

Public Agenda

Title of Meeting:	Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 15 January 2025
Venue:	Conference Suite, Voluntary Action Rotherham, S60 2HX
Chair:	Chris Edwards/Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

Apologies:	R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust S Kemp, Chief Executive, Rotherham Council
Conflicts of Interest:	
Quoracy:	No Partnership Business shall be transacted unless the following are present as a minimum: a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or RPCLG

Item		Time	Pres By	Encs
1	Public & Patient Questions: <i>The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.</i>		Chair	Verbal
Business Items				
2	Public Health Annual Report	10 mins	Ben Anderson	Enc 2i & 2ii
3	Maternity Children and Young People's Update	10 mins	Helen Sweaton	Enc 3
4	Place Digital Update	10 mins	Andy Clayton	Enc 4
5	Primary Care Update	10 mins	Jude Wildgoose	Enc 5
6	Achievements	5 mins	Claire Smith	Enc 6
7	Rotherham Place Partnership Update – <i>for information</i>		Claire Smith	Enc 7
8	Health Watch Presentation and Q3 Report – <i>for information</i>	5 mins	Kym Gleeson	Enc 8i & 8ii
Standard Items				
9	Communication to Partners/ Promoting Events & Consultations	5 mins	Chair	Verbal
10	Draft Minutes and Action Log from Public Place Board from 18 December 2024 – <i>for approval</i>	5 mins	Chair	Enc 10i & 10ii
11	Risks and Items for escalation to appropriate board (e.g. <i>Health & Wellbeing Board, ICB Board</i>)		Chair	Verbal
12	Standing Items: <ul style="list-style-type: none"> • Updates from all Groups (as scheduled) • Achievements (as and when received) • Feedback from SY ICP Meeting – Bi-Monthly • Bi-Monthly Place Partnership Newsletter 			
13	Date of Next Meeting: Wednesday 19 February 2025 at 9.30am –10.30am – John Smith Room, Rotherham Town Hall			

GLOSSARY

A&E	Accident and Emergency
BAME	Black Asian and Minority Ethnic
BCF	Better Care Fund
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
COI	Conflict of Interest
CQC	Care Quality Commission
DES	Direct Enhanced Service
DTOC	Delayed Transfer of Care
EOLC	End of Life Care
FOI	Freedom of Information
H&WB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDT	Integrated Discharge Team
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Service
LIS	Local Incentive Scheme
LOS	Length of Stay
LTC	Long Term Conditions
MMC	Medicines Management Committee
MOU	Memorandum of Understanding
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
OOA	Out of Area
PCN	Primary Care Network
PTS	Patient Transport Services
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
QOF	Quality Outcomes Framework
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RHR	Rotherham Health Record
RLSCB	Rotherham Local Safeguarding Childrens Board
RMBC	Rotherham Metropolitan Borough Council
RPCCG	Rotherham Primary Care Collaborative Group
RTT	Referral to Treatment
SATOD	Smoking at Time of Delivery
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Officer
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise sector
YAS	Yorkshire Ambulance Service

ROTHERHAM DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT



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THE IMPACT OF DEMOGRAPHIC CHANGE ON HEALTH NEEDS AND THE ROLE OF GENERAL PRACTICE IN ROTHERHAM

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Foreword

Good primary and community care is at the heart of a prevention led health and care system. In the UK the majority of NHS interactions are through services such as General Practice, Pharmacies and district nursing, yet much of the focus on the NHS is on acute and hospital care. High quality primary and community care is essential to the prevention of ill health, and the reduction of demands for hospital and social care services. In their February 2024 report Making Care Closer to Home a Reality the King's Fund argue that for the health and care system in England to be effective and sustainable that the focus must shift from hospital care to primary and community care services.

This is reflected in the Secretary of State for Health's 'three big shifts' that he says are necessary for the future of the NHS; a shift from hospital to community; a shift from analogue to digital; a shift from sickness to prevention.

My DPH report this year focuses specifically on the role of General Practice, looking at the importance of the high-quality management of long-term conditions within the community. General Practices play a significant role in both the prevention and management of ill health in the community and are key to ensuring the best outcomes for patients, the most efficient use of healthcare resources and in reducing demand pressures on secondary and tertiary healthcare services and social care. Universal primary care services are also key in tackling health inequalities, but to achieve this we need to move away from a one-size fits all approach and ensure that care and the service offer provided can be tailored to meet local needs.

Finance models need to recognise the need for flexibility in the delivery of care based on population need, and to actively focus on achieving value through the delivery of health outcomes for people rather than productivity outcomes measured by appointments offered and other activity measures.

Rotherham experiences wide inequalities in health, with a 9.2-year gap in life expectancy for men and 10.0 year gap in life expectancy for women between our least and most deprived communities. These gaps are greater still when compared to the least deprived areas in Yorkshire and Humber and of England as a whole. These health inequalities mean that the Rotherham population as a whole experiences more ill health earlier in life, and that too many of our population are suffering multi-morbidity, or the impact of more than one health condition at once. This is bad for Rotherham's people, bad for Rotherham families and bad for Rotherham's economy.

General Practices are uniquely placed within the health system to impact these inequalities in health. Through their mix of GPs, Practice Nurses, Pharmacists, Social Prescribing Link workers and other allied health professionals, and their position within the heart of communities General Practices are able to support people to stay healthy, to identify risk factors and conditions early when they can be reversed or controlled, and to support the good management of ill-health reducing the impacts this can have on people's quality of life and their ability to contribute to their communities.

To achieve all of these goals however General Practice has to maintain a strong focus on quality, and on the outcomes that matter to the communities they serve, and has to be funded sufficiently to meet those needs, both now and in the future as our local population continues to age.

My report this year looks at how demographic changes in Rotherham are impacting demand on General Practices, and considers the capacity that is needed now and in the future to meet that demand, and to deliver evidence based management of ill-health for all those who need it.



Ben Anderson
Director of Public Health
Rotherham

Background – The Rotherham Population

The population of Rotherham borough is 268,400 (2022 mid-year (30 June) estimate of population) with an age structure that is slightly older than the national average. Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving Rotherham to study elsewhere and young adults leaving the area for work. The high proportion of residents aged 50-64 is largely a reflection of high birth rates in the 1960's and early 1970's.

Demographic change is likely to result in subsequent changes to demand for health and care services. The Rotherham population has increased steadily by about 1,000 people per year from an estimated 259,400 in 2013 to 268,400 in 2022 (+3.5%). This steady increase was a result of more births than deaths occurring locally, coupled with high net inward migration. The oldest age groups are the fastest growing, mainly those aged 75+.

The growth of Rotherham's population over previous decades has been accompanied by improvements in life expectancy, although

these improvements have slowed in the most recent decade. The population of Rotherham is projected to grow as well as continue to change in age structure. There will be an overall estimated 277,742 people in 2030 and 290,166 people in 2040, with noted projected increases in those aged 60 years old and above (figure 1).

The total amount of required health care is dependent on the prevalence of disease in an age group, and the number of people who are that age. The prevalence of diagnosed illness generally increases with population ageing for both the reason that many conditions, such as cardiovascular disease and dementia, have an increased probability of development as age increases, and also that many health conditions are incurable so include new incidences per year (incidences are overall greater in number than deaths or remission). The prevalence and pattern of ill health is important in identifying potential demand for NHS services and people living with multiple conditions tend to make more use of health care services and live uncomfortably.

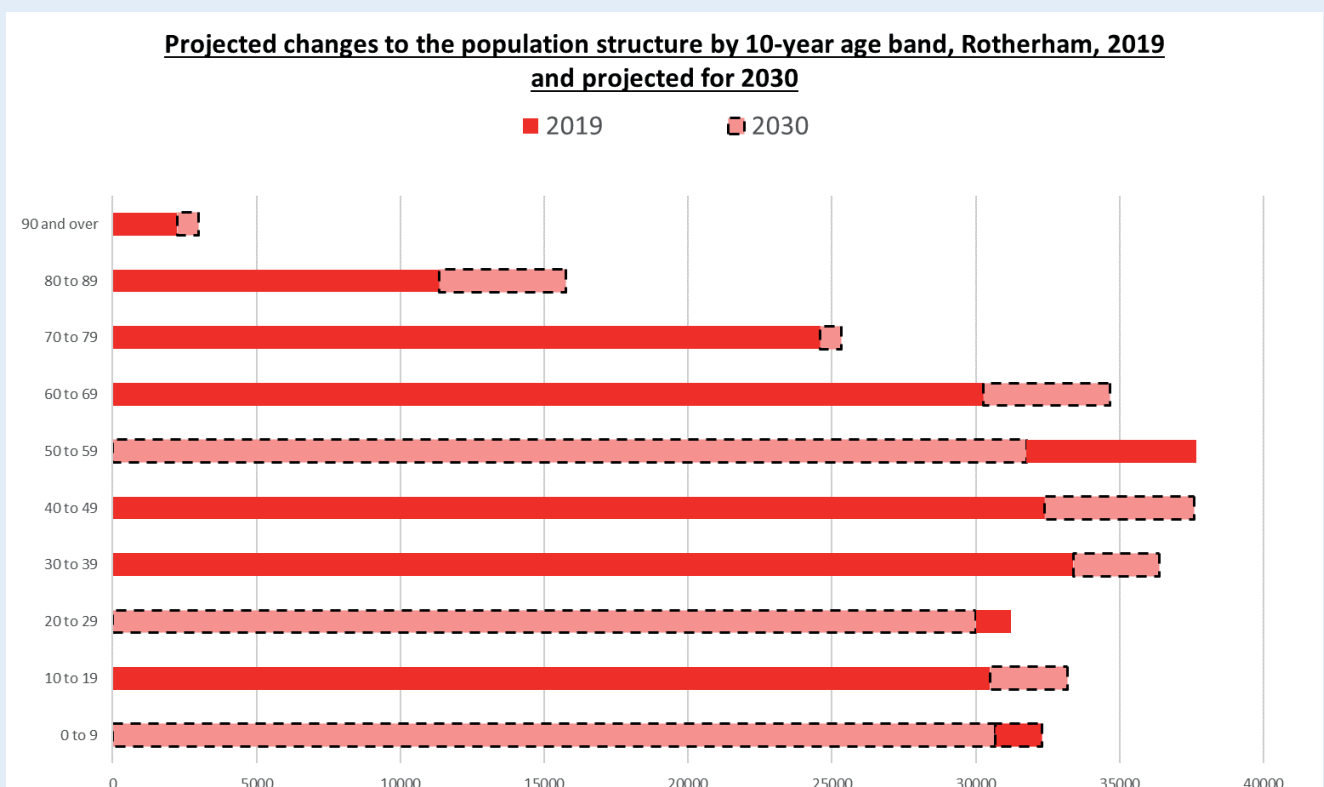


Figure 1: Rotherham population structure 2019 and projected for 2030 by 10-year age band.

Wider determinants and patient activation

General practice services play a critical role in supporting the health of our population, including through instigating interventions for those at risk of ill-health, early diagnosis of long-term conditions and supporting the ongoing management of long-term conditions. However, health outcomes are determined by more than the healthcare that people receive. The environment and circumstances in which people live have a much greater impact on health outcomes than healthcare, and also influence access to services.

Individuals can also have an influence on their health outcomes and staying well. Patient activation is defined as 'understanding one's role in the care process and having the knowledge, skill, and confidence to manage one's health and

health care' (Hibbard et al., 2004). The extent to which a patient has the capability, motivation, and opportunity to play an active role in staying healthy and well varies greatly and is determined to a large extent by wider influences such as income, work, education, and other socioeconomic and environmental conditions.

Therefore, although the delivery of general practice services are a key component to improving population health, much of the data presented within this report should be interpreted and understood within the context of these wider contextual factors. It is also clear that how services themselves are delivered can also have an impact on patient activation, and how active patients become in the management of their own health and healthcare interactions.



Methodology

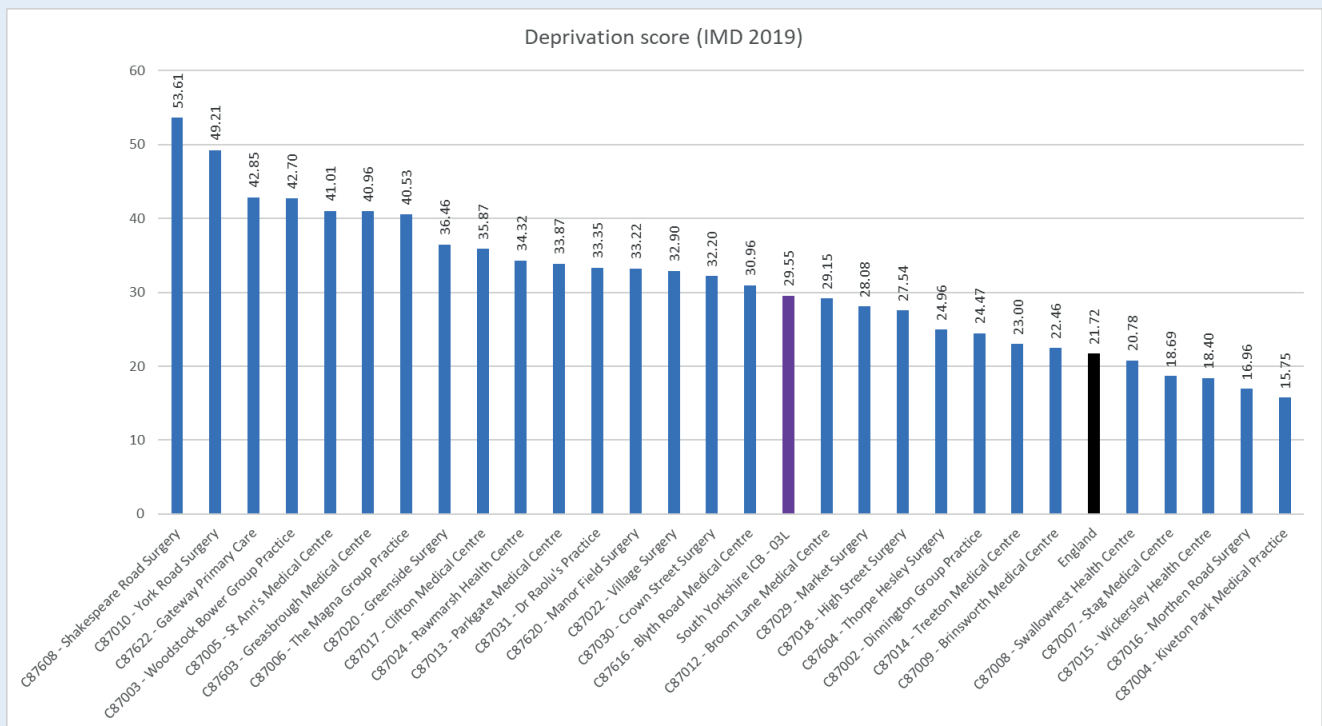
This report uses data extracted from NHS Digital reviewing 20 health conditions within five condition groups (cardiovascular, respiratory, high dependency/long term conditions, neurology and mental health, and musculoskeletal). Prevalence for 13 of the 20 conditions explored are above the average for England and the South Yorkshire ICB or Yorkshire and the Humber. Trend data for the previous ten years where available has been used to forecast prevalence over the next ten years for Rotherham. Data has been made available at a level of Primary Care Networks in Rotherham, and General Practices in Rotherham to identify within local area differences. Data for quality outcomes has been reviewed on a Rotherham, Primary Care Network and General Practice level to determine those with met need, unmet need, and exemptions.

