HEALTH SELECT COMMISSION

Date and Time:- **Thursday 26 March 2026 at 5.00 p.m.**

Venue:- **Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH**

Membership:- **Councillors Keenan (Chair), Yasseen (Vice-Chair), Adair, Ahmed, Baum-Dixon, Brent, Clarke, Duncan, Garnett, Harper, Havard, Knight, Reynolds, Tarmey, Thorp, Fisher and Harrison.**

Co-opted Member David Gill representing 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 22 January 2026 (Pages 5 - 19)

To consider and approve the minutes of the previous meeting held on 22 January 2026 as a true and correct record of the proceedings and to be signed by the Chair.

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.

For Discussion/Decision:-

6. **South Yorkshire Cancer Alliance Lung Clinic Update (Pages 21 - 45)**

This item is to receive an update from South Yorkshire Cancer Alliance in relation to the success and impact of the Rotherham Hospital based Lung Clinic since its relocation as part of the non-surgical oncology transformation programme.

7. **SDEC (Same Day Emergency Care) Centre Implementation Update (Pages 47 - 58)**

This item is to receive an update from The Rotherham NHS Foundation Trust (TRFT) in relation to the success and impact of the SDEC since its implementation, following funding being secured to develop the facility.

8. **Health Select Commission Work Programme - 2025/26 (Pages 59 - 60)**

To consider the Health Select Commission's work programme for 2025/26.

For Information/Monitoring:-

To receive and note the contents of any reports routinely submitted to the Health Select Commission for information and awareness.

9. **South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee**

The last meeting of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Commission took place on 7 January 2026. These meeting minutes were circulated to Health Select Commission members as soon as they became available.

They can also be accessed via the following link:

7 January 2026 South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee Meeting Minutes

There are no further scheduled meetings for the 2025/26 municipal year, and the dates for 2026/27 are yet to be agreed. Further details will be shared with Health Select Commission Members once arrangements are in place.

10. Supplementary Public Health Grants for 2026/27 - Cabinet Report (Pages 61 - 71)

To receive a copy of the report presented to Cabinet on 16 March 2026, so that Health Select Commission Members are sighted on the Public Health spending plans for 2026/27 grants.

11. Urgent Business

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

JOHN EDWARDS,
Chief Executive.

The next meeting of the Health Select Commission will be held on Thursday 14 May 2026 commencing at 4.00 p.m. in Rotherham Town Hall.

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HEALTH SELECT COMMISSION
Thursday 22 January 2026

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Adair, Ahmed, Baum-Dixon, Brent, Clarke, Duncan, Garnett, Harper, Havard, Fisher, Harrison and A. Carter.

Apologies for absence:- Apologies were received from Knight, Tarmey and Thorp.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

43. MINUTES OF THE PREVIOUS MEETING HELD ON 20 NOVEMBER 2025

Resolved:-

That the minutes of the meeting held on 20 November 2025 were approved as a true and correct record of the proceedings.

44. DECLARATIONS OF INTEREST

There were no declarations of interest.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

46. EXCLUSION OF THE PRESS AND PUBLIC

There were no items on the agenda that required the exclusion of the press or members of the public.

47. ROTHERHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024-2025 AND STRATEGIC PLAN 2025-2028

The Chair welcomed Moira Wilson, the Independent Chair of the Rotherham Safeguarding Adults Board (RSAB), Jackie Scantlebury, Safeguarding Adults Board Manager, Sally Morris-Shaw, Head of Service for Localities and acting Head of Service for Safeguarding and Gemma Cross, Head of Safeguarding, The Rotherham NHS Foundation Trust (TRFT) to the meeting and invited Moira Wilson to introduce the reports and presentations.

Members received a detailed presentation on both the RSAB Annual Report for 2024-2025 and the RSAB Strategic Plan for 2025-2028. The RSAB Independent Chair explained that the annual report summarised work completed by March 2025, and confirmed that the Board intended to present future reports to the Health Select Commission in a more timely manner.

They described that the previous three-year plan, covering 2022-2025, had focused on re-establishing core safeguarding principles following the disruption caused by the COVID-19 pandemic. The emphasis during that period had been on reinforcing fundamental safeguarding practice, embedding the principles of 'Making Safeguarding Personal', and strengthening multi-agency partnerships, which was described as a long-standing strength in Rotherham.

The RSAB Independent Chair then highlighted the work delivered during 2024-2025. This included a joint multi-agency self-assessment with Children's Services, which facilitated candid discussion about cross-sector safeguarding practice and helped shape priorities for the new Strategic Plan. Considerable progress had been made in refreshing the RSAB website to improve accessibility for both professionals and the public, although further development work remained ongoing. A quarterly newsletter had also been launched and widely disseminated across the partnership and community to maintain and improve safeguarding awareness.

The RSAB Independent Chair outlined the programme for Safeguarding Awareness Week in November 2024, during which partners delivered workshops and activities on themes such as homelessness, rough sleeping, cuckooing, suicide prevention, professional curiosity, and domestic abuse affecting older people. They noted that domestic abuse among older adults was often overlooked, and the Board had sought to raise its profile during that year's events.

In respect of safeguarding performance data, The RSAB Independent Chair explained that a 22 per cent rise in safeguarding contacts over two years reflected national trends and likely indicated increased awareness rather than increased risk. Despite the rise in demand, they confirmed that enquiries continued to be handled promptly. They also described the Board's intention to strengthen its engagement with people who had lived experience of safeguarding by creating a new voice subgroup and recruiting an expert with experience to sit on the Board itself.

The Commission heard that work had progressed on creating a 'Shared Learning Hub' for adults' and children's services, allowing learning from safeguarding adults reviews, children's case reviews, and domestic homicide reviews to be shared more consistently across partners.

Another key development during 2024-2025 was the introduction of the Vulnerable Adults Pathway, which was designed to support adults who

did not neatly fit statutory safeguarding categories but faced heightened risks due to issues such as mental health needs, substance misuse, homelessness, or other vulnerabilities. This pathway brought together the Local Authority, Police, Probation Service, NHS, and the Voluntary and Community Sector to respond collaboratively, particularly where individuals were at risk of losing their accommodation.

The year had concluded with the Safeguarding Champion Awards, which celebrated exceptional safeguarding contributions from individuals across Rotherham, including community members and frontline workers.

With regards to the statutory three-year Strategic Plan for 2025-2028, The RSAB Independent Chair explained that the plan had been developed following a multi-agency development session undertaken in January 2025 and was finalised in September of the same year. They described the plan as a genuinely multi-agency commitment, setting out shared priorities rather than actions for any single organisation.

The first priority concerned communication, engagement and voice, with an emphasis on improving public understanding of safeguarding and ensuring that the voices of people with lived experience, especially seldom-heard voices, were represented meaningfully within the Board’s work.

The second priority focused on prevention and early intervention, and aimed to support people before abuse or harm occurred. This included continued work on the Vulnerable Adults Pathway and a strengthened approach to issues such as neglect, self-neglect and hoarding, where early support could significantly improve outcomes.

The third priority related to leadership and partnership working. The RSAB Independent Chair reiterated that safeguarding relied fundamentally on multi-agency practice and stated that although disagreements sometimes occurred, Rotherham’s partnerships were robust, constructive, and consistently centred on supporting residents. As part of this priority, the Board planned to explore the development of a Multi-Agency Safeguarding Hub, bringing partners together at the point of first contact to improve coordinated responses.

The fourth priority focused on ‘Making Safeguarding Personal’, requiring a renewed review of procedures, strengthened audit activity, and closer attention to the application of the Mental Capacity Act.

Finally, they explained that the fifth priority centred on learning and development, ensuring that staff across the partnership received high-quality training and that learning from safeguarding adults reviews and other serious incident reviews was consistently applied. A new multi-agency audit approach would also be developed to support that continuous improvement.

The RSAB Independent Chair invited the Board to note the development of the strategic plan, which reflected both the learning identified in the annual report and the refreshed strategic priorities agreed through partnership engagement. They confirmed that detailed action plans would sit beneath each priority and that the Board would provide updates on progress as necessary.

The Chair thanked the Officers for the presentation and invited questions and comments from Members.

Councillor Brent observed that the annual report and strategic plan contained many forward-facing phrases such as “I will” and “we will”. They noted that, if read literally, such phrasing might suggest that objectives were not yet being delivered. They emphasised that they did not believe this was the case, and queried whether the language had been a conscious choice to signal fresh intent rather than a lack of existing delivery.

The RSAB Independent Chair responded that wording such as “we will further strengthen” could add to a sense of forward momentum and would consider that approach in future, but confirmed that the language used had been intended to reaffirm commitment to safeguarding, linked to the “Think Local, Act Personal” approach, which encouraged the use of personalised “I” and “we” statements. They stressed that much of the activity was already in place with the statements worded to express renewed commitment and added that the underlying action plan would be explicit about what would be done under each objective and how progress would be evidenced, enabling visibility of improvement or corrective action where needed.

Councillor Duncan raised questions regarding the learning and development objective, noting the commissioning of a three-year training package for staff. They sought reassurance that the programme would reach all relevant personnel, be effective, and remain flexible as needs evolved over the three-year period.

The RSAB Independent Chair invited the Safeguarding Adults Board Manager and the Head of Service for Localities and acting Head of Service for Safeguarding to respond. The Safeguarding Adults Board Manager explained that the Workforce Development Sub-group, reporting through the Board and Executive, had adopted a three-year strategy to avoid gaps that had previously arisen due to lengthy procurement cycles. The commissioned training was offered free across the partnership, including the Voluntary and Community Sector, and the three-year horizon allowed quality assurance of upcoming content and scope to adjust in year three for legislative or practice changes. They added that the arrangement fostered a strong relationship with the training provider, who liaised regularly with the Council’s training lead, which enabled timely tweaks for emerging needs. They confirmed the strategy would be refreshed annually on the website, and advised that the offer was

repeatedly promoted to partners, which had resulted in strong uptake of core courses. Where specific courses had lower take-up, the adults' and children's partnerships had explored joint delivery to improve reach and deliver value. They emphasised that ad-hoc training would continue to be added alongside the core offer, citing recent attendance at a children's sector session on spiritual and ritual abuse that had been so valuable it was being considered for adults' training and for dissemination across the partnership and Voluntary and Community Sector.

Councillor Harper referred to the performance data which indicated a 22 percent increase in contacts and a 37 percent rise in Section 42 enquiries. They noted a decrease between 2023 and 2024 followed by a sharp increase in the most recent 12 months, and asked whether the causes of the earlier decrease and subsequent increase had been analysed, and whether the Board was confident it had the tools to manage continued rising demand.

The RSAB Independent Chair replied that the Performance Sub-group scrutinised data derived largely from the Safeguarding Adults Collection submitted to the Department of Health and Social Care. They suggested that recording issues immediately post-COVID might have contributed to earlier patterns, and explained that the Board intended to incorporate data from agencies such as the Police and health services alongside Local Authority data. They were confident in the support available from the Local Authority performance team and invited the Head of Service for Localities and acting Head of Service for Safeguarding to add detail.

They described rich data from the Council's Performance and Business Improvement Service, including a live dashboard and regular reporting that enabled swift trend identification and risk escalation. They also explained that the Performance and Quality Sub-group offered a multi-agency forum for reviewing referral levels from partners, and that threshold guidance had been developed with commissioned providers to ensure consistent reporting, with further threshold work planned for the Housing and Voluntary and Community Sectors. They highlighted high volumes of concern from South Yorkshire Police and said fortnightly sessions had been established with Police colleagues to agree best pathways, linked to the Vulnerable Adults Pathway previously described.

Councillor Harper sought reassurance regarding whether a similar increase over the next year could be managed and whether resources in place were sufficient to meet that level of need, the Head of Service for Localities and acting Head of Service for Safeguarding advised that recent performance had actually been amongst the strongest of the past year despite rising demand. They emphasised the close monitoring undertaken through dashboards and partnership discussions, and described ongoing refinement of processes and triage with partner agencies. The situation was manageable at present but would continue to be monitored closely.

Councillor Harrison asked about progress in embedding the Vulnerable Adults Pathway and how its impact was being monitored. They wanted to understand how the Community Multi-Agency Risk Assessment Conference (CMARAC), the Vulnerable Adults Risk Management Meeting (VARMM), and the Vulnerable Adults Panel (VAP) were being used to support adults with complex needs who fell below safeguarding thresholds.

