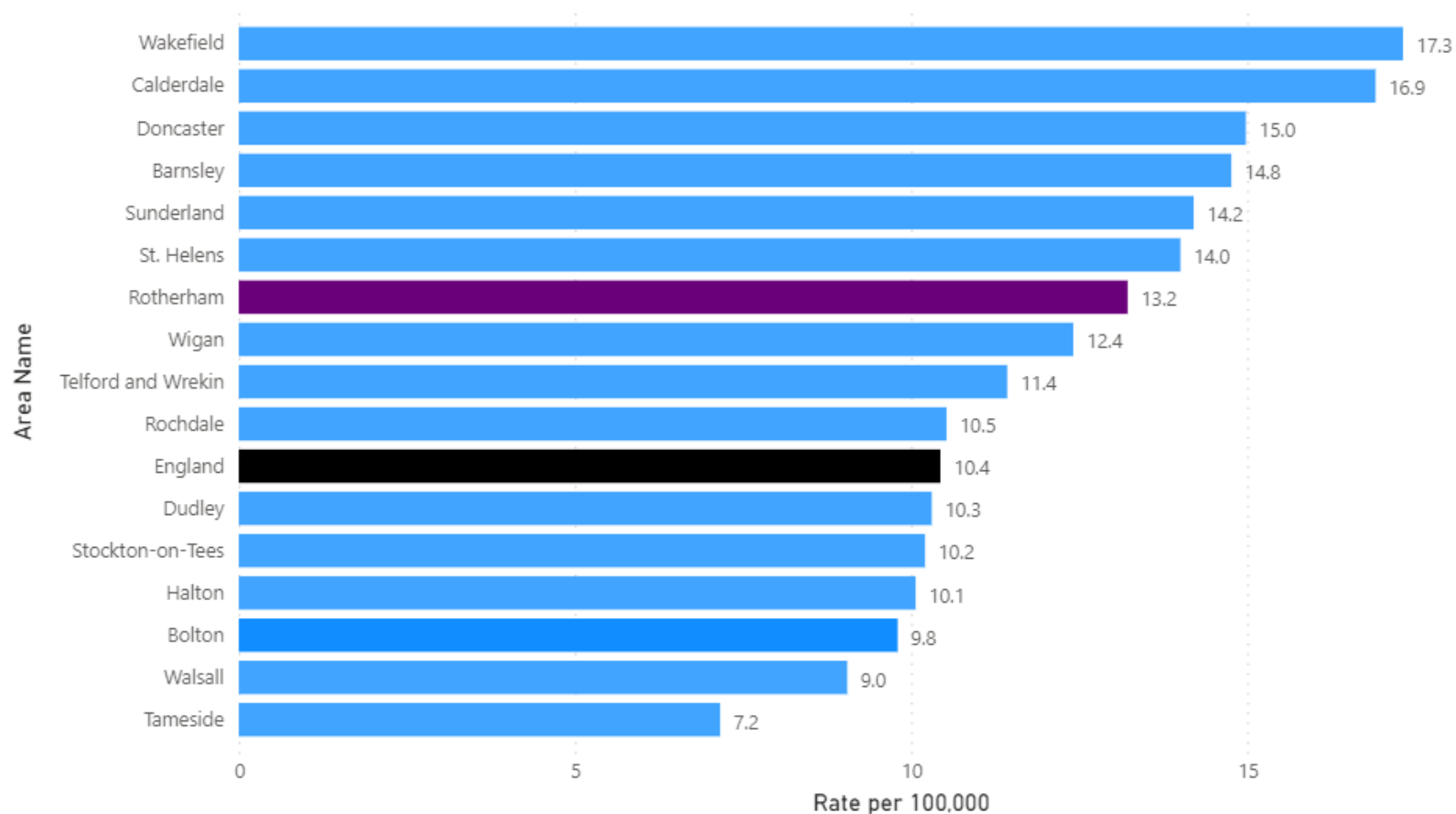
Number of suicides in Rotherham, deaths registered 2001 to 2021



Figures are based on the National Statistics definition of suicide; this includes all deaths from intentional self-harm for persons aged 10 years and over and deaths caused by injury or poisoning where the intent was undetermined for those aged 15 years and over.



### Suicide rate, directly standardised rate per 100,000,, Rotherham and CIPFA nearest neighbours, persons, 2019-21

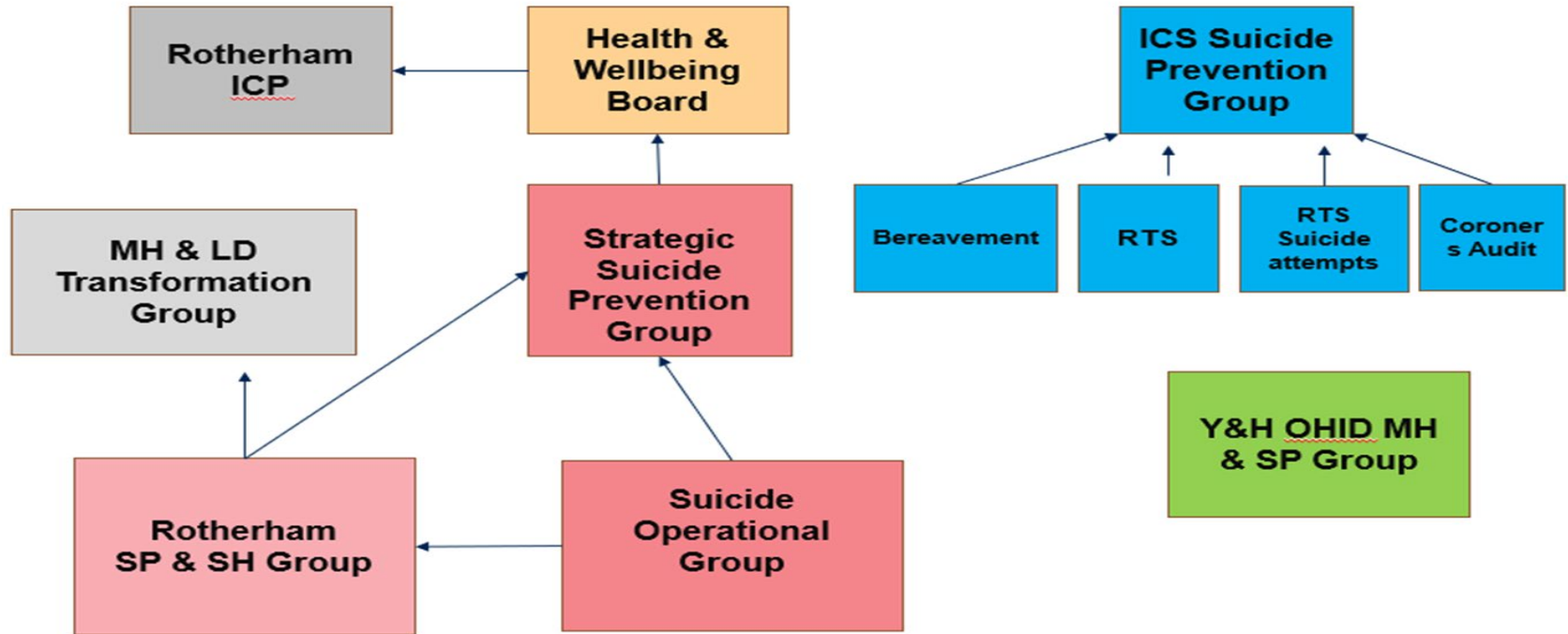


# Partnership Working

In England, responsibility for suicide prevention action plans sits with local government but this cannot be achieved without working with partners. RMBC work with:

- South Yorkshire Police
- ICB South Yorkshire
- Rotherham NHS Foundation Trust
- RDASH
- Rotherham Samaritans & other Voluntary and Community Sector organisations
- Healthwatch Rotherham
- Rotherham United Community Sports Trust
- People with living experience

# Governance Structure



# Preventing Suicides

Preventing suicide in England: A cross-government outcomes strategy to save lives (2012)

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research data collection and monitoring
- Reduce rates of self harm as a key indicator of suicide risk

# Rotherham Suicide Prevention and Self Harm Action Plan 2022- 2023

- Aim 1: Reducing the number of suicides amongst people receiving mental health support from across all organisations.
- Aim 2: To improve support to those bereaved and affected by suicide.
- Aim 3: People who self harm.
- Aim 4: Reducing suicides amongst high risk groups by reaching people where they live and work.