Whilst this report reviews health conditions based on general practice data, the Rotherham Joint Strategic Needs Assessment, available here, looks at the current and future care needs and is

concerned with wider societal factors that have an impact on people’s health and wellbeing such as housing, employment, and health behaviours. These factors have not been used with the data modelled in this report.

Practice deprivation

To try and isolate the prevalence of disease from other wider determinants, we have shown deprivation scores for practices within Rotherham. These scores are based on the registered population of patients at each practice and are weighted according to the proportion from each small geographical area to give one overall score. These scores use the 2019 Index of Multiple deprivation¹. Deprivation scores are shown in the below chart (figure 2 and table 1) and are grouped by Primary Care Networks (PCNs) in the table; a higher score represents a more deprived practice. Overall Rotherham General Practices serve populations who are more deprived than both the England and South Yorkshire averages.



¹ English indices of deprivation 2019 - GOV.UK (www.gov.uk)

Figure 2: Index of multiple deprivation score, by general practice, Rotherham.

Parent Name	Area Name	Deprivation Score
	England	21.72
England	South Yorkshire ICB - 03L	29.55
Health Village/Dearne Valley PCN	C87005 - St Ann's Medical Centre	41.01
Health Village/Dearne Valley PCN	C87017 - Clifton Medical Centre	35.87
Health Village/Dearne Valley PCN	C87029 - Market Surgery	28.08
Maltby Wickersley PCN	C87031 - Dr Raolu's Practice	33.35
Maltby Wickersley PCN	C87620 - Manor Field Surgery	33.22
Maltby Wickersley PCN	C87616 - Blyth Road Medical Centre	30.96
Maltby Wickersley PCN	C87015 - Wickersley Health Centre	18.40
Maltby Wickersley PCN	C87016 - Morthen Road Surgery	16.96
Raven PCN	C87622 - Gateway Primary Care	42.85
Raven PCN	C87604 - Thorpe Hesley Surgery	24.96
Raven PCN	C87014 - Treeton Medical Centre	23.00
Raven PCN	C87009 - Brinsworth Medical Centre	22.46
Raven PCN	C87007 - Stag Medical Centre	18.69
Rother Valley South PCN	C87022 - Village Surgery	32.90
Rother Valley South PCN	C87002 - Dinnington Group Practice	24.47
Rother Valley South PCN	C87008 - Swallownest Health Centre	20.78
Rother Valley South PCN	C87004 - Kiveton Park Medical Practice	15.75
Rotherham Central North PCN	C87003 - Woodstock Bower Group Practice	42.70
Rotherham Central North PCN	C87603 - Greasbrough Medical Centre	40.96
Rotherham Central North PCN	C87020 - Greenside Surgery	36.46
Rotherham Central North PCN	C87012 - Broom Lane Medical Centre	29.15
Wentworth 1 PCN	C87608 - Shakespeare Road Surgery	53.61
Wentworth 1 PCN	C87010 - York Road Surgery	49.21
Wentworth 1 PCN	C87006 - The Magna Group Practice	40.53
Wentworth 1 PCN	C87024 - Rawmarsh Health Centre	34.32
Wentworth 1 PCN	C87013 - Parkgate Medical Centre	33.87
Wentworth 1 PCN	C87030 - Crown Street Surgery	32.20
Wentworth 1 PCN	C87018 - High Street Surgery	27.54

Table 1: Index of multiple deprivation score, by general practice, Rotherham.

How do we project ill health in Rotherham

Current demand

Data for 2022/23 suggest there are 200,000 diagnosed conditions across the 20 Quality Outcomes Framework (QOF) conditions for patients registered to a Rotherham General Practice (note this does not mean 200,000 unique patients, as a patient may have multiple conditions registered).

Across the five category groups, cardiovascular accounts for 36 %, high dependency/long-term conditions account for 25.6 %, mental health and neurology account for 23.1 %, respiratory account for 13.9 %, and musculoskeletal account for 1.2 % (figure 3)

The individual conditions with the highest prevalence for 2022/23 were depression with a prevalence of 17.9 %, followed by hypertension with a prevalence of 16.6 %, diabetes with a prevalence of 8.5 %, asthma with a prevalence of 7.8 %, and non-diabetic hyperglycaemia (NDH) with a prevalence of 6.6 % (figure 4). However, Primary Care Network (PCN) aggregate values for each condition saw a prevalence of up to 20.1 % for depression, 18.4 % for hypertension, 9.26 % for diabetes, 8.6 % for asthma, and 8.4 % for non-diabetic hyperglycaemia. These conditions were as low as 14.8 %, 14.3 %, 7.4 %, 7.4 %, and 6.1 % for PCNs respectively. These five conditions account for 67 % of total numbers of people diagnosed with unique conditions (134,000 of the 200,000).

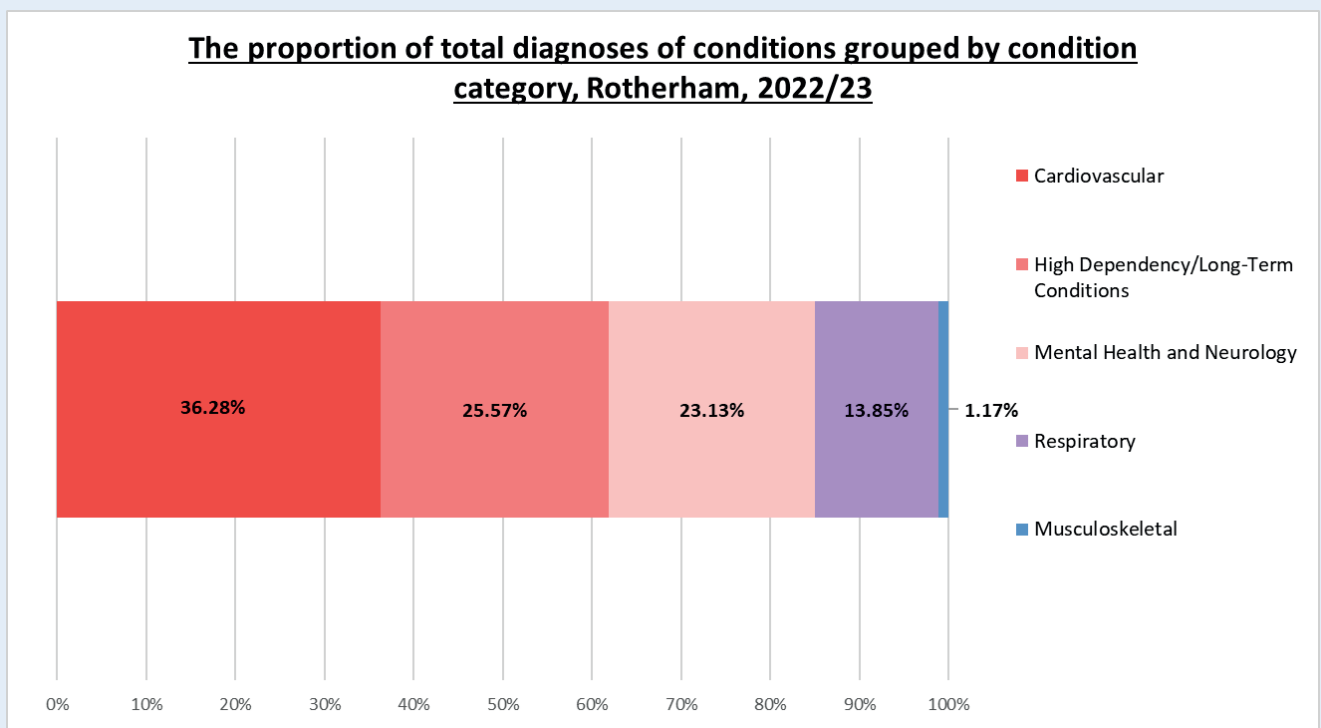


Figure 3: The proportion of total diagnoses of conditions grouped by condition category, Rotherham, 2022/23.

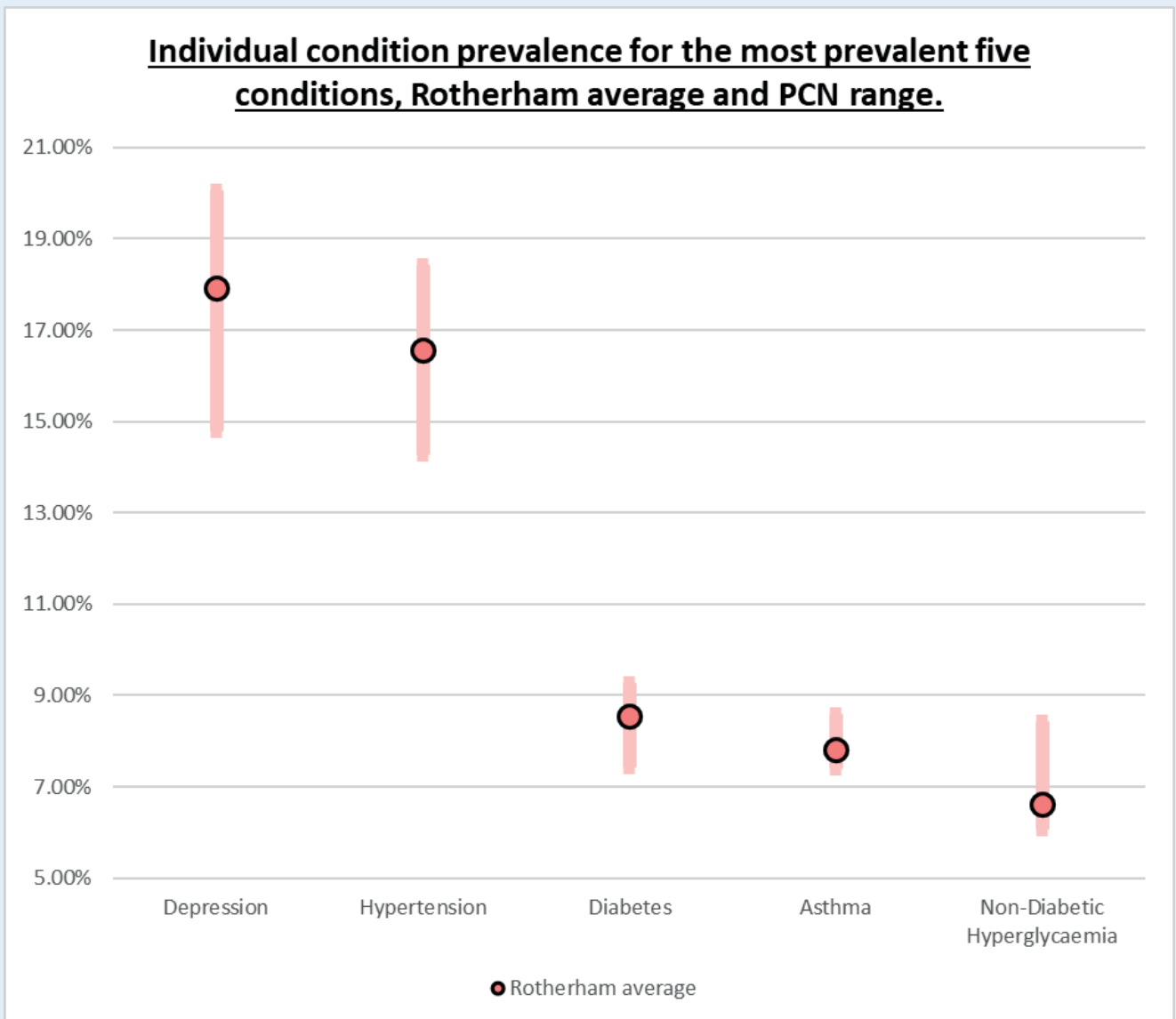


Figure 4: Individual condition prevalence for the five most prevalent conditions, Rotherham average and primary care network range.

Other than the five conditions listed above, all other of the 20 conditions had a prevalence of less than 5% across PCNs.

Seven conditions had a Rotherham prevalence below 1% and these were palliative care (0.40%), osteoporosis (0.44%), learning disability (0.65%), peripheral arterial disease (0.72%), rheumatoid arthritis (0.80%), mental health (0.95%), and dementia (0.99%) (figure 5).

A table showing all 20 conditions and the range within PCNs can be found in the appendix.

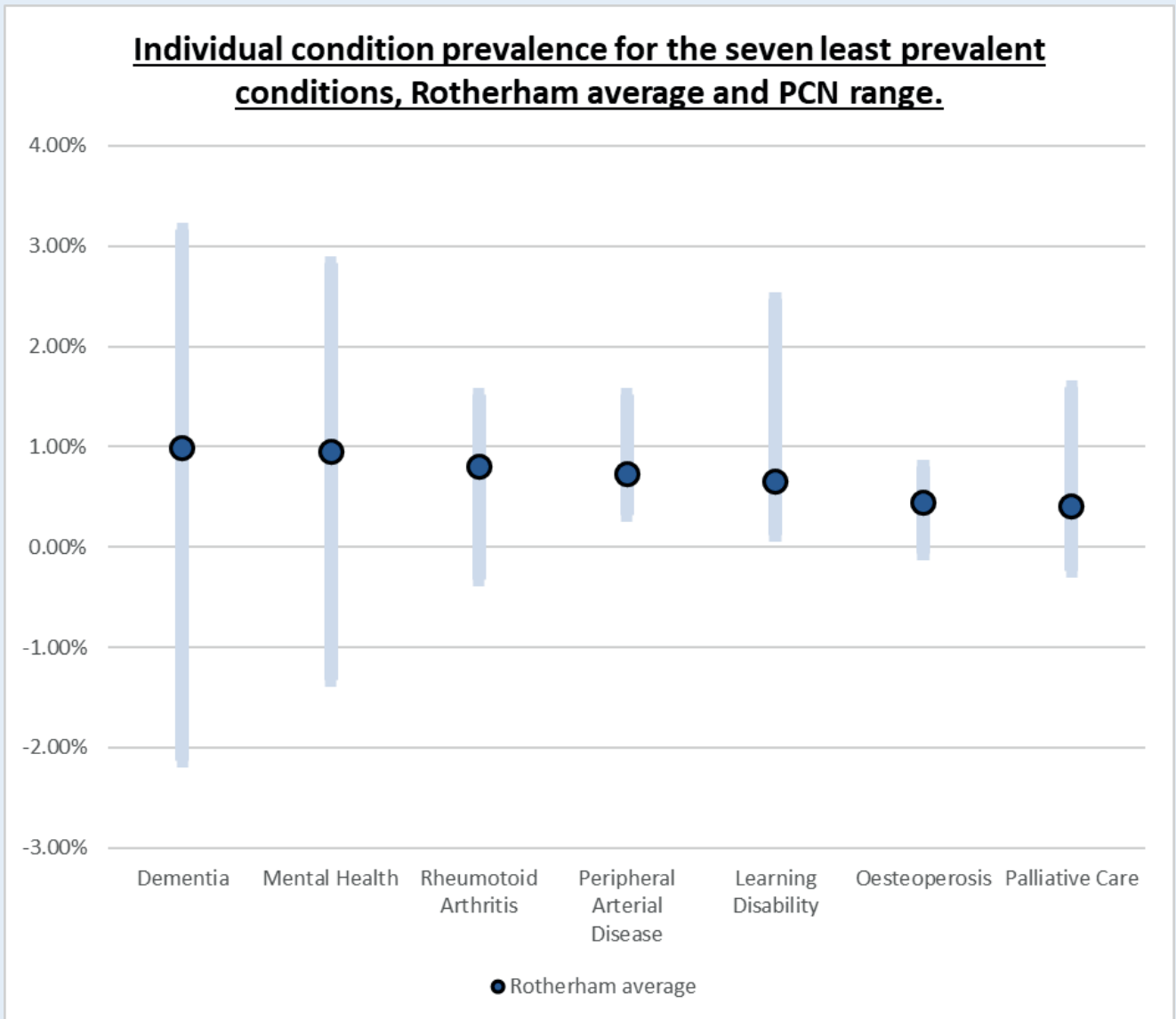


Figure 5: Individual condition prevalence for the seven least prevalent conditions, Rotherham average and PCN range.