The Head of Safeguarding, TRFT explained that outcomes for individuals discussed in those forums were monitored, and that cases of multiple disadvantage typically involved combinations of mental health issues, unstable housing, substance misuse, and physical illness. They described that partners had been dynamically reviewing plans and risk assessments to sustain engagement with people who did not access services in traditional ways and added that the process was under constant review. It was noted that the system usually achieved decisions earlier in the pathway, with very few cases elevated to the highest threshold of the Vulnerable Adults Panel, which was reserved for commissioning gaps. On those occasions, the panel considered commissioning options, including specialist out-of-area provision, to address specific needs.

Councillor Harrison enquired how learning from Safeguarding Adults Reviews and thematic reviews led to measurable improvements. The Head of Safeguarding, TRFT, who was also the co-chair of the Safeguarding Adult Review Group, explained that the group scrutinised learning from national, regional and local reviews to test the reliability of processes and procedures. They described that the group worked with audit colleagues to commission specific audits where assurances were sought, reviewed individual organisations' audits, and shared assurances through vehicles such as the newsletter, "seven-minute briefings," and short videos to improve accessibility of resultant learning. They confirmed that the primary focus was embedding learning and anticipating lessons from other areas before issues arose locally.

Councillor Clarke referred to statistics on abuse types. They noted that neglect accounted for almost half of all recorded abuse and financial abuse for 26 percent. Councillor Clarke wanted to understand what the Board's data revealed about patterns, inequalities, and repeat victimisation, and how prevention and intervention were shaped and targeted in response to the metrics.

The RSAB Independent Chair responded that the Performance Sub-group examined themes and trends in detail. They explained that neglect, financial abuse and other main categories tended to persist year on year, although neglect and self-neglect had increased in recent years. They explained that this recognition had led to the development of a neglect strategy and additional training.

Councillor Clarke sought further detail around how prevention plans were adjusted based on data trends.

The RSAB Independent Chair reiterated that a stronger preventative approach was one of the new strategic objectives and that insights from performance monitoring would directly inform the prevention and early intervention strategy. The Head of Service for Localities and acting Head of Service for Safeguarding added that neglect, whether by others or self-neglect, had long been a significant concern in Adult Social Care and remained a focus for learning and staff development. They referenced a self-neglect workshop delivered with a national Safeguarding Adults Review (SAR) author, acknowledged the pressures of austerity which had highlighted financial abuse as another major area requiring early identification and swift response across the partnership. The Head of Safeguarding, TRFT emphasised the importance of professional curiosity and described how quarterly dashboard reviews triggered targeted reminders. They described a health-sector example in which training on self-neglect resulted in increased referrals in that category and prompted reinforcement of key messages in areas such as financial abuse. They outlined an example where a seemingly innocuous question “What is Just Eat?” led, through the professional curiosity of a community nurse, to the discovery of fraudulent takeaway charges and the identification of a safeguarding concern. They advised that such examples demonstrated the value of professional curiosity and of sharing learning from reviews to shape frontline practice. The Safeguarding Adults Board Manager added that Safeguarding Awareness Week was also used to cover topics that did not have dedicated training, drawing in partners from Children’s Services, the Police, and the Safer Rotherham Partnership. They described that the RSAB collaborated across South Yorkshire through the Working Together Group, with boards pooling funds for annual training and two annual conferences on shared ‘hot topics’, such as homelessness, substance abuse, and the specific challenges for people who were street homeless, sofa-surfing or living in cars.

Councillor Clarke raised a query in relation to ‘Voice’. They noted multiple references to working with voluntary groups and requested details of which organisations were involved. They also wanted to know how to subscribe to the RSAB newsletter.

The RSAB Independent Chair explained that the Board had been strengthening work on voice and had held a successful session with support from Voluntary Action Rotherham, which drew on a wide range of local organisations interested in amplifying lived experience in safeguarding. They described that organisations such as Age UK, the Citizens Advice (CAB), mental health organisations, the Boat Club, patient forum representatives linked to GP practices, and Healthwatch were amongst those engaged. They added that many had offered to help take the work forward and that follow-up activity was planned over the coming weeks. The Safeguarding Adults Board Manager proposed that the sign-up details for the RSAB newsletter be circulated to all Rotherham Councillors.

Councillor Brent queried whether incident data, such as neglect, could be broken down, by location for example, to aid understanding of patterns and trends.

The RSAB Independent Chair indicated the information existed and invited the Head of Service for Localities and acting Head of Service for Safeguarding to expand. They explained that whilst they did not have the precise figures to hand, location data formed part of the quarterly performance reports via the live dashboard, which could be interrogated. They confirmed that if a regular pattern by location emerged, the Board would act, and noted that commissioning colleagues sat on the Board to support the necessary responses.

Councillor Brent also asked who spoke for residents who could not advocate for themselves, such as those with language barriers or communication impairments, and queried whether a proxy or other arrangement existed.

The RSAB Independent Chair explained the system used advocacy, including commissioned advocacy services along with Voluntary and Community Sector organisations, to ensure such voices were heard. They were clear that the Board wanted to explore every avenue, including tenant and resident associations and councillors' ward networks, to reach people whose voices were seldom heard.

Councillor Brent asked specifically about people whose first language was not English or who could not articulate needs due to medical issues such as a stroke.

The RSAB Independent Chair invited an operational perspective from the Head of Service for Localities and acting Head of Service for Safeguarding. They explained that a full range of translation and interpretation services was available, including sign language and Makaton, and that advocacy needs were considered as part of safeguarding and wider care processes under the principle of "no decision about me without me." They added that the service identified whether an individual had someone appropriate within their own network for informal advocacy and, where not, commissioned formal advocacy. They further elaborated that that communication aids such as Talking Mats were used to support participation where appropriate.

Councillor Ahmed wanted to know whether all social workers picked up safeguarding cases and concerns, or whether some were qualified in particular areas. In general, they wanted to understand how local resources were involved and overseen by the RSAB to ensure effectiveness. They commended the Single Point of Access and asked how cases were triaged and allocated for urgency, particularly across adult and children's pathways.

The Head of Service for Localities and acting Head of Service for Safeguarding confirmed that all social workers and social care assessors were trained to respond to safeguarding issues. Assessors worked primarily at the contact stage and undertook initial enquiries with managerial support. All social workers received the same safeguarding training and refreshers. They added that complexity influenced allocation and safeguarding managers matched cases to the most appropriate practitioner. They noted that the Adult Contact Team was busy and staffed by between eight and ten social workers who undertook initial enquiries before onward allocation to community or hospital teams where further work was needed.

Councillor Ahmed sought information about how the ‘Think Family’ approach would be embedded across adults’ and children’s services.

The RSAB Independent Chair emphasised that practitioners needed to consider whole-family contexts regardless of entry point and that cross-service learning was picked up during Safeguarding Awareness Week and through training. The Head of Safeguarding, TRFT added operational examples and confirmed that ‘Think Family’ was already embedded at TRFT, with safeguarding training designed on that basis. They described a current joint review with children’s services where an adult safeguarding referral involved children, and referenced shared practice on hoarding, including the use of the ‘Clutter Scale’ developed with the Fire and Rescue Service to provide objective risk assessment. They explained that tools first embedded in adult practice were being implemented in children’s services where households included children, and noted that Single Point of Contact processes considered who else lived in the home to ensure concerns for adults prompted consideration of children, and vice versa.

Councillor Havard raised a query about Family Hubs. They asked whether the Board was involved in their work and whether their approach would resemble Sure Start.

The RSAB Independent Chair advised that children’s services were leading the Family Hubs work, with adult services involved as needed. The Head of Safeguarding, TRFT added that she sat on the Families First Delivery Group and that some adult-focused services, such as benefits and employment support, were being designed to help families access early help and practical services, including midwifery clinics, mental health or substance misuse access. They clarified that Family Hubs were primarily an early help and access model rather than a safeguarding forum.

Councillor Havard wanted to know whether the programme was still evolving and wanted to understand any weaknesses within the partnership. They cited scenarios in which older people returned home from hospital to hoarding environments without support.

The Head of Service for Localities and acting Head of Service for Safeguarding acknowledged that such cases were seen in health and social care and advised that support was available once the service became aware. They noted that home situations often only became known during an acute episode, and that the Board worked closely with Yorkshire Ambulance Service and South Yorkshire Fire and Rescue Service to assess risk. They also described multi-agency work with Housing on deep cleans and home support to enable people remain at home safely, alongside delivering support for carers.

Councillor Fisher explored the theme of rising contacts and queried whether the data distinguished types of contact so that resources, public awareness and where relevant budgets, could be targeted to respond to insights.

The RSAB Independent Chair explained that contacts were categorised by source and reason, and added that performance monitoring flagged spikes for follow-up. The Safeguarding Adults Board Manager added that reporting could be broken down by care homes, domiciliary providers, Police and other sources, and that performance colleagues were developing further analysis by geographic area to understand, for example, whether particular concerns were more prevalent in the town centre or in rural communities. They confirmed that this development was expected to progress over the next year through performance reports.

Councillor Yasseen highlighted the positive statistic that 70.9 per cent of completed Section 42 enquiries had resulted in risk being removed or reduced, which they noted had the potential to change lives. Councillor Yasseen wanted to understand how long such outcomes were sustained, whether follow-ups at thirty or ninety days were conducted to ensure risk reduction was maintained, and whether outcomes varied by abuse type, such as self-neglect versus emotional abuse.

The RSAB Independent Chair acknowledged that they did not have some operational detail to hand. The Head of Service for Localities and acting Head of Service for Safeguarding advised that follow-up arrangements varied by scenario. In cases involving organisational settings such as care homes or council-arranged home support providers, contract compliance officers completed follow-up checks and social workers conducted reviews, whilst ‘eyes and ears’ intelligence, contract monitoring, and new safeguarding concerns were monitored for recurrence. For individuals living alone or with family where concerns had been addressed, social workers set review timescales proportionately and ensured that people and professionals knew where to raise further concerns.

Councillor Yasseen sought reassurance regarding the Board’s commitment to holding partners to account as a strategic objective and how that was achieved in practice and queried the reality of challenge and escalation where poor performance was identified.

The RSAB Independent Chair described the self-assessment process through which each organisation outlined their safeguarding systems for the Board's assurance. They explained that Board officers attended safeguarding meetings within partner organisations and that whilst Rotherham's partnership was known for strong collaboration, familiarity did not prevent robust challenge. They emphasised the importance of the role of Independent Chair in maintaining an objective view across the partnership. The Head of Service for Localities and acting Head of Service for Safeguarding added that a formal escalation process existed, albeit seldom used beyond the initial stage, and that partners welcomed reciprocal challenge to keep the person at the centre and to resolve concerns swiftly where practice fell short.

Councillor Carter raised the issue of feedback to those who made safeguarding referrals. Drawing on professional experience, they explained that they believed referrers often received limited feedback and lacked understanding about when to re-refer if concerns persisted, which risked discouraging appropriate referrals over time.

The Safeguarding Adults Board Manager replied that the system was designed to provide a response, confirming receipt of a referral and indicating whether a concern had progressed to Section 42 or had been redirected, but acknowledged that feedback gaps existed on the pathway. They explained that the matter had been discussed earlier that day at the Policy and Practice Sub-group and that the Board would work with the performance team to extract data on where feedback had been given, examine case files to understand content and consistency, and remedy omissions.

Councillor Carter welcomed the update, cautioning that absence of feedback could depress appropriate referral behaviour, and as such would appreciate sight of future arrangements.

The Safeguarding Adults Board Manager added that close working with GPs was critical and pointed to the Yorkshire and Humber Care Record development, through which high-level social care data would become visible to primary care. They advised that this would aid prevention by showing GPs whether social care was involved and whether there had been prior safeguarding activity.

Councillor Ahmed posed a question about the use of artificial intelligence in safeguarding. They wanted to understand what that looked like and what benefits it delivered.

The RSAB Independent Chair described the use of AI in safeguarding as limited. Microsoft Copilot for meeting minutes was the extent of current use. The Head of Service for Localities and acting Head of Service for Safeguarding added that any AI generated material required human check and sign-off by a social worker, minute-taker or safeguarding

manager and confirmed that this was how the Council had been using it to date.

Councillor Ahmed emphasised the importance of informing people when AI was used, noting that automated prompts could be unsettling for some but confirmed that they supported its use for quality and efficiency purposes.

The Head of Service for Localities and acting Head of Service for Safeguarding explained that AI was only used for meeting minutes where there was a face-to-face element and confirmed that the Council had developed a statement to share with participants before recording which emphasised proportional, transparent use so that attendees were aware when AI tools were used.

