

HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 24 November 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 29 September 2022 (Pages 3 - 12)

To consider and approve the minutes of the previous meeting held on 29 September 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. Nominations for Representative to Health, Welfare and Safety Panel

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

7. Healthwatch Rotherham (Pages 13 - 26)

To consider a presentation from Rotherham Healthwatch in respect of recent activities and trends.

8. Child and Adolescent Mental Health Services (CAMHS) Annual Update (Pages 27 - 44)

To consider an annual update comprising a full overview of Rotherham's Child and Adolescent Mental Health Services and two case studies.

9. The Rotherham NHS Foundation Trust (TRFT) Annual Update (Pages 45 - 51)

To consider an annual update report from The Rotherham NHS Foundation Trust (TRFT) in respect of actions, challenges, and achievements of the Trust for the financial year ending 31 March 2022.

10. Rotherham Place Partnership: Winter Planning (Pages 53 - 59)

To consider a presentation in respect of preparation across Rotherham Place in anticipation of seasonal pressures.

11. Scrutiny Review Recommendations: COVID-19 Care Home Safety (Pages 61 - 70)

To receive a summary of findings and recommendations from the spotlight review on safety of care home residents and workers during COVID-19.

12. Work Programme (Pages 71 - 86)

To consider and endorse an updated outline schedule of scrutiny work for the 2022/23 municipal year.

13. Urgent Business

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

14. Date and time of next meeting

The next meeting of Health Select Commission will be held on 26 January 2023, commencing at 5pm in Rotherham Town Hall.



MS. SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 29 September 2022

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

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

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

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

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

Resolved:-

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

24. DECLARATIONS OF INTEREST

There were no declarations of interest.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

26. EXCLUSION OF THE PRESS AND PUBLIC

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

27. REPRESENTATIVE TO THE HEALTH, WELFARE AND SAFETY PANEL

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

Resolved:-

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

28. HEALTHWATCH ROTHERHAM

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

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

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

Resolved:-

1. That the update be noted.

29. MEDICINE MANAGEMENT

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

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

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

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

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

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

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

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

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

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

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

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

Resolved:-

1. That the report be noted.

30. SUICIDE PREVENTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

officers noted that Primary Care have received top tips for suicide prevention, and for that level of risk and signposting, the service expected

GPs to know the appropriate steps to take. The Crisis Support in Rotherham provided on-the-day response to support people in crisis.

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

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

Resolved:-

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

31. HEALTH AND WELLBEING BOARD ANNUAL REPORT

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

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

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

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

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

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

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

Resolved:-

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

32. WORK PROGRAMME

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

Resolved:-

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

33. URGENT BUSINESS

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

34. DATE AND TIME OF NEXT MEETING

Resolved:-

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



The independent champion for people who use health and social care services





About Healthwatch Rotherham

About Healthwatch

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed.

We work to get services right for the future.

We are here to listen to what you like about services and what you think could be improved. No matter how big or small the issue, we want to hear about it.



Animation:
<https://vimeo.com/764101346>



**Overview of what people
have been saying over the
past three months**

Enquiries:

Month	Number of enquiries	Most common themes
September	21	<p><u>Rotherham Hospital (7):</u> General - 4 A&E - 2 Podiatry - 1 Rotherham Council (2) GP Surgery complaints (5) <u>Other:</u> General signposting to services</p>
October	34	<p><u>Rotherham Hospital (11):</u> A&E - 4 Stroke Unit - 1 Antenatal - 1 Acute Surgical Unit - 1 General - 4 Dentists (3) GP Surgeries (8) CAMHS (1) <u>Other:</u> General signposting to other services - care homes, Citizens Advice, Barnsley Healthwatch</p>
November	17 (update closer to time)	<p>GP Surgeries (5) Rotherham Hospital (3) - General (2) Oncology (1) Dentist (3) CAMHS (1) Adult Social Care (1)</p>

Insights from local community groups

What have we been hearing where from THEMES ?

- Regular cancellations of appointments from Rotherham hospital for surgeries
- Waiting times in A&E
- Waiting times to get through to make an appointment at GP practice
- Waiting times for GP appointments (having to wait weeks to see a doctor)
- Dental practices not taking on new NHS patients





November 2022 Report:
How Rotherham residents
access Health and Social
Care Information

Report Findings:

Report Title: How Rotherham residents access health and social care information

Date of publication: Thursday 1st December

Summary: We decided to undertake this report to examine how Rotherham residents currently access health and social care information, what areas were missing and how services can improve accessibility to future communications.

We generated **91 responses** to our survey, using a combination of in-person and online engagement, to ensure we were not digitally excluding those without internet access.

Findings:

- Just over 2% of respondents had no access to the internet in any format
- 15% of respondents have a disability, impairment or sensory loss that can make accessing information challenging
- Less than 50% of respondents completely agree that the communications they receive from the NHS about their care/treatment are accessible
- 30% of people believe that the way they currently access health and social care information is not right for them, with 58% of these preferring face to face information. Just 14% of these respondents opted for internet options.
- The main types of information people access are symptom checkers/diagnosis/treatments and self-help
- Respondents felt the must-haves for health/social care documents are: Up to date contact numbers, physical copies available, accessible formats, less text and more images
- Respondents found Rotherham Council's website hard to navigate, as well as difficulties in accessing contact details for various departments

Report Recommendations:

Recommendations to all services:

- Have all information in one area of the website, allowing it to be found easier by residents
- Contact numbers included on documents, reviewing these regularly to ensure they are correct and in working order
- Create physical copies of any documents produced, ensuring those without internet can access them just as readily as those with digital access
- Accessible formats provided upon request for those with disabilities, impairments or sensory loss
- Less text and more images on documents, using plain English. If medical/technical terms are required, create a glossary to allow people to understand these terms easier.
- Include details of other charities and organisations related to the subject matter of the information, allowing patients to access support from other areas rather than relying solely on the NHS

Rotherham Council:

- Rotherham Metropolitan Borough Council to review their website, ensuring it is user-friendly and accessible.
- Review the search function on the website and adapt this so it reflects what the user is actually searching for, only providing relevant pages and information.
- Review how contact numbers are displayed on the website, examining how easy they are to find, the relevance of them and if significant areas of the website are missing contact numbers.



Health Select Commission – work plan

Healthwatch- what we can do to support

Healthwatch Rotherham have identified where we can support in engagement with the public inline with The Health select commissions work plan over the coming months.

9th March Workplan - Maternity Services

Healthwatch to access tots groups to gain feedback from mums on maternity services/ if they are aware of maternity services available in Rotherham

20th April 2023 work plan - Adult Social care

Healthwatch to complete enter and view (to be confirmed when covid rates go down)

20th April 2023 work plan - Health inequalities

Healthwatch to access BAME groups to gain feedback about health and social care services/any barriers people have faced



Recruitment

Vacancies:

Healthwatch Rotherham Service Manager:

This is an exciting opportunity for someone to lead Healthwatch Rotherham and to help make a lasting difference to Rotherham's health & social care services.

The successful candidate will manage a small, dedicated team to shape the strategic direction of Healthwatch and ensure Rotherham residents' health and social care comments are heard by the right people, at the right time, in the right way.

Closing Date: Monday 5th December 2022 at 9am

For more information and to apply, **visit our website:**

<https://healthwatchrotherham.org.uk/work-us>

Strategic Advisory Board member – Volunteer:

As a Strategic Advisory Board member you will play a role in setting the strategic direction of Healthwatch Rotherham, ensuring that the Healthwatch Rotherham vision, aims and values are upheld. You will help to deliver an effective Healthwatch service in line with current legislation. – Minimum one hour per month—remote working

For more information about this and other volunteering roles, please contact us on:

info@healthwatchrotherham.org.uk

01709 717130

Contact information:

Call: 01709 717130 between the hours of 09:00 – 17:00 Monday to Friday.

Website: <https://healthwatchrotherham.org.uk/>

Post: Healthwatch Rotherham, 27 Howard Street, Rotherham, S65 1JQ

Email: info@healthwatchrotherham.org.uk

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Committee Name and Date of Committee Meeting

Health Select Commission – 24 November 2022

Report Title

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission

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

No

Strategic Director Approving Submission of the Report

Suzanne Joyner, Strategic Director of Children and Young People's Services

Report Author(s)

Helen Sweaton, Joint Assistant Director, Commissioning, Performance & Quality. RMBC / Integrated Care Board Rotherham Place 07554436546, helen.sweaton@rotherham.gov.uk

Christina Harrison, Children's Care Group Director, Rotherham CAMHS Rotherham Doncaster & South Humber NHS Trust (RDaSH)

Ward(s) Affected

Borough-Wide

Report Summary

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission provides a further update regarding the Local Area SEND inspection in association with children and young people's mental health, Kooth digital mental health support, CAMHS pathways including progress in relation to implementing the re-designed neuro-developmental pathway and phase 3 of the SEND sufficiency strategy.

Recommendations

Health Select Commission is asked to:

Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2023.