How does Rotherham compare to the region and national prevalence?

In order of conditions with the highest prevalence in Rotherham:

- The prevalence of depression in Rotherham was 17.29% in 2022/23, which was 4.1 percentage points above the England average. Rates have been increasing steadily since 2012 when they were 8.86% in Rotherham. However, the prevalence of new depression diagnoses was decreasing from 2015 until 2020 when they increased 0.3 percentage points. In addition to the overall prevalence of depression, data also reports the percentage of patients recorded on a practice register for the first time. Looking at the trend data for newly diagnosed patients can provide insight into the rate at which prevalence increases across PCNs. For example, overall depression prevalence indicates that Rotherham Central North PCN is not increasing as quickly as other PCNs across Rotherham. The data for new depression diagnoses reports that there has been a 1.28 percentage point decrease in patients being newly diagnosed with depression at this PCN over the last 10 years. In contrast, Wentworth 1 PCN has seen the largest increase in newly diagnosed patients from 1.09% in 2013 to 1.63% in 2022. This is the second highest prevalence, with Rother Valley South reporting the highest prevalence of new depression diagnoses at 2.14%.
- In Rotherham hypertension prevalence is 16.56%, which is 2 percentage points higher than across England. Over the previous 10 years, hypertension prevalence has remained consistently 2 percentage points higher than England. Rotherham also has the highest prevalence in South Yorkshire Integrated Care Board (SYICB), which averages 14%.
- Diabetes has been increasing in Rotherham, with 8.54% of the population living with the condition in 2022. This has increased 1.99 percentage points over the last 10 years, compared with an increase of 0.98 across England. Rotherham has the 6th highest prevalence of diabetes in Yorkshire and the Humber.
- Rotherham has the highest prevalence of asthma in Yorkshire and the Humber with 7.8% of the population aged 6 and over recorded as being diagnosed with the condition. Although the recoding method changed in 2020, from including all ages to only individuals 6 and over, the increase in the amount of people with asthma is still visible. Before the method changed, there was a significant increase between 2016 and 2019 from 6.35% of the population to 7.35%.
- Recording of non-diabetic hyperglycaemia has developed over the last 3 years. Prevalence in Rotherham is 6.6%, which is below the England average of 7.1%. However, three PCNs have a higher prevalence than Rotherham and England, which are Health Village/Dearne Valley (8.4%), Rotherham Central North (8.1%), and Rother Valley South (7.9%).
- The prevalence of Coronary Heart Disease (CHD) in Rotherham was at 3.8% in 2022/23, which is above the SYICB average of 3.4%. Over the last 10 years, prevalence in Rotherham has been trending downwards alongside prevalence across England, from 4.4% to 3.8%. However, Rotherham has periods of time where minimal to no change occurs. For example, from 2016 – 2019 prevalence remained at 4.0%, before falling to 3.8% in 2020, where it has remained since.
- The percentage of patients aged 18 and over with Chronic Kidney Disease (CKD) in Rotherham is the lowest in SYICB at 3.6%, compared with 3.9% across all locations.

Rotherham has a lower percentage of patients with CKD than both South Yorkshire ICB and England and has seen a decrease of 1.5 percentage points over the last ten years.

- Amongst adults in Rotherham, 2.94% were diagnosed as having Chronic Obstructive Pulmonary Disease (COPD) in 2022/23, which is the second highest prevalence in SYICB.. Between 2009 and 2022 prevalence of COPD has varied by 0.68 percentage points in Rotherham, compared with England which has only varied by 0.37 percentage points during this time period.
- The prevalence of atrial fibrillation in Rotherham is the highest amongst SYICB, with 2.4% of the population having the condition. Over the last 10 years this has increased by 0.71 percentage points from 1.69%, compared with a 0.52 percentage point increase across the whole ICB.
- Rotherham has the highest prevalence of stroke within the SYICB at 2.32%, compared with 2.19% in England.
- Rotherham has the highest occurrence of epilepsy within SYICB. The prevalence of epilepsy in Rotherham has increased from 0.96% in 2012 to 1.08% in 2022.
- Within SYICB Rotherham has the lowest prevalence of heart failure at 1.03%, compared to the region average of 1.15%. Over the last 10 years, heart failure has averaged between 0.8% and 0.9% until 2018 when it spiked to 1.13%. Since 2018 it has fallen back to 0.97%, but the upwards trend has continued since then.
- Rotherham has the highest prevalence of dementia, 0.99%, across SYICB, which has been declining since 2018 when it was at 1.03%. The dementia mortality rate is highest among females (129 per 100,000) compared with males (98 per 100,000).
- There is a lower prevalence of severe mental illness (SMI): schizophrenia, bipolar affective disorder, and other psychoses, in Rotherham, 0.95%, than across England 1%. Since 2015, the prevalence of mental health in Rotherham has remained below that of England.
- Prevalence of rheumatoid arthritis (RA) in Rotherham is comparable to England at 0.8%.
- The percentage of patients on Rotherham GP registers with Peripheral arterial disease (PAD) is currently 0.72%, which is 0.1 percentage points higher than England. Although prevalence of PAD is higher in Rotherham than across England, it has decreased from 0.85% in 2013 to 0.72% in 2022.
- Less than 1% of people across SYICB are recorded as having a learning disability on a GP register. In Rotherham 0.65% of residents are recorded to have a learning disability, compared with 0.67% across South Yorkshire ICB. The prevalence of learning disabilities has increased 0.1 percentage points over the last 10 years in Rotherham.
- The prevalence of osteoporosis in Rotherham is 0.44%. While PCN's prevalence varies between 0.17% and 0.65%, all PCNs are below the England average of 1.0%.

Projections

If we combine the projections of the prevalence of conditions and the projected populations for Rotherham, it is possible to estimate the number of people who will be living with a health care condition in the future.

Overall, 36,900 more people are projected to be living with at least one of the nineteen conditions (this excludes NDH due to uncertainty in projection estimates) in 2032/33 than they were in 2022/23. Since 2013/14, we have seen an increase of 37,200, however the proportion within each of the five condition categories have changed. From

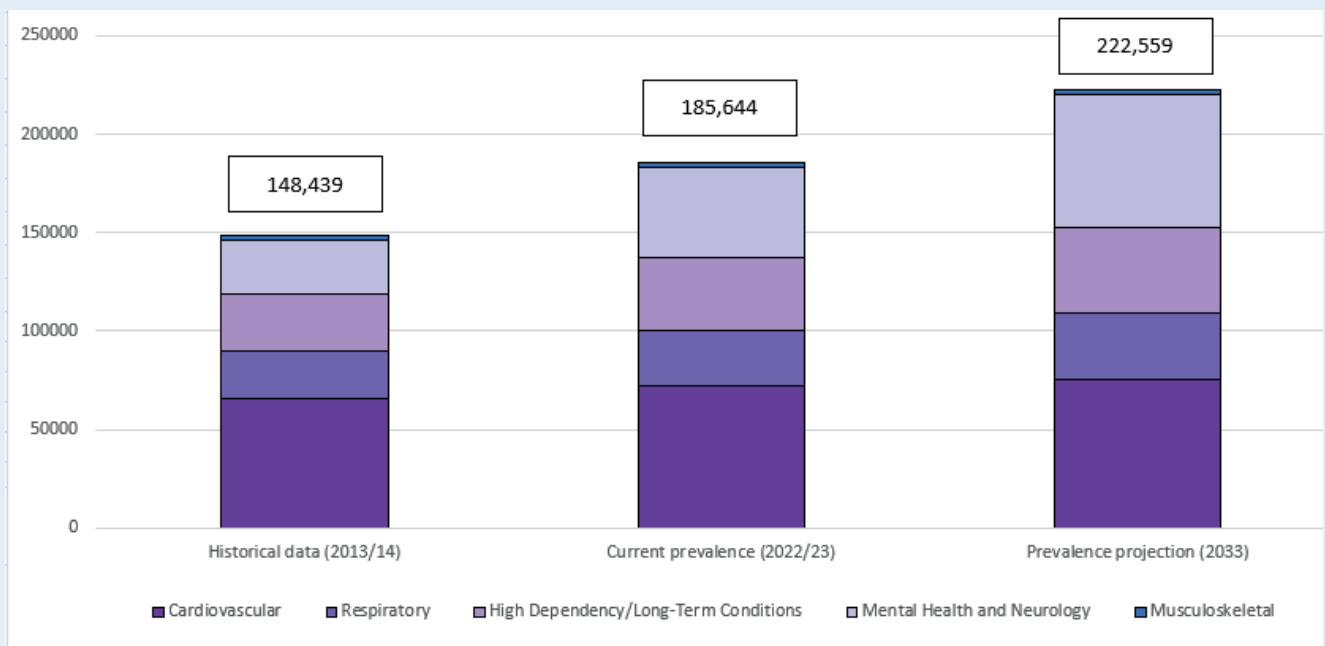


Figure 6: Historical, current, and projected number of unique conditions recorded on general practice QOF registers, Rotherham.

2013/14 to 2022/23, there has been an increased proportion of diagnoses from the mental health category, an increase from 19% to 25%, and there has been a decrease in the diagnoses in the cardiovascular category, a decrease from 44% to 39% (figure 6). These changes in number are dependent on both the increasing prevalence of a condition within an age group, and the increased number of people within the age group.

The prevalence of these conditions increases when the number of newly diagnosed (incidence) is greater than the number of people cured or dying, however, as many of these long-term conditions have no cure, an increased prevalence is indicative of an increased incidence but may also indicate an increased survival rate (i.e., people are living longer with health conditions). Higher prevalence therefore implies an increase in the total number of diagnosed cases of individual conditions which will feed through into a change in the total demand for care and appointment numbers.

We estimated the total number of people diagnosed with the condition by applying trend data from the previous 10-years (where

available) to provide a prediction of prevalence and applying this prevalence to population projections in the associated age groups (please note age groups for conditions differ). These estimates are shown in table X.

Projections suggest that 16 of the 20 conditions will increase in prevalence by 2033. The exceptions are: coronary heart disease and peripheral arterial disease which have been positively impacted by falling smoking rates and changing prescription patterns; chronic kidney disease which has been shown to be impacted by recording issues and rather not a decrease in number of people living with the condition; and rheumatoid arthritis which remains similar in projections.

The five most prevalent conditions now depression, hypertension, diabetes, asthma, and non-diabetic hyperglycaemia, will remain the most prevalent conditions with depression projected to reach a prevalence of 26.7%, non-diabetic hyperglycaemia 18.3%, hypertension 16.9%, diabetes 10.8%, and asthma 9.7% (table 2).

Conditions by Group	Past Prevalence % (Year) (2013 unless specified)	Current Prevalence 2022/23 (%)	Predicted Prevalence (%) 2033 (95 % confidence intervals)
Cardiovascular			
Atrial Fibrillation	1.69	2.44	3.40 (3.13 - 3.68)
Coronary Heart Disease	4.31	3.80	3.14 (2.93 - 3.36)
Heart Failure	0.8	1.04	1.40 (1.27 - 1.53)
Hypertension	15.9	16.56	16.94 (16.57 - 17.32)
Peripheral Arterial Disease	0.85	0.72	0.58 (0.46 - 0.71)
Stroke	2.07	2.32	2.60 (2.39 - 2.81)
Respiratory			
Asthma	6.50	7.80	9.69 (8.50 - 10.88)
COPD	2.69	2.94	3.27 (2.91 - 3.64)
High Dependency/Long-Term Conditions			
Cancer	2.12	3.63	5.51 (5.36 - 5.66)
Chronic Kidney Disease	4.60	3.59	2.05 (1.43 - 2.66)
Diabetes	6.55	8.54	10.81 (10.60 - 11.03)
Non Diabetic Hyperglycaemia	4.46 (2020)	6.62	18.33 (17.97 - 18.69)
Palliative Care	0.35	0.38	0.43 (0.38 - 0.49)
Mental Health and Neurology			
Dementia	0.77	0.99	1.16 (0.81 - 1.51)
Depression	9.85	17.29	26.68 (26.05 - 27.30)
Epilepsy	0.97	1.08	1.20 (1.17 - 1.22)
Learning Disability	0.65	0.66	0.75 (0.49 - 1.01)
Mental Health	0.87	0.95	0.99 (0.94 - 1.03)
Musculoskeletal			
Osteoporosis	0.4	0.44	0.66 (0.15 - 1.18)
Rheumatoid Arthritis	0.89	0.85	0.80 (0.70 - 0.89)

Figure 6: Historical, current, and projected number of unique conditions recorded on general practice QOF registers, Rotherham.

The conditions with the largest percentage point increase are non-diabetic hyperglycaemia* (11.7), depression (9.4), diabetes (2.3), and asthma (1.9) (figure 7). These predictions include a 95 % confidence interval, in which it is predicted 95 % of future prevalence will fall between.

*Please note that non-diabetic hyperglycaemia is a newly reported measure and therefore projections are based on reduced historic data and may appear to increase faster than what would ordinarily be expected.