\*There are other plans which support suicide prevention by addressing the wider determinants: Rotherham Loneliness Action Plan, Rotherham Better Mental Health for All Action Plan, Rotherham Prevention and Health Inequalities Strategy and Action Plan and Rotherham Domestic Abuse Action Plan

# Local provision

- Community Peer Support groups- Andy's man Club, MATT (Men Actually Talking) Women ASK- Acceptance Support and Kindness)
- Pilot of service to support those who have attempted suicide (Launch early 2023)
- Workplace Mental Health Film: <https://rotherhive.co.uk/workingwell/support-colleagues-and-staff-with-mental-health/>
- Safe Space Safe Space Touchstone Alternative to Crisis / peer support
- Kooth- for young people; <https://www.kooth.com/>
- Be the One: <https://www.be-the-one.co.uk/>
- Promotion of RotherHive: <https://rotherhive.co.uk/>
- Distribution of mental health and self help guides to VCS and RMBC services
- Podcast for over 55s commissioned by library service
- RDASH services



# ICS wide support

- Amparo- support offered to all for those bereaved and exposed to suicide
- Survivors of Bereavement by Suicide (SOBS) groups in each LA area. Peer support for those who have been bereaved by suicide
- C&YP Bereavement Toolkit, coproduced by children and young people bereaved by suicide
- Help is at Hand resource.



# Reviews of suspected suicides

- SY & Bassetlaw Coroners report
- Suicide Prevention Operational Group (Learning Panel)
- Serious Incidents Committee
- Child Death Overview Panel
- Domestic Homicide Reviews



# Suicide Prevention Operational Group

- To establish the facts and determine risks and contagion.
- To identify vulnerable and at risk groups.
- To ensure support is in place for those bereaved and affected by suicides.
- Develop, implement and monitor an agreed community action plan if required
- To work with Communication colleagues to deliver messages to general public, local organisations and workers as and when required.

# Alcohol and Drugs

- December 2021: From harm to hope: A 10-year drugs plan to cut crime and save lives, requiring local areas to have strong partnerships, bringing together relevant organisations and key individuals to help deliver on the Strategy's three strategic priorities:
  - Break drug supply chains
  - Deliver a world class treatment and recovery system
  - Achieve a shift in the demand for drugs
- Since the publication of the strategy, additional funds were announced in the form of a 3 year grant (2022-2025), with Rotherham being identified as one of 50 areas to receive additional accelerated funding. In response RMBC formed the Drugs and Alcohol Grant 2022-25 Project Board to develop and oversee the grant plans
  - Increased treatment and harm reduction capacity, including inpatient detoxification and residential rehabilitation
  - Enhanced treatment quality
  - Reducing drug related deaths and improving access to mental and physical health care
  - Recovery orientated system of care, including peer-based recovery support services
  - Expanding and developing the workforce
  - Improved pathways for criminal justice

# Bereavement

Support specifically for those bereaved by suicide:

- Amparo
- SOBS
- Children and Young People's resource
- Sudden and Traumatic Bereavement Pathway for Children and Young people
- RMBC postvention guidance for Managers launched July 2022.

General bereavement:

- Listening Ear
- Rotherham Hospice offer
- RotherHive information
- Position paper on general bereavement support

# Debt

- Information on RotherHive
- Promotion of schemes/services providing debt, home energy, employment and training advice
- Future ICS area of activity.

# Domestic Abuse

- Joint suicide prevention and domestic abuse training
- Learning events for practitioners
- Raising awareness of suicide ideation with victim and perpetrator
- From 1<sup>st</sup> October new DA pathway which includes additional complexities including suicidal ideation

# Loneliness and Isolation



- Refresh of the Health and Wellbeing Board Loneliness Action Plan
- Five Ways to Wellbeing
- Great Big Rotherham To Do List
- Making Every Contact Count Training for frontline staff
- OHID Better Mental Health – Befriending project
- Voluntary and Community Sector Befriending Network.

# Long Term conditions

- Forthcoming information on RotherHive relating to pain management
- Links to physical activity and peer support
- Information on patient letters
- Raising awareness with health colleagues
- Future work across the ICS on pain management and pathways.

# Reducing access to means

- Joint work with RMBC Highways colleagues, SYP Designing Out Crime Officers and National Highways
- Designing out suicide
- Work with Elected Members in areas of concern
- Alerts and support from British Transport Police
- Work with Medicines Management colleagues
- Top Tips for suicide prevention- guidance for primary care
- Samaritans signage
- Memorials- RMBC Guidance
- Public vigilance- equipping people to know how to respond and what to do.



# Workforce Development

- Place Suicide Prevention Guidance- launched 11<sup>th</sup> July 2022 for staff across all Partner organisations

From September 2022 to March 2023 in person training:

- Mental Health Awareness Training
- Suicide Prevention Awareness Training
- Mental Health First Aid (Youth and Adult)

Promotion across the Partnership with a particular focus on VCS, primary care and Police.

- Self Harm Awareness sessions for parents/carers and frontline staff
- Safeguarding Awareness Week in November 2022, 2 workshops on suicide prevention and postvention support.

# Training providers

## **Harmless**

Harmless is National organisation working to address and overcome issues related to self-harm and suicide. People with lived experience are at the centre of their work. They deliver support, information, training and consultation to cover all aspects of need under this broad suicide prevention agenda.

Harmless are members of The National Suicide Prevention Strategy Advisory Group

## **Northern Training- Community Links**

Mental Health charity which provides training and services across Y&H. Community Links services are commissioned by the NHS and local authorities in the region.

# Suicide prevention training- general public

- Working with Library Services
- Promoting open access to do online training
- 5/6 sessions across Rotherham libraries during 2022/23.



# Be the One

- Rotherham's suicide prevention campaign-supported by all Health and Wellbeing Board Partners
- Relaunch October 2022

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

# Suicide Prevention & the Integrated Care System

- Themed Task and Finish Groups (Protected Characteristics, Prisons, Primary Care, Cost of Living, Debt and Gambling)
- Real time data for suspected suicides and working in partnership with SYP
- Real time data looking at suicide attempts working with YAS, Acute Trusts, SYP & PH Intelligence Colleagues in Rotherham and Sheffield
- Support for those bereaved and affected by suicides- Memorial Event, first one hosted in Rotherham in December 2021
- Coroners Audit
- Working with the media
- Working with prisons

# Support Services



This service is commissioned across South Yorkshire and is for anyone recently or historically affected by suicide. They offer practical and emotional support. Ring 0330 088 9255. Leave a message and a member of the team will call you.