List of Appendices Included

Appendix 1 Case Study – With Me In Mind

Appendix 2 Case Study - Kooth

Background Papers

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission

1. Background

- 1.1 In October 2018, November 2019, December 2020 and November 2021, Health Select Committee received reports with updates on the work across the child and adolescent mental health system, with a focus on the improvement journey of the Child and Adolescent Mental Health Service. The focus in 2021 was on the Local Area SEND inspection in association with children and young people’s mental health, the impact of the Covid-19 Pandemic on children and young people’s mental health and wellbeing, a progress update for the neuro-developmental pathway and SEND sufficiency.
- 1.2 In 2022 there is an opportunity to provide a further update regarding the Local Area SEND inspection in association with children and young people’s mental health, early support for children and young people’s mental health and wellbeing post pandemic including the Mental Health Support Teams and Kooth, a progress update on the neuro-developmental pathway and SEND sufficiency.

2. Key Issues

2.1 Local Area SEND inspection

- 2.1.1 Between the 5th and 9th July 2021 Ofsted and CQC visited Rotherham to judge the effectiveness of the local area in implementing the SEND reforms.
- 2.1.2 Inspectors spoke with children and young people with SEND, parents and carers, and officers. They went on visits, looked at a range of information including the local area’s self-evaluation and performance data and considered 481 responses from parents and carers.
- 2.1.3 The inspection considered how we identify and support children and young people with their mental health and emotional wellbeing in relation to their education, health, and care needs.
- 2.1.4 The inspection identified four areas of significant weakness.
- The variability in the quality of EHC plans, including the contribution of health and social care partners.
 - The effectiveness of the graduated response to identify and meet children and young people’s needs, especially in key stages 1 and 2.
 - The quality of provision for children and young people’s preparation for, and transition to, adulthood.
 - Communication with all parents and carers of children and young people with SEND about the local offer, and the accessibility of the very valuable information included within the local offer.

Senior Leaders, supported by a DfE and NHSE advisor, produced a Written Statement of Action (WSOA) to Ofsted and CQC that explains how the local area will tackle areas of significant weakness. The progress made towards these areas in relation children and young people's mental health and emotional wellbeing is included in this report.

- 2.2
 - The variability in the quality of EHC plans, including the contribution of health and social care partners.
- 2.2.1 The designated clinical officer has completed an audit of health advice being submitted and how this translates into individual EHCPs. This has informed a focused action plan which the DCO will now implement. All providers, including CAMHS have been asked to embed quarterly audit into practice to ensure ongoing monitoring. As part of this activity there has been additional training and support provided to CAMHS practitioners.
- 2.2.2 A resource of 'what a good one looks like' has been developed to provide further support for Health staff. (September 2022).
- 2.2.3 Of 35 records audited by the DCO, 6 children and young people were identified as being on the CAMHS waiting list for neurodevelopmental assessment and 4 were actively involved with CAMHS and information was submitted by a CAMHS practitioner. The general quality of these 4 submissions was good with a clear description of the child or young person presented in a succinct and clear way. In all 4 cases a clear description of needs was provided with an explanation of how these had been determined. In 3 out of 4 cases the implications for school were clearly explained. All recommendations are included in the action plan and CAMHS are engaged in implementation.
- 2.2.4 It was noted that there were a small number of cases where CAMHS had not been approached for a report but where SEMH needs were identified in the EHC referral made by the school. It is recommended that CAMHS are automatically approached for advice whenever SEMH is mentioned, to reduce the risk of missing important information.
- 2.3
 - The effectiveness of the graduated response to identify and meet children and young people's needs, especially in key stages 1 and 2.
- 2.3.1 School SEMH leads are involved in developing a Co-production and Inclusive Practice toolkit which highlights best practice under each of the Cornerstones accessible via the SENDCo electronic resource and the Genuine Partnerships website.
- 2.3.2 An Inclusion Event to share best practice, including DfE was held on 01.07.2022 and the Team Around the School Inclusion Event on 07.07.2022 shared lessons learnt to develop multi agency working going forwards as proactive support for SEMH.

2.3.3 Aspire Pupil Referral commissioned to deliver both primary and secondary SEMH outreach from September 22 with full contract and KPIs in place including termly reviews and a number of key inclusion measures.

2.4 • The quality of provision for children and young people’s preparation for, and transition to, adulthood.

2.4.1 The local area have agreed to complete a gap analysis of support service, health services and provision for young people in preparation for and transition to adulthood. This will be based on the NDTi PfA minimum standards. This will identify areas which require development work or where there are commissioning gaps. Transition pathways for Rotherham’s Preparing for Adulthood Cohort for four prioritised Health Services will be clearly defined and communicated.

2.4.2 One of the 4 prioritised health services is CAMHS. A CYPS Practice learning day helped to identify gaps in the transition pathway for mental health the report and action plan is being developed.

2.4.3 There is also a meeting set up to do a learning disability transition pathway for Health (which will build on the one that already exists within RDASH but will be broader and include therapies etc).

2.4.4 Support and challenge for the local area takes place both through individual meetings and formal monitoring meetings. Formal monitoring meetings take place every 4-6 months.

2.5 **Children and Young People’s mental health and emotional wellbeing Support**

Rotherham CAMHS use the Thrive model to deliver services.



2.5.1 The THRIVE Framework thinks about the mental health and wellbeing needs of children, young people, and families through different needs-based groupings:

- Getting Advice and Signposting,
- Getting Help,

- Getting More Help, and
- Getting Risk Support.

2.5.2 The Thrive Approach is an intervention that has its basis in neuroscience, attachment, and child development to help support the child's overall social and emotional development

2.6 **Getting Advice and Signposting**

2.6.1 **With Me In Mind** (Rotherham's Mental Health Support Team delivery) started in 2019, the first two MHSTs cover 23 identified settings and approximately 16,000 pupils. In 2022 With Me in Mind has successfully expanded into a further 16 schools and 8020 pupils as part of Wave 6 of the national MHST roll out. With the expansion, Rotherham MHSTs cover 52% of the education settings across the borough.

2.6.2 With Me In Mind provide **evidence-based interventions** for children with mild to moderate mental health difficulties. (Low mood/anxiety disorders/worry management/parent led CBT for children under 12). Working in partnership with education provision and their identified senior mental health lead, developing the **whole school approach** to mental health - including workshops, assemblies, staff training, staff supervision, parent workshops, personal, health and social education (PHSE) support etc. They also provide timely **advice and consultation** to schools and colleges, including home educated students, about individual children's emotional health and signpost to appropriate services to ensure that young people get the right support.

2.6.3 A case study demonstrating the impact of the support is attached at Appendix 1 (With Me in Mind Case Study).

2.6.4 **Participation and Engagement – Ambassador Programme**
Enabling Student Voice, the Student Wellbeing With Me in Mind Ambassadors promote the service and raise awareness around mental health amongst their peers. 70 Ambassadors have been recruited across 75% of the schools covered. Ambassadors receive training around 'What is With Me In Mind', confidence building and basic mental health awareness. They have opportunities to contribute towards social media, e-newsletters, focus groups and wellbeing events.

2.6.5 Wherever possible young people are involved at every stage of service delivery and measuring outcomes, so they feel they are listened to in regards what is important to them when discussing mental health. The Ambassadors were instrumental in the development of the 'My Mind' form in consultation with primary and secondary students. This has now been rolled out for use across Rotherham and is recognised in national MHST meetings as an example of good practice.

2.6.6 **Social media**

In a timely response to Mental Health Awareness week in May, the WMIM newsletter was re-established. Editions are released to all our schools and social platforms.

2.6.7 There has been a 70% increase in social media followers.

2.6.8 **Access to materials**

Parent materials are now available in the three most common languages within Rotherham.

Kooth

2.6.9 KOOOTH is a digital mental health support service jointly commissioned by Rotherham MBC and NHS South Yorkshire Rotherham Place.

2.6.9 Kooth.com is an innovative online counselling and support service which is now available to all young people and young adults across Rotherham aged 11-25.

2.6.10 It is a safe, confidential and anonymous way for young people and young adults to access emotional wellbeing and early intervention mental health support. Offering personalised support with short waiting lists and no thresholds, users can access:

- Live one to one text based counselling sessions
- 24hr messaging service
- Clinically approved articles
- Peer to peer support through pre moderated discussion forums
- A Daily Journal

2.6.11 Fully trained BACP Accredited counsellors and emotional wellbeing practitioners are available until 10pm each night, 365 days per year, providing a much needed out-of-hours service for emotional support in an accessible way. A case study demonstrating the impact of the support is attached at Appendix 2 (Kooth Case Study).

2.7 **Getting Advice Pathway**

2.7.1 The Child and Adolescent Mental Health Services (CAMHS) getting advice pathway provides Single Point of Access (SPA) Consultation and Advice. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham.

2.7.2 GPs continue to make the most referrals (approximately 45%) into the SPA consultation and advice service, followed by Education Services (approximately 20%).

2.8 **Getting Help Pathway (Getting Help, Getting More Help)**

2.8.1 The CAMHS Getting Help pathway provides Specialist assessment and brief interventions. Rotherham, Doncaster and South Humber NHS

Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham.