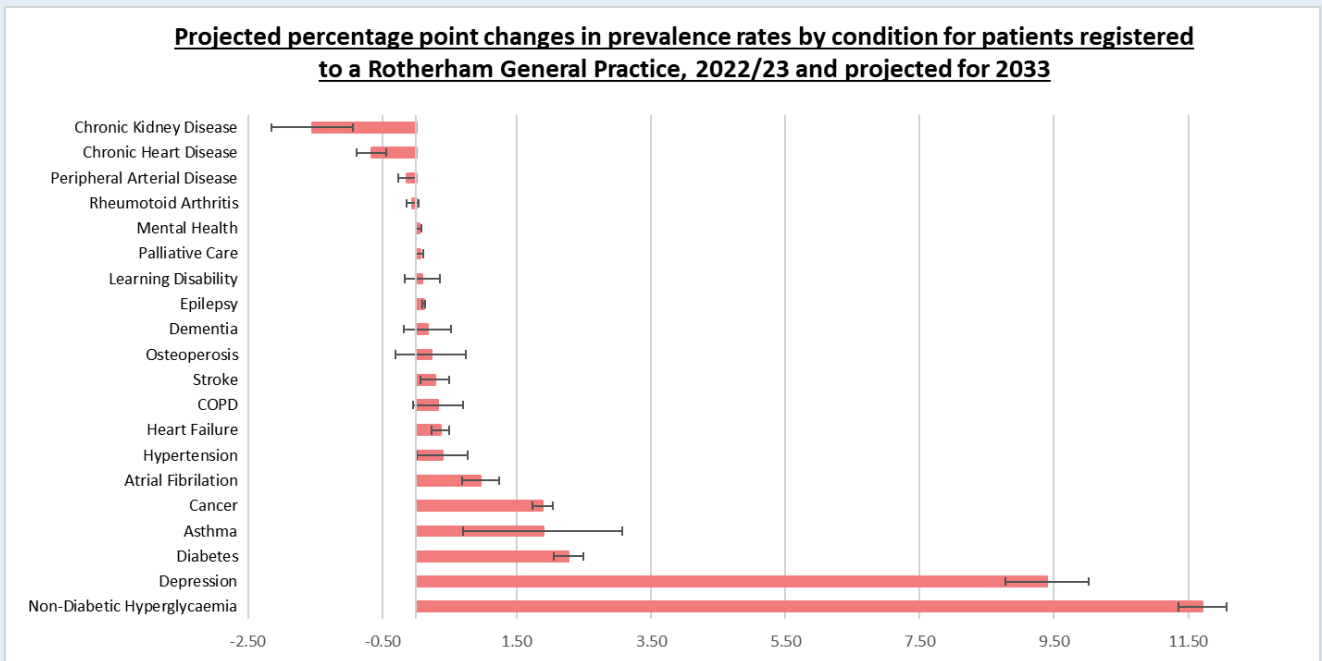


Figure 7: Projected percentage point changes in prevalence rates by conditions for patients registered to a Rotherham general practice.

However, as the population grows, there will be an associated further number of people diagnosed with these conditions, and the conditions which have the largest impact for absolute numbers of people will be increases for non-diabetic hyperglycaemia (25,000), depression (20,000), cancer (5,000) and diabetes (5,000).

Quality analysis

The NHS England 'Core20PLUS5' is a national approach to inform action to reduce healthcare inequalities at both national and system level and provides an approach to reducing healthcare inequalities across target populations. The '5' is a focus on five clinical areas requiring accelerated improvements: Maternity, Severe Mental Illness, Chronic Respiratory Disease, Early Cancer Diagnosis, and Hypertension. These five clinical areas are closely related to our findings from quality analysis detailed below.

Primary prevention through reducing the risk factors associated with ill health, such as stopping smoking and maintaining a healthy weight, will delay the onset of many health conditions. Alongside this, monitoring of health with prompt intervention may also make these conditions easier to manage with reduced complications,, allowing people to have a better

quality of life and live longer, even if they do develop illness. The Quality Outcomes Framework is a pay incentive scheme in England designed to improve and standardise general practice. QOF attainment has been used as a proxy for primary care quality for each condition and have been used to identify monitoring of each condition. As there are often multiple targets within each condition management, one has been selected based on National Institute for Health and Care Excellence (NICE) Guidance to assess how many patients needs are being met, how many are unmet, and if there are any exempt from the indicator. The below data reflects those with the target 'met' as a proportion of all eligible (that is the met, unmet, and excluded/exempted) (figure 8). A full table including NICE guidance rationale and targets can be found in appendix 1.

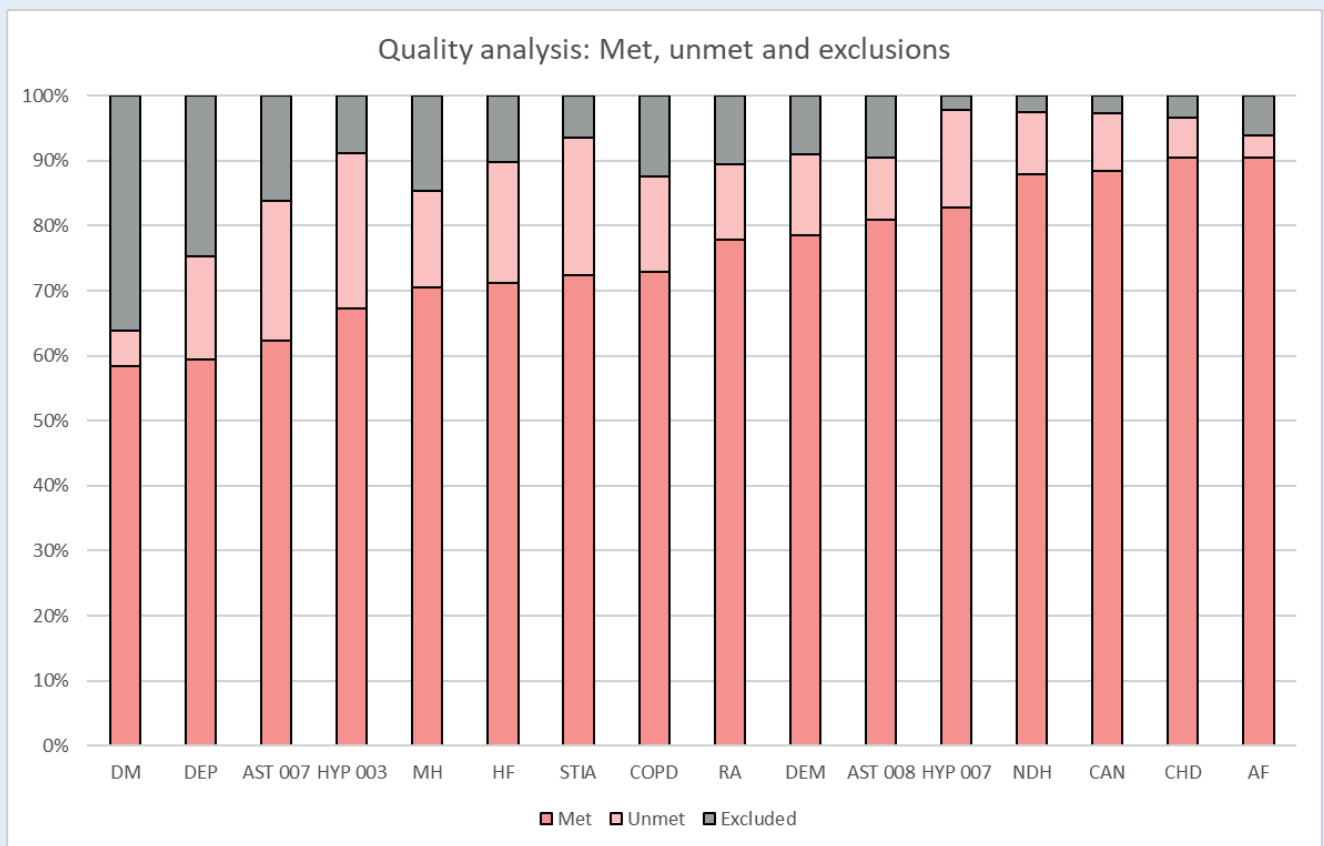


Figure 8: Proportion of patients by condition with met, unmet, and excluded/exempted quality indicators.

Quality analysis by individual condition

As above, the quality data below is based on one, or in some cases two, selected measures within each condition selected using NICE guidance (please see appendix for rationale document). All data refer to data obtained for general practices and primary care networks in Rotherham unless otherwise specified. Denominator data represents all patients on the condition register; therefore, the numerator is the total of people receiving the intervention/assessment.

Please note that although variation is described in terms of general practices and primary care networks, we acknowledge that access to general practice is about more than just the supply of appointments and other factors matter too, such as how people decide what to do about symptoms, their knowledge of health services, the barriers they face to reach services. We also note that quality is influenced by reach of support functions outside of the remit of general practice across place, for example laboratory access for screening and results. Although this report is Rotherham specific, nationally we also experience unwarranted variation across health conditions seen related to age, socio-economic status and ethnicity.

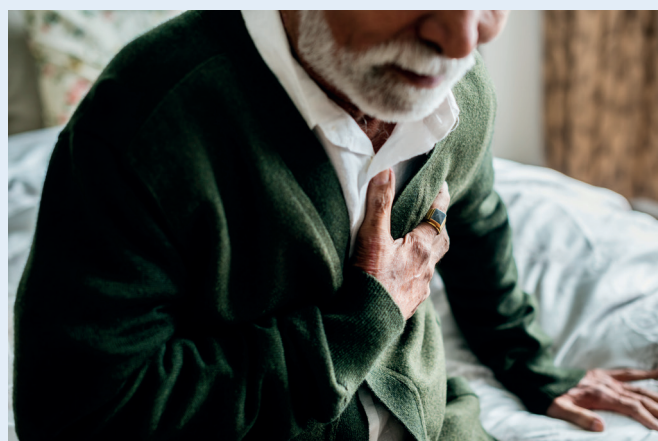
Range between practices

At a practice level, conditions that have the greatest range of the proportion of patients achieving the quality outcome are for heart failure, depression, diabetes, rheumatoid arthritis and cancer (figure 9 shows Rotherham average, PCN range and GP range).

- For heart failure, patients with a diagnosis of heart failure on the register who have had a review in the preceding 12 months, ranges from 7.66 % at St Ann's Medical Centre through 97.14 % at Rawmarsh Health Centre.

- For, depression, the percentage of patients aged 18 or over with a new diagnosis of depression who have been reviewed between 10 and 56 days, ranges from 5.24 % at Crown Street Surgery through 85.31 % at The Magna Group Practice.
- For diabetes, the percentage of patients newly diagnosed with diabetes, who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register, ranges from 17.65 % at Treeton Medical Centre through 94.03 % at Clifton Medical Centre.
- For Rheumatoid arthritis, the percentage of patients who have had a face-to-face review in the previous 12 months, ranges from 34.29 % at Shakespeare Road Surgery to 95.70 % at The Magna Group Practice.
- For cancer, patients who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of diagnosis, the range is from 40 % at Wickersley Health Centre to 100 % at 20 practices.

As the quality indicator for the following conditions is to maintain a register, these are all at 100 % across all practices in Rotherham: Peripheral Arterial Disease, Chronic Kidney Disease, Palliative Care, Epilepsy, Learning Disability and Osteoporosis.



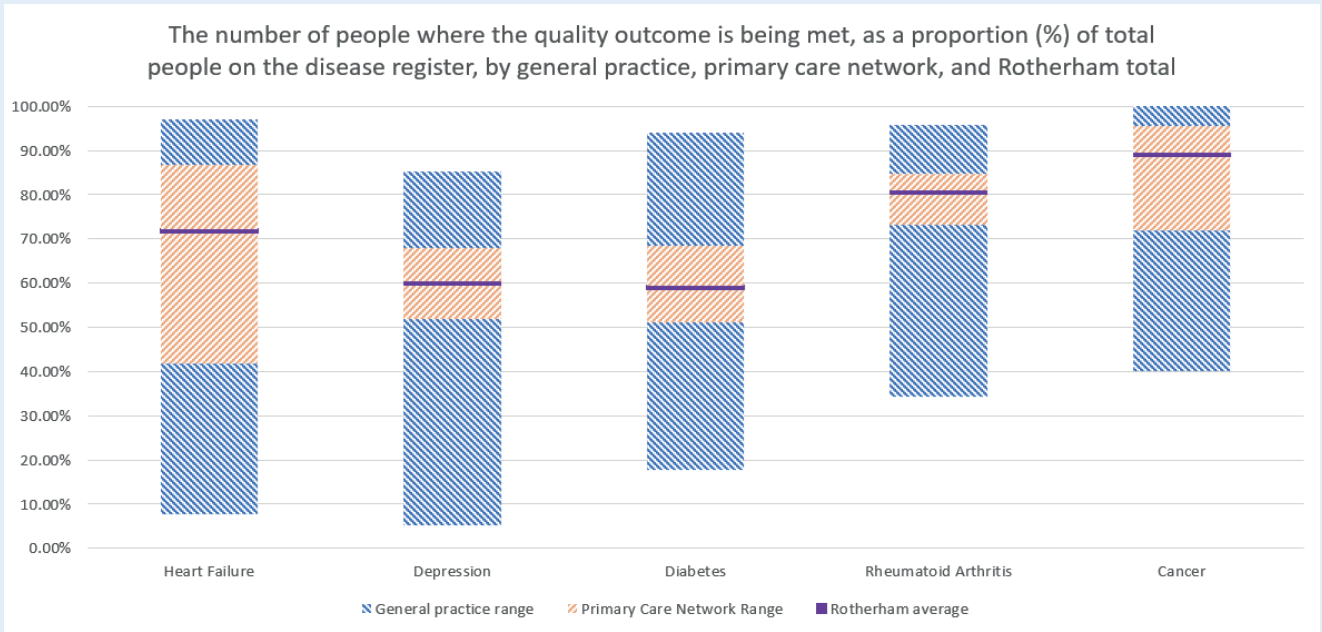


Figure 9: The number of people where the quality outcome is being met, as a proportion (%) of total people on the disease register, by general practice, primary care network, and Rotherham average

One condition with a small range between practices is for hypertension where work has been done resulting in increases in achievement rates and development of a dashboard which highlights to practices missed opportunities. In February 2024, it was noted that there was no inequity between practices achieving CVD threshold.

Conditions with the lowest quality achievement

The conditions that have the lowest quality achievement based on the Rotherham average are diabetes (58.5%), depression (59.4%), asthma (62.3%), hypertension (67.2%) and mental health (70.4%) (figure 10).