The Health Select Commission Chair noted reference to the development of a ‘suite of information around DoLS’ (Deprivation of Liberty Safeguards) within the strategic objectives. They asked about timeframes for delivery and targeted action planning, for that and the other commitments outlined, and sought reassurance that Members would be kept informed.

The Safeguarding Adults Board Manager replied that the strategic plan and supporting action plan ran for three years. They explained that whilst the Board had convened a DoLS subgroup in its early years, this had later been considered to sit less directly within the Board’s remit, however, recent discussions resulted in the Board’s intention to re-establish stronger oversight of DoLS activity and figures across the borough, with the expectation that this strand of work would be picked up toward the end of 2026.

Resolved:-

That the Health Select Commission:

1. Noted the development of the 2025–2028 Rotherham Safeguarding Adults Board Strategic Plan and the content of the 2024/25 Annual Report.

2. Requested that the RSAB provide annual updates regarding delivery against the strategic plan in order to provide assurances as to its impact in terms of delivering improvements for Rotherham’s vulnerable residents to the Commission, alongside its Annual Report.

3. Requested that the RSAB provide additional information to the Health Select Commission in relation to the incident data outlined in the annual report in order to provide meaningful context, such as location of incident or in the case of neglect, broken down further to specify the type of neglect, in order to facilitate identification of the root causes and development of appropriate interventions and remedies.

48. ACCESS TO CONTRACEPTION REVIEW REPORT

The Chair introduced the Access to Contraception Review Report for consideration by the Commission. Members were reminded that the report represented the outcome of a review undertaken by several current and previous Health Select Commission Members .

The Chair explained that as such, they did not intend to provide an extensive introduction invited any members who had participated in the review, along with the Governance Advisor who had support the review, to offer comments.

The Governance Advisor explained that the report had been produced collaboratively by Health Select Commission Members who formed the Working Group. They noted that Members, Officers and partners had been highly engaged and dedicated a significant amount of time and effort to the review and recommendations. They also clarified the process for progressing the report through the Overview and Scrutiny Management Board (OSMB) and subsequently Cabinet, and summarised what the Commission was asked to consider in the report's findings. They summarised that the recommendations and long-term broad ambitions set out in the report were designed to influence future service improvements and strategic direction regarding access to contraception within the Borough.

Councillor Duncan commented that the review had been a particularly interesting piece of work to participate in and formally recorded her thanks to Kerry Grinsill-Clinton, the Governance Advisor supporting the Health Select Commission, for the considerable effort they had invested in coordinating Members and supporting their work. They emphasised that producing a review report of such detail and quality must have been extremely challenging, but that the resulting report, both in content and presentation, was of an extremely high standard.

The Chair Concurred with Councillor Duncan's sentiments.

Councillor Havard advised that they echoed that praise, and recalled that they had tabled the item for consideration some years prior so was pleased to see the report realised. Councillor Havard explained that they had learned a great deal during the review about the realities of contraception provision in Rotherham, ranging from services delivered through MESMAC to those available in local communities, and encouraged officers and partners to continue the important work.

Councillor Yasseen noted that although they had not been part of the review, she had closely examined the report and wished to endorse previous comments regarding its value. They reflected that issues such as contraception were often taken for granted, with an assumption that provision was readily accessible to all who needed it. However, the review

had revealed significant postcode-based inequalities, particularly in the North and Central parts of the borough, where not all three main contraceptive options were consistently available. They also noted that the reports findings highlighted a crucial misconception, that residents often assumed that information provided by the Council or the NHS would be up-to-date, accurate and reliable whereas the review identified instances where incorrect or outdated information was shared or published, and suggested that more robust checks and balances were necessary. They felt the recommendations could have reflected this more strenuously.

Councillor Yasseen referred to the annual school lifestyle survey, a national survey involving large numbers of young people. They advised that recent results showed that amongst Year 10 pupils, young people under 16 who reported being sexually active, almost 40 percent were not using contraception. They stressed that this was a real and pressing issue for Rotherham, and that the data strongly suggested the need to link the problem of poor contraceptive access with broader concerns about sexual health, education and risk-taking behaviour.

The Governance Advisor confirmed that the Council's Commissioning Service had provided a written briefing in support of the review and had participated in evidence gathering sessions through which Members had been advised that that such data had been taken into account when commissioning services. They added that Members of the Working Group had also recognised the importance of understanding young people's perspectives and behaviours and had attempted to secure first-hand youth voice input for the review. Unfortunately, time constraints and other factors had prevented that on this occasion however, this had prompted further discussions with services about how to incorporate meaningful youth engagement in future reviews.

Resolved:-

That the Health Select Commission:

1. Noted the content of the Access to Contraception Review Report.

2. Supported option C, to support the recommendations and long-term broad ambitions as described at Paragraph 5 of the review report.

3. Supported the report being presented to OSMB, and subsequently Cabinet in accordance with the agreed preferred option.

49. HEALTH SELECT COMMISSION WORK PROGRAMME - 2025/26

The Chair advised Members that the CQC Inspection Feedback item that had been due to be presented at this meeting had been deferred to the 26 March agenda at the time the work programme included in the agenda

pack was generated. However, it subsequently became necessary to defer this item to the 14 May 2026 Health Select Commission meeting, due to unforeseen circumstances outside of the Council’s control.

The Chair added that whilst every effort would be made to bring this item to the May Health Select Commission meeting, there remained the possibility that this may be further delayed and unable to be presented until the 2026/27 municipal year, but highlighted that all possible action was being taken in order to avoid that position.

Resolved:-

That the Health Select Commission:

1. Approved the work programme.

2. Agreed that the Governance Advisor was authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and report any such changes back to the next meeting.

50. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair advised Members that the next JHOSC meeting was due to take place on 11 March 2026, and that the minutes of the previous meeting held on 7 January 2026 would be shared with members once available.

The Chair requested that Members reviewed the agenda for the 11 March 2026 meeting once published, and contacted the Chair and Governance Advisor regarding any questions or comments to be raised on their behalf during that meeting.

51. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025

The Chair requested that Health Select Commission Members who had comments, queries or questions they would like to discuss further in relation to the Director of Public Health Annual Report, or any suggestion for topics to be included in the work programme arising out of the contents of the report channel these via the Chair and Governance Advisor.

52. URGENT BUSINESS

There was no urgent business to discuss.

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Non Surgical Oncology Transformation Programme

ROTHERHAM HEALTH SELECT COMMISSION

26th March 2026

1. Purpose of this Paper

1.1 The purpose of this paper is to provide a progress update against the Non-Surgical Oncology (NSO) Transformation Programme, specifically focusing on the changes that impact the populations of Rotherham and Barnsley.

1.2 The paper provides an initial outline evaluation of the newly established NSO fourth Lung Clinic that is located in Rotherham District General Hospital.

2. Introduction and Background

2.1 The key purpose for initiating the NSO Transformation Programme was to:

- improve clinical safety and reduce clinical risks
- tackle inequalities to access, both geographically and to the full range of treatment, research and clinical trials
- address sustainability challenges including workforce sustainability.

2.2 The work continues to be led by the South Yorkshire and Bassetlaw Cancer Alliance (SYB CA), who are working with partners to continue to develop and agree a long-term sustainable model for the provision of NSO for patients across South Yorkshire, Bassetlaw and North Derbyshire.

2.3 The overall vision for the NSO service is to support equality of access, providing a more resilient service that can offer more personalised care. Services offered to Barnsley and Rotherham patients have been a distinct focus of the Transformation Programme during the last 12 months, recognising the need to improve accessibility to care provision within several tumour sites.

3. NSO Fourth Lung Clinic

Background

3.1 Lung cancer clinics have been of particular interest due to the shortages of staff available in this tumour site. Historically, Barnsley Lung patients attended Barnsley Hospital for their outpatient clinic consultation. As a short-term measure, in 2023,

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these patients started travelling to Weston Park Hospital in Sheffield for their face-to-face outpatient consultations, whilst Rotherham, Chesterfield and Doncaster patients continued to have their face-to-face consultations in a Lung outpatient clinic within their respective District General Hospital (DGHs). Where clinically safe and appropriate, many appointments moved to telephone consultations to avoid any unnecessary excess travel for these Barnsley patients.

3.2 Acknowledging this inequity of service provision, as part of the Transformation Programme stabilisation phase it was agreed to look at a fourth site for an NSO outpatient Lung Clinic for the populations of Barnsley and Rotherham. Following a formal system-wide evaluation process, which included a Risk Assessment and Equalities Health Impact Assessment, in 2024 the Cancer Alliance Board (CAB), the Joint Health Overview and Scrutiny Committee (JHOSC) and South Yorkshire Integrated Care Board (SYICB) supported the recommendation for a joint outpatient Lung Clinic to be established for Barnsley and Rotherham patients at the Rotherham District General Hospital site.

3.3 The core aim of establishing the new joint Lung Clinic was to improve patient and clinical safety, as well as patient access. Combining the population groups for Barnsley and Rotherham patients to be seen in one location aspired to improve clinical cover and team resilience as well as access to clinic support staff. This was agreed as a temporary solution to support immediate operational workforce and clinical pressures, as opposed to being a new service that would require a commissioning process.

3.4 A multidisciplinary Joint NSO Working Group was established to focus on practically implementing this fourth clinic, although work initially experienced notable delays. Contributing factors included time required to identify resident doctor cover; impact of the new STH Electronic Patient Record (EPR) system implementation; changes taking place within the Pharmacy Unit at Barnsley; and the need to address particular issues identified in Rotherham that were leading to the overrunning of the existing clinics. Additionally, there was a lack of dedicated resource to drive this work forward.

3.5 Following a significant amount of collaborative work between all three organisations, the new joint Lung Clinic went live on 27 November 2025. Quantitative and qualitative data collection promptly commenced, to provide an early indication of whether the new joint clinic showed promise of delivering the required objectives. Whilst a formal evaluation report will be produced three months following the Go-Live date, initial findings from analysing data collected so far has contributed to the content of this report. A further and more comprehensive evaluation will be undertaken 12 months post implementation.

Progress and Impact

3.6 Commencing 27 November 2025, the new NSO Joint Lung Clinic runs every Thursday from the Scarborough Suite, located on the ground floor of Rotherham Hospital. Responding to patient input during the planning stages of this work, the clinic currently runs with separate lists for Barnsley patients and for Rotherham patients to maximise continuity of care and access to support. Patient and clinical safety has been improved

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through enhanced clinical cover and team resilience, with honorary contracts established where appropriate to support the new staffing model.

3.7 Having multiple consultants in clinic enables senior support and advice to be provided to each other's clinic list during instances of leave to ensure robust clinical oversight. Barnsley and Rotherham CNSs attend to support patients from their respective localities, with Rotherham Outpatient Clinic staff supporting the running of both lists in the joint clinic.

- Modifications

3.8 Rotherham Lung patients have been attending the Scarborough Suite on a Thursday for many years and, therefore, the direct impact of the joint clinic has been minimal in terms of day or location for their outpatient clinic consultation, blood tests or treatment.

3.9 Whilst telephone clinics for Barnsley Lung patients have continued to run all day on a Tuesday, face-to-face outpatient consultations for this patient cohort have transferred from a Wednesday afternoon at Weston Park Hospital in Sheffield, to a Thursday morning in the Scarborough Suite at Rotherham Hospital. As a result, bloods test days for these patients also shifted, as well as chemotherapy treatment days moving from a Thursday to a Monday. Blood tests, other investigations, and treatment have all continued to take place locally at Barnsley Hospital.

3.10 A Standard Operating Procedure (SOP) was developed to support the safe running of the Joint Barnsley and Rotherham Lung Clinic, along with several specific documented processes/Action Cards.

- Patient Communication

3.11 To inform relevant patients of the impending changes, Patient Information Leaflets were handed out to relevant patients (see Appendix 1) at respective Day Case Units in Barnsley and Rotherham Hospitals; at Burleigh Medical Centre; in clinic at the Scarborough Suite at Rotherham Hospital; and in the existing clinic at Weston Park Hospital. Electronic versions of the leaflets were also shared with primary care colleagues via the SYICB.

3.12 During the run up to the changes of clinic scheduling, Cancer Care Coordinators contacted existing Barnsley patients by telephone to ensure the change in clinic location was clearly communicated to them.

- Initial Evaluation

3.13 This report intends to provide initial insight into the first couple of months of the new joint clinic, offering indication of the impact. A formal evaluation report will be produced using quantitative and qualitative patient feedback, staff feedback and performance data once more comprehensive information becomes available.

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- **Patient Numbers**

3.14 The Data Analyst Team within STH Specialised Cancer Services has supported initial collation and analysis of performance data.