- 2.8.2 The number of inappropriate referrals has reduced since the highest point in August 2021. The service continues to work with referrers to support a better understanding of the pathways.
- 2.8.3 The length of time children remain open for assessment and intervention has increased. 70% of children start assessment and intervention within 18 weeks, the longest wait is 31 weeks.
- 2.8.4 The return to face to face appointments has seen an increase in the number of children and young people who did not attend their CAMHS appointment with CAMHS (7.8%), this is a national trend.
- 2.8.5 A range of practitioners including Clinical Psychologists, Family Therapists, Art Therapists, CBT Therapists and Psychotherapists provide psychological therapies. This means we can provide a wide range of therapeutic approaches with individual, systemic and group formats. Challenges around sickness, covid and recruitment have resulted in longer waits for these interventions. The position is improving; with the pathway now being fully staffed and sickness improving.

2.9 **Crisis and Intensive Community Support** (Getting Risk Support)

- 2.9.1 The CAMHS crisis pathway is currently under development. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of CAMHS to children and young people in Rotherham. For urgent and emergency presentation a crisis service offers advice, assessment and intensive community support for a short period of time as required. This works to avoid hospital admission and supporting those stepping down from specialist in-patient services.
- 2.9.2 RDaSH continue to consistently respond to triage urgent referrals for CAMHS within 4 hours for an emergency and 24 hours for children and young people with an urgent need.

2.10 **Neuro-developmental pathway**

- 2.10.1 The CAMHS neuro-developmental pathway provides diagnosis for Autism Spectrum Disorder and Attention, Deficit and Hyperactivity Disorder. Since October 2018 it has been apparent that the diagnostic capacity was not sufficient to meet demand. Identifying sufficient capacity to meet demands for Autism diagnosis is a national issue due to increasing awareness, demand and a challenging workforce position. In response to this national trend, the NHS Long Term Plan proposed that ASD/ADHD waiting times would be monitored through the Mental Health Standardised Dataset (MHSDS); this will give a clearer national comparison of referrals and waiting times.

- 2.10.2 Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) is the main provider of Neurodevelopmental Assessments (specifically the differential diagnosis of ASD and ADHD) in Rotherham for Children and Young People. The Trust also provides a post-diagnostic service for Children and Young People diagnosed with ADHD.
- 2.10.3 South Yorkshire Integrated Care Board (SY ICB formally Rotherham CCG until July 2022) worked closely with the RDaSH CAMHS service to understand the demand and capacity issues across the system. Stakeholders from education, early help and social care and health and the voluntary and community sector have all been involved with this work. In August 2020 investment in the re-design of the pathway was approved. The new pathway aims to ensure that children who present with neuro-developmental difference have their needs met and are supported to thrive at the earliest opportunity and regardless of whether they have a formal diagnosis. Implementation of the new pathway began in December 2020 and continues to be embed.
- 2.10.4 In 2021 Rotherham CCG's Governing Body approved a proposal to substantially invest in the neuro-developmental diagnostic pathway to implement a trajectory to reduce the waiting time for assessment to 18 weeks by 2025.
- 2.10.5 In line with the financial investment and trajectory, the Neurodevelopmental Assessment Service and have recruited to additional posts and in partnership, transformed the way services are delivered.
- 2.10.6 The service has increased the number of children assessed for a neurodevelopmental disorder whilst providing an excellent standard of assessment. In November 2021 94% of the children on the waiting list had waited longer than 18 weeks. This reduced to 86% at the beginning of February 2022 and is now 83% (November 2022).
- 2.10.7 To date, the increase in assessments has not reduced the waiting list in line with the trajectory. Data shows a significant increase in referrals during the last 12 months, despite the partnership working and changes to referral processes.
- 2.10.8 A substantial amount of clinical time is lost due to inappropriate and inadequate referrals. The experience for the children and families is unsatisfactory as they are waiting for an assessment which, following screening, is deemed not appropriate.
- 2.10.9 Further work is required with partners across the system to ensure referrals to the pathway are appropriate and include all relevant information. It is important that the system around the children promote the right support for children and their families at an earlier stage and not based on a diagnosis.

Improving the quality and reducing inappropriate referrals will increase the available clinical time for assessment. This should enable increased activity to reduce the number of children waiting for assessment in line with the trajectory.

2.11 **SEND Sufficiency**

- 2.11.1 Social, Emotional and Mental Health is recognised as a category of need in the SEND Code of Practice, and, as such is a consideration for the Council in terms of its duties to provide sufficient educational places for children with special educational needs and disabilities.
- 2.11.2 In November 2020 Cabinet approved proposals to develop designated educational provision for children designated SEMH. The opening of Elements Academy, part of the Ethos Academy Trust based at the former Dinnington College Campus successfully concluded Phase 3 of the SEND Sufficiency Programme.
- 2.11.3 The new school opened in September for the new school year. It will be the only one of its kind in the borough and will meet the growing need for specialist provision, underlining Rotherham Council's on-going commitment to bolster places for children with special educational needs and meet increasing demand.
- 2.11.4 On the 17th of October Cabinet approved the SEND Sufficiency Development Phase 4 proposals. Work is now underway to progress the development of 10 resource bases in mainstream schools' settings. The proposed profile of provision informed by current SEND needs and provision mapping would be to create 100 places:
- 2 Primary phase Social Emotional Mental Health resource base provisions – 20 places in total
 - 2 Secondary phase Social Emotional Mental Health resource base provisions – 20 places in total
 - 2 Primary phase Communication and interaction resource base provisions -20 places in total
 - 2 Secondary phase Communication and interaction resource base provisions -20 places in total
 - 2 Secondary Moderate Learning Difficulty resource base provisions -20 places in total
- 2.11.5 The second aspect of SEND sufficiency phase 4, is to support School Access Issues (in both Mainstream Schools and Special Schools). Capital investment will support schools to meet a wider level of complex needs, including Social Emotional and Mental Health needs, in individual settings. Capital funding will be made available for both Mainstream and Special Schools which will be available through application and assessment.

3. **Options considered and recommended proposal**

- 3.1 Health Select Commission is asked to:
- 3.2 Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.
- 3.3 Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2022.

4. Consultation on proposal

- 4.1 Engagement has been led by NHS South Yorkshire Rotherham Place with Rotherham, Doncaster and South Humber CAMH Services, CYPS Commissioning, CYPS Education and Inclusion. This has informed the development of the report.
- 4.2 The Lead Member for Children and Young People and Lead Member for Adult Social Care and Health have been engaged.

5. Timetable and Accountability for Implementing this Decision

- 5.1 A further update on Children and Young People's mental health and wellbeing will be included on the forward plan for 2023.

6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial implications within this report.
- 6.2 There are no direct Procurement implications arising from this report.

7. Legal Advice and Implications

- 7.1 Section 19 of the Children and Families Act 2014 states that when Local Authorities carry out their functions under this act in relation to disabled children, young people and those with special education need (SEN), they must have regard to the views, wishes and feelings of the child/young person and those of their family, providing information to enable them to participate in those decisions, to support the child/young person to achieve the best possible educational and other outcomes. Giving consideration to this report and the provisions detailed, it is also noted that consultation has been undertaken in line with the SEND Code of Practice (January 2015) in reviewing such provisions and therefore there are no direct legal implications arising from this report.

8. Human Resources Advice and Implications

- 8.1 There are no direct HR implications within this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Implications to vulnerable children and young people are covered within the report.

10. Equalities and Human Rights Advice and Implications

10.1 Key considerations are referenced within the report, Children and Young People with Social, Emotional and Mental Health, including neurodevelopment are disproportionately represented across a range of education and inclusion measures

11. Implications for CO₂ Emissions and Climate Change

11.1 There are no direct implications for CO₂ Emissions and Climate Change within this report.

11.2 Improving access to services including education within the borough will limit students travelling. This would support reduced emissions of CO₂.

12. Implications for Partners

12.1 Children's Social, Emotional and Mental Health, including neurodevelopment sits across all Place based partners and stakeholders as a priority.

12.2 Key partners including children, young people, parent/carers, schools, education sector, health, social care, and other SEND related partners are directly accountable stakeholders. This work fits within the Rotherham SEND improvement journey.

13. Risks and Mitigation

13.1 Ongoing growth in the number of children and young people with Social, Emotional and Mental Health, including neurodevelopment is reflected in both regional and national datasets. The continued growth in this area has direct resource implications across all SEND partners in Rotherham.

13.2 Rotherham is currently subject to ongoing monitoring of the Written Statement of Action, Safety Valve (in association with SEND Sufficiency) and the neuro-development pathway trajectory. Risks and Mitigation are incorporated into planning and delivery for each programme.

Accountable Officer(s)

Name, Job Title

Approvals obtained on behalf of:-

	Named Officer	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.

Report Author: Helen Sweaton, Joint Assistant Director, Commissioning, Performance & Quality. RMBC / Integrated Care Board Rotherham Place

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

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Appendix 1: Case Study – With Me in Mind

Katie Jones (pseudo name) was referred to WMIM because her form tutor had passed on some concerns about her wellbeing to the pastoral head of year.

The mental health lead discussed Katie's needs in consultation with a senior WMIM practitioner. It was agreed together that Katie's needs appeared to be appropriate for an EMHP intervention.