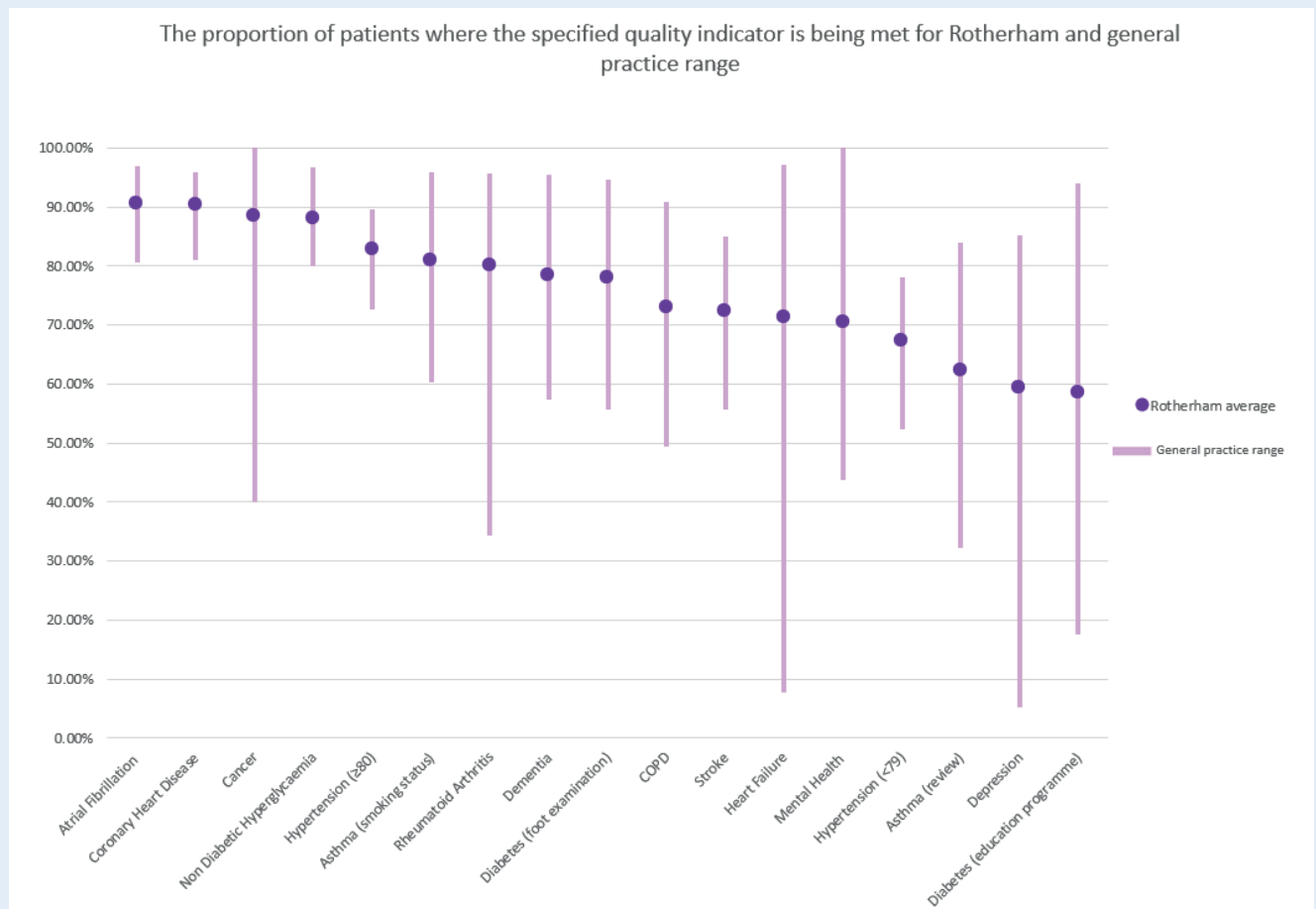


Figure 9: The number of people where the quality outcome is being met, as a proportion (%) of total people on the disease register, by general practice, primary care network, and Rotherham total

Additional assessments

To understand how many additional patients could be receiving an assessment or intervention, we have compared the actual number receiving this as a comparison to the total number of people that would be receiving this if every general practice within Rotherham achieved the same proportion as the highest in Rotherham for that condition.

Across 17 indicators, if every general practice in Rotherham achieved the same value as for the highest practice for that condition in Rotherham, there would be an additional 19,750 people having their condition assessed or additional guidance given. Please note that this is 17 conditions as these conditions are excluded as all practices are at 100%: peripheral arterial disease, chronic kidney disease, palliative care, epilepsy, learning disability, and osteoporosis.

The conditions which could have the greatest additional numbers if the Rotherham highest was met, was for Asthma, Hypertension, Diabetes, COPD and Non-Diabetic Hyperglycaemia (figure 11).

- For asthma, an additional 4,263 patients could have had an asthma review in the preceding 12 months using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised asthma plan.

- For hypertension, to meet the Rotherham average, an additional 3,912 patients aged 79 years or under with hypertension would have required the last blood pressure reading (measured in the preceding 12 months) to be 140/90 mmHg or less. For those aged over 80 years old, this would be an additional 607 patients.
- For diabetes, an additional 3,062 patients on the register, would have had a foot examination and risk classification, and an additional 492 would have record of being referred to a structured education programme within 9 months after entry on to the diabetes register.
- For COPD, an additional 1,419 patients would have had a review in the preceding 12 months which included the number of exacerbations and an assessment of breathlessness.
- For Non-diabetic Hyperglycaemia (NDH), it is important to monitor to avoid progression to diabetes. This is monitored by performing a HbA1c test evaluating blood sugar levels over two to three months, or a fasting blood glucose test, which the patient doesn't eat for up to eight hours before the test. An additional 1,235 patients would have been monitored in this way if the value from the highest practice was met.

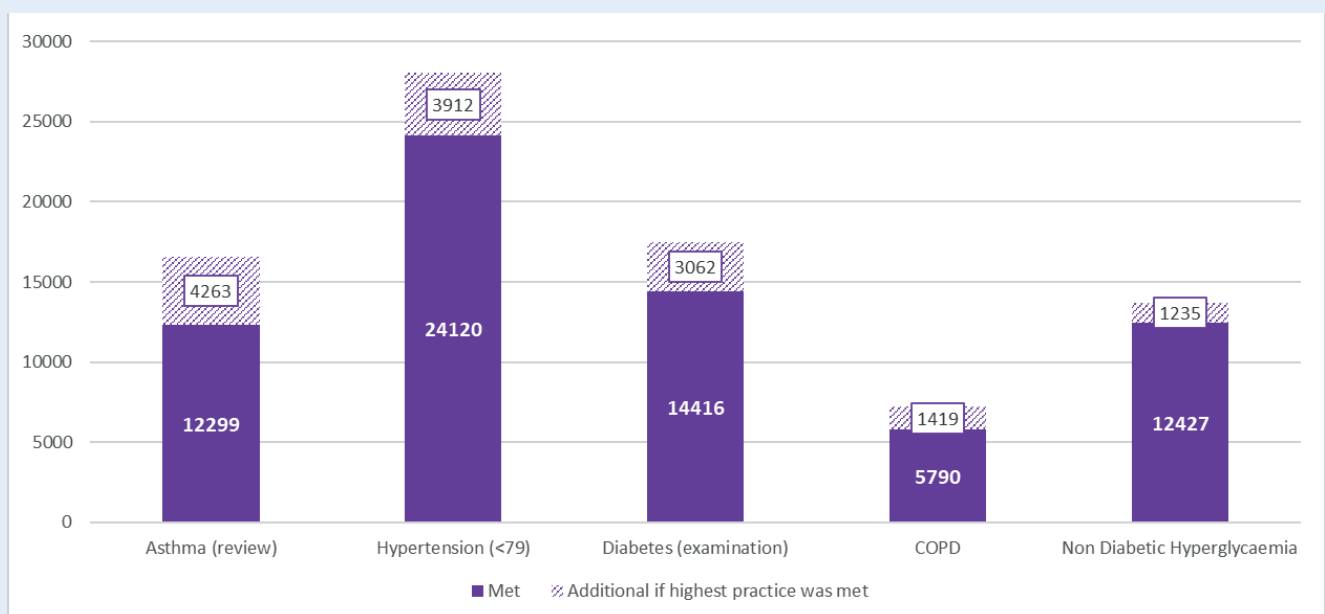


Figure 11: Number of assessments and calculated number of potential assessments if the highest performing practice in Rotherham is met, by condition.

Other conditions

Data have been calculated for all conditions (figure 12).

- The indicator for depression records the percentage of patients, aged 18 and over, with a new diagnosis of depression who have a review between 10 and 56 days of diagnosis. Improvements to bring all practices to the highest percentage, would provide follow up reviews to a further 860 patients newly diagnosed with depression.
- For heart failure, an additional 727 patients would have received a review in the preceding 12 months which would include a review of functional capacity and medication.
- Individuals with mental health conditions are entitled to an assessment of their needs with a mental healthcare professional, and to have a care plan that's regularly reviewed. A care plan is a written agreement of day to day supports needed and who will provide them, such as help with housing or support at home. If all patients were documented as having a care plan they are entitled to, then 633 more care plans would have taken place to be recorded during the year.
- With coronary heart disease being a major cause of death in the UK it is important to know how many patients may be taking preventative measures to reduce the risk of further issues. A common measure is taking aspirin, an alternative anti-platelet therapy, or an anti-coagulant, and an additional 548 patients could be using these preventative medications if the Rotherham highest value was met.
- If the value was met for stroke, an additional 537 patients aged 79 years or under, with a history of stroke or TIA, could have their last blood pressure reading (measured in the preceding 12 months) to be 140/90 mmHg or less.
- Care for dementia patients includes a face-to-face review every 12 months following diagnosis. If all practices were achieving the proportion of face-to-face reviews, then there would be an additional 456 reviews a year with dementia patients.
- An additional 291 patients living with rheumatoid arthritis could have had a face-to-face review in the preceding 12 months if the Rotherham target was met.
- Individuals with Atrial Fibrillation are known to be at a higher risk of stroke therefore, it is important to monitor their risk of stroke as part of their treatment. If all practices were assessing at the rate of the best performing practice, a further 215 patients would have their risk of stroke recorded.
- With 1 in 2 people getting cancer within their lifetime, it is important that patients who are newly diagnosed receive support and guidance. General practices keep records of patients that have had discussions with, and informed of support within 3 months of diagnosis, and patients who receive a Cancer Care Review within 12 months of diagnosis, and if this was as high across Rotherham, as the best performing practice, this would be an additional 126 patients having a review. In collaboration with Macmillan, QOF indicators for cancer for 2023/24 have been updated to focus on the key times when patients feel most vulnerable and should be receiving a CCR to within 3 months of diagnosis and within 12 months of receiving acute treatment.



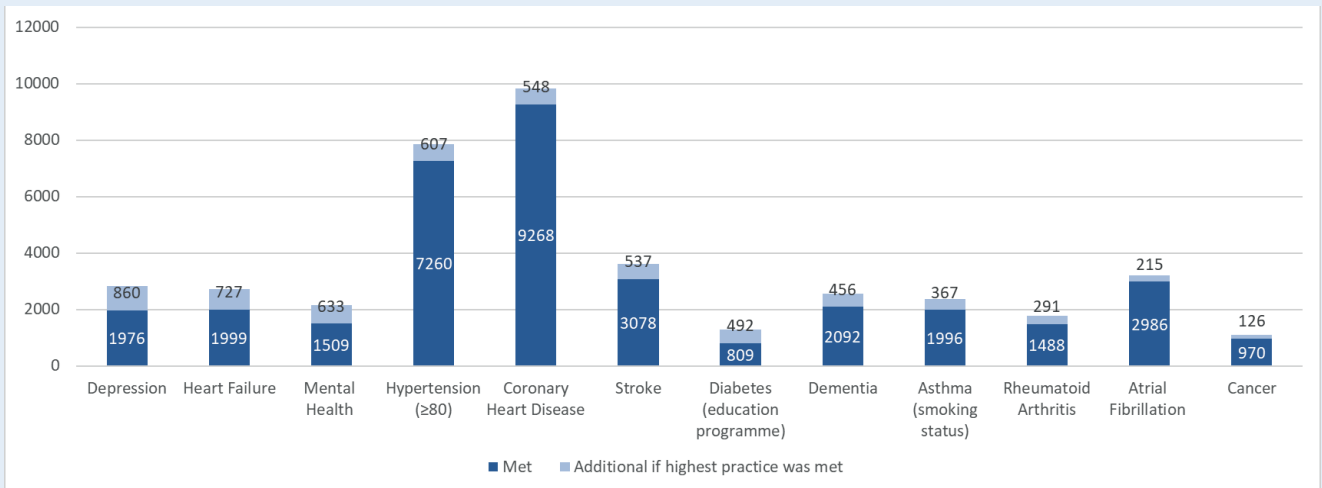
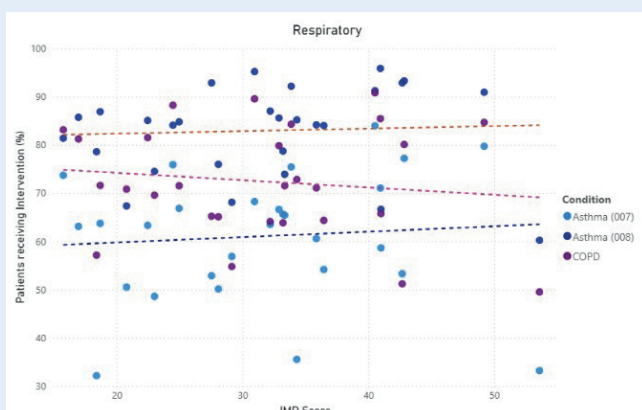
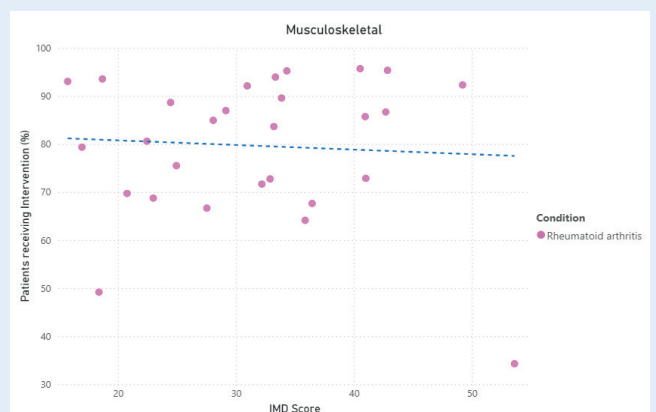
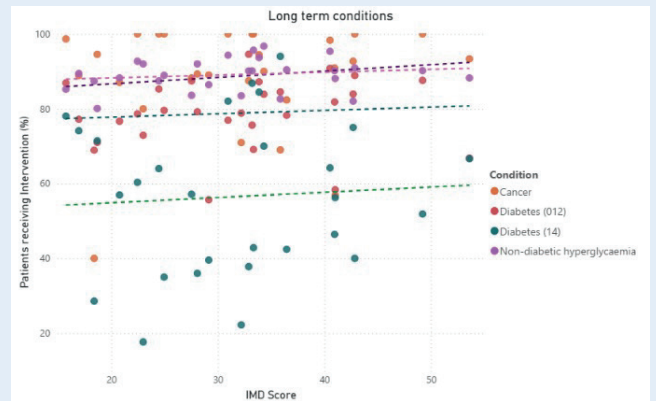
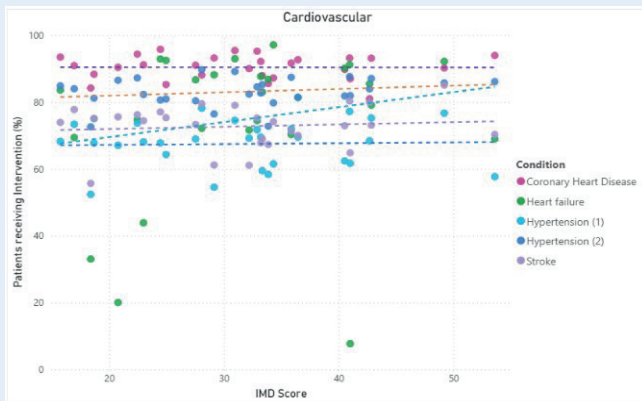


Figure 12: Number of assessments and calculated number of potential assessments if the highest performing practice in Rotherham is met, by condition.

Association between registered patient population and health quality outcomes

To determine if it is due to difference in patient population that results in changes in outcomes, we have reviewed the relationship between deprivation and quality achievement. As deprivation adjusts for income deprivation, employment deprivation, education, skills and training deprivation, crime deprivation, health and disability deprivation, barriers to housing and services, and living environment deprivation, we may expect

any additional differences to be as a result of practice variation. As there appears to be weak or no association between quality outcome and deprivation, it is suggested there are individual practice differences that may be influencing the quality outcomes. Figures below show the association between practice deprivation score and the proportion of patients receiving the interventions identified in the quality analysis.



How could quality impact appointment sufficiency?

Looking at quarterly appointment data over the last 5 years shows that, even with the decline during the COVID-19 Pandemic, the amount of people scheduling appointments continues to increase and from 2019 to 2022 appointments increased by 203,764 (figure 13).