<https://amparo.org.uk/refer/> to refer directly and securely.

**Amparo will also support staff teams who may be affected by suicide.**

**Samaritans** Ring freephone 116 123 or e-mail [jo@samaritans.org](mailto:jo@samaritans.org)

**Or for further information visit:**

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

Rotherhive <https://rotherhive.co.uk/>

# Any Questions?

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# HEALTH AND WELLBEING BOARD ANNUAL REPORT 2021/22

A HEALTHIER ROTHERHAM BY 2025



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# FOREWORD

**I am delighted as Chair of the Health and Wellbeing Board to present our fourth annual report. Our Health and Wellbeing Board is built on strong partnerships, which have strengthened even more during the last two years in our response to the Covid-19 pandemic. I would like to thank all the partners for their commitment to delivering Rotherham's Health and Wellbeing Strategy and working together to improve outcomes for local people.**

The last year has been challenging, and as well as facing the pressures of Covid-19, we are also facing considerable health challenges locally. In 2019/20, 73.6 % of adults in Rotherham were classified overweight or obese, compared to 62.8 % nationally. In 2020, 12.5 % adults in Rotherham were classed as current smokers, compared to 12.1 % nationally. Smoking is the most important cause of preventable ill health and premature mortality in the UK. In the refresh of our board's priorities, we have focused on responding to the impact and long-term consequences of Covid-19, as well as supporting our residents to lead healthy lifestyles.

Further, the board have overseen delivery of a number of key pieces of work over the past year, such as developing a framework to give every child the best start in life, supporting children's mental health in schools, ongoing work to support carers and supporting the Covid-safe delivery of Rotherham Show as one of the first in-person large scale events many residents attended since the start of the pandemic.

Tackling health inequalities has been core to our focus over the last year. In order to ensure that the health of our most vulnerable residents is improving the fastest, a prevention and health inequalities sub-group has been established at place level.

In the coming year, we intend to hold a review of the impact of Covid-19 and lessons to be learnt from it. Health inequalities will be our main uniting theme. We also still need to consider the changes being brought in through the Health and Care Bill, including to our place-level ICP. Most of the work has taken place over the last year, but changes are still being finalised, with the full impact of the on the Health and Wellbeing Board, including its membership, yet to be determined. In the coming year we will also refresh our Health and Wellbeing Strategy, as well as the accompanying action plan to ensure alignment with our reviewed priorities and any place-level changes.



**Councillor David Roche**

Cabinet Member for Adult Social Care and Health  
Chair of the Health and Wellbeing Board

# THE HEALTH AND WELLBEING BOARD

Rotherham's Health and Wellbeing Board brings together local leaders and decision-makers to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services.

*Organisations represented on the board include:*

- Rotherham Metropolitan Borough Council
- Rotherham Clinical Commissioning Group
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police
- NHS England

The board has a number of specific responsibilities, including producing a local joint strategic needs assessment, overseeing the delivery of the joint health and wellbeing strategy, and producing an assessment of the need for pharmaceutical services.

Further detail around the role of the board, including how the board has met the statutory duties over 2021/22 is outlined below.

## Joint Strategic Needs Assessment (JSNA)

One of the board's key responsibilities is to carry out a Joint Strategic Needs Assessment (JSNA) for Rotherham. The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

The JSNA is hosted on a live website called 'the Rotherham Data Hub.' The refresh for 2021/22 has seen the inclusion of small area data, to allow for analyses at ward level. All data from the JSNA is used to inform commissioning decisions and strategy development. In particular, the findings of the updated JSNA have informed the refresh of Health and Wellbeing Board priorities over the past year and the strategic approach to tackling health inequalities.

The Rotherham Data Hub is publicly accessible at [www.rotherham.gov.uk/data/](http://www.rotherham.gov.uk/data/).



## Joint Health and Wellbeing Strategy

Joint Health and Wellbeing Strategies set out how local health needs identified in the JSNA will be addressed. They set out the priorities for local commissioning and must be taken into account by local councils and CCGs.

Rotherham's Health and Wellbeing Strategy for 2018-2025 was agreed in March 2018 and is focussed on four key aims:

- 1** All children get the best start in life and go on to achieve their full potential
- 2** All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- 3** All Rotherham people live well for longer
- 4** All Rotherham people live in healthy, safe and resilient communities

The Health and Wellbeing Board receives regular updates against each of these four aims. As the priorities, which underpin each aim, have been updated since March 2018, the Health and Wellbeing Strategy will be refreshed in the coming year to reflect the agreed changes.



## Pharmaceutical Needs Assessment (PNA)

The board has a statutory responsibility to undertake a PNA every three years. However, due to ongoing pressures across all sectors in response to the Covid-19 pandemic, the national requirement to publish renewed Pharmaceutical Needs Assessments was postponed. The PNA reviews the current pharmaceutical services in Rotherham and identifies any gaps in provision through assessment, consultation and analysis of current and future local need.

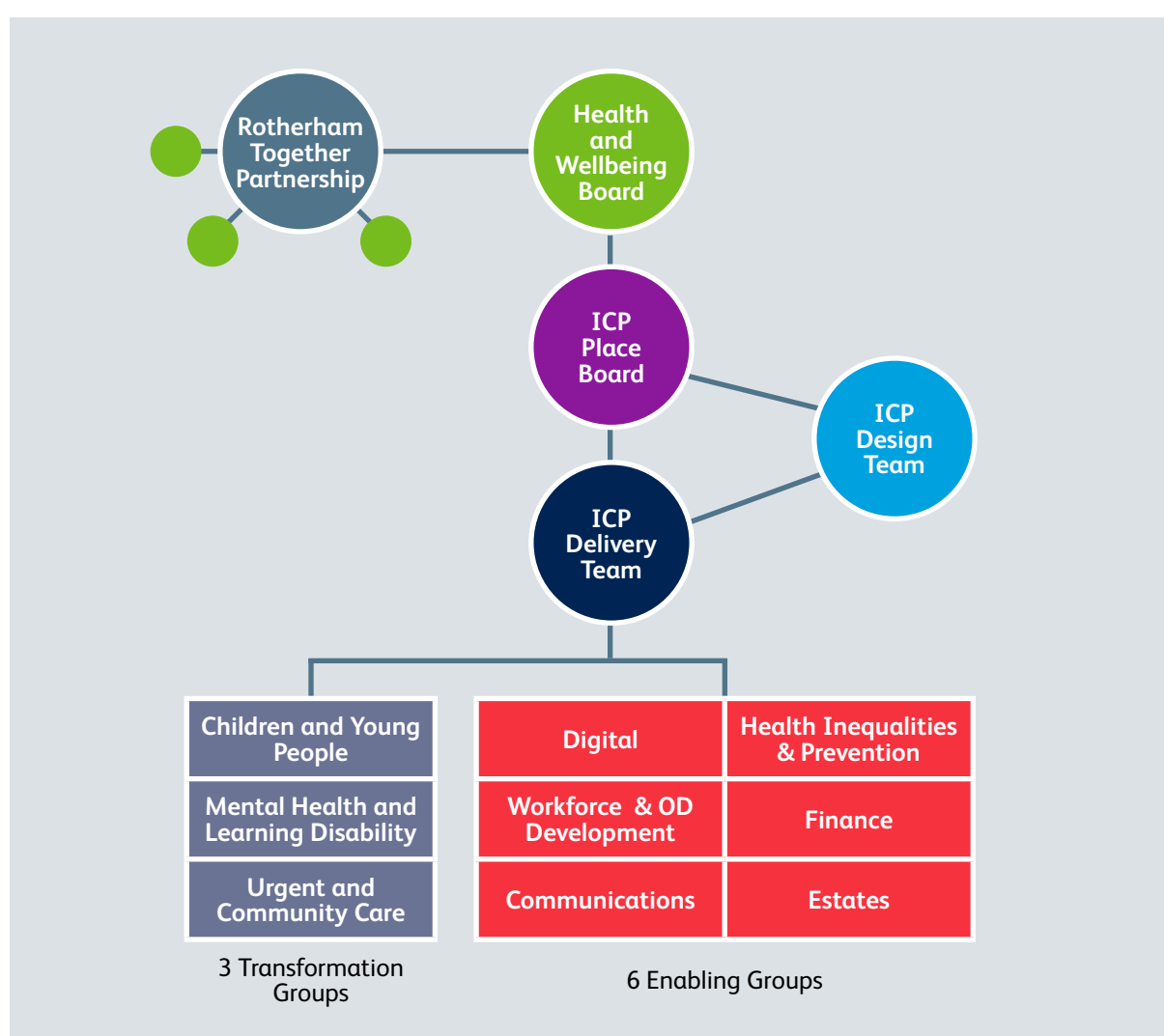
The current PNA for Rotherham now runs from April 2018 to October 2022. The needs assessment is currently ongoing and will be completed in October 2022.