At consultation, the presenting difficulties were described as feeling anxious, particularly on school days. Katie reported feeling sick in the morning before school and was finding the crowds in the dinner hall a challenge. School had issued Katie with an early lunch pass and her mum had started sending Katie to school with a packed lunch so she could avoid the dinner hall. Katie also had not been going out very much at all since the pandemic.

At initial assessment with an EMHP, Katie shared that she had experienced this anxiety around school since primary school. She recalled saying she felt sick when she was little, and that school would often respond to this by sending her home. The butterflies and sick feeling were always worse after a school holiday, or when doing something out of the ordinary like going on a school trip. Katie reported that once in school each day, after a brief period, the anxiety would settle. These anxiety symptoms extended beyond school and into the community in general, for example, visiting Meadowhall.

Katie had developed certain behaviours to help her cope with the anxiety feeling, including distracting herself or avoiding situations that caused these anxious feelings. She would use her headphones, or her mum and dad would try to distract her through humour in the morning. She had also been carrying around a big ball of blue tac to fidget with since returning to school after the pandemic. Katie would experience physical symptoms of anxiety, such as feeling shaky, nauseous, fast breathing and increased heartrate. There were no risks identified toward herself or others.

Katie had moved from Sheffield to Rotherham at the start of secondary school which was described as a significant event as Katie had a change in friendship groups at the time of this transition, leaving her friends behind in Sheffield. In Sheffield Katie went to dancing classes however she did not re-establish this in Rotherham. She also used to go to a Youth Club prior to the pandemic but this also was not reconvened once the restrictions had lifted. Katie's grandma died suddenly two years ago and had cancer.

Katie identified two treatment goals together with her EMHP, one was to feel sick less frequently and the other was to be more connected socially. They discussed together that if her anxiety were reduced then her goals would likely be met, therefore the focus was on a graded exposure treatment to tackle her avoidance of feared situations through habituation which saw a gradual reduction in her physical sensations of anxiety.

At the start of treatment Katie rated both her goals at 1 (on a scale of 1-10, 1 not at all achieved to 10 totally achieved).

Together Katie and her EMHP looked at psychoeducation around the cycle of anxiety and how avoidance can keep the anxiety cycle going. Then they had seven remaining sessions where they worked on a hierarchy of feared situations, gradually seeing the anxiety reduce and confidence increase. The timeline for this piece of work lasted around 12 weeks from assessment to discharge, with a couple of school holidays in-between.

Before Treatment

Before treatment Katie did not see any friends out of school on evenings or weekends. If Katie did do anything, it was either with her mum or her cousin (a very small circle of people she felt comfortable with). Katie would not initiate conversations or engage in facetime or telephone calls, she only felt comfortable texting. Katie would seek a lot of reassurance from mum and reached out to mum to help her make decisions, which were often small decisions. Katie walked to school with her headphones in for distraction.

Before Treatment RCADS 7

After Treatment RCADS On her last session Katie scored her goal at 10 (totally achieved).

Katie had a much wider circle of friends and spends hours on the phone to them, on facetime and playing games. She had been going to Meadowhall with groups of other children, having sleepover at friends, eating out, going ice skating, going to birthday parties, and has applied to be a school prefect. Katie no longer carries the blue tac around and she leaves her headphones at home. The lunch and early passes at school have expired and she no longer needs them. Katie reflected on her journey pre and post treatment stating, "My habits and behaviours were holding me back".

Appendix 2



Kooth plc
020 3984 9337
koothplc.com

Case Study - Rotherham

Age: 21

Ethnicity: White British

Gender: Female

Background

- Louise* reached out to Kooth because of struggles with anxiety; particularly health anxiety and experiences of panic attacks.
- This is having a negative impact on Louise's daily functioning as she has been off work sick for two weeks and is only seeing her friends and boyfriends if they come to visit her.
- Louise is fearful about having a panic attack away from home. She currently can't imagine being able to return to work.
- To avoid experiencing uncomfortable feelings and emotions, Louise is mainly staying at home. Louise feels safe when she has panic attacks at home.

Risks & needs assessment

- Louise confirmed that she does not have any thoughts about hurting herself due to being so concerned about her health.
- Equally Louise does not have any suicidal ideation, in fact harming herself is one of Louise's biggest fears.
- Louise was assessed as low risk as she did not present with any risky behaviours.
- Louise came to Kooth to share her story and understand what help she can get.

Intervention

- Louise was offered a safe and supportive space to explore her thoughts and feelings.
- Louise was able to talk about her anxiety and explore the ways it was affecting her in greater depth.
- Different strategies were discussed to help Louise manage her anxiety, including breathing and grounding techniques.
- Psycho education was used to explain the purpose of anxiety and Louise was encouraged to keep talking to others about how she is feeling.

- Due to having physical symptoms, Louise has been to her GP for blood tests and an ECG, in which there were no health concerns.

Safeguarding

- There are currently no safeguarding issues.
- This continues to be assessed with every intervention Louise has with Kooth.
- Steps would be taken to manage any risk identified and crisis information would be shared

Outcomes: Goals and other observed outcomes

- Goals set and movement:
 - Return to Kooth to and keep exploring my thoughts and feelings
 - To keep daily diary of physical and emotional feelings
 - To do mirror exercise morning and night to help remind myself that I am OK and well.
- After chatting with a practitioner Louise feels more comfortable asking for help outside Kooth. She also feels she is making progress to find ways to help herself.

Conclusion

- Louise reached out to Kooth due to struggling with anxiety and this having a significant impact on her everyday life.
- Louise has spoken in more detail about the anxiety and started to explore a range of different coping mechanisms.
- Louise knows she can reach out to Kooth when she wants some support and to update us on how she is doing.

***Louise is a pseudonym**

Committee Name and Date of Committee Meeting

Health Select Commission – 24 November 2022

Report Title

Insert report title here

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

No

Strategic Director Approving Submission of the Report

N/A

Report Author(s)

Michael Wright, Deputy Chief Executive – The Rotherham NHS Foundation Trust (TRFT)

Ward(s) Affected

Borough-Wide

Report Summary

The attached report provides an annual report summary for The Rotherham NHS Foundation Trust for the financial year 2021/22. The report does not cover activities beyond the 31st 2022.

The last 12 months have been exceptionally difficult for the NHS as a whole with the challenges we faced from the new Omicron variant of COVID-19. Nevertheless, TRFT faced these challenges as a team at the Trust and by working collectively, have delivered some incredible achievements.

We have seen an increase in our waiting lists as referrals began to increase back to pre-Covid levels. Elective activity has been reduced for the majority of the reporting period due predominantly to the ongoing challenges relating to the pandemic.

Our new Strategy (Our Journey Together) looks to the future and builds upon what we have already achieved. We acknowledge that our people are our most valuable commodity in ensuring our continuing success and we are committed to ensuring we have the right people with the right skills to deliver high quality services is our strength and foundation for the future.

Recommendations

1. That the activities, challenges and achievements of the Trust for the financial year ending the 31 March 2022 be noted.

List of Appendices Included

Appendix 1 The Rotherham NHS Foundation Trust Annual Report Summary - 2021/22

Background Papers

N/A

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

The Rotherham NHS Foundation Trust Annual Report 2021/22

A brief history and statutory background

The Rotherham NHS Foundation Trust was established on 01 June 2005 pursuant to Section 6 of the Health and Social Care (Community Health and Social Care) Act 2003. We are regulated by NHS Improvement/England, are membership-based and a public benefit corporation. The Care Quality Commission (CQC) regulates the quality of the services the Trust provides. Prior to 2005, the Trust was known as Rotherham General Hospitals NHS Trust.

In 2011, Rotherham Community Health Services was acquired by the Trust resulting in a combined Trust providing both acute and community services across Rotherham, Doncaster and Barnsley.

Activities of The Rotherham NHS Foundation Trust

The Trust is registered with the CQC to carry out the following legally regulated services:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of pregnancies
- Family planning services
- Assessment of medical treatment for persons detained under the Mental Health Act 1983

We deliver our care across multiple sites with the majority of our acute services being provided at the Trust's Moorgate Road site. The Trust also provides services at Breathing Space, Park Rehabilitation Centre, Rotherham Community Health Centre, Rotherham Intermediate Care Centre, New Street Health Centre in Barnsley and at The Flying Scotsman Centre in Doncaster.

As at 31 March 2022, the Trust has close to 5,000 dedicated members of staff working across an Acute and Community model of care serving a population of approximately 265,411 across the South Yorkshire and Bassetlaw region. The Trust has a Divisional management structure in order to co-ordinate and deliver healthcare services, which is constructed as follows:

- Medicine
- Surgery
- Urgent and Emergency Care Centre
- Community
- Family Health
- Clinical Support Services

The Trust has additional support services comprising Health Informatics, Estates and Facilities, Strategy, Planning and Performance, Workforce and Finance, all of which are led by an Executive Director.

A summary of 2021/22

The last 12 months have been exceptionally difficult for the NHS as a whole with the challenges we faced from the new Omicron variant of Covid-19. Nevertheless, we have faced these challenges at the Trust as a team and by working collectively we have delivered some incredible achievements.