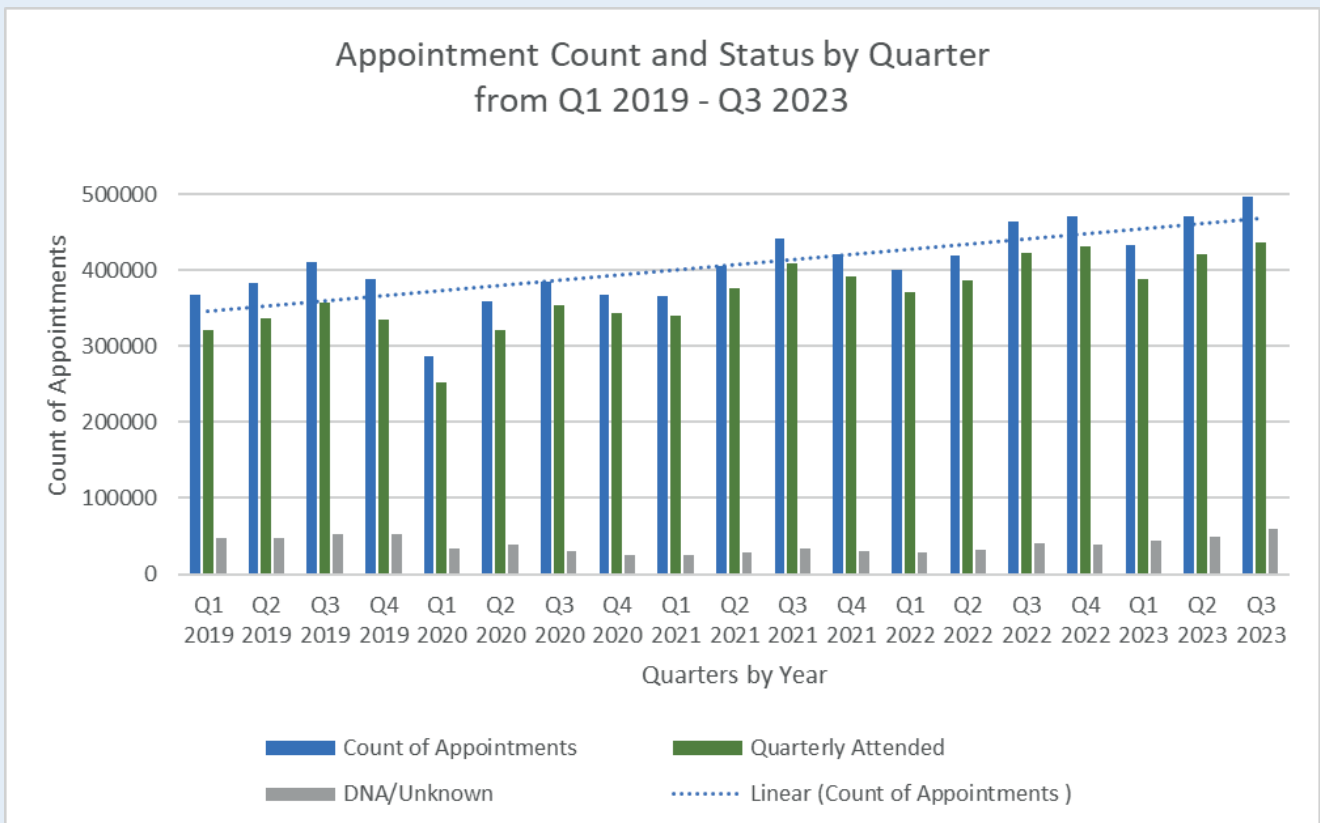


Figure 13: Number of appointments in Rotherham general practice, 2019-2023.

In this report, we have reviewed available information on diagnostic period, estimated contact if a condition is stable, estimated contact if a condition is poorly controlled, exacerbated, or deterioration, and best practice management to determine appointment sufficiency in line with the projected prevalence of individual conditions.

Data was available and applicable for 15 of the 20 conditions, and we have estimated the number of appointments needed if these conditions follow a standard diagnosis and are stable, as per NICE guidance, in comparison to if the condition is exacerbated, or requires

additional medical assistance, (please note these are crude, estimated averages and we acknowledge that there will be occasions where fewer, or additional, contacts are required).

Based on 2022/23 QOF prevalence data, it is estimated that stable management of a condition could result in fewer appointments than if poorly managed across most conditions (figure 14).

Achieving this would require a focus on quality coupled with a clear strategy to reach excluded patients and tackle inequalities in access and outcomes.

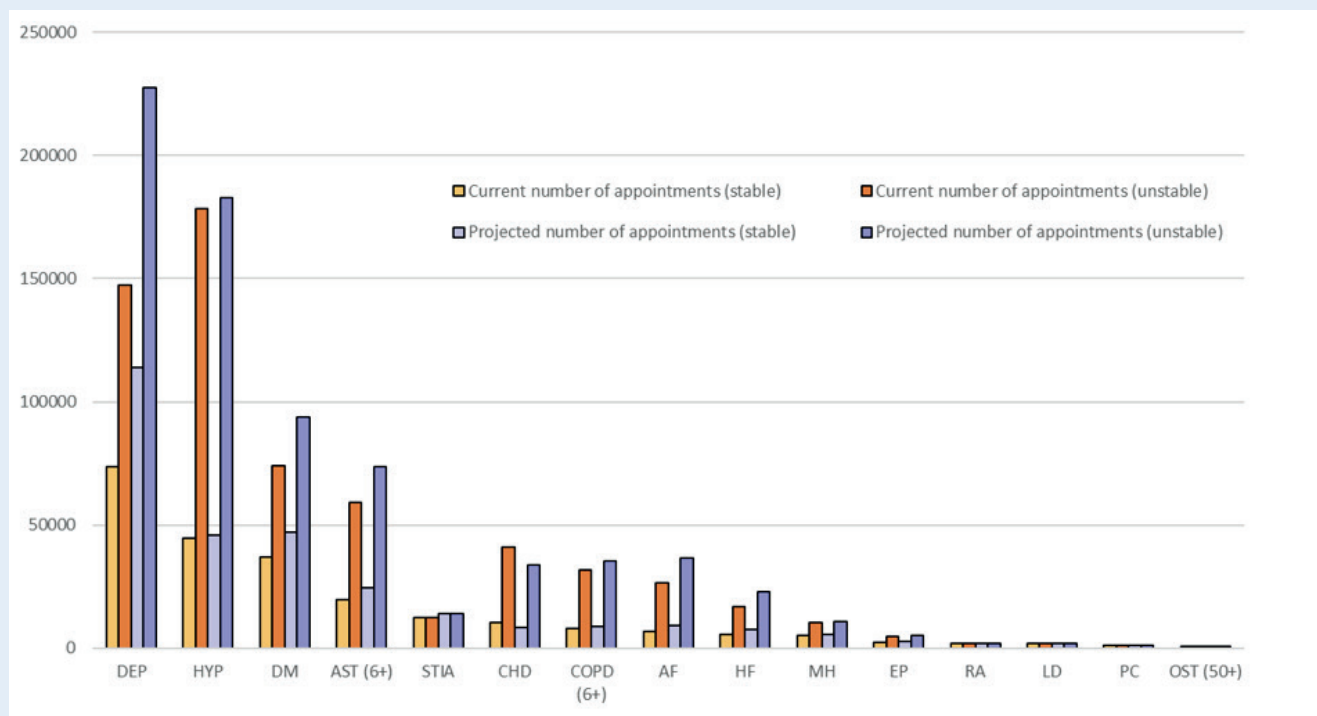


Figure 14: Current and projected number of general practice appointments for selected conditions for both stable and unstable management.

The impact of the Additional Roles Reimbursement Scheme (ARRS) and Pharmacy First

The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 to support an additional 26,000 staff in general practices by 2023/2024 to improve access to care. Primary Care Networks were initially limited to recruiting to five roles, but this has grown to 17 including, from April 2021, Mental Health Practitioners. Working as part of multidisciplinary teams, the potential benefits to patients were envisaged to be integrated pathway for patients, improved access to specialist mental health support, reduced waiting times, prevention of referral into secondary care, and positive patient

experience. In addition, a new Pharmacy First service, launched 31 January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways resulting in enabling patients to get certain prescription medications directly from a pharmacy, without a GP appointment. It would be expected that both the ARRS roles and Pharmacy First reduce the impact on appointments with GPs and potentially impact the predicted prevalence of conditions.

Finance

General practices

The NHS five year forward view was published in October 2014. This identified important change required to expand and strengthen primary and out of hospital care and identified several immediate steps to stabilise general practice.

The General Practice Forward View (GP Forward View), was published in April 2016. It committed to an extra £2.4 billion a year nationally to support general practice services by 2020/21, and aimed to improve patient care and access, and invest in new ways of providing primary care.

The GP Forward View provided support for practices to build the capacity and capabilities required to meet patients' needs, including support to adopt new ways of working and to develop different ways of managing clinical demand.

In 2019, The NHS Long Term Plan was published, setting out further ambitions for general practice and primary care, building on the ambitions in the GP Forward View. In addition,

in January 2019, 'Investment and evolution' was published; a five-year framework for GP contract reform to stabilise GP practice and supporting implementation and delivery of The NHS Long Term Plan. A key feature within the deal was a new Network contract arrangement, contracted as a Directed Enhanced Service (DES), allowing for groups of general practices coming together as primary care networks (PCNs). PCN populations cover around 30,000 to 50,000 people. PCNs are required to deliver a set of seven national service specifications:

- structured medication reviews,
- enhanced health in care homes (with community services),
- anticipatory care (also with community services),
- personalised care,
- supporting early cancer diagnosis,
- cardiovascular disease case-finding,
- and locally agreed action to tackle health inequalities.

Additional Roles Reimbursement Scheme

A feature of the 2019 contract was the additional roles reimbursement scheme (ARRS) to support the recruitment of 20,000 additional staff working in general practice by 2023/24. At

Rotherham Integrated Care Board, as of 31st March 2024, there were a total of 175.9 FTE claims for ARRS roles across the 6 PCNs and 13 staff roles (table 3).

Staff Role	ARRS Claims (FTE)
Care Coordinators	41.6
Pharmacists	33.7
Pharmacy Technicians	16.1
Paramedics	15.7
Mental Health Practitioners	15.6
Social Prescribing Link Workers	13.2
Nursing Associates	12.7
First Contact Physiotherapists	11.0
Physician Associates	8.5
General Practice Assistants	4.8
Trainee Nursing Associates	2.0
Advanced Pharmacist Practitioners	0.8
Dieticians	0.3
Total	175.9

Table 3: Additional roles reimbursement scheme, Rotherham, 2023/24..

A data snapshot for the 2024/25 plan shows the spend on ARRS within primary care is £6,695,153.

Financial data in general practice

Data has been reviewed from when Primary Care Medical services were delegated back to Rotherham Clinical Commissioning Group in 2015/16 compared to the 2024-25 plan. The data therefore includes 10 years financial information and 9 years of growth.

In 2015/16, total spend across contractual payments, additional and enhanced services, and quality and outcomes framework was £36,036,006 (please note this excludes additional roles reimbursement scheme and primary care network directed enhanced services as these were not in place at this time). In 2024/25, the spend across all areas above (including PCN DES and ARRS), is £57,246,561, a 58.9% increase from 2015/16. The Bank of England Inflation calculator indicates an average increase of 33.8% in the cost of goods and

services between 2015 and 2024, indicating that the overall contract inflation has been tracking just below inflation. However, with additional and enhanced service payments, ARRS funding and QOF funding inflation the overall rise in investment is 58.9%, and additional 25.1% above general inflation levels. It is hard to say how this increased inflation relates to the increased demand identified, but the ARRS and enhanced service programmes have been specifically designed to support the transition required to meet future needs for long term condition management in the community.

The 58.9% growth in general practice compares to a growth in acute services of 58.7% over the same time period, both being above overall allocation growth of 52.6% for the Rotherham CCG/ICB as a whole.

General Practice Primary Care Area	2015/16 spend (£)	2024/25 spend (£)	Growth (£)	Percentage change (%)
Contractual payments	£27,675,621	£36,083,762	£8,408,141	30.4%
Additional and Enhanced Services	£4,842,169	£5,251,149	£408,980	8.4%
Additional Roles Reimbursement Scheme	Not applicable	£6,695,153	£6,695,153	Not applicable
Primary Care Network Directed Enhanced Services	Not applicable	£5,165,133	£5,165,133	Not applicable
Quality and Outcomes Framework	£3,518,216	£4,051,364	£533,148	15.2%
Grand Total	£36,036,006	£57,246,561	£21,210,555	58.9%

Table 4: Financial Information, Rotherham, 2023/24

Recommendations

- To note the rising trend and future projections for demand on General Practice from the long-term conditions analysed in this report and consider the future models of community long term condition management that will be required to meet need over the coming decade.
- To consider the preventative actions required to stem the rising prevalence of these long-term conditions and avoid unsustainable increases in demands across the health and care system, with a focus on the common risk factors of smoking, diet, obesity, high blood glucose and alcohol consumption, and the networks and partnerships required within neighbourhoods to maximise the role of non-clinical intervention.
- To note the level of variation observed between General Practices in terms of QOF outcome achievement and exception reporting rates relating to both the delivery of care processes and the achievement of treatment targets and consider the opportunities for quality improvement to support improved outcomes for Rotherham.
- To use the emerging data and digital capabilities to identify the key areas for performance improvement at practice, PCN and Place level and implement a quality improvement programme to drive quality to that achieved by the top 10% of performers for the chosen indicators.
- Note the above inflation overall increase in the funding to General Practices and consider how this related to the changing demands, and the need for a model of care to develop that will meet future needs, making use of the wider set of primary care roles to target local needs and tackle inequalities through community management of long-term conditions.
- Consider how general practice performance is measured and reported, using local data to move beyond monitoring appointment numbers and QOF outcomes to identify measures that drive quality based on local need and priority outcomes.
- Consider the roles of the Primary Care Alliance and Primary Care Networks in developing and monitoring locally relevant quality outcomes, targeting resources to tackle inequalities and driving quality improvement.

Director of Public Health Report 2024

A Focus on General Practice Summary of findings

Presentation contents

- Why General Practice
- Background and methodology
- Current demand
- Quality analysis
- How quality may impact appointment sufficiency
- Finance
- Recommendations

Why General Practice

“Health inequalities mean that the Rotherham population experiences more ill health earlier in life, and that too many of our population are suffering multi-morbidity, or the impact of more than one health condition at once. This is bad for Rotherham’s people, bad for Rotherham families and bad for Rotherham’s economy.

General Practices are uniquely placed within the health system to impact these inequalities in health. Through their mix of [...] health professionals, and their position within the heart of communities General Practices are able to support people to stay healthy, to identify risk factors and conditions early when they can be reversed or controlled, and to support the good management of ill-health reducing the impacts this can have on people’s quality of life and their ability to contribute to their communities.