# GOVERNANCE

The Health and Wellbeing Board is a statutory sub-committee of the Council and is an integral part of Rotherham's wider strategic partnership structures, the Rotherham Together Partnership. In addition, the Integrated Care Partnership (ICP) Place Board reports into the Health and Wellbeing Board and takes strategic direction from the Health and Wellbeing Strategy.

As part of the refresh of the ICP Place Plan, a new Prevention and Health Inequalities enabling group was established. It met for the first time in May 2021.

**A summary of these governance arrangements is outlined in the diagram below.**



## Rotherham Together Partnership (RTP)

The Rotherham Together Partnership brings together statutory boards such as Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver on Rotherham's medium-term priorities. These priorities, or "game changers", are set out in the Rotherham Plan 2025.

One of the game changers is 'integrating health and social care', which requires significant input from the Health and Wellbeing Board, working closely with the Integrated Care Partnership (ICP) Place Board. The Health and Wellbeing Board also contributes to the other game changers, particularly 'building stronger communities' and 'skills and employment'.

## Integrated Care Partnership (ICP)

The ICP is made up of the local health and social care community, including the Council, CCG, providers of health and care services and the voluntary sector, who are working together to transform the way they care for the population of Rotherham.

The ICP Place Plan takes strategic direction from the Joint Health and Wellbeing Strategy and is the delivery mechanism for the aspects of the strategy relating to integrating health and social care. The Place Board regularly reports progress to the Health and Wellbeing Board, and there is a standing agenda item for the Health and Wellbeing Board to consider any issues escalated from the Place Board.

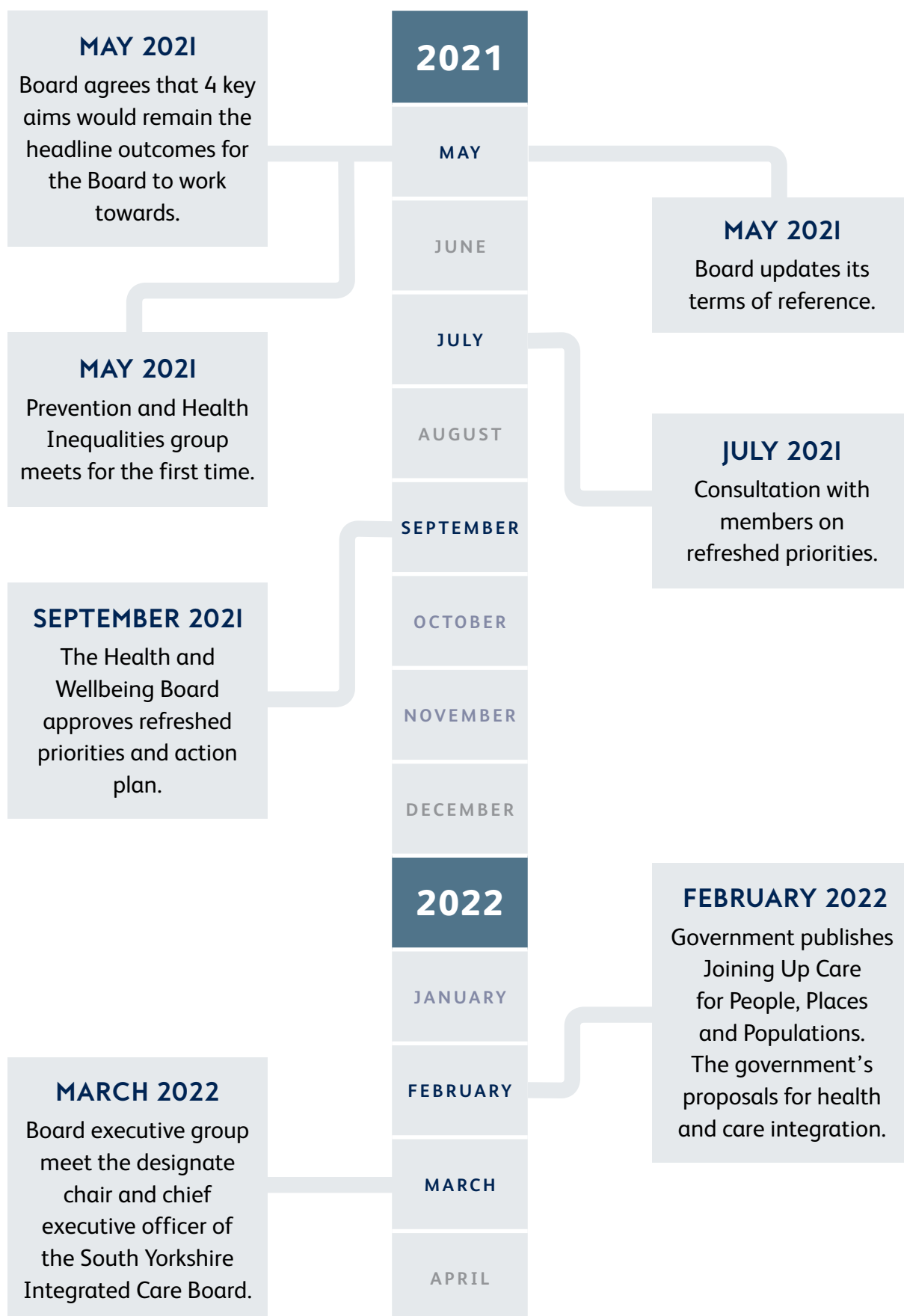
## Safeguarding

Safeguarding is a priority area of collaboration for local partners, and the Health and Wellbeing Board is a signatory to the partnership safeguarding protocol.

The protocol describes the roles, functions and interrelationship between partnership boards in relation to safeguarding and promoting the welfare of children, young people, adults and their families. It aims to ensure that the complementary roles of the various boards are understood so that identified needs and issues translate to effective planning and action.

Delivering on the protocol includes each board delivering and receiving updates from one another on annual basis, to ensure connectivity and appropriate oversight of issues relating to safeguarding. The terms of the protocol were fulfilled for 2021/22. Ensuring we are taking an integrated and co-ordinated approach to addressing issues relating to safeguarding will continue to be a priority for 2022/23.