There are a number of areas where the Trust is performing very well; we have strong and productive partnerships with a range of organisations across the system, which we have invested time in developing over the last year.

We have seen an increase in our waiting lists as referrals began to increase back to pre-Covid levels. Elective activity has been reduced for the majority of the reporting period due predominantly to the ongoing challenges relating to the pandemic. Treatment for cancer has been an important focus for the Trust during the last year with a reduction seen in the backlog of patients waiting over 62 days.

We have received recognition nationally as only one of a few organisations to receive digital aspirant funding and our elective recovery has been seen to be performing as one of the top ten Trusts in the country. In addition to this, our return to a financially balanced position were all really positive.

However, we do recognise that we have a number of challenges that we must overcome. During May and June 2021, we welcomed inspectors from the CQC as part of their routine inspection cycle. The inspection encompassed four core service areas (Urgent and Emergency Care, Medical Care (including Care of the Older Person), Maternity, and services for Children and Young People. A separate Well-Led inspection was also carried out.

We were disappointed that the Trust's overall rating remained as 'Requires Improvement' and we are committed to ensuring the Trust builds on the improvements already made to ensure we offer and deliver exceptional care to our patients and service users.

Our new Strategy (Our Journey Together) looks to the future and builds upon what we have already achieved. We acknowledge that our people are our most valuable commodity in ensuring our continuing success and we are committed to ensuring we have the right people with the right skills to deliver high quality services.

Staff engagement continues to be one of our key priorities and the Trust had a higher response rate to previous years, and higher than the national average. Out of 117 questions, 92 were scored positively. Our aggregate scores brought the Trust out as second best of the four South Yorkshire acute Trusts, and fourth out of the 12 acute Trusts across Yorkshire and the Humber.

Throughout the year, we have continued to change and adapt to new ways of working so that we can continue to provide safe and effective care for our patients. Patient safety and the quality of care we provide remain top priorities for the Trust and are at the heart of everything we do.

We have also made investments in our estate to help improve the patient experience. In 2021, we opened our new Discharge Lounge providing modern clinical facilities. In April 2021, we created a new Division of Therapies, Dietetics and Community Care, enabling greater visibility of their fantastic services and our colleagues that deliver them.

Over the last year, we have played an increasingly active role within the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) which in itself has continued to develop at pace. In addition, we have continued to play a leading role in Place-based working with partners across the Rotherham Integrated Care Partnership.

Estates Improvements

The 2021/22 capital programme builds on the previous years' successful delivery of multiple fast track construction developments in maintaining accessibility to services during the Covid-19 pandemic. This years' schemes further improve accessibility to services and assist in the Trusts return to business, post pandemic and include:

- Implementation of the AccessAble web-based platform, improving accessibility to all services for all service users
- Refurbishment of Kepple Ward
- High risk backlog infrastructure replacement of aging High Voltage electrical infrastructure, thereby improving organisational resilience
- Replacement of 350 windows, improving patient and staff comfort and experience, front of house appearance and reduction in energy demand
- Staff wellbeing developments and refurbishments of grounds and gardens, staff rest rooms and wellbeing facilities

Performance Summary

Performance against key healthcare targets at the Trust during the year has been severely affected by the pandemic and national reporting requirements have changed, as have our local and national expectations.

Emergency Access

The Rotherham NHS Foundation Trust has continued to be a field test site for the proposed Urgent Care Metrics throughout 2021/22, and as such we are unable to report against our performance within the Urgent and Emergency Care Centre (UECC) for many of the standard metrics, such as the 4-hour standard.

Implementing the proposed new field test standards has now been underway for almost 3 years. The new standards require a different approach to managing patients in the UECC in particular, with patients requiring a different approach to care to that of a department operating under a 4-hour target. That will therefore have an impact on our performance when considered against more traditional metrics.

Our operational improvement journey has continued, with a focus on effective ward rounds and discharge planning by ward teams. These pieces of work continue to be supported by the Integrated Discharge Team with staff from the Trust and Rotherham Metropolitan Borough Council (RMBC) coming together to form a single point of access for all complex discharges.

Through 2021/22 there has been a continued focus on the importance of improving flow through the organisation to support the UECC. This includes continued attention on identifying planned discharges, increasing discharges and standardising the number of discharges across all seven days of the week.

The Trust participated in the development of a Winter Plan in partnership with the Place (Rotherham) system. This consisted of modelling of the anticipated demand that would be placed upon acute and community services and the actions required to meet this demand. All partners across the borough were engaged with the plan and contributed to specific actions. This resulted in additional acute and community capacity being brought on stream from the autumn with additional beds provided by Rotherham Metropolitan Borough Council (RMBC) and the Clinical Commissioning Group (CCG) within the care and nursing home sector.

The Trust placed significant focus on the challenges posed by Covid-19 and winter, and colleagues worked closely with partner organisations in particular to improve the quality and timeliness of the transfer of patients from acute settings once they were medically fit to do so. The recording of a patient's Right to Reside (RtR) status when they are in an acute bed is now embedded within daily ward rounds and within the relevant areas of the Electronic Patient Record. This is to ensure we can maintain daily oversight of our position regarding patients who are medically fit to be discharged out of the Trust

18 Week Referral to Treatment Waiting Times

Following a significant reduction in the Trust's waiting list size in 2020/21 due to reduced referral volumes, in 2021/22 the organisation saw waiting list numbers increase significantly (by just over 70%) as referrals increased back to pre Covid-19 levels, but capacity remained constrained. However, at least a third of this increase was due to the Trust amending its reporting processes to ensure the most recent guidance around Appointment Slot Issues (ASIs) was being followed, with these patients now counted as part of the Trust's total waiting list.

The Trust's elective care activity was reduced for most of the year due to some of the challenges posed by the pandemic, including significantly increased staff sickness levels, and the necessary infection, prevention and control measures. Elective capacity was further reduced in November 2021 and then for most of the fourth quarter of the year, as emergency pressures required us to utilise these beds

for our non-elective patients. During these periods, the Trust was only able to continue with inpatient treatments that were urgent or for patients on cancer pathways.

Despite these challenges, the Trust reduced the numbers of patients waiting over 52 weeks from approximately 600 at the end of 2020/21 to fewer than 100 by the end of 2021/22, although this was a slight increase from a low of just over 30 just before the Christmas period.

From a performance perspective, following a steady improvement in delivery of the Referral to Treatment standard up to a peak of 85.1% in July 2021, waiting times were then affected by the pressures seen over the autumn and winter, with 74.8% of patients waiting under 18 weeks by the end of the year. There were particular challenges in some of our specialties with a small medical workforce due to the ongoing impact of the Covid-19 pandemic on staff sickness levels, as well as those specialties that are more reliant on theatre and elective bed capacity.

Capacity pressures and requirements to manage the pandemic will continue to be monitored in 2022/23, as the Trust continues to mitigate the current challenges and aims to return to pre Covid-19 levels of activity as soon as possible.

Cancer waiting times

The timely management of patients referred on to a cancer pathway is an important focus for the Trust. During the first year of the pandemic the Trust had to limit and reduce access to some diagnostics and treatment within cancer pathways due to the national guidance at the time. This was implemented in a clinically appropriate way, with all urgent cancer patients treated appropriately and the Trust recommencing diagnostic services as soon as it was safe to do so. With NHS services re-opened throughout 2021/22, the Trust saw referral volumes increase to pre Covid-19 levels. Teams managed these within the capacity available, with the Trust reducing the backlog of patients waiting over 62 days to within the trajectory set at the start of the year and supporting the wider Cancer Alliance area to deliver to plan.

As well as a clear focus on ensuring fewer patients were waiting over 62 days on cancer pathways, the Trust also prepared for the introduction of the Faster Diagnosis Standard in 2022/23. This included a review of the front end of pathways within those specialties where performance is well below the standard and benchmarks poorly compared to other trusts, including Lower Gastrointestinal tumour sites. The reintroduction of the straight-to-test diagnostic pathway made a significant difference and supported a ten percent point improvement in performance, from under 65% to above the 75% standard by March 2022.

The Trust failed to deliver the constitutional 62-day standard throughout the year, due to some of the pressures described above. Re-setting expectations around cancer performance and delivery will be a priority in 2022/23, with a particular focus on our Prostate pathway. Despite this, the Trust was recognised nationally as one of the most effective in terms of recovery of cancer performance, especially given our management of the increase of referral volumes we have experienced.