To achieve all of these goals however General Practice has to maintain a strong focus on quality, and on the outcomes that matter to the communities they serve, and has to be funded sufficiently to meet those needs, both now and in the future as our local population continues to age”

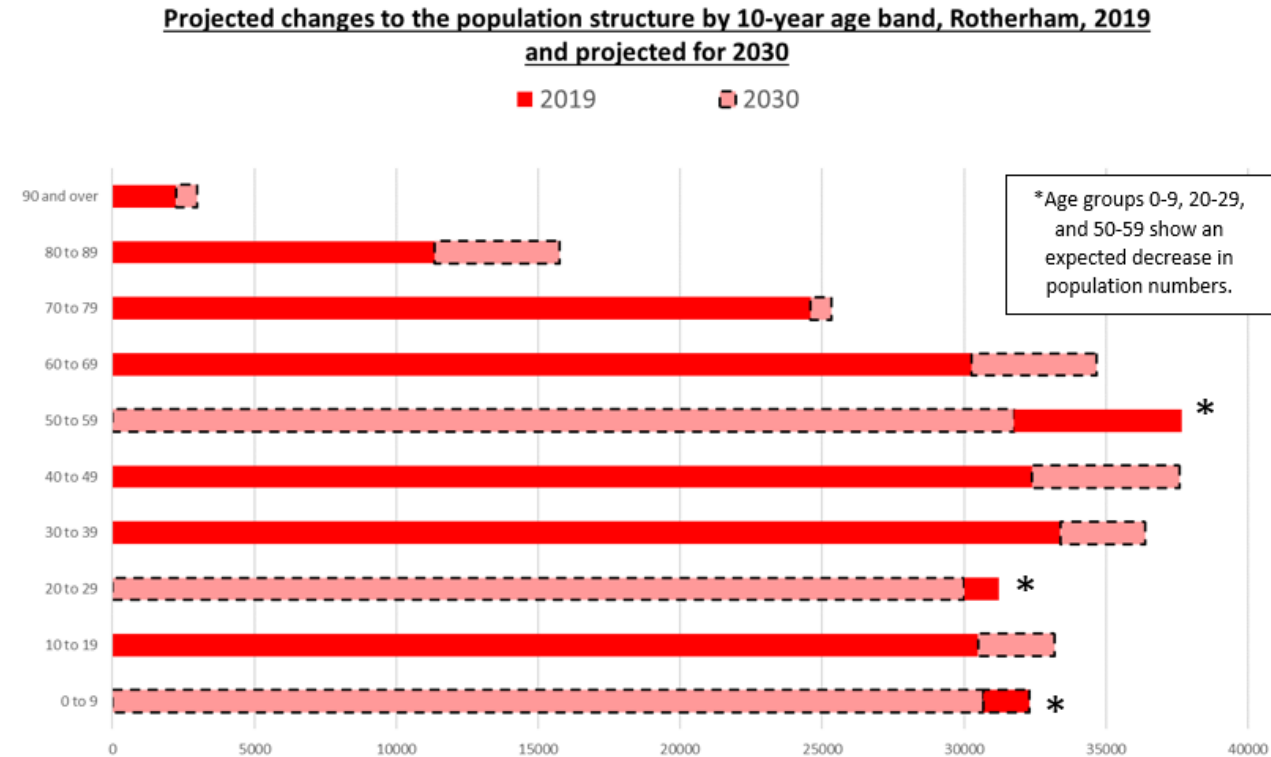


Report Structure

- Historical long-term condition prevalence (10-years)
- Future projections in line with a changing population
- Quality outcome analysis (condition achievement, and achievement range by GP practice)
- Condition contact and the impact on appointment sufficiency
- Finance
- Recommendations

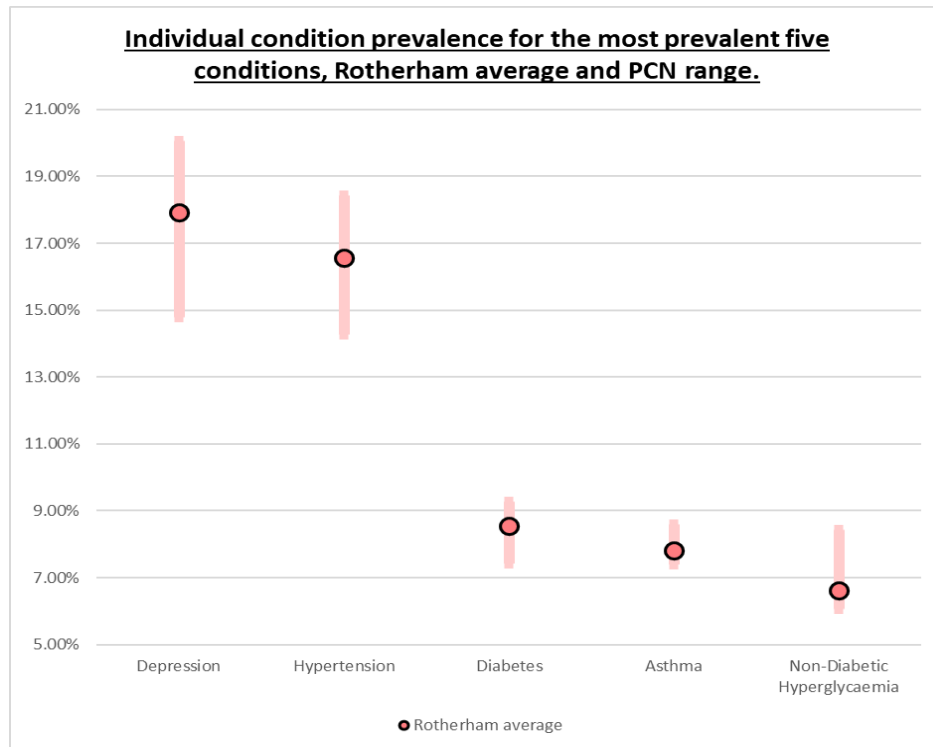
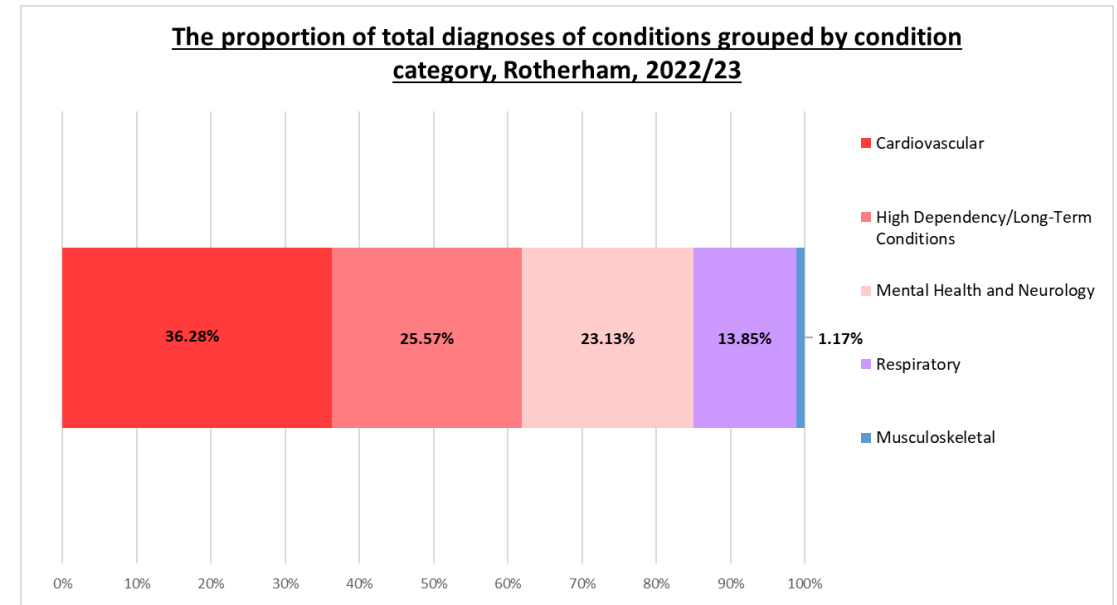
Background and methodology

- The Rotherham population has increased by about 1,000 people per year from an estimated 259,400 in 2013 to 268,400 in 2022 (+3.5%). The oldest age groups are the fastest growing, mainly those aged 75+.
- All data is extracted from NHS Digital and 20 conditions have been reviewed across 5 groups.
- Trend data has been used to forecast what prevalence may look like over the next 10 years for Rotherham.
- Trend data on a PCN and general practice level is used to show how current prevalence and trends vary across Rotherham.
- Data for quality outcomes (met need, unmet need, and not eligible) have been reviewed to determine opportunities for impact.



Current demand (1)

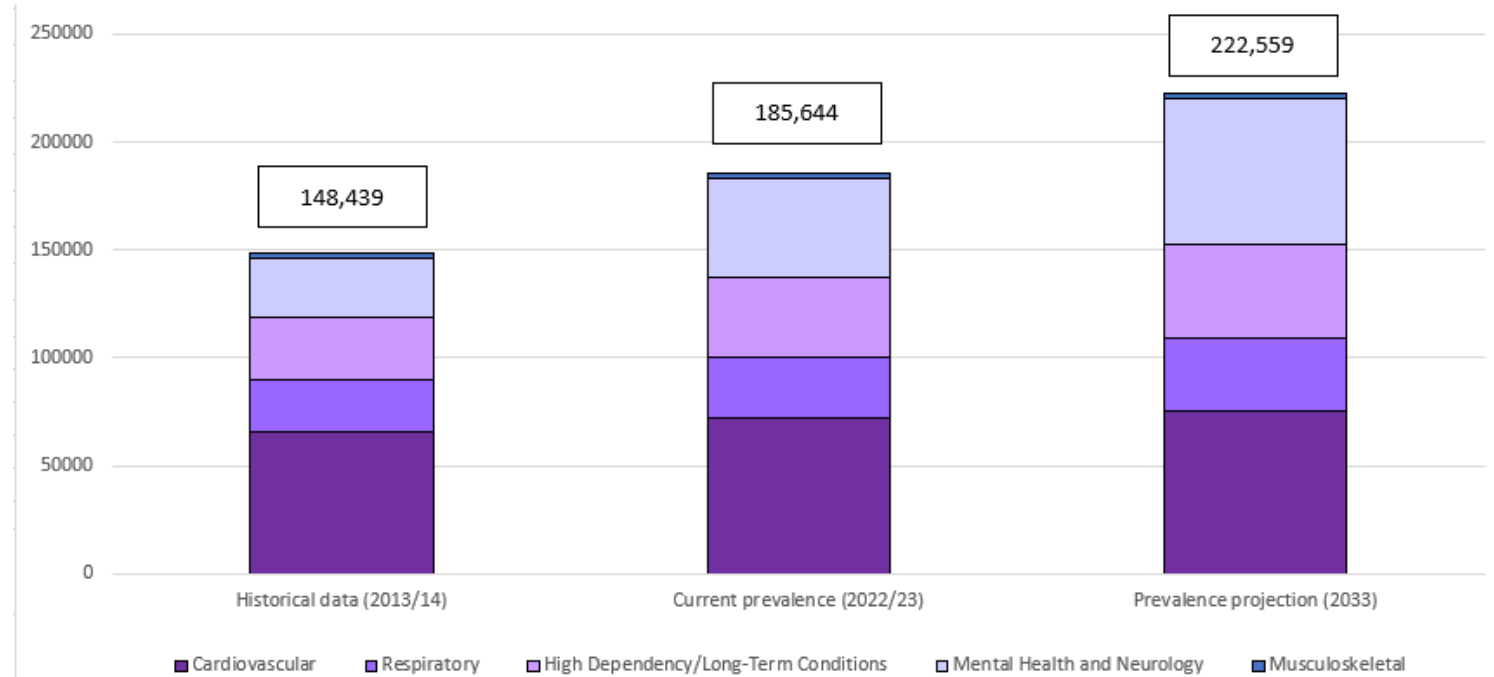
- Data for 2022/23 suggest there are 200,000 diagnosed conditions across the 20 QOF conditions for patients registered to a Rotherham General Practice.



- Top five prevalence are:
 - Depression (17.9%)
 - Hypertension (16.6%)
 - Diabetes (8.5%)
 - Asthma (7.8%)
 - Non-diabetic hyperglycaemia (6.6%)
- All other conditions have a prevalence less than 5%.

Projections (1)

- This is a combination of the projections of the prevalence of conditions and the projected populations for Rotherham.
- Overall, 36,900 more people are projected to be living with at least one of the nineteen conditions in 2032/33 than they were in 2022/23 (this excludes NDH due to uncertainty in projection estimates).



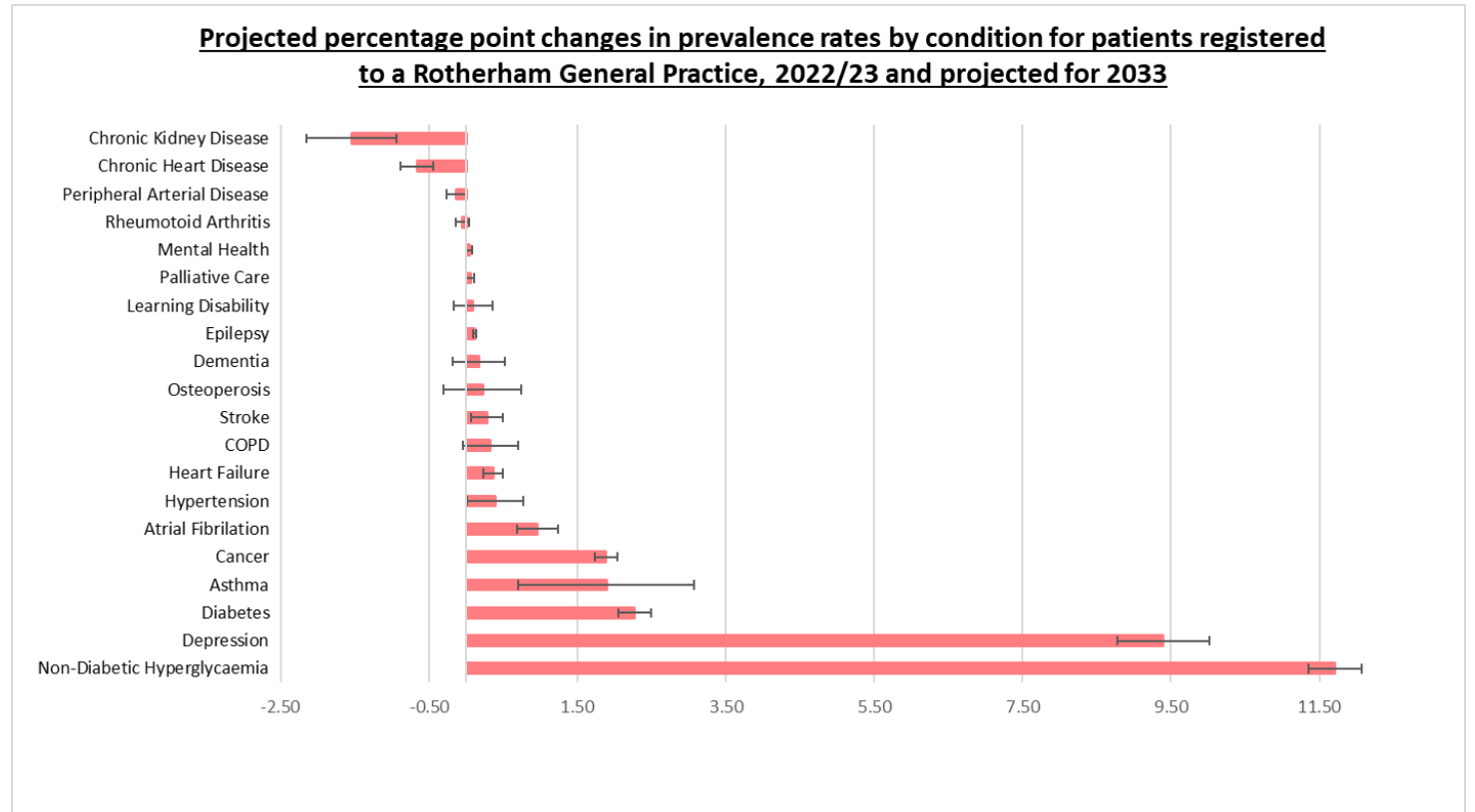
Projections suggest that 16 of the 20 conditions will increase in prevalence by 2033. The exceptions are:

- coronary heart disease and peripheral arterial disease which have been positively impacted by falling smoking rates and changing prescription patterns;
- chronic kidney disease which has been shown to be impacted by recording issues and not a decrease in number of people living with the condition;
- and rheumatoid arthritis which remains similar in projections.