## KEY DATES – APRIL 2021 – MARCH 2022





## WHAT'S WORKED WELL?

There has been significant progress made across the partnership over the past year to support delivery of the Health and Wellbeing Strategy.

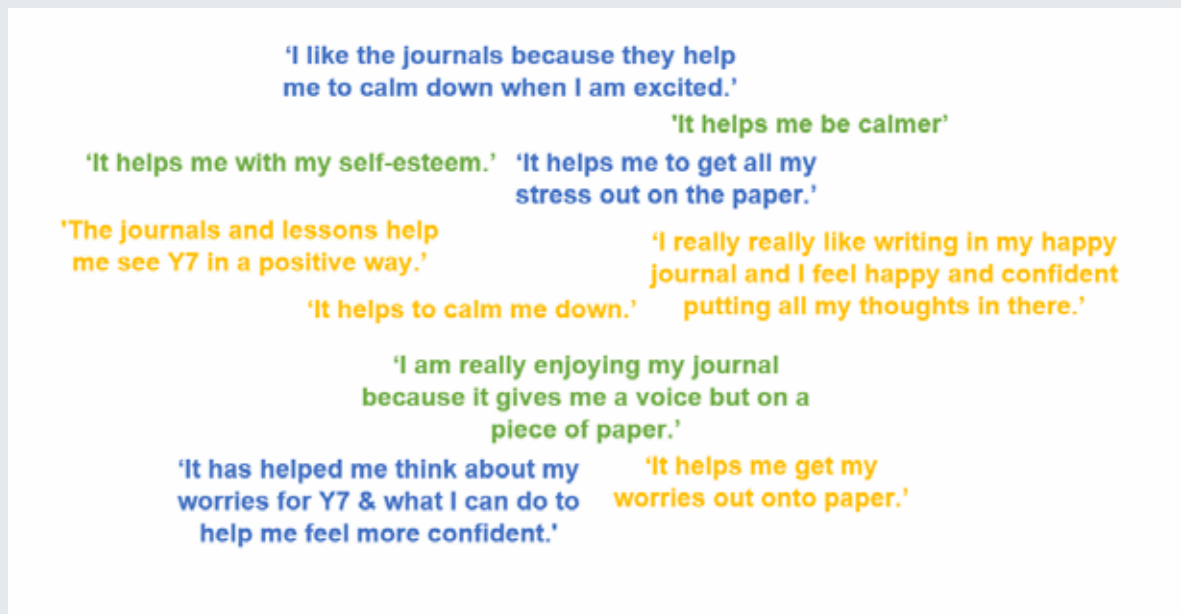
Examples of some of the achievements to deliver the strategy in 2021/22 include:

- Following engagement with Public Health colleagues, RMBC catering services have achieved a Food for Life award. Further opportunities to improve food available in schools are being explored.
- A variety of programmes were delivered to support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol, including the establishment of an outreach team to support frequent attenders to the TRFT Emergency Department with complex Alcohol and Mental Health needs
- To deliver the loneliness plan, Making Every Contact Count (MECC) training was launched and delivered to over 150 people and the Public Health England (PHE) Better Mental Health Fund Befriender project was delivered
- Libraries have launched programmes, including film screenings and death cafes, to become death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy
- A review of the strategic positioning of physical activity in Rotherham was undertaken and a series of recommendations are feeding into the development of future work.
- A variety of programmes were delivered to welcome women and girls into football, focussing on under-represented groups, and more are in development in preparation for the Women's Euros being hosted in Rotherham in summer 2022.



## CASE STUDY

### SPECIALISED SUPPORT FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH IN SCHOOLS



The Covid-19 pandemic has disrupted the lives and education of children and young people and impacted on their mental health and wellbeing. Research with local school children and young people has shown increased levels of anxiety and stress after the first six months' of the pandemic, with a decline in young people feeling positive and managing problems well and an increase in young people feeling confused, uncertain and sad.

The Council's Children and Young People Services have responded to these worrying results by developing targeted support for children and young people in schools. They developed a Team Around the School (TAS) model of working, working with schools and creating new resources based on their needs, with a focus on mental health wellbeing, transition and including recovery from the impact of Covid-19 on pupils' wellbeing.

The project began to work with identified schools in early November 2021. A wide range of teams within Children's Services (Attendance, Inclusion, SEND, Early Help, Educational Psychology, Data and Finance) are working together with partner organisations, such as Rotherham Parent and Carers Forum and Voluntary Action Rotherham (VAR). Schools were selected based on need, for example those with a high percentage of most vulnerable pupils. The TAS group have created a tailored offer for each school to support young people and families to promote mental health and wellbeing, particularly at times of transition.

*Programmes that schools have been using most to date are:*

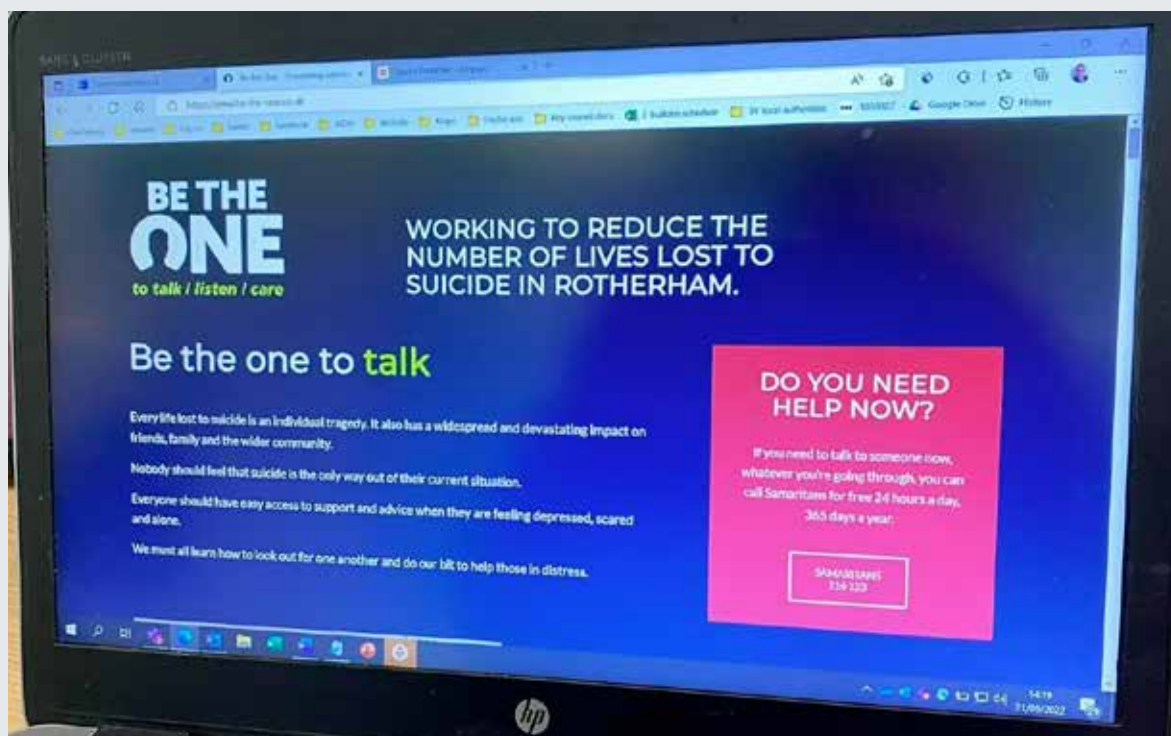
- myHappymind, an NHS and Ofsted endorsed wellbeing and healthy relationships programme for pupils
- Remote workshops for school staff to access support from the Educational Psychology Service within Children's Services to address individual or cohort needs in a timely manner, as well as providing bespoke training for school staff, including emotion coaching, staff wellbeing, trauma informed practice and bereavement support
- Weekly workshops provided by the Specialist Inclusion Team to promote awareness of mental health, wellbeing and relationships through transitions, which will be delivered in all target schools to the school lead and cohort of pupils.