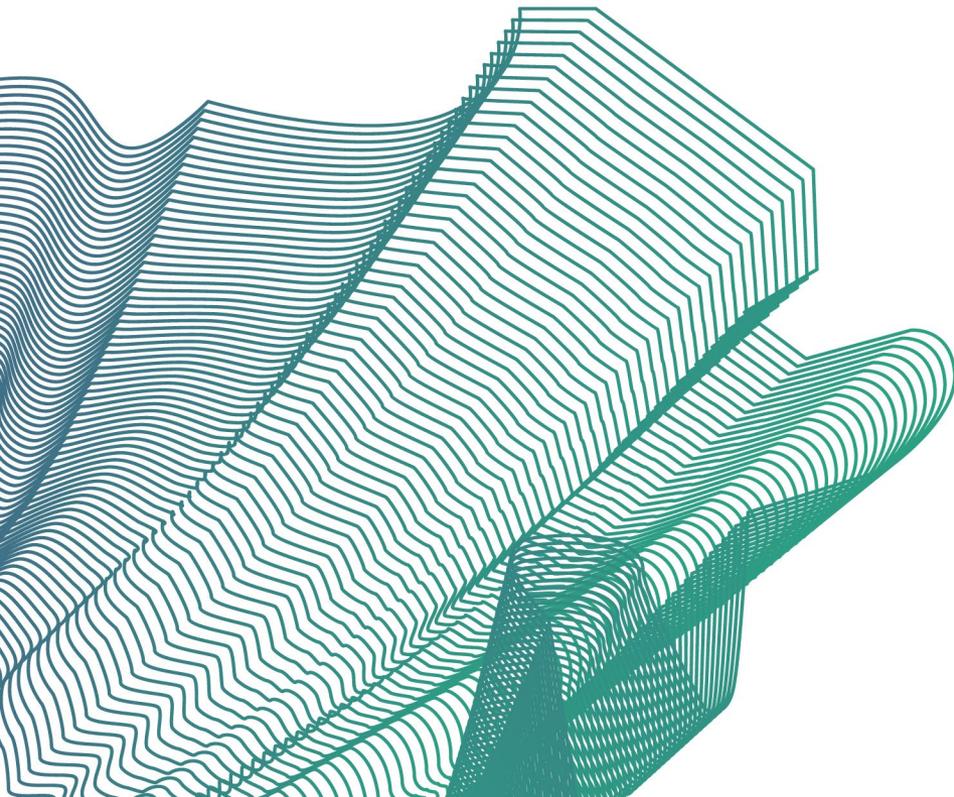
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ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

Winter Planning

November 2022



South Yorkshire
Integrated Care Board

Rotherham, Doncaster
and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



Page 53
Agenda Item 10

Introduction

- Developed in collaboration with all Place partners
- Based on learning from previous years including Thinking Differently for Winter workshop
- Agreed through Urgent Emergency Care Board
- Will talk through;
 - What will be different this year
 - challenges

Planning; What's different in brief 2022-23

Acute

- Admission avoidance in UECC extending social work function and expanding to include Voluntary Sector
- Transport provision to be extended based on capacity/demand planning **by 31st October 22.**
- Continued increased utilisation of Same Day Emergency Care (SDEC) facilities with extended opening hours and additional consultant resource through winter **by 31st October 22.**
- Increased opening hours of discharge lounge. Additional capacity/orthopaedic footprint will allow continuation of electives when under operational pressure **by 30th November 22.**

Community

- Implementation of Discharge to Assess (D2A) at home pathway including additional resource (nursing/therapy) and a shift of resource from Acute to Community **by 30th November 22**
- Home care capacity - increase Bridging service to support D2A pathway **by 30th November 22**
- Additional community short stay beds in care homes will support effective flow **by 31st October 22**

Primary Care

- Primary care will run at full core capacity, with Enhanced Access and same day care provided by PCNs **from 1st October 2022**
- PCN offer of Enhanced Access delivery - additional clinical backfill to enable longer appointment times and discharge from hospital reviews
- Flu and Covid Vaccinations for patients delivered as a system using PCN/place footprint for delivery

Children and Young People

- Self help support and wider public health information will be promoted
- CYPs Crisis & Intensive Community Support Team will engage to provide risk assessment/care/treatment to avoid re-presentation at UECC
- The Me in Mind Teams will work intensely with schools to support resilience and provide early intervention where children and young people are showing the early sign of emotional distress.

Planning; What's Different in Place

Mental Health

- Delivery of mental Health communications plan
- Development of safe space crisis drop in as an alternative to crisis team providing emotional and practical support to people in need.
- RDASH patient flow team expanded to ensure effective flow through system and reduce risk of OOA placements
- Crisis accommodation commissioned until March 23

System

- Agreed approach to Winter and System Exceptionality meetings re Covid Outbreaks in Care Homes in place.
- Communications plan across Place including refresh of 'Home First' principles.

What's working well

- Place winter plan developed in collaboration with all partners, aligned to UEC priorities
- Strong relationships with agreed escalation to executive level for assurance
- Elements of plan already delivered across Place – lbcf c.£500K identified to support discharge and flow;
 - Additional transport 1xcrew daily
 - Extension of social work into UECC
 - Additional community beds (including covid if needed)
 - Discharge to Assess pathway – resource into nursing and therapy
 - Additional home care bridging service
- Virtual wards – pathways agreed and recruitment underway
- Urgent Response 2hr implemented - 9 clinical conditions met, meeting 70% national threshold with growing trajectory

What are the key challenges

- System challenges – leads to fire fighting not transformation
- Demand, complexity of patients and delayed discharges impacting on performance at times of pressure
- Maintaining an elective programme
- Risk of further bed reductions in acute - Due to cohorting flu and covid19
- Pressures on social care provision – home care market
- Workforce challenges :- Sickness, morale, and mental health. Risk of recruiting to winter resource

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Committee Name and Date of Committee Meeting

Health Select Commission – 24 November 2022

Report Title

Scrutiny Review Recommendations – COVID-19 Care Home Safety

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 254352 or katherine.harclerode@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

This spotlight review sought assurances around the safety of care home workers and residents during the pandemic and onward. This review of local response and learning complements the national inquiry into Health and Care worker safety which was widely requested by health and care workers and their families in 2020-21. The review was undertaken by Cllrs Yasseen (Chair), Keenan, Griffin, Haleem and Hoddinott.

Recommendations:

1. That the following recommendations be submitted to Overview and Scrutiny Management Board for consideration:
 - a) That the learning from the pandemic and ongoing needs in respect of care home safety be noted.
 - b) That the service consider how the Council may help support recruitment and retention within the care sector.
 - c) That consideration be given to how best to retain where possible the benefits of supportive models such as regular engagement, access to training/guidance and the IMT approach which were adopted during the pandemic.
 - d) That outcomes of forthcoming reviews by the Health and Wellbeing Board on learning from the Pandemic be considered for scrutiny.

List of Appendices Included

None

Background Papers

Care home Safety. Presentation.

Care Quality Commission, The state of health care and adult social care in England 2020/21. 21 October 2021. [Link](#).

Department of Health and Social Care, Care Quality Commission, and UK Health Security Agency. Guidance Coronavirus (COVID-19): admission and care of people in care homes. How to protect care home residents and staff during the coronavirus outbreak. 16-August 2021 - 1 April 2022. [Link](#).

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Scrutiny Review Recommendations – COVID-19 Care Home Safety

1. Background

- 1.1 This spotlight review sought assurances around the safety of care home workers and residents during the pandemic and onward, living with COVID-19. This review of local response and learning complemented broader national concern and inquiry into Health and Care worker safety prompted by requests from health and care workers in other areas of the UK and their families in 2020-21. Similar concerns were reiterated in a 21 October 2021 report by the CQC in respect of the state of care in England. The Government guidance regarding approaches to mitigate the spread of COVID 19 among care home workers and residents was withdrawn on 1 April 2022 as part of the Living with Covid Strategy. Members met with Commissioning officers and team leads and the Cabinet Member for Adult Social Care and Health on 29 March 2022 to discuss and make recommendations to promote the safety of local care home workers and residents through applied learning from the pandemic.
- 1.2 The review focussed primarily on the external market which provides the vast majority of care, with thirty two care homes for older people operating in the borough. The review also examined the two council-run care homes with the understanding that these represent a small percentage of the market. Relevant information related to learning from the pandemic was requested in respect of infections/deaths rates; PPE availability and use; and challenges around visitation, discharge from hospital to care homes, and vaccination.
- 1.3 At the time of the discussion, nine care homes had closed on a temporary basis due to COVID 19 outbreaks. This was following Interdisciplinary Management Team (IMT) meetings applying best practice guidance on mitigating the impacts of COVID 19. The Health and Wellbeing Board had conducted an overall survey of Care Homes in November 2021, which informed the scrutiny discussion.

2. Key Issues

2.1 PPE in care homes

Initially supplies of Personal Protective Equipment (PPE) for Health versus other kinds of Care was siphoned to Health care, reducing the supply available for Care Homes and Home Care. During this time, the Care Home mandate was light PPE: face coverings and gloves. New guidance was received each week. Hospitals soon raised their PPE complexity, but care homes did not have parity.

PPE supplies at this time were not readily available from the Government. PPE supplies that were available were sourced from China. Prices rose such that a mask that previously would have cost a few pennies now cost £1 to £2. The Council was a purchaser of PPE and was a partner with care homes in actively supporting the response. The service were at this time

working 7 days a week distributing the PPE. Karen and her team drove the PPE to Care Homes throughout the Borough.

Necessary PPE later became freely available from the Government through a National Portal. Before the portal came online, the Local Resilience Forum (LRF) encountered quality issues regionally. The Local Resilience Forum could be expected to pay only what was reasonable for the PPE that was desperately needed during this phase of the pandemic.