Projections (2)

The five most prevalent conditions now, depression, hypertension, diabetes, asthma, and non-diabetic hyperglycaemia, will remain the most prevalent conditions with depression projected to reach a prevalence of 26.7%, non-diabetic hyperglycaemia 18.3%, hypertension 16.9%, diabetes 10.8%, and asthma 9.7%.

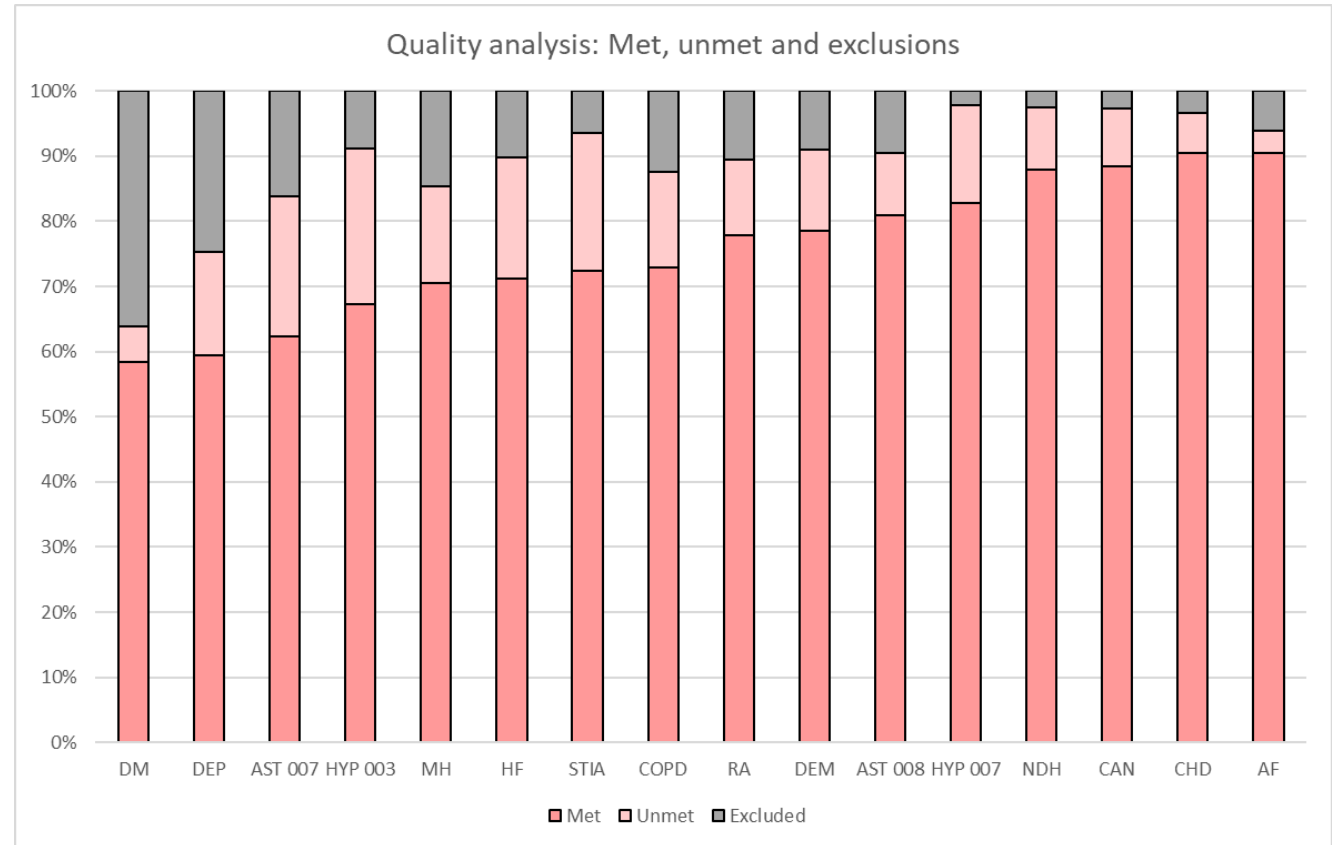
The conditions with the largest percentage point increase are non-diabetic hyperglycaemia* (11.7), depression (9.4), diabetes (2.3), and asthma (1.9).



Please note for conditions, the register consists of all patients who have received a diagnosis at any time. We acknowledge that for some conditions, such as COPD, patients are likely to experience chronic disease and require long-term treatment. Conversely, for other conditions, such as depression, patients may experience acute or episodic symptoms that, in some cases, may resolve without the need for long-term treatment. However, in these cases, the diagnosis will remain on record.

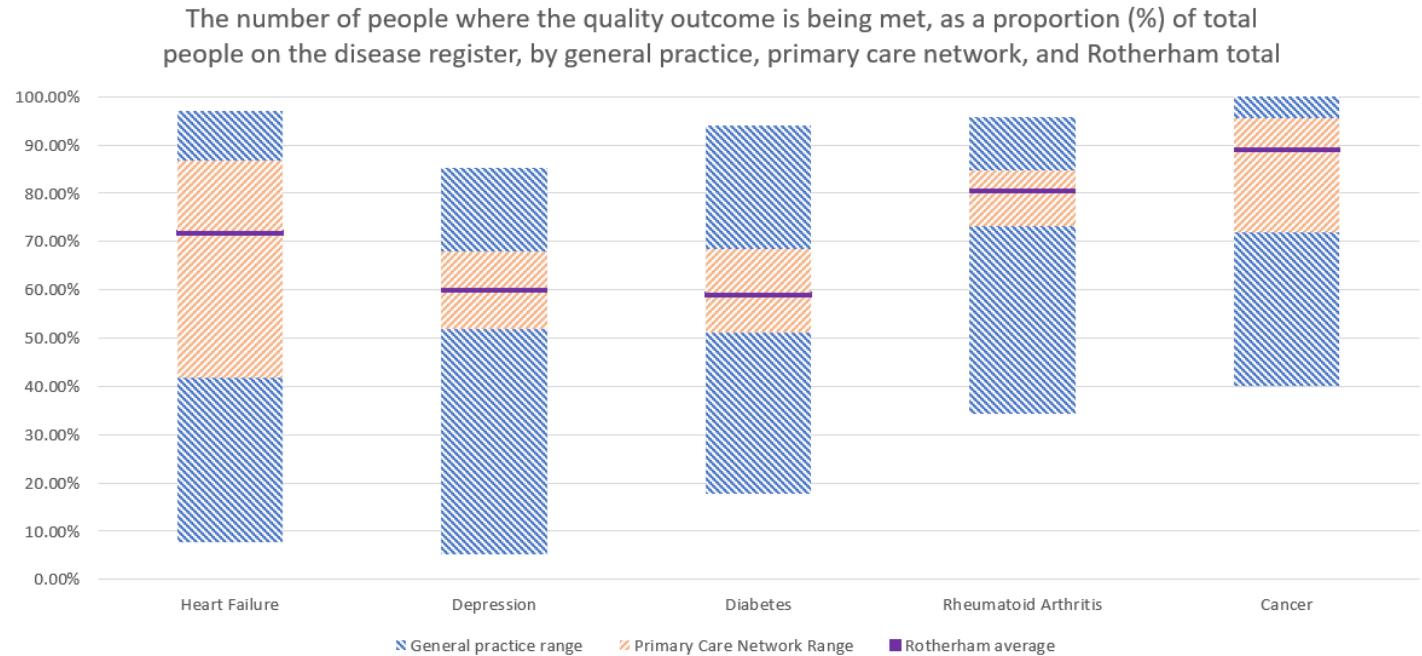
Quality analysis (1)

- Aligned to the five clinical conditions in the 'Core20Plus5'.
- Based on one or two selected measures in line with the NICE guidance.



Quality analysis – largest range

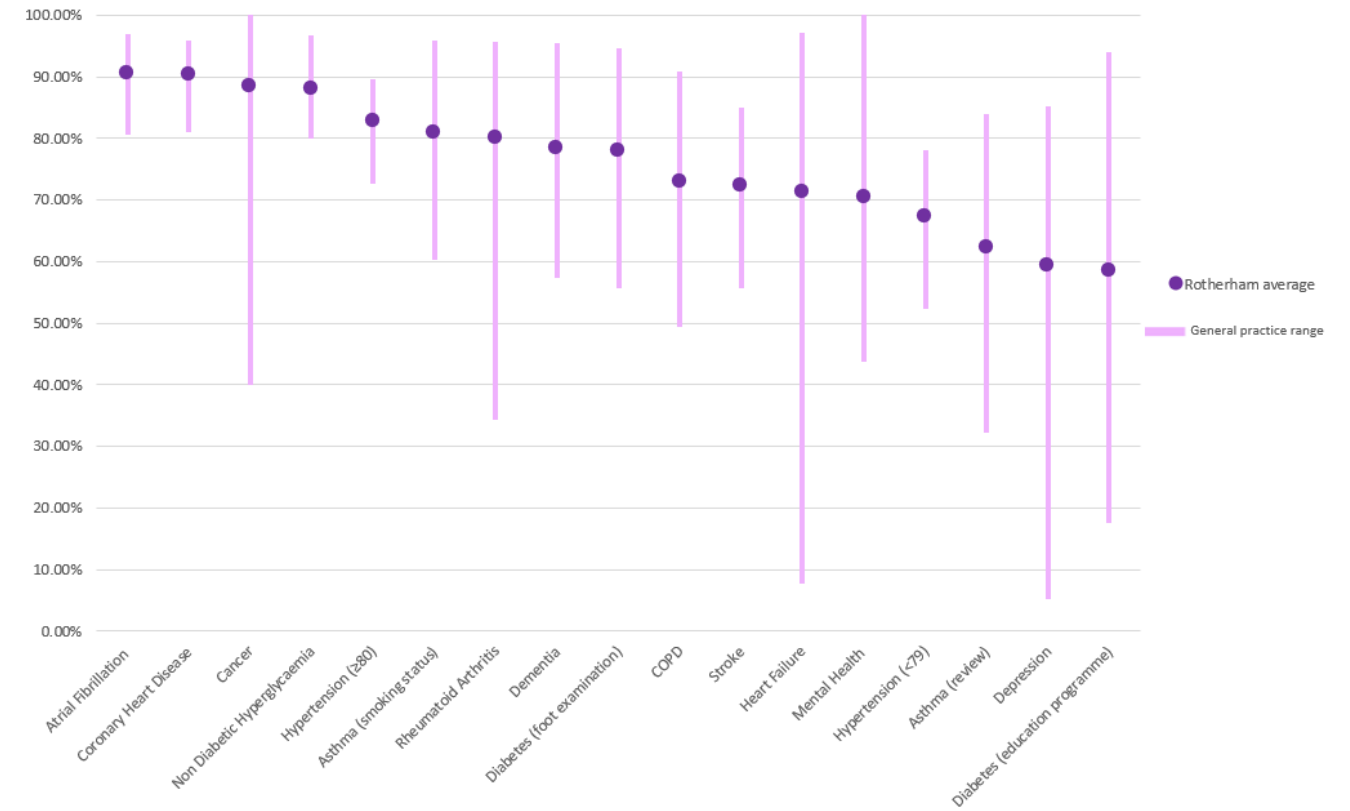
- At a practice level, conditions that have the greatest range within the proportion of patients achieving the quality outcome are for heart failure, depression, diabetes, rheumatoid arthritis and cancer.



Quality analysis – lowest achievement

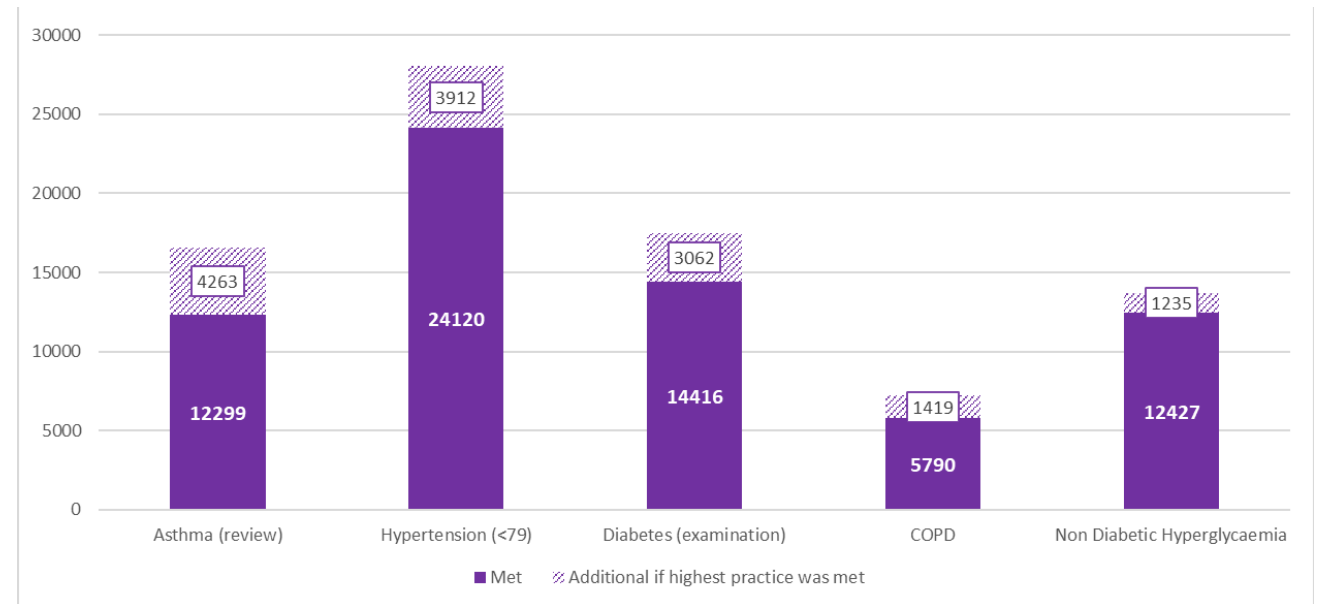
- The conditions that have the lowest quality achievement based on the Rotherham average are diabetes (58.5%), depression (59.4%), asthma (62.3%), hypertension <79 (67.2%) and mental health (70.4%).

The proportion of patients where the specified quality indicator is being met for Rotherham and general practice range