So far, informal feedback from schools has been very positive: 'Coleridge Primary School has benefited immensely from the TAS programme and it's really supported our children, staff and families. The work conducted with our Y6 children with the myHappymind programme has really started to support our children's wellbeing and mental health and seeing themselves in a positive light. We have witnessed some marked improvements with some social, emotional and mental health (SEMH) children with their self-esteem and confidence. The TAS programme has been well organised and is going to have a long-lasting impact on our children over the next six months.'

Schools reported that improving the knowledge of staff around social, emotional and mental health has made a difference to date. While the evaluation is still ongoing, some schools have reported seen a reduction on fix term exclusions and an improvement in relationships with staff and their peers. The impact of the Team Around the School project will be measured through pupils completing pre and post Warwick Wellbeing Survey, as well as adult stakeholder pre and post surveys. The learning and impact from this whole school approach will be presented to the Health and Wellbeing Board in the coming year, as well as to primary headteachers in summer term 2023.

## CASE STUDY

### TRAINING STAFF ACROSS THE PARTNERSHIP ON SELF-HARM AND SUICIDE PREVENTION AWARENESS



Taking action to prevent suicide and self-harm is one of the board's priority areas and part of the work ongoing to enable all Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life. This includes awareness raising campaigns across the borough, such as the Be the One campaign, as well as the delivery of training to partner staff. This work was delivered under the Suicide Prevention and Self-Harm Action Plan 2020-22.

The latest suicide data shows that Rotherham has seen a small decrease in suicides for the period 2018-2020 from 2017- 2019, but the Rotherham's rate is still significantly higher than the rate for England at 10.4 per 100,000. Males still account for most deaths in Rotherham.

Between April 2021 and March 2022, council staff delivered training to over 100 people across the partnership to increase awareness on self-harm and suicide prevention. While the pandemic has disrupted the face-to-face programme of suicide prevention and self-harm training which was planned, a solution was sought to deliver these courses in a way which achieves the same learning outcomes whilst keeping participants safe. Virtual courses for suicide prevention and mental health first aid have been offered to all partner organisations with an emphasis on the voluntary sector, police and primary care. A second group of staff were trained as part of the Self Harm Train the Trainer project. After being signed off they deliver this awareness training to either staff or parents/carers.

- Over 80 people from across the partnership (targeting Voluntary and Community Sector (VCS), police and primary care as priority groups) attended virtual suicide prevention training courses
- Self-Harm Awareness sessions have been run by Early Help staff for parents and carers.
- In November and December, the PHS lead for suicide prevention and Mental Health Clinical Specialist (Safer Neighbourhood Team) delivered 4 suicide prevention sessions for RMBC Revs and Benefits Teams and a VCS community organisation.
- 2 suicide awareness sessions were delivered during Safeguarding awareness week in November by the PHS Lead for suicide and RMBC Adult Safeguarding Lead. These were attended by staff from across the partnership.
- Virtual Youth and Adult Mental Health First Aid courses attended by partner organisations.

Feedback from the suicide prevention training highlighted the impact of the training on attendees in raising their confidence and ability to support vulnerable people and those at risk of self-harm and suicide:

I feel more confident in the knowledge of being able to signpost any potential person who may have suicidal ideations and have a better understanding of how to deal with any given situation.

This session has given me more confidence to [talk to someone in crisis] and do it effectively until I can get the person in contact with the appropriate professional help. I've got a much better understanding of what to say to try and establish a connection with them and try and bring them back from the risk of acting on their thoughts at that time.

Having the time to listen to someone who is experiencing these suicidal thoughts and the importance of actively listening to them showing empathy and useful ways to connect to that person to a point of safety planning to reduce the risks.

I can confidently say that the training helped my team enormously to better understand the pathways to support for vulnerable customers. My team are responsible for the recovery of Council Tax debt and actions that are often at an advanced stage. As debt can be a common trigger for customers suffering with their mental health it is critical that my team is equipped with the knowledge of where to go to help such customers and the training provided that reassurance. (Revenues, Benefits & Payments, RMBC).

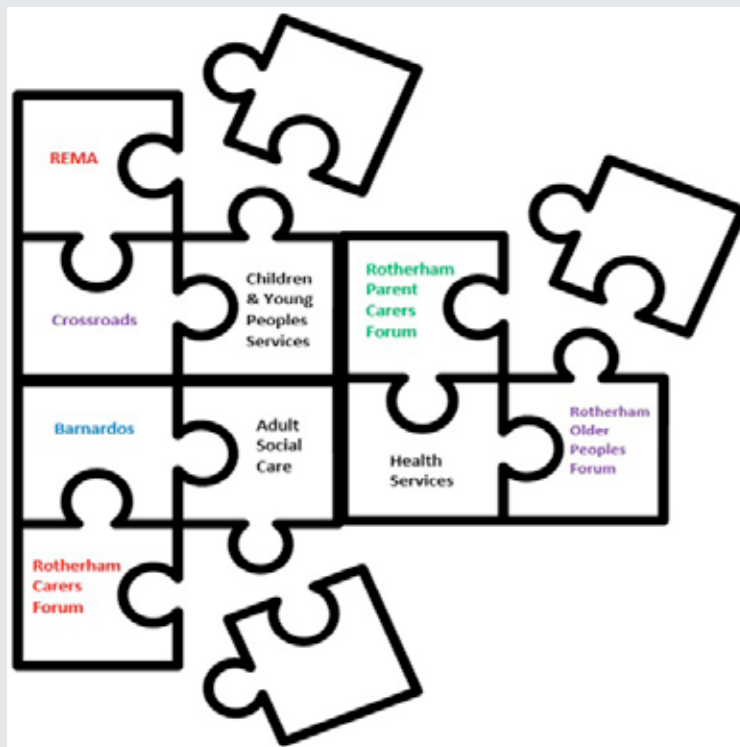
Safeguarding and Wellbeing is an item on every Team Meeting we have. Before this training the majority of meetings saw staff articulate their worries about calls where a customer may be severely distressed or expressing suicidal thoughts.

Now, it is thankfully an item where more often than not, staff have no worries to raise and on the occasion where a staff member has had a call like this, they have dealt with it much better and utilised the additional tools/guides that were made available. (Revenues, Benefits & Payments, RMBC).



## CASE STUDY

### STRENGTHENING SUPPORT FOR CARERS THROUGH THE ESTABLISHMENT OF 'THE BOROUGH THAT CARES' STRATEGIC GROUP



The Rotherham Health and Wellbeing Board sets out a vision for Rotherham to be a carer friendly borough. More than 30,000 people are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise could not manage without our help due to illness, disability, addiction or mental ill health. The Covid-19 crisis has emphasised the fundamental importance of taking action to improve the way unpaid carers are identified, recognised and supported.