3.15 Figure 1 below shows the number of Barnsley and Rotherham Lung patients that have attended appointments at a WPCC lung OP clinic since the fourth lung clinic commenced on 27 November 2025, split by clinic location and medium of appointment.

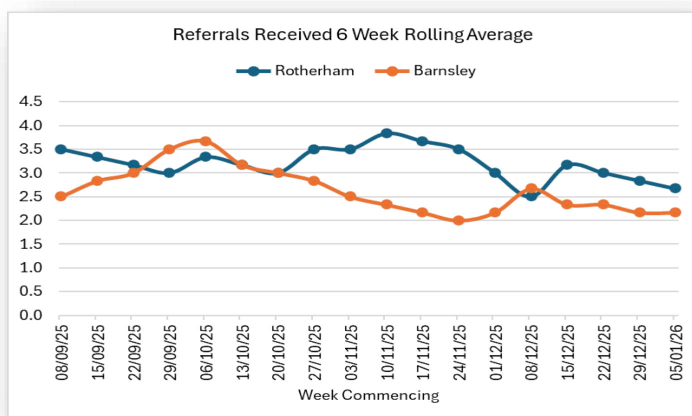
Figure 1: Number of lung patients attending appointments 24/11/25 – 28/02/26

Patient cohort	Clinic location	Face to Face	Telephone	Total
Barnsley patients	Earl of Scarb TRFT	33	16	49
	WPH Sheffield	23*	196	219
	Total	56	212	268
Rotherham patients	Earl of Scarb TRFT	122	17	139
	WPH Sheffield	47	74	121
	Total	169	91	260

**All Radiotherapy patients*

3.16 Figure 2 below validates what has been experienced in recent clinics in terms of reduced patient numbers from Barnsley. Barnsley's 6-week average decreased seven weeks in a row and appears to have remained there since. This has been reflected in fewer first appointments for Barnsley, therefore, fewer patients attending the joint clinic from this locality than anticipated.

Figure 2: Referrals received 6 week rolling average Sept 2025 – Jan 2026



3.17 Recognising the natural variation in demand, this reduced number is, therefore, not being attributed to the change in clinic location and is expected to rise again in due time.

3.18 On reviewing the metrics previously suggested by the Rotherham Health Select Commission, this paper responds in part to those proposals. More detailed analysis will be undertaken as part of the formal evaluation when larger patient numbers are

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available to offer more accurate evidence of the impact of the change. This future analysis will not only allow time to compare seasonal variation but will also focus on a breakdown of appointment types; patient wait times; and DNA figures. Initial observations from those involved in this work do not indicate any noticeable impact in these areas to date.

- **Patient Feedback**

3.19 Prior to this service change an exercise was undertaken to establish patient insights to inform development and influence areas of focus for evaluation. Key themes included:

- Care - continuity of care and access to support
- Location - services being easily accessible via public transport
- Parking - sufficient car parking for those able to travel by car
- Communication - clear communication between appointments
- Time efficiency - time spent waiting for the appointment on the day
  - time spent during the appointment
  - consideration if face-to-face is absolutely necessary
- Environment - welcoming, comfortable waiting areas and access to support

3.20 Since commencing the new joint clinic, at each attendance patients have been offered the opportunity to complete an anonymous patient feedback questionnaire, some of whom chose to decline. Noting that, at the time of writing this report, the clinic had only been established for two and half months, spanning Christmas and New Year which affected clinic capacity over this period, an initial summary of feedback from 52 patients has been provided:

- ***Care*** – no respondents offered a negative response when asked about their overall experience of the clinic. There was an overwhelming volume of positive comments towards the clinic staff, including descriptions of “fantastic”, “extremely helpful”, “friendly and efficient” and “very polite”. Feedback also highlighted that staff “explained things clearly through” with one patient stating they “cannot praise them enough”.
- ***Location and accessibility*** – recognising 43% of respondents travelled from outside Rotherham to attend their appointment, all respondents reported travelling using their own car (54%), being brought by family/friend (33%) or via taxi (13%). No reflections were, therefore, offered in relation to public transport. 8% responded that they felt the distance from car to the clinic waiting room was too far, with all other respondents reporting this as acceptable or manageable with help. When asked the question, 47% of respondents travelling from outside of the Rotherham locality indicated that attending the clinic in Rotherham Hospital was more accessible than attending the clinic in WPH, with a further 33% not expressing a preference.
- ***Parking*** – with only 8% of respondents reporting they parked easily, survey feedback evidenced that hospital car parking was undoubtedly the key frustration. This related not only to the lack of general spaces, but also numerous responses

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highlighted the insufficiency of dedicated spaces allocated to those holding a blue badge.

- ***Communication*** – 93% of respondents reported they were made fully aware of where to attend their appointment, either via a letter, text, NHS App or phone call. One patient reported they had to phone to find out about their appointment.
- ***Time efficiency*** – 16% of respondents stated they were seen later than their appointment time, with just over half of those reporting they were kept informed of this delay. Comments were mixed with some noting that the wait was "much better than last time" and the "appointment was worth the delay", where others noted frustration of a lengthy wait, having to proactively ask for updates.
- ***Environment*** – feedback was overwhelmingly positive with regards to the clinic setting, with comments mentioning the cleanliness, friendly atmosphere and the "very calming environment when it is a stressful situation". Numerous compliments were aimed towards the reception staff, using words such as "amazing", "smiley", "friendly and welcoming" and "lovely and jolly".

3.21 Patient questionnaires will continue to be handed out in the Scarborough Suite until the end of March, following which a comprehensive analysis will be undertaken and feed into the formal evaluation report.

➢ **Staff Feedback**

3.22 An electronic questionnaire was distributed to all staff members affected by the clinic change to determine initial feedback from a staff perspective. The initial summary of feedback from 13 respondents has been provided, recognising additional submissions are still awaited.

- ***Clinic set up*** – All respondents reported that the SOP and Action Cards developed to support the running of the clinic were helpful documents. Whilst the majority of staff indicated that they had everything that they needed in clinic to do their job effectively and efficiently, 15% disagreed. Exploring subsequent questions in the survey, IT equipment and poor Wi-Fi connection were identified as the primary causes of dissatisfaction. However, discussions with Rotherham colleagues revealed that this was a long-standing issue and not a result of the clinic change. Work is continuing internally at Rotherham Hospital to try to address the IT challenges.

- ***Patient impact*** – There was a mixed response from staff when asked about whether they felt patients were clearly and accurately informed about their appointment. Whilst the majority reported patients turning up at the correct location and at the current appointment time, individual cases were highlighted where this was not the case. These related to both Barnsley and Rotherham patients. A record of occurrences where patients have not attended at the correct time/ location has been created and reported to the SCS Service Manager at WPH to investigate. To date, such instances appear to have occurred as a result of technical issues related to the implementation of the new STH EPR system as opposed to direct correlation with the

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change in clinic location. This is a wider STH Trust issue that continues to be prioritised.

- ***Personal impact*** – The majority of respondents reported a positive impact on their overall job satisfaction and personal working day. Morale of staff in clinic was felt to have improved, with individuals from Barnsley appreciating the warm welcome offered by the Rotherham team. However, negative impacts were expressed by some in relation to the additional travel, difficulty in parking and recurrent IT challenges.

- Community and Public Transport

3.23 Noting the previous request from the Overview and Scrutiny Committee, options have been explored to support Barnsley Lung patients travelling to the new joint Lung Clinic in Rotherham Hospital. This included proactive discussions with Weston Park Cancer Charity as well as the Director of Partnerships for Barnsley from SYICB, clarifying a range of transport possibilities.

3.24 Yorkshire Ambulance Service (YAS) provides a non-emergency patient transport service for patients requiring medical assistance whilst they travel. Eligibility for this service is criteria based according to medical need. The Lung clinic is located on the ground floor of the hospital and wheelchairs are available from the main entrance as well as from the main car park. The Ambulance Liaison Service is located at the main entrance of Rotherham Hospital for easy access.

3.25 Patients seeking support with transport due to affordability have the option to access the NHS Healthcare Travel Costs Scheme (HTCS), which offers help with travel costs for patients meeting their eligibility criteria. Public transport services run regularly between the city centre bus stations, with ongoing transport links to each of the local hospitals.

3.26 From a charitable perspective, a free transport service runs twice daily from three pick-up points in Barnsley and four pick-up points in Rotherham, to any of the Sheffield Teaching Hospitals sites for those having cancer treatment in Sheffield. Weston Park Cancer Charity is open to exploring the viability of expanding this service in the future to run between Barnsley and Rotherham Hospital should such demand be evidenced.

3.27 Reflecting on the patient and public involvement activity that took place as part of the planning and development work for this clinic, 85% of people using services reported that they travel to appointments by car and 98% of local residents reported that if diagnosed with cancer that they would expect to travel by car. This prediction is validated in reality by the intelligence provided in the previous section of this paper where, to date, 100% of patients have opted to travel by private transport.

3.28 At this stage the associated patient numbers travelling from Barnsley to the new joint clinic are comparatively small, although this will likely increase over time. Equally, those that are travelling are not currently preferencing public transport. It is, therefore,

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recommended to await the outcome of the formal 12-month clinic evaluation and at that point review the potential for utilising Barnsley community transport services and/or Weston Park Cancer Charity to support patients from the Barnsley locality attending their appointment in Rotherham.

4 Recommendations

4.1 The Rotherham Health Select Commission is asked to**:**

- **Note** the implementation and initial appraisal of the NSO joint Lung Clinic for Rotherham and Barnsley patients
- **Note** that a formal clinic evaluation will be undertaken 12-months post go-live, which will enable more meaningful data analysis to influence recommendations for future service provision
- **Endorse** the recommendation to review public and community transport needs for Barnsley patients travelling to Rotherham Hospital following the formal 12-month clinic evaluation.

Paper prepared by:
Jo Evans, Improvement Director for Specialised Cancer Services, STHFT

Date: 6 March 2026

Appendix 1 – Joint Lung Clinic Patient Information Leaflet

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Sheffield Teaching Hospitals
NHS Foundation Trust

Can I bring someone with me?

Yes. You are welcome to bring a relative, friend or carer to support you.

Refreshments on site

Rooftop Restaurant (A-Level), Open Monday–Friday

- Breakfast: 8.00am – 11.00am
- Lunch: 11.30am – 2.30pm

Shops in the Main Entrance

- Florist
- Boots
- M&S Food
- Stock Shop
- Costa Coffee
- Numark (Rowlands) Pharmacy

Why are we making this change?

Demand for our lung cancer service has increased. To make sure that we can provide safe, high-quality care, we are temporarily running joint clinics in fewer locations. This will help us manage staffing and provide a more consistent service.

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Welcome to the Joint Barnsley and Rotherham Lung Cancer Oncology Clinic

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust

From November 2025, patients with lung cancer from the communities of Barnsley and Rotherham will attend a new joint lung cancer clinic based at Rotherham Hospital which will run on a Thursday. This leaflet is designed to help patients understand what's changing, what to expect and how to prepare for their visit.

Where do I find the clinic?

The clinic is based at:
Scarborough Suite
C-Level, Junction 3
Rotherham Hospital
Moorgate Road
Rotherham S60 2UD

Enter via the Main Entrance. The Earl of Scarborough Suite is on C-Level, ground floor. If you need directions once inside the main entrance, please ask at the Welcome Desk. For more information, scan the QR code above or visit:

https://www.therotherhamft.nhs.uk/patients-and-visitors/our-sites/rotherham-hospital

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Appendix 1 – Joint Lung Clinic Patient Information Leaflet

Getting here

- **Parking**

  Parking is available on site. Full details can be found on our website: https://www.therotherhamft.nhs.uk/patients-and-visitors/parking
- **Free parking for cancer patients**

  Rotherham Hospital offers free parking for cancer patients. Please ask for a form at the lung clinic or at the Welcome Desk in the hospital's main entrance.
- **Public transport**

  Rotherham Hospital is accessible by public transport. For more details visit the South Yorkshire Transport website: https://www.travelsouthyorkshire.com
- **Accessible entrances**

  For information about step-free access, lifts and facilities for people with mobility needs, visit the AccessAble website: https://www.accessable.co.uk/the-rotherham-nhs-foundation-trust

What happens in the clinic?

The clinic is led by a Consultant Oncologist, supported by a team that work collectively to support you on your cancer journey.