2.2 **Adaptive communication and support for care homes**

Daily phone calls took place among an Interdisciplinary Management Team (IMT) and care homes to provide all round real-time support. This model of delivering support proved crucial because the experiences of the care homes were unprecedented. For example, one care home lost 9 residents in one week, which was so unusual as to be traumatic for residents and care workers.

To pay for discretionary aid where it was most needed as well as mandatory responsibilities, grants were deployed to help care homes continue to respond to the evolving situation. Further, shared good practice brought in an early uplift in fees in recognition of the pressures on care homes. Fees were moved to November 2021, where they would have come in March 2022, to help support care homes.

2.3 **Testing in care homes**

The testing regime for care homes also evolved during the pandemic. National schemes and Rotherham schemes were implemented to help identify and isolate the virus early. Multiple outbreaks demonstrated a ripple effect from the community into care homes through the staffing route. Staff could test negative but then be positive due to incubation of the virus and asymptomatic carrying. Resulting workforce challenges meant that in some instances, care home managers were sleeping on the premises until staff recovered.

At the same time, care homes experienced reductions in bed occupancy from 86% to around 72%. To be financially viable, care homes must maintain an 85 to 90 percent occupancy rate. This, coupled with a further challenge of mandatory vaccines for care home workers, created a perfect storm of workforce costs. A small number of staff did leave the care sector at this time; 10 of 1800 care workers. The legacy effect of these challenges remains observable in recruitment and retention of care home staff, with high turn-over and challenges with recruiting to specialist roles such as Nursing and Registered Manager positions.

The timeline care homes experienced was characterised by a spike in early 2020, a lull in the summer of 2020, a rise in winter 2020, and the arrival of vaccination in January 2021, with care workers willingly testing daily. In January 2021, the national direction was taken to use lateral flow testing to support visiting. This came into use in addition to local initiatives which

utilised visiting pods, screens and outdoor or open-air areas to allow residents to see their loved ones safely.

Following publication of the Living with Covid Strategy, the Government identified who would receive free Lateral Flow Tests, such as frontline care workers, and who would be required to pay. This provision has now been removed.

2.4 Understanding ONS data around deaths in care homes

Three key data sets compiled by the Office of National Statistics (ONS) summarise the impact of COVID-19. Considered together, the data sets suggest that COVID-19 resulted in excess deaths for Rotherham residents in general and also for residents within the care sector of Rotherham. Available data indicates that the majority (86.9%) of deaths of service users, in Rotherham, occurred within the care setting during 2020, compared to 86.6% in England. The percentage of deaths in care homes remained stable before the pandemic and through 2020, before dropping in 2021, and was consistently below the England & Wales percentage. There was a slightly higher percentage of deaths in care homes where Covid-19 was mentioned on the death certificate (15.1%) compared to England & Wales (13.1%) across 2020 and 2021. Rotherham experienced significantly higher mortality than England and high excess deaths early in the pandemic when care homes were worst affected. A high burden of underlying health conditions may have been a factor in this.

The increase in the number of deaths within care settings in 2020 compared to the five-year average (2015-2019) was comparable to England & Wales. In the recording of deaths, Practitioners had to note that some suspected to be COVID-19 related had not been confirmed through testing.

[Deaths in the care sector, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

This data indicates the number of registered deaths of care home residents by local authority, registered in 2020 (not COVID-19 specific). This shows 816 deaths for Rotherham registered in 2020, for all causes. Of these, 805 were reported to the Care Quality Commission (CQC).

[Death registrations and occurrences by local authority and health board - Office for National Statistics](#)

The 2020 edition of this dataset shows counts of the number of deaths registered/deaths occurred, including deaths involving covid-19, by local authority and place of death (not specific to care sector residents). The occurrence tabs in the 2020 edition of this dataset were updated for the last time on 22 June 2021.

Deaths registered

For deaths registered up to 1 January 2021, Rotherham:

- There were a total of 623 COVID-19 deaths, of these 149 were in a care home.

- For all causes, in all locations, there were 3,454 deaths registered in this time.
- For all causes, in a care home setting, there were 707 death registrations in this time.

Deaths occurred

For death occurrences up to 1 of January 2021 that were registered up to 19 June 2021, Rotherham:

- 153 of 646 COVID-19 deaths occurred in a care home.
- For all causes, in all locations, there were 3,382 death occurrences during this time. This compares to 2835 deaths of Rotherham residents registered in 2019.
- For all causes, in a care home setting, there were 707 occurrences during this time.

[Deaths involving COVID-19 in the care sector, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

This data is for Rotherham care home residents, deaths registered in all locations (the location includes care home, hospital, etc). Data runs from 14/03/2020 to 21/01/22.

- In 2020, there were 657 deaths of care home residents registered for all causes.
- For 2021 and 2022 there were 622 deaths of care home residents registered for all causes.
- For covid deaths, there were 179 deaths in 2020, and 58 deaths in 2021/22.
- Of the deaths of care home residents registered in 2020, 27% in Rotherham were COVID-19.

2.5 Vaccination in Care Homes

Care home residents were offered their vaccines the week before the general public. In Rotherham, 99% of care home residents and residential care workers have taken up both doses of the vaccine, 98% have taken up the first round of the booster and 81% the spring booster as of October 2022. This data pertains to residents registered with a Rotherham GP.

In September 2022, those eligible were able to book the autumn booster. The coverage in care home residents and residential care workers continues to increase as the booster roll-out continues.

2.6 Learning from the pandemic

Areas of learning from the pandemic have been implemented. For example, dedicated beds prevent transmission from hospital to care homes, as hospitals strove to discharge patients faster. Enhanced staff PPE in red areas has also been implemented to prevent transmission within care homes. The necessary PPE will continue to be provided by the government through 2023. Meanwhile, the Council has built significant resilience in

maintaining stocks of PPE - enough for at least 200 days. Good hand hygiene has also cut down transmission. The vaccine programme also has continued, facing further surges.

Further learning was derived during the middle stages of the pandemic when staff rotas were affected. In response to workforce shortages, changes to national immigration have meant that care home staff are now given priority. A way to lower levels of infections would be to improve the benefits offer to care home workers. Providing sick pay would result in less reliance on agency staff and lower levels of infections. Contracts should consider these social value elements in contracting with agencies, considering what can be done to prevent infection. An understanding of the Council's influence becomes important in the COVID recovery environment as commissioning decisions are being made and contracts negotiated.

2.7 Ongoing needs for care home safety

The Council actually has limited levers whereby to influence care homes, the vast majority of which are private businesses. Ultimately, residence in a particular care home comes down to individual choice. The Council does not issue global contracts. Fees rates are challenging for care homes to pay staff in excess of the Real Living Wage and to compare favourably with the NHS. Workforce shortages in the care sector will continue to be an issue driven not only by pay, but vocational pressures and alternative employment e.g. retail and warehousing. Specific COVID 19 grants from central government such as the Infection Control Fund have previously been issued which could have been used by care homes to pay for staff sick leave – three such grants were returned unspent. Some of the most expensive facilities deprioritise basic sick leave for staff.

The Council does not keep a list of “approved” care homes but does regularly monitor the quality or provision within the borough. As background contracts are being refreshed, these include information around skills for care providers and also capacity tracking. These are mandatory to complete, as part of the Council's requirement to support care homes. Quality issues can result in a care home being rated as “Requires Improvement.” Limited staffing and high turnovers of registered managers often signal an issue.

Therefore, a major priority in the service plan is care home quality, with recruiting problems and the need for better terms and conditions and better pay as key areas for improving care. A Government led Fair Cost of Care exercise is exploring these needs, as the Council alongside the South Yorkshire ICB respond to the challenges. A strong workforce, good quality guidance, access to PPE, and a proportionate and accessible testing regime are all needed to deliver care safely going forward.

3. Options considered and recommended proposal

- 3.1 Members are requested to receive and endorse the recommendations, which were generated by Members during the discursive process of scrutiny.
- 3.2 Members considered the possibility of recommending that the service collaborate with the social value team to ascertain whether elements of contracts could better reflect learning about care home staffing terms and conditions. This did not become part of the recommendations because the Council does not have the power to directly influence third party staffing terms and conditions.
- 3.3 Recommendation 2 is that OSMB consider the recommendations from the review. There is no alternative option as this is in line with the Overview and Scrutiny Procedure Rules.

4. Consultation on proposal

- 4.1 Members have regard to the expressed views of their constituents in their formulation of scrutiny priorities and lines of inquiry. Recommendations from scrutiny are produced as outcomes from consultation with officers and partners providing the service by Members in their role as elected representatives of Rotherham residents.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The accountability for implementing recommendations arising from this report will sit with Cabinet and relevant officers.
- 5.2 The Overview and Scrutiny Procedure Rules require Cabinet to consider and respond to recommendations from Overview and Scrutiny Management Board and the Select Commissions in no more two months from the date that Cabinet receives this report.

6. Financial and Procurement Advice and Implications

- 6.1 No financial implications arise directly from this report, although the response to the review will need to take account of any such implications arising from consideration of the scrutiny recommendations.