According to the Census figures in 2011 Rotherham had 31,001 carers. Findings from Carers UK July 2021 suggested there have been 4.5 million new carers since the start of the pandemic. Analysis showed that almost half of carers providing 20+ hours of care per week during the second wave of the pandemic were not previously providing care (45 %). Locally, this would push our Rotherham number well over 45,000.

Evidence suggests that many carers feel isolated, under-valued, taken for granted and overlooked. This combination further impacts upon the physical, mental and economic health and wellbeing already experienced by many carers. As carers have been disproportionately affected during the pandemic, both socially and economically, creating a borough that carers for its carers is more important than ever. The borough's new strategic framework will be achieved through strong partnership approaches to ensure carers in Rotherham stay mentally and physically healthy, and economically active, for longer.

Carer organisations came together in May 2020 to ensure a joined-up response to the Covid-19 Pandemic. The Unpaid Carers Group formed to support the emergency response work and this ensured the carer partnership was as strong as it could be in the most extreme of circumstances. These organisations remained connected and through 2021 shaped and created our Strategic Framework for 2022-2025. The group then became 'Our Borough That Cares Strategic Group'.

The group consists of people from health, social care, the voluntary sector and crucially people with lived experience. To create a carer friendly borough, we need to ensure carers are involved in making key decisions about action plans and the delivery of services. Our work will focus on what everyone agrees is important not just the priorities of one group. Everyone will be involved all the way through the work – from planning to delivering to evaluating. This is about real-life impact and change for carers; we have created a strategic framework from the individual stories of the people who know best about caring - our carers.

## CASE STUDY

### DELIVERY OF ROTHERHAM SHOW IN A COVID-SAFE WAY



**Arts and Cultural programmes and events are key for people to connect with others and get outdoors, all of which benefits people's personal wellbeing.**

Due to the Covid-19 pandemic, Rotherham Show did not take place in 2020, instead a creative recovery programme was launched to support communities to safely and confidently return to cultural activities. Rotherham Together hosted more than 60 events and experiences across seven months including a large-scale Land Art mural which was installed at Clifton Park on the dates that the show would have taken place that year.

In 2021 due to delays and changes in Government Guidance events were only given permission to return from June 2021 and Rotherham Show was the first major event in the borough to return.

Demonstrator events in neighbouring areas had led to a large spike in Covid-19 cases and while many wanted to see things start to return there was also a lot of nervousness around the potential spread of infection, particularly among audience who had been more adversely affected by the pandemic such as older people and global majority communities.



Rotherham Show was delivered from 3rd to 5th September. The event altered its usual format increasing to a 3-day event which provided a quieter, more relaxed day on the Friday for audiences who were more cautious and wanted to return to cultural life without navigating large crowds. The layout of show was altered to remove bottle necks and open up space for people distance even at busier times. The infrastructure of the show was changed from closed marquees to open sided canopies and stages to aid ventilation. Signage was adopted across the site reminding people of the current guidance regarding Covid-19, hand sanitisers were brought in across the site and additional cleaning for high traffic areas was provided.

The show saw a packed programme of performances, events and things to do. On the Main Stage, there was a diverse programme of music and performance, while elsewhere, the Made in Rotherham Area of the show celebrated the creativity, vibrancy, resilience and diversity of our town, showcasing flavours from across the world through locally made food, art, music and performance. The programme also saw a wide range of activities for children and families, including entertainment and interactive play.

In addition to the Covid-19 mitigation measures the Vaccine Bus attended the show to try to encourage audiences who would not normally access GP services to take the vaccine.

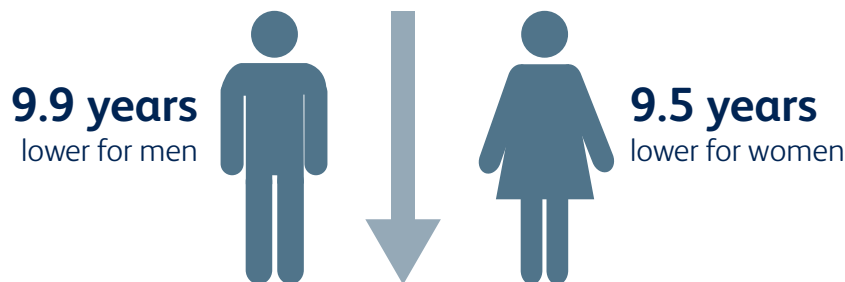
Evaluation of both the event and the Covid-19 statistics showed that the event was managed safely with infection rates falling during the period of delivery and only three reported 'suspected' cases of Covid-19 reported from the show.

*The evaluation headlines include:*

- An estimated audience of 100,000 attended over the three days
- Recognition that the show is organised by the Council rose from 64 % in 2019 to 80 % in 2021
- For 72 % of visitors Rotherham Show was their first event or cultural experience since lockdown restrictions were removed in June 2021
- The satisfaction rating rose from 96 % in 2019 to 98 % in 2021
- 3,000 people got their Covid-19 vaccine over the course of the three days, predominantly from audiences who not otherwise engage.
- The age range shifted with lower attendance from younger (16-24) and older audiences (55+) but all other age ranges grew
- The audience was more diverse rising from 7 % to 10 % Global Majority communities considering the Diversity Festival did not take place and some nervousness had been expressed by partner organisations who support these communities the increase was a positive statement of confidence from diverse communities.
- The gender balance shifted from 2019 to 2021, in 2019 75 % of the audience were female which changed to 59 % in 2021

## WHAT ARE WE WORRIED ABOUT?

**There are large gaps in life expectancy and healthy life expectancy** both within the borough and compared with the national average. Moreover, the coronavirus pandemic has exacerbated existing health inequalities, with the most disadvantaged communities being hit the hardest. Life expectancy is lower for men and women in the most deprived areas of Rotherham compared to the most affluent areas (2018-2020).

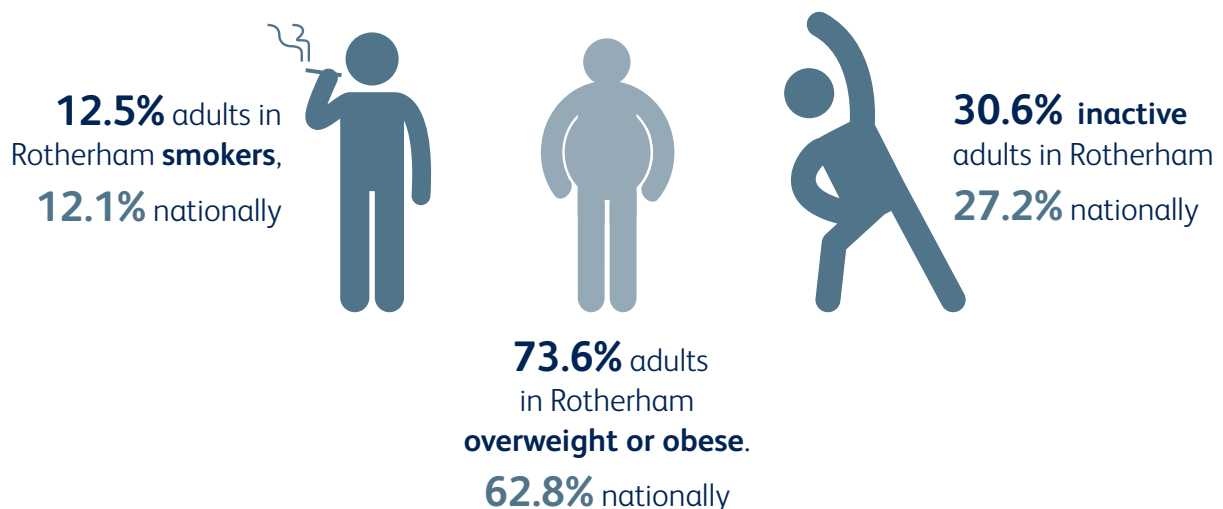


**The leading causes of death in Rotherham include ischaemic heart disease (IHD), stroke, lung cancer, COPD and Alzheimer's/dementia.**

The risk factors contributing the most to deaths in Rotherham are smoking, high blood pressure, high blood glucose, high BMI and high cholesterol.