The team may include:

- Senior Doctors in training
- Advanced Clinical Practitioners (ACPs)
- Specialist Pharmacists
- Clinical Nurse Specialists (CNSs)

At your first visit, the team will:

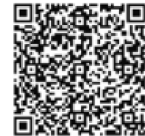
- Discuss your diagnosis
- Talk through non-surgical treatment options
- Answer your questions
- Suggest a treatment plan for you to consider
- Arrange further tests if needed

At your next visit, the team will confirm the treatment plan with you, may begin the consent process for treatment and will request any tests needed before treatment starts.

If I need treatment, where will it take place?

- Systemic Anti-Cancer Therapy (e.g., chemotherapy) will usually take place at your local unit in Barnsley or Rotherham (often on a Monday). For some specific treatments you may need to travel to a different hospital such as Weston Park Hospital in Sheffield.
- Radiotherapy will be provided at Weston Park Hospital in Sheffield as this is the only location in South Yorkshire with the specialist equipment.

Free shuttle buses are available from Barnsley and Rotherham hospitals to Weston Park Hospital for cancer patients.
For more details, scan the QR code or visit:
https://www.westonpark.org.uk/transport-service



During your treatment you will continue to be reviewed at the joint clinic in Rotherham. Whilst you may not see the same clinician every time, your care plan will always be overseen by a senior clinician.

How long will the appointment take?

We aim to see patients as promptly as possible. Some patients may be seen quickly, but others may need extra tests or need to see more than one member of the team. Clinics can be busy, so we suggest planning for some extra time around your appointment as delays are possible. Free Wi-Fi is available using "NHS-WiFi-Guest".

What should I bring?

To help us keep your care safe and effective, please bring with you:

- any pain medications (if you take any regularly)
- a full list of all medications you are taking, including prescriptions, over-the-counter remedies, supplements and any treatments for other conditions.

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Non-Surgical Oncology Transformation Programme

Briefing Slides for Rotherham Health Select Commission
Thursday 26 March 2026

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Introduction

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Purpose:

- Recap on the phased approach to the NSO Transformation Programme
- Provide a progress update on the Stabilisation Phase of the programme, including an initial outline evaluation of the **temporary fourth Lung clinic**
- Provide assurance on the mitigations in place as part of the Stabilisation phase

The ask of Rotherham HSC Members:

1) **Note** the approach to the NSO Transformation Programme
2) **Note** the implementation and initial appraisal of the NSO joint Lung Clinic for Rotherham and Barnsley patients
3) **Note** a formal clinic evaluation will be undertaken 12-months post go-live, which will enable more meaningful data analysis to influence recommendations for future service provision
4) **Endorse** the recommendation to review public and community transport needs for Barnsley patients travelling to Rotherham Hospital following the formal 12-month clinic evaluation

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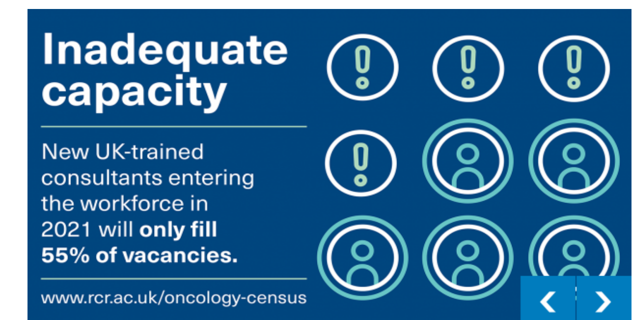
Why do we need to change?

- **Workforce**: There is a **national shortage** of Consultant Oncologists with insufficient trainees to bridge the gap
- **Increasing demand**: Many new treatments and therapies are becoming available. Patients are living longer and as a result their management is becoming more complex.
- **Variation** : there is variation in the delivery of the commissioned model across South Yorkshire, Bassetlaw and North Derbyshire
- **Advancing roles** allow for a "Consultant Led: Team Delivered approach" which is less reliant on the oncologists
- **Technology Advances**: there are significant advances in technology offering more patient-led opportunities to feed into care planning , remotely and face to face

The Workforce Challenges



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The NSO Transformation Programme

The NSO programme includes Outpatients, Inpatients, day case treatment, referred to as Systemic Anti-Cancer Therapies (SACT) and Acute Oncology services.

The purpose of the NSO Transformation Programme is to:

- Improve clinical safety and reduce clinical risks
- Tackle inequalities to access: not just geographically, but equally to the full range of treatment modalities and access to research and clinical trials
- Address sustainability challenges including workforce sustainability

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Stabilisation Phase Changes

- We have **taken the feedback from patients/public and staff** to build into the proposed clinical models
- We know that **patient safety and outcomes , continuity of support, travel and access** are all important
- For the stabilisation phase we are focussing on further development of the clinical teams so that **cross cover can be provided and will be more resilient**
- We are **consolidating the number of sites that offer face-to-face appointments** to ensure that a safe service can be provided but still offering choice
- We are exploring different ways of working e.g. **enhanced virtual clinics** for Barnsley and Rotherham patients

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The Opportunities

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- A **more resilient service** with increased consultant cover, enhanced team working that supports continuity of care
- **Redesigned clinic** that has increased standardised pathways so that both Rotherham and Barnsley patients receive the same quality of care. Clear protocols and information for patients for in-hours and out of hours support.
- Patients continue to have SACT **treatment closer to home** and are not travelling to Weston Park : the health centre at Burleigh offers treatment alongside the BDGH
- Testing of **virtual clinics** : supported by patient feedback: during the past 2 years we have continued to engage closely with patient groups who have told us consistently that they want to travel less for appointments, are supportive of telephone and virtual clinics

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Mitigating the impact

- ✓ Increased access to **charitable transport**
- ✓ Developed a **supportive care pathway** – initially in breast providing additional nursing to support continuity of care
- ✓ Identifying sites with **good parking** e.g. Breathing Space
- ✓ Adoption of **non-face to face** appointments to reduce patient requirement to travel
- ✓ Repatriation of treatments – ***more patients are getting their chemotherapy closer to home***
- ✓ **Recruitment** and workforce development strategies
- ✓ Ensuring **Oncologists are only doing what only they can** do by maximising utilisation of **non-medical** workforce e.g. development of Advanced Clinical Practitioner roles, Cancer Nurse Specialist development
- ✓ **Improving operational working**: regular system-wide operational meetings focussed on enhancing patient experience, service improvement plan

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Fourth Lung Clinic

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Lung Outpatients: Why Change?

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- Demand and activity have been increasing significantly since Covid, for example over the past 12 month rolling period treatment activity for Systemic Anti Cancer therapy (SACT) increased by 48%.
- Single consultant working for Lung Outpatients for Barnsley and Rotherham populations.
- No resilience: periods of leave/sickness/staff stress with no consultant cover had made the service very vulnerable , with a reduced service to Barnsley patients.
- Telephone outpatient service provided on a temporary basis and Barnsley patients having to travel to Weston Park for face-to-face outpatient appointments since 2023.
- National shortage of Oncologists so recruitment environment is challenging: locally for lung services we have 8 but WTE equivalent needed consultants covering the whole of South Yorkshire, Bassetlaw and Chesterfield.
- NSO Transformation Programme established to support changes in a phased approach. The Lung clinic is part of the stabilisation phase and not a permanent change.

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Lung Outpatients: The Process

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Establishment of the fourth Lung Clinic was the final part of the stabilisation phase to secure safe services. An agreed evaluation process was established to ensure that:

- Patient engagement feedback was incorporated into the requirements
- There were clear clinical safety and quality requirements
- The incidence for lung cancer and annual demand for outpatients was considered
- The workforce model was identified and implications for staff considered
- Infrastructure requirements were considered
- Timelines for implementation were considered
- The Equality Health Impact Assessment (EHIA) recommendations were fed into the process

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Lung Outpatients: The Process

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- A requirements letter (15 February 2024) was sent out to Rotherham and Barnsley Place Leads and Providers with a template for completion.
- Lung Cancer incidence data and clinic activity data was shared as part of the process with focus on areas of highest incidence and deprivation.
- The inclusion of the Montagu site was also included in recognition of its location being halfway between Barnsley and Rotherham, a proposal was submitted by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- Evaluation criteria were agreed and developed in support of the evaluation of the proposals.
- An Evaluation Panel was convened with agreed Terms of Reference, briefed on 12 August 2024 and met again on the 9 September 2024 to moderate the results from the evaluation and consider any additional comments/feedback.
- Representatives from all organisations were on the panel including lay representation.
- At the Moderation meeting on the 9 September 2024 a recommendation was made to support the Rotherham proposal for the temporary NSO outpatient lung clinic at the Rotherham District General site.

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Lung Outpatients: Implementation Update

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- A multi-disciplinary Working Group, comprising Sheffield, Barnsley and Rotherham clinical, managerial and support staff, has been meeting on a weekly basis to focus on practical implementation.
- Notable delay to implementation was due to ensuring the required workforce was in place; the impact of the new STH Electronic Patient Record (EPR) system implementation; the impact of changes taking place within the Pharmacy Unit at BDGH; the need to address issues resulting in overrunning of existing clinics; the lack of dedicated resource to drive this work forward.
- The clinic went live on **27 November 2025.** This has involved changing job plans for the consultants and changing Barnsley SACT delivery days to line up with the day the clinic can be supported.
- Patient Information Leaflets were developed and handed to relevant patients prior to the change.
- A Standard Operating Procedure (SOP) has been developed to support the safe running of the clinic, along with specific documented processes/Action Cards.

Weston Park Cancer Centre
excellence in cancer care and research

Lung Outpatients: Implementation Update

South Yorkshire and Bassetlaw CANCER ALLIANCE

- In response to patient input, separate lists run for Barnsley patients and for Rotherham patients to maximise continuity of care and access to support.
- Patient and clinical safety has been improved through enhanced clinical cover and team resilience, with honorary contracts established where appropriate to support the new staffing model.
- Treatment is still being provided locally at Barnsley District General, at Burleigh Medical Centre in Barnsley and Rotherham District General Hospital
- Rotherham Lung patients continue to attend Rotherham Hospital on a Thursday for their outpatient consultation, with no changes to the day or location of their blood tests or treatment.
- Barnsley Lung patients have continued to have telephone clinics on a Tuesday. However, face-to-face outpatient consultations have transferred from Wednesday afternoon at Weston Park Hospital to Thursday morning at Rotherham Hospital.
- Barnsley Lung patients continue to have their blood tests, other investigations, and treatment locally at Barnsley Hospital, although bloods test days have shifted and chemotherapy treatment days moved from a Thursday to a Monday.

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Lung Outpatients: Initial Evaluation

South Yorkshire and Bassetlaw
CANCER ALLIANCE

- The Working Group has continued to meet weekly to ensure the effective running of the clinic and monitor intended and unintended consequences. Meetings will cease at the end of March 2026.
- An initial patient and staff evaluation has been undertaken to assess the impact to date and provide early feedback for this Committee. A formal evaluation report will be produced at 12 months once more comprehensive information is available.