7. Legal Advice and Implications

- 7.1 There are no legal implications directly arising from this report.

8. Human Resources Advice and Implications

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

9. Implications for Children and Young People and Vulnerable Adults

9.1 Implications for children, young people, and vulnerable adults are set out in the main sections of the report.

10. Equalities and Human Rights Advice and Implications

10.1 Furthering equalities and human rights is an objective of scrutiny; therefore, Members give consideration to equalities in the development of scrutiny work programmes, lines of inquiry and in their derivation of recommendations designed to improve the delivery of council services for residents.

11. Implications for CO₂ Emissions and Climate Change

11.1 There are no climate or emissions implications directly associated with this report.

12. Implications for Partners

12.1 Implications for partners are set out in the main section of the report outlining the Commission's findings. Cabinet will need to consider the implications for partners in its response to the recommendations from scrutiny.

13. Risks and Mitigation

13.1 Members have regard to the risks and mitigation factors associated with the services under scrutiny and have made recommendations accordingly.

Accountable Officer(s)

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Please select the relevant Strategic Director	Click here to enter a date.

Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	Click here to enter a date.
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This report is published on the Council's [website](#).*

Committee Name and Date of Committee Meeting

Health Select Commission – 24 November 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
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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, addressing health inequalities, and improving 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

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Date	Item	Scope	Recommendations
30 June 2022	Healthwatch	Regular verbal update in respect of recent activity and trends.	1. That the update be noted.
	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	<ol style="list-style-type: none"> 1. That the update be noted, and that the next update be submitted in 6 months' time, with emphasis on outcomes and quality KPIs and progress with backlog clearance in the memory and assessment and formulation clinics. 2. That ICP partners including RDaSH seek to collaborate with Speak Up around accessibility and inclusion work in respect of RotherHive 3. That Speak Up circulate the outcomes of current research work with universities to Members, ICP and RDaSH.
	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.	<ol style="list-style-type: none"> 1. That the report be noted 2. That the next update be submitted in 12 months' time. 3. That the outcomes of deep dives be circulated to Members as soon as these become available. 4. To extend the reach of awareness campaigns and communications in respect of diagnostic screenings, that the Communications Team collaborate with NHSE partners where possible.
	Nominations for Representative to Health Welfare and Safety Panel	To receive nominations for representative to the Health, Welfare, and Safety Panel.	1. That the item be deferred to the next meeting on 28 July.
	Initial Work Programme	To discuss and suggest items for scrutiny 2022/23	2. That the initial work programme be noted.

			3. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.
28 July 2022	Healthwatch	Regular verbal update in respect of recent activity and trends.	1. That the update be noted.
	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.	<ol style="list-style-type: none"> 1. That the report be noted, and that an update be received at an appropriate time. 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 Carers 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 leisure and culture activities for respite for Young Carers.
	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	<ol style="list-style-type: none"> 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 and partnerships 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.

		analysis of the national picture and projections around future care provision are also requested.	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.
	Nominations for Representative to Health Welfare and Safety Panel	To receive nominations for representative to the Health, Welfare, and Safety Panel.	1. That nominations be received at the next meeting on 29 September.
	Revised Work Programme	To discuss and approve an outline work programme for scrutiny 2022/23	1. That the revised work programme be noted. 2. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.
29 Sept 2022	Healthwatch	Regular verbal update in respect of recent activity and trends.	
	Medicine Management	To consider and discuss the impact of <ul style="list-style-type: none"> • Supply issues affecting prescriptions • Cost of living impact on self-care programmes and prescriptions • Reducing medicines waste • Community pharmacy workforce and hours • Opportunities to work together with public health in respect of diabetes, depression, chronic pain 	1. That the report be noted.

		management, and cardiovascular risk.	
	Suicide Prevention Update	Resolved 12-month return updating on progress with voluntary sector trainings and activities funded by small grants, learning from relevant audits and reviews, and response post-pandemic in terms of early intervention and bereavement support.	<ol style="list-style-type: none"> 1. That the presentation be noted, and that an update be submitted in 12 months' time. 2. That consideration be given to how upstream prevention work, for example, through collaborations with schools, GPs, housing services, businesses and the voluntary sector, might strengthen emotional resilience and peer support in communities. 3. That the next update include the outcome of the safe space pilot and other peer support schemes. 4. That the next update include assurances that volunteers are receiving the support they need, and that volunteer groups are aware of the support available.
	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.	<ol style="list-style-type: none"> 1. That the initial work programme be noted. 2. That the Pharmaceutical Needs Assessment be circulated to Members when available. 3. That Members feed into the upcoming work of the Health and Wellbeing Board on the subject of health inequalities.
	Nominations for Representative to Health Welfare and Safety Panel	To receive nominations for representative to the Health, Welfare, and Safety Panel.	<ol style="list-style-type: none"> 1. That nominations be invited at the next meeting on 24 November.
	Work Programme	To consider the updated work programme for endorsement.	<ol style="list-style-type: none"> 2. That the updated work programme be noted. 3. That authority be delegated to the Governance Advisor to make changes to the work programme in consultation with the Chair and Vice-Chair and to report changes to the next meeting for endorsement.

24 Nov 2022	Healthwatch	To receive a presentation and agree a new update format in respect of recent activity and trends.	
	CAMHS	To consider a 20-minute presentation regarding a full overview of service.	
	Place Partners: Winter Planning	To receive a 10-minute presentation describing the winter surge plan and preparations for response across the Place.	
	TRFT Annual Update	To consider 10-minute presentation and briefing note on activities and improvement work of the Trust.	
	Scrutiny Review Outcomes	To receive a report summarising Members' review findings in respect of Covid-19 Care Home Safety.	
	Nominations for Representative to Health, Welfare and Safety Panel	To receive nominations for a representative to Health Welfare and Safety Panel.	
	Work Programme	To consider the updated work programme for endorsement.	
Winter 2022-23 Review	Oral Health Review	To consider place-based strategic approaches to improve oral health among Rotherham residents, including	

		<p>children, adults and older people.</p> <ol style="list-style-type: none"> 1. Epidemiology overview 2. National picture – including National Toolkit and Enhance Care Programme 3. Local picture –with input from 0-19 service regarding school age children and Looked After Children 4. Solutions and good practice –including prevention campaigns and activity in wards, short term remedies to barriers to access such as travel logistics, and plans for long term culture change 5. Water fluoridation – current discussions at National level and Members will take a view regarding local implementation 6. Care homes – with practitioner input from NHS England Region 	
26 Jan 2023	Place Partners Mental Health	To consider a 20-minute presentation in respect of	

	Services Update	Place response to 30 June recommendations, specifically, progress with backlog clearance and collaboration with Speak Up to inform RotherHive design	
	Physical Activity Strategy Update	To consider a 20-minute presentation, as resolved 3 February 2022, on strategy development and response to recommendations	
	Scrutiny Review Outcomes	To consider a summary of findings and recommendations from the spotlight on Access to Primary Care	
	Work Programme	To consider the updated work programme for endorsement.	
09 March 2023	Healthwatch Update	Regular update to include insights in respect of Maternity Services.	
	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	

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		angle. To include information on how the NHS Frailty Index is used in health and care services.	
	Maternity Services Update	12-month update on outcomes of inclusive consultation work and implementation of continuity of care model.	
	Work Programme	To consider the updated work programme for endorsement.	
March 2023 Workshop	Health Inequalities	To review the findings of the Health and Wellbeing Board in respect of Health Inequalities. With input from Healthwatch.	
20 April 2023	Healthwatch	Regular Update to include insights in respect of Adult Social Care.	
	Adult Social Care and LD Transformation	To consider home care and residential care as the end of the programme approaches, reflecting on outcomes and changes to the delivery of care and examination of new resources as well as challenges faced.	
	Scrutiny Review Outcomes	To receive findings and recommendations from the scrutiny review of Oral Health	
	Work Programme	To consider the updated work programme for endorsement.	

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Appendix 1 – Work Programme 2022/23

Items to be scheduled or removed	Scope	Status
COVID-19 Review	Following the example of Leeds City Council, a broad piece of work to capture learning from the pandemic.	To be undertaken by Health and Wellbeing Board with outcome to be considered by Health Select Commission.
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	Not Scheduled
Health Inequalities	To consider the review undertaken by the Health and Wellbeing Board of the progress and effectiveness of current strategies to expand healthy life expectancy among Rotherham Residents and across the Place including outcome of work with Town Councils. With input from Healthwatch	Scheduled March workshop
Integrated Care System Performance	To consider the progress of NHS South Yorkshire in delivering on agreed priorities which have been circulated to HSC members.	To be scheduled in consultation with Rotherham Place Director NHS South Yorkshire
Drug and Alcohol Recovery	To consider a 20-minute presentation for the purpose of monitoring progress of the recently recommissioned service, and to receive information about pathways	Deferred to 2023

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	linking into various services and partners of the council and across the place.	
Sexual Health Strategy	To receive a progress report on the refreshed strategy	Not scheduled
NHS Frailty Index	To consider how the NHS Frailty Index is being used by health and care services	Included in consideration of Intermediate Care and Re-enablement, 9 March 2023