*Considering the picture for some of these key risk factors in Rotherham:*

- Smoking prevalence in adults is higher than the national and regional averages.
- There is a high prevalence of both childhood and adult obesity with a strong correlation with areas of highest deprivation.
- A significant proportion of adults are physically inactive.

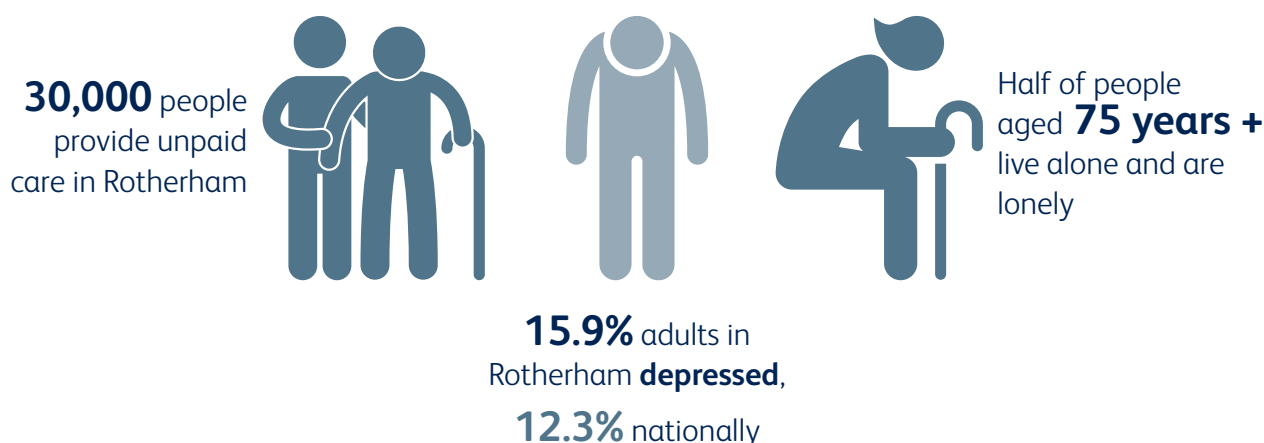


### Mental health and wellbeing are also a concern, including isolation and loneliness:

- In Rotherham, self-reported wellbeing scores for 2018/19 were significantly worse than England in relation to low satisfaction, low happiness and anxiety.
- Loneliness was a public health concern both nationally and locally prior to the pandemic with all ages experiencing loneliness. The pandemic has heightened this as an issue and referrals for befriending support in Rotherham have reinforced that this is an issue across the life course.
- The percentage of adults registered with GPs for depression is higher than the national average and has been increasing in Rotherham since 2013/14
- Rotherham's suicide rate is higher than the national average.

More than 30,000 people are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise could not manage without our help due to illness, disability, addiction or mental ill health

Evidence suggests that many carers feel isolated, under-valued, taken for granted and overlooked.



## WHAT WILL WE DO NEXT?

Supporting local people as we continue to recover from the impacts of Covid-19 will be key to the Health and Wellbeing Board, with a focus on reducing health inequalities and prevention and early intervention.

*The Health and Wellbeing Board will now:*

- Refresh its strategy based on the newly agreed priorities, including delivering a loneliness plan, ensuring support is in place for carers and developing a borough that supports a healthy lifestyle.
- Engage with member across partner organisations and board sponsors to update the board's the action plan which underpins the strategy.
- Embed a prevention-led systems approach across the Place.
- Work with the South Yorkshire and Bassetlaw ICS to shape the future arrangements.
- Continue to monitor the longer-term impacts of the pandemic on our communities.
- Focus on reducing health inequalities between our most and least deprived communities.

Public Report  
Health Select Commission

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**Committee Name and Date of Committee Meeting**

Health Select Commission – 29 September 2022

**Report Title**

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](mailto:katherine.harclerode@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

To outline a revised 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  
Initial Work Programme - Health Select Commission, 30 June 2022  
Revised Work Programme – Health Select Commission, 28 July 2022

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## 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 consider priorities for the 2022/23 municipal year as they continue to develop the work programme and 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 Integrated Care Board (ICB) and National Health Service (NHS); and with 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](mailto:katherine.harclerode@rotherham.gov.uk)*

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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.
	Revised Work Programme	To discuss and approve an outline work programme for scrutiny 2022/23
29 September 2022	Healthwatch	
	Medicine Management	To consider and discuss the impact of <ul style="list-style-type: none"> <li>Supply issues affecting prescriptions</li> <li>Cost of living impact on self-care programmes and prescriptions</li> <li>Reducing medicines waste</li> <li>Community pharmacy workforce and hours</li> <li>Opportunities to work together with public health in respect of diabetes, depression, chronic pain management, and cardiovascular risk.</li> </ul>
	Suicide Prevention Update	Resolved 12-month return updating on progress with voluntary sector trainings and activities funded by small grants, learning from relevant

## Appendix 1 – Work Programme 2022/23

		audits and reviews, and response post-pandemic in terms of early intervention and bereavement support.
	Health and Wellbeing Board Annual Report	This report is considered annually for information. Members are encouraged to consider areas of emphasis included in the report for possible addition to the scrutiny work programme if appropriate.
	Work Programme	
Autumn 2022 Spotlight	Frailty Prevention	Request from ILSC and Members of HSC in 2021/22 to consider how best to promote innovative approaches to mobility and independence for older people in Rotherham.
24 November 2022	Healthwatch	
	CAMHS	Resolved 12-month update on response to recommendations and recent activity and progress of the service.
	TRFT Annual Update	To receive an annual briefing on activities and improvement work
	Scrutiny Review Recommendations	To receive a report summarising Members' review findings in respect of Covid-19 Care Home Safety
	Scrutiny Review Recommendations	To receive a report summarising Members' review findings in respect of Access to Primary Care
	Work Programme	
Winter 2023 Review Item	Oral Health Review	To consider place-based strategic approaches to improve oral health among vulnerable Rotherham residents, including children and older people.
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
	Physical Activity Strategy Update	Resolved 3 February 2022 update on strategy development and response to recommendations
	Work Programme	

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	

Forward Plan	Potential Item	Scope
TBC Review	COVID-19 Review	Following the example of Leeds City Council, a broad piece of work to capture learning from the pandemic.
TBC Spotlight	Health and Care Worker Safety	Takes a local focus dovetailing with national scrutiny on safety of health care workers in response to outcry from health and care workers and their families in 2020-21
TBC 2023	Integrated Care System: Performance	To receive performance information with focus on Rotherham.
TBC 2023	Health Inequalities	To receive an update on strategies to expand healthy life expectancy among Rotherham Residents and across the Place including outcome of work with Town Councils
TBC 2023	Adult Social Care: LD Transformation	Reflection on outcomes as the end of the programme approaches and changes to the delivery of care and examination of new resources as well as challenges faced

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