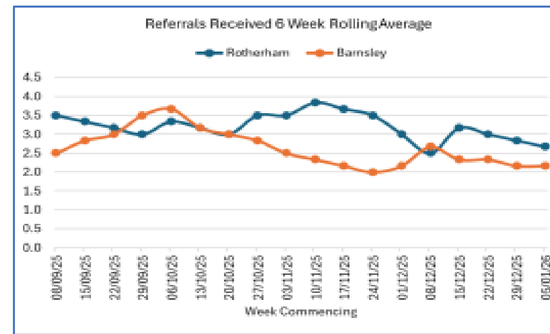
Patient Numbers

- No. of lung patients attending appointments 24/11/25–28/02/26:

		Appointment Medium		
Patient cohort	**Clinic location**	**Face to Face**	**Telephone**	**Total**
Barnsley patients	Earl of Scarb TRFT	33	16	49
	WPH Sheffield	23*	196	219
	Total	56	212	268
Rotherham patients	Earl of Scarb TRFT	122	17	139
	WPH Sheffield	47	74	121
	Total	169	91	260

*All Radiotherapy patients

- Reduced referral numbers from Barnsley due to natural variation
- Reduction not being attributed to the change in clinic location & expected to rise again



- Longer term evaluation will show true performance impact

Patient Feedback

- **Care** – overwhelming volume of positive comments towards clinic & reception staff
- **Location & transport** – 47% reported more accessible than WPH (33% no preference); no reflections provided on public transport
- **Parking** – key frustration, especially shortage of spaces dedicated to blue badge holders
- **Communication** – 93% made fully aware when & where to attend their appointment
- **Time efficiency** – varied responses: "much better than last time" & "worth the delay" Vs frustration from lengthy waits and not informed of delay
- **Environment** – very positive about cleanliness, friendly atmosphere, calming environment

Staff Feedback

- **Clinic set up** – helpful SOP and action cards. Identified local IT issues unrelated to clinic change – being addressed internally at TRFT
- **Patient impact** – mixed response from staff. Main concerns identified relate to impact of new STH EPR system as opposed to clinic change – being addressed internally at STH
- **Personal impact** – mostly positive relating to job satisfaction, team morale & welcome from Rotherham. Drawbacks related to additional travel, difficulty parking & recurrent IT issues

South Yorkshire and Bassetlaw CANCER ALLIANCE

Concluding Recommendations

Rotherham HSC Members are asked to:

1) **Note** the approach to the NSO Transformation Programme
2) **Note** the implementation and initial appraisal of the NSO joint Lung Clinic for Rotherham and Barnsley patients
3) **Note** a formal clinic evaluation will be undertaken 12-months post go-live, which will enable more meaningful data analysis to influence recommendations for future service provision
4) **Endorse** the recommendation to review public and community transport needs for Barnsley patients travelling to Rotherham Hospital following the formal 12-month clinic evaluation

Weston Park Cancer Centre
excellence in cancer care and research

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Urgent & Emergency Care – The Rotherham NHS Foundation Trust

The Department of Health and Social Care alongside NHSE stated:

- Urgent and emergency services have been through the most testing time in NHS history with the pressures impacting the whole health and care system
- We see this causing the most visible problems at the front door
- Despite best efforts, problems discharging patients to the most appropriate care settings has seen hospital occupancy reach record levels. This means patient ‘flow’ through hospitals has been slower
- As a result, patients are having to spend longer in the Emergency Department and waiting longer for ambulances.

What does this mean for our patients ?

- Year on year increase in attendances – 12% 25/26
- Overcrowding, lack of space to see patients
- Increased waiting times
- Poor patient experience
- Poor staff experience

Development

- We developed a business case which was secured National funding to provide improved Medical Same Day Emergency Care (MSDEC) services to support UECC and wider impact across the organisation – The total successful bid totalling £7 million
- December 2024 NHS England bid confirmed
- Increasing UECC and MSDEC footprint at the front door for ambulant patients
- Purposed built MSDEC to ensure the patient sees the right clinician at the right time in the right place
- Increase in ED footprint to support the over crowding of the current waiting area
  - Urgent Primary care
  - Minor Injuries
- Other development as part of the scheme due to the location of the new build (600 members of staff relocated)
  - Orthopaedics and Orthotics
  - Sexual Health
  - Pre-Operative Assessment

Opening date: July 2025

Pathways

- ED – type 1
- YAS direct access - type 5 (August 2025)
- GP direct access – type 5 (August 2025)
- OPA/other HCP referral – type 5
- Returner
- Community teams in reach

Ambitious Caring Together

Same Day Emergency Care Unit (SDEC)

Patient Pathway

Between each stage of your pathway with us there will be periods of waiting. Our aim is to provide you with same day emergency care, allowing you to be assessed, tested and treated without needing to stay in hospital overnight. This process can take several hours in total. Please be patient with us and please ask our staff if you need any help whilst you are waiting.

Reception

Please advise our receptionist of your arrival.

Assess

Your initial assessment is carried out by a nurse, this allows us to determine the best place for you to be seen and some of the tests / investigations that you may need.

Tests / Investigations

This may include blood tests, x-ray, ECG or other scans / tests. Wherever we can we will begin your investigations at the earliest possible opportunity.

Review

You will have a medical assessment from a doctor or an advanced nurse practitioner who will formulate their plan for you based on their findings.

Further Tests / Possible Senior Review

In some cases we may need to investigate a little further and your clinician may need some input from their senior or other specialist to help them to formulate your plan.

Home

We will aim to get you home the same day with an appropriate treatment plan in place.

Admission

Occasionally it is necessary to admit people from Same Day Emergency Care (SDEC). If this is the case, we will ensure that the next available bed is sourced for you.

Where possible, we will see all our patients in the same order that they arrive.

However, please do be aware that at times we may need to prioritise some patients according to their clinical needs.

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Welcome to Medical Same Day Emergency Care (MSDEC)

NHS
The Rotherham NHS Foundation Trust

Arriving on our unit

MSDEC is the provision of medical same day care for emergency patients who might otherwise be admitted to hospital. Patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home on the same day.

We've put together a helpful guide, full of information about our hospital and your care, please scan this QR code

Visitors

You are welcome to visit at any time as we don't have set visiting hours.

However, in some cases it might not be possible to visit overnight but the nurse in charge will explain this to you.

#hello my name is..

Well-timed, good communication improves your care, which starts with the simple introduction 'Hello my Name is'. During your stay you can expect staff to address you politely and call you by your preferred name.

Asking what matters to you

Asking "What matters to you?" is a simple question that can have a big impact on your care. It helps to ensure that the care you receive is in line with your preferences and is more patient and family centred. For more information, visit; whatmatterstoyou.scot

Safeguarding

Every patient should feel safe and secure during their stay in hospital. However, if you have any safeguarding concerns, please talk to a member of the ward staff who will advise what to do. This may be a referral to the Safeguarding Team for specialist help and advice.

Please let us know if you have ever served in the UK armed forces so that we can best support your care needs. For more information about support for veterans in hospital, please visit:
england.nhs.uk/ personalisedcare/upc/ipc-for-veterans/veteran-aware-nhs-trusts

LGBT+ Rainbow Badges

If you see a member of staff wearing an NHS Rainbow Badge, this is to let you know that this staff member has been on LGBT+ training and has pledged to improve healthcare for LGBT+ people. They have agreed that they are a safe person to talk to about LGBT+ issues.

John's Campaign

for the right to stay with people with dementia
for the right of people with dementia to be supported by their family carers

Our Trust is in support of John's Campaign.
This is a public declaration that this ward welcomes carers at all times to support patients living with dementia or experiencing delirium, including overnight if necessary.

Giving your consent to treatment

We will only give you medical treatment, tests or examinations with your consent, after the procedure has been explained and you have had opportunity to discuss options. Your consent must be given voluntary and you must have the capacity to make the decision.

For more information on consent to treatment, please visit nhs.uk/conditions/consent-to-treatment/

Tests you may need

You may need to undergo a number of different test during your stay in hospital, this includes:

Medical imaging: This covers a range of scans that may be needed to help in the investigation of your symptoms or explore medical conditions. The scans or imaging is undertaken by professionals knows as radiographers using specialised equipment, some of which use x-rays or other forms of radiation. Medical specialists called radiologists read the images.

Clinical tests: This includes a very wide range of laboratory tests that may be undertaken on your sample (such as tissue, blood or urine) to help in the diagnosis, monitoring and treatment of disease.

Ask the nurse if you are unsure about a test you are having or for more information about clinical testing please visit labtestsonline.org.uk

Nutritional information

For a range of diet and nutrition information, please visit: bda.uk.com

For more information on the International Dysphasia Diet Standardisation Initiative (IDDSI) framework, please visit: IDDSI - IDDSI Framework

Stay well hydrated: Drinking plenty of fluids and staying well hydrated is important for good health and can help reduce the risk of kidney damage. For more information on keeping your kidneys safe, please visit: thinkkidneys.nhs.uk/aki/resources/patient-information

Patient safety in hospital

Infection Prevention and Control is important. We want to protect you and your visitors from the risk of infections in hospital. We ask all parents and visitors to wear a face covering and regularly wash their hands or use the alcohol gel before entering and on leaving the ward.

For more information about infections, visit here nhs.uk/common-health-questions/infections

For more information about Coronavirus (COVID-19), please visit nhs.uk/conditions/coronavirus-covid-19

Parent/Carer or Visitors – If you are unwell and have cold like symptoms or diarrhoea, you must not visit this clinical area until you are better. Germs can spread easily in a hospital and we need to work together to keep all our patients safe.

Medicines

Please bring any medicines that you normally take with you into hospital. This helps us to ensure you continue to take your necessary medications during your stay. You may also be prescribed new medicines and when you leave hospital it is important you understand how to use your new medications, what to do if you miss a dose, whether more supplies are needed and how to get a new supply.

Ask the nurse if you are unsure or for more information on medicines, please visit england.nhs.uk/medicines-2/ medicines-optimisation

Your rehabilitation

Everyone can help with your rehabilitation, including your family, friends and carers. Not every patient needs the input of a specialist therapist, but if you do, this is only a small part of the rehab you will receive. We will work with you daily, using activities to help you get better, stronger and more independent.

Keeping yourself healthy

Support for your health and wellbeing in the Rotherham area is available on the links below:

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

Rotherhive wellness hive has been created to support you and the people you care about Wellness Hive – RotherHive

To help QUIT smoking as part of routine care offered in all our hospitals, please visit https://sybics-quit.co.uk

Gismo provides help and support to people living and working in the Rotherham Area rotherhamgismo.org.uk/about

Tell us how we did

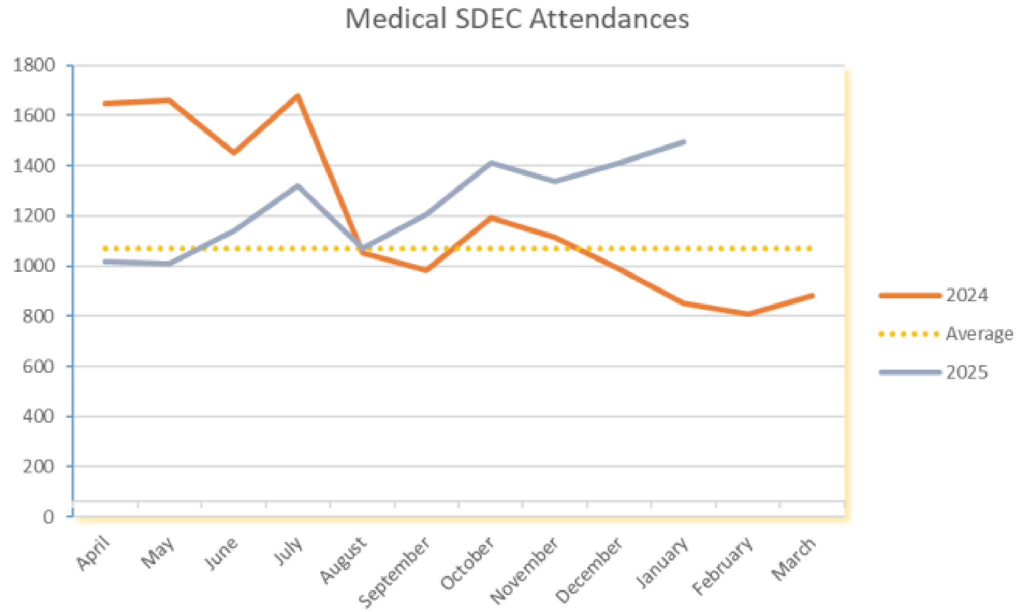
Telling us about your experience in hospital is important as it enables us to pass on your compliments to staff involved in your care or helps us to make improvements if we have not met your expectations.

Friends and Family Test: You will be asked to complete a feedback survey before you are discharged - please ask the nurse if you are not given the survey.

Complaints and Concerns: These are best dealt with as soon as possible and should be raised with the nurse in charge of the ward, the matron or head of nursing.

If you would prefer to speak to someone not involved in your care, you can contact the patient experience team by telephone between 9am and 4pm on: 01709 424461 or by email: your.experience@nhs.net.

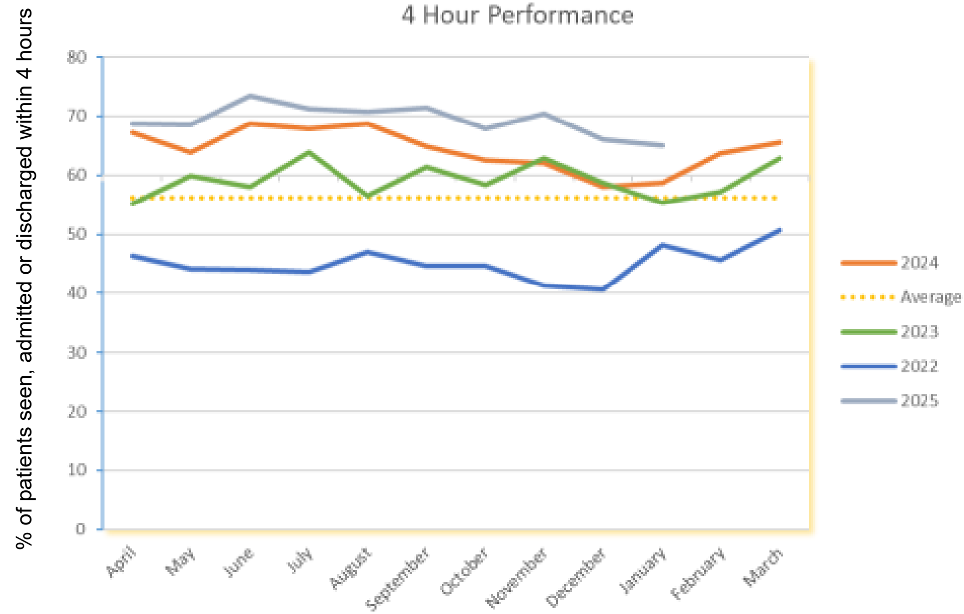
MSDEC attendances



Ambitious Caring Together

NHS The Rotherham NHS Foundation Trust

4 hour access standard



Patient Feedback

Patient said SDEC staff wonderful, lovely ANP Greeisah and Liv the Health care.
Patient's wife been able to phone SDEC for advice and patient's wife said the care was excellent.
Patient's wife felt reassured.
Patient's wife said "thank you very much"

I was seen yesterday in the same day emergency unit, I just wanted to say that I had extremely good care , all staff were lovely and very professional, and made me feel at ease.
Special thanks to Adam, James and the Doctor that examined me.

Health Select Commission – Work Programme 2025-2026

Chair: Cllr Keenan **Vice-Chair: Cllr Yasseen**
Governance Advisor: Kerry Grinsill-Clinton **Link Officer: Emily Parry-Harries**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:
- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:
- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.
T: Time: is it the tight time, enough resources?
O: Others: is this duplicating the work of another body?
P: Performance: can scrutiny make a difference
I: Interest: what is the interest to the public?
C: Contribution to the corporate plan

Meeting Date	Responsible Officer	Agenda Item
26-Jun-25	Jayne Metcalfe, Cllr Baker-Rogers	Adult Contact Team Referral Pathway (Adult Social Care)
	Simon Moss, Gilly Brenner and Cllr Williams	Health Hub
	Governance Advisor	Nominate Representative to Health, Safety and Welfare Panel
31-Jul-25	Dania Pritchard, Cllr Baker-Rogers	ADASS Peer Review
	Kym Gleeson	Healthwatch Annual Report
	Cllr Clarke	Yorkshire Cancer Research White Rose Report Update
12-Sep-25	Governance Advisor	Access to Contraception Evidence Gathering Session
16-Sep-25	Governance Advisor, Cllr Keenan	Menopause Workshop
23-Sep-25	Governance Advisor	Access to Contraception Evidence Gathering Session
02-Oct-25	Gilly Brenner, Cllr Baker-Rogers	Physical Activity for Health (Sport England)
	Bob Kirton, Helen Dobson	TRFT Annual Report
	Jackie Scantlebury, Cllr Baker-Rogers	Rotherham Safeguarding Adults Board Strategic Plan 2025–2028
	Dania Pritchard, Cllr Baker-Rogers	How Did We Do - Adult Social Care Local Account (For Information Only)
	Alex Hawley, Cllr Baker-Rogers	Rotherham Health and Wellbeing Strategy 2025-2030 (For Information Only)
08-Oct-25	Governance Advisor	Access to Contraception Evidence Gathering Session
20-Nov-25	Holly Smith, Cllr Baker-Rogers	Draft Adult Social Care Mental Health Strategy 2026-29 - Pre-Decision Scrutiny
	Steph Watt, Emily Parry-Harries	Place Partners Winter Planning
	Cllr Baker-Rogers	Health and Wellbeing Board Annual Report (For Information Only)
28-Nov-25	Jacqueline Clark, Katy Lewis and Joanne Bell	Unpaid Carer's Strategy Workshop
22-Jan-26	Jackie Scantlebury, Moira Wilson, Cllr Baker-Rogers	Rotherham Safeguarding Adults Board Annual Report and Strategic Plan 2025-2028
	Governance Advisor, Cllr Keenan	Access To Contraception Review Report
	Emily Parry-Harries	Director of Public Health's Annual Report (For Information Only)
26-Mar-26 Extended Meeting (4pm - 7pm)	Jo Evans, Julia Jessop and Mark Tuckett	Cancer Alliance Lung Clinic Update
	Bob Kirton, Jodie Roberts	SDEC (TRFT) Implementation Update
	Ian Spicer, Councillor Baker-Rogers	Confirmation of Supplementary Public Health Grants for 2026/27 - Cabinet Report (For Information)

14-May-26 Extended Meeting (4pm - 7pm)	Joanne Martin, Bob Kirton, Simon Langmead and Emily Parry-Harries Ian Spicer, Councillor Baker-Rogers Governance Advisor, Cllr Keenan	NHS 10 Year Plan - Local Implications incorporating NHS Neighbourhood Health Services Adult Social Care - CQC Inspection Menopause Review Report

Substantive Items for Scheduling

Reviews for Scheduling

2025/26 municipal year		Access to NHS Dentistry - Review (to follow conclusion of Access to Contraception)

Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

Jan 2026	Jayne Metcalfe, Kirsty Littlewood	AI Implementation in Adult Social Care (Adult Contact Team Referral Pathway) Update - Off Agenda Briefing. ***(Circulated 12/01/2026)***
April/May 2026	Kerry Grinsill-Clinton, Cllr Keenan	Quality Accounts
April 2026	Cllr Baker-Rogers, Kirsty Littlewood, Dania Pritchard	Adult Social Care Strategy 2027-2032 (Pre-Decision Scrutiny)

Items for Future Consideration

TBC	TBC	Learning Disabilities Update (Castle View)
June/July 2026	Simon Langmead	Primary Care Network (PCN) Development
June/July 2026	TBC	Immunisation Programme Commissioning Changes
Sep-26	Garry Parvin	Consultation/Co-production enagagement with HSC re All Age Autism Strategy Refresh
Early-Mid 2027	Garry Parvin	All Age Autism Strategy Pre-Decision Scrutiny
Sept/Oct 2026	Cllr Baker-Rogers, Gilly Brenner, Carole Foster	Physical Activity for Health (Sport England Main Bid and progress update)
TBC	Bob Kirton	ERCP Reintroduction at TRFT
TBC	Cllr Baker-Rogers, Dania Priitchard	Adult Social Care Strategy 2027-2032
Sept/Oct 2027	Cllr Baker-Rogers, Holly Smith, Scott Matthewman	Adult Social Care Mental Health Strategy - Mid point review of delivery
Summer 2026	Cllr Williams, Simon Moss, Gilly Brenner	Health Hub Development Phase 2

Agenda Item 10

Rotherham Metropolitan Borough Council

Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 16 March 2026

Report Title
Public Health Grant for 2026/27

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

Executive Director Approving Submission of the Report
Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Report Author(s)
Emily Parry-Harries Director of Public Health
Emily.parry-harries@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
This report outlines the changes to the Public Health supplementary grant for 2026/27 and allocations to Rotherham Council. It provides a brief update on the 2025/26 spend and outlines the new process for allocations from April 2026, including investment proposals for 2026/27, and beyond where relevant.

Recommendations

That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;

2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;

3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;

4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

List of Appendices Included

Appendix 1 PART A - Initial Equality Screening Assessment

Appendix 2 PART B – Equality Analysis Form

Appendix 3 Carbon Impact Assessment form.

Background Papers

Drug and Alcohol Grants:
Public Health Proposals for Drugs and Alcohol Grant 2022-2025
Public Health Proposals for Drugs and Alcohol Grant 2022-2025 - Annual update
Dame Carol Black's independent review of drugs: phase two report
From harm to hope: A 10-year drugs plan to cut crime and save lives
Additional drug and alcohol treatment funding allocations: 2022 to 2023
Additional drug and alcohol treatment funding allocations: 2023 to 2024 and 2024 to 2025

Local Stop Smoking Services and Support Grant:
The Khan review: making smoking obsolete - GOV.UK
Smokers urged to swap cigarettes for vapes in world first scheme - GOV.UK
Stopping the start: our new plan to create a smokefree generation - GOV.UK
Cabinet Report: Tobacco Control Review 16 October 2023
Notice Of Motion - Tobacco Control 12 April 2023
Health and Wellbeing Board on Wednesday 25 January 2023
Cabinet Report: Public Health, Healthy Lifestyle Services Pathway 16 May 2022
Cabinet Report: Local Stop Smoking Services and Support Grant 12 February 2024

Cabinet Report: Confirmation of Supplementary Public Health Grants for 2025/26 and approval of grant spend March 2025. (Public Pack)Agenda Document for Cabinet, 17/03/2025 10:00

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Public Health Grants for 2026/27

1. Background

1.1 In 2025/26 Rotherham Council received Supplementary Public Health Grant funding for substance misuse treatment and recovery via the Drug and Alcohol Treatment Recovery and Improvement Grant (DATRIG) (which included the Supplemental Substance Misuse Treatment and Recovery Grant) , Individual Placement and Support (IPS), the Local Stop Smoking Services and Support Grant (LSSSASG) and Supervised Toothbrushing. These grants were made separately as part of the Government strategies on drugs and alcohol, tobacco, employment support and oral health. The Grants have specific conditions including maintaining baseline Public Health Grant spend on the respective core services.

1.2 This paper relates to additional funding that is allocated to Public Health and is protected because of specific conditions attached. Issued via the Department of Health and Social Care (DHSC), from 2026 this funding is protected within the wider public health ringfenced grant. If the additional grants received are not spent in line with the associated conditions (as with the wider public health grant) future funding may be decreased. The supplementary grants will be added to the Public Health Grant as part of a 3-year financial settlement.

1.3 This paper outlines the changes to the supplementary grants for 2026/27 announced 26th November 2025 and the confirmation of allocations to Rotherham Council as well as the indicative amounts for the remainder of the three years of the settlement where these have been provided. It seeks approval for delegation to the Director of Public Health in consultation with the Executive Director of Adult Care, Housing and Public Health (ACHPH) and lead member for Adult Care and Public Health to allocate grant in line with the stated conditions and associated plans.

1.4 **The Public Health Grant**
The Council receives the Public Health Grant (PHG) on an annual basis; the amount is calculated using a pre-determined formula. The Public Health Grant conditions specify the activity expected to be delivered with this money. The conditions for the Public Health Grant fall into prescribed functions and non-prescribed functions.

1.5 For 2026/27 further supplementary grant streams have been amalgamated into the Public Health Grant, by combining relevant core spend from the PHG together with the supplementary allocations to create protected funding streams within the PHG.

1.6 In 2025/26 the total Public Health Grant amounted to £19.57m, with £0.4m protected for Smoking Cessation and £2.18m protected for Substance Misuse and Recovery. In 2026/27 the total grant increased to £22.68m with an increased proportion of it protected for Smoking Cessation (£0.9m) and £5.60m from Drug and Alcohol support.

2025/26	Public Health Grant £19.57m	LSSSASG* £0.4m
		SSMTRG ** £2.18m
2026/27	Public Health Grant £22.68m	Total protected stop smoking support funding £0.9m (see 1.18)
		Total protected drug and alcohol funding £5.60m (see 1.13)

* Local Stop Smoking Services and Support Grant
** Supplemental Substance Misuse Treatment and Recovery Grant

1.7 The majority of the Public Health Grant is spent on commissioned services; prescribed and non-prescribed functions have been combined into these contracts. Services are commissioned via five key contracts with three external providers. The five contracts are:

- Children's Public Health Nursing Service (0-19), provided by The Rotherham NHS Foundation Trust (TRFT).
- Sexual Health Services, provided by TRFT.
- NHS Health Checks (aged 40-74), provided by Connect Healthcare.
- Rotherham Healthwave (smoking cessation, weight management, physical activity), provided by Connect Healthcare
- Rotherham Alcohol and Drug Service (ROADS), provided by WithYou.

1.8 All the contracts were procured with a maximum term of 10 years, with an initial term of five years prior to review (with option for annual renewal for the following five years), except for Healthwave which was a maximum term of 9 years with an initial term of 4 years prior to review. In each case the cost of each contract for these first five years was agreed as 'fixed and firm', meaning with no increases arising from inflation or other cost pressures experienced by the provider.

1.9 The fixed and firm contracts (start and finish dates included in the table below) mean that the costs of all the contracts are predictable at £11.25m per year.

1.10

Contracted Service	**PHG spend (annual)**	**Provider**
Children's Public Health Nursing Service (0-19)	£4,992,000	The Rotherham NHS Foundation Trust (TRFT) 2022/23 – 2027/28
Sexual Health Service	£2,334,000	The Rotherham NHS Foundation Trust (TRFT) 2022/23 – 2027/28

2 separate contracts: Healthwave NHS Health Checks	 £ 449,000 £ 250,000 £ 699,000	Connect Healthcare 2022/23 – 2026/27 2022/23 – 2026/27
Rotherham Alcohol and Drug Service (ROADS)	£3,223,000	We are With You (WY) 2023/24 – 2027/28

1.11 The two first fixed five-year contracts are due to reach their initial expiry in the financial year 2027-2028. Public Health Commissioning, with colleagues from across the Council, will consider the options and agree a strategy of how to proceed with funding the contracted services in advance of the initial fixed and firm period ending in 2027/28.

1.12 **Drugs and Alcohol funding**

From 2026/27 and going forwards the Supplementary Substance Misuse Treatment and Recovery (SSMTR) and the Individual Placement and Support (IPS) grant will be consolidated into the Public Health Grant (PHG) alongside the core funding in the PHG for drugs and alcohol. Both the supplementary and the core funding have been consolidated to form a protected drug and alcohol grant within the PHG for each Local Authority. The breakdown of the indicative amounts for the next three years is shown below.

1.13

Component parts of the total Protected Drug and Alcohol Budget from the PHG	**26/27**	**27/28** **indicative amount**	**28/29** **indicative amount**
Spend from the Core PHG	£3,349,576	£3,417,804	£3,484,356
SSMTRG	£2,123,165	£2,013,124	£1,903,083
IPS	£170,690	£175,499	£180,699
TOTAL	**£5,643,431**	**£5,606,427**	**£5,568,138**

1.14 The 2026/27 Grant Plan is developed in consultation with the Rotherham Combatting Drugs Partnership (CDP) and is subject to an approval process from the Office for Health Improvement and Disparities (OHID). The Council currently spends £5.6m on drugs and alcohol related health improvement projects and services, funded by £2.18m of specific grants and £3.42m from the Public Health Grant.

1.15 **Local Stop Smoking Services and Support funding**

In February 2024 Cabinet received a report following the Government announcement of a set of Tobacco Control proposals in response to the Khan Review and the Government's ambition to make England smoke-free by 2030.

1.16 Rotherham's allocation for Local Stop Smoking Services and Support Grant (LSSSASG) is based on an estimated smoking prevalence of 15.15%,

(average 3-Year Smoking Prevalence for 2021-2023); a similar amount is to be confirmed each year through to 2028/29, giving an estimated total of £1.92m over five years.

1.17 Rotherham's 2026/27 total protected smoking cessation allocation is £898,386; comprised of:

Baseline Spend from Core PHG	£398,587
LSSSAG	£397,574
Swap to Stop	£101,255

1.18 As per the settlement this is part of a 3-year financial commitment from Government contributing to the Smoke Free Generation strategy.

1.19 **Supervised Toothbrushing**
The supervised toothbrushing funding will be distributed as a minimum flat rate of £15,000 per local authority, and remaining funding for this service distributed based on the number of 3 to 5-year-olds in the 20% most deprived Local Authorities. The supervised toothbrushing funding will be used to continue the programme plan established for 2025/26.. Rotherham's 2026/27 allocation has not yet been confirmed; last year's grant was £85,000.

1.20 **Grant Allocations** Summary Amounts are subject to the Department of Health and Social Care (DHSC) and Treasury approvals hence the variations.

1.21

Grant Stream	Grant Split (if relevant)	2024-2025	2025 -2026	2026 -2027 Amalgamated into the PHG
Previously called DATRIG, Drug and Alcohol Treatment and Recovery Improvement Grant	Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant	£2,178,186	£2,178,186	£2,123,165
	Inpatient Detoxification Grant	£64,077	£64,077	Not yet announced, is directly allocated to the lead provider of the consortia
Individual Placement and Support		£157,432	£165,719	£170,690

Local Stop Smoking Services and Support Grant (LSSSASG)		£384,845	£398,587	**£** £397,574
	Swap to Stop allocation (now amalgamated into the LSSSASG allocation)	Not Applicable	Not Applicable	**Estimated £101,255**
Supervised Tooth brushing		Not Applicable	£ 85,000 (already with in the PHG)	**Estimated £85,000**

2. Key Issues

Grant Activity:

2.1 From April 2026 a funding simplification process will be implemented, SSMTRG, IPS, LSSSASG grants will be added to the Public Health Grant allocation and not awarded as separate streams. In addition, the Swap to Stop budget is being included within LSSSASG. The funding (with the exception of the Supervised Tooth Brushing) is part of a 3-year Settlement (2026-27 to 2028-29) but will remain allocated on an annual basis, with indicative figures provided for the protected drug and alcohol funding.

2.2 As part of the 2025/26 SSMTRG budget £1.5million has been allocated to spend with ROADs for treatment provider activity (this includes spend of residential rehabilitation, prescribing and dispensing costs for additional treatment places).

2.3 Similarly, the allocation to Healthwave from the LSSSASG is budgeted at £350k for 2025/26.

2.4 The intention is to continue both these allocations across the term of the contracts from the SSMTR/LSSSASG, respectively, as part of the delegation for which this paper seeks approval.

2.5 **Public Health Development Investment Requirements**
The purpose of the grant is to provide all local authorities in England with the funding required to discharge their public health functions. . The Department of Health and Social Care's (DHSC) presumption is that the Public Health Grant will be spent in-year. If there are funds left over at the end of the financial year they can be carried over into the next financial year. RMBC manage the grant according to the conditions.

3. Options considered and recommended proposal

3.1 There are no options being proposed in relation to spending the grant on public health activity as the Public Health Grant is allocated to Local Councils for this purpose. It is recommended that:

3.2 That Cabinet:

1. Note the changes in the Government's approach to the allocation of Public Health Grant;
2. Approve spending plans for Rotherham's Public Health Grant outlined in the Report;
3. Delegate authority to the Director of Public Health to recommission the Drug and Alcohol contract with the protected Drug and Alcohol budget;
4. Delegate authority to the Director of Public Health (within the protected stop smoking budgets in the public health grant) to commission services designed to enable the Council to make progress in achieving a smoke free generation in line with the plans from central government.

4. Consultation on proposal

4.1 The operational grant group, which worked to develop plans for the original drugs grant (SSMTRG), continues to contribute to the plan and reports to the Combatting Drugs Partnership, which is chaired by the Director of Public Health, with the vice chair being the South Yorkshire Police Rotherham District Commander . Additional groups have been established as appropriate to inform the priorities on the grant allocation.

4.2 The Tobacco Control Steering Group have worked in partnership to develop the updated Tobacco Control Work Plan (2025 – 2029). The group membership includes Council Directorates (Adult Care, Housing and Public Health, Regeneration and Environment and Children and Young People's Services), Connect Rotherham Healthcare CIC, The Rotherham NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Trust (RDaSH) and representation from South Yorkshire Integrated Care Board Rotherham Place. This group meets quarterly to continue to oversee and contribute to the delivery of the work plan.

5. Timetable and Accountability for Implementing this Decision

5.1 The grant awards will initially be made to the Council for the year 2026 - 2027, with quarterly payment terms. Following Cabinet approval Memoranda of Understanding will be signed with Government and grant spending will commence in line with the grant conditions and local strategies.

6. Financial and Procurement Advice and Implications

6.1 Whilst there are no specific procurement implications with the recommendations detailed in this report, it is important to highlight that the contracting and commissioning arrangements detailed in this report are subject to compliance with procurement legislation, namely the Health Care Services (Provider Selection Regime) Regulations 2023, as well as the Council's own Financial and Procurement Procedure Rules.

6.2 In 2025/26 the Public Health Ringfenced grant was £19.575m. The Public Health Ringfenced grant for 2026/27 will be £22.681m. This incorporates £6.542m that will be additionally ringfenced to specific activities, leaving

£16.139m for other public health activities. Although this reduces the flexibility to spend the grant, there is currently enough spend within the ringfenced areas to meet the requirements of the grant.

7. Legal Advice and Implications

7.1 Under the Health and Social Care Act 2012, the Council has a statutory duty to take appropriate steps to improve the health of the Borough's population. Key duties in relation to this are the provision of services relating to the prevention of alcohol and drug misuse, smoking cessation services, sexual health services and other services as set out in the body of the report.

7.2 The provision of the services set out above is consistent with the conditions of the Public Health Grant, as must all of the grant spending be, and appropriate contractual arrangements are in place with each of the service providers referred to.

8. Human Resources Advice and Implications

8.1 No HR related concerns associated with this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Stakeholders including children's and young people's services, safeguarding, adult care and housing are integral to both the Combatting Drugs Partnership and the Operational Grant group, and any implications of the use of the PHG that specifically impact on these groups are the subject of collaboration with the relevant Service Director.

9.2 Supporting adults to quit increases the likelihood of children living in smoke-free homes.

9.3 The grant funding is to support smokers to quit tobacco; the current commissioned service provided by Connect Healthcare Rotherham CIC includes a Young Person Stop Smoking service, which is delivered in partnership with the school nurses as part of the 0-19 Service (The Rotherham NHS Foundation Trust) for young people aged 12 and over who are dependent on nicotine.

9.4 The aim is to reduce variation in smoking rates and will also direct efforts to support Rotherham's most vulnerable groups, and groups where smoking rates are disproportionately high, including:

- People with mental health conditions.
- People working in routine and manual jobs.
- Communities in areas of high deprivation.
- Ethnic groups with a high smoking prevalence.
- LGBTQIA+ people.

9.5 The referral route via NHS Health Checks will support engagement with this population as the delivery of NHS Health Checks prioritises the populations of GP practices with the highest levels of deprivation.

10. Equalities and Human Rights Advice and Implications

10.1 An equalities screening has been completed to support this decision and is attached at Appendix 1. This screening concludes that an equalities impact assessment needs to be completed however, the previous impact assessments connected to these grants remain valid and so no new impact assessment has been completed. All have been reviewed for this paper, and the original impact assessments are still valid for these grants and are attached in the link at Appendix 2 for information.

10.2 Some demographic groups are known to have higher rates o smoking and substance misuse and, therefore, to be at greater risk of substance misuse-related ill health, including people living in areas of significant deprivation. Interventions to reduce prevalence of substance misuse in Rotherham's communities will help to reduce this health inequality.

11. Implications for CO2 Emissions and Climate Change

11.1 There are no specific implications for CO2 emissions and climate change from spend of the Public Health Grant. If successful in reducing tobacco consumption in Rotherham, there will be indirect benefits along the tobacco supply chain. A Carbon Impact Assessment form has been completed and can be reviewed in Appendix 3

12. Implications for Partners

12.1 For the Public Health additional grants there are a range of key internal partners including Housing, Children and Young Peoples Services (CYPS), Regeneration and Environment and safeguarding. Key external partners include the current service providers listed in the paper, South Yorkshire Police (including the District Commander of Rotherham, co-chair of the Combatting Drugs Partnership (CDP)), South Yorkshire Probation Service, Voluntary Action Rotherham, Local NHS strategic leads and RDaSH mental health services. These partners are actively engaged in delivery and oversight of the grants through the Combatting Drugs Partnership and Tobacco Control Steering Group.

12.2 Additional capacity within these Public Health services will enable providers across the borough to play a more focused role in referring people they see in front-line services to access quick and effective support. These support services can receive referrals from any source, including self-referral and online.

13. Risks and Mitigation

13.1 The drug and alcohol funding is part of a 10-year national strategy. The allocation continues to be provided on an annual basis, but with indicative allocations for 3 years until 31st March 2029.

13.2 Some of the smoking population might be described as more clinically complex (for example, they may have higher levels of tobacco dependency, live more complex lives or have a range of additional clinical needs or long-term conditions). Over time, there will be a greater proportion of the smoking population remaining in this group. This can make the task of the services more difficult over time whilst potentially increasing the cost of these interventions. To mitigate this challenge, it is important that services are resourced and that the most recent evidence-based practice is used with this group.

13.3 The Public Health Commissioning team will manage compliance with the grant conditions via quarterly contract management meetings, which will monitor and manage grant spending, ensuring that services are delivered as outlined in the grant conditions. The Public Health Senior Management Team and the Tobacco Control Group will have oversight of grant spending via quarterly reporting.

14. Accountable Officers

Ian Spicer Executive Director, Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	27/02/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	25/02/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	25/02/26

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This report is published on the Council's website.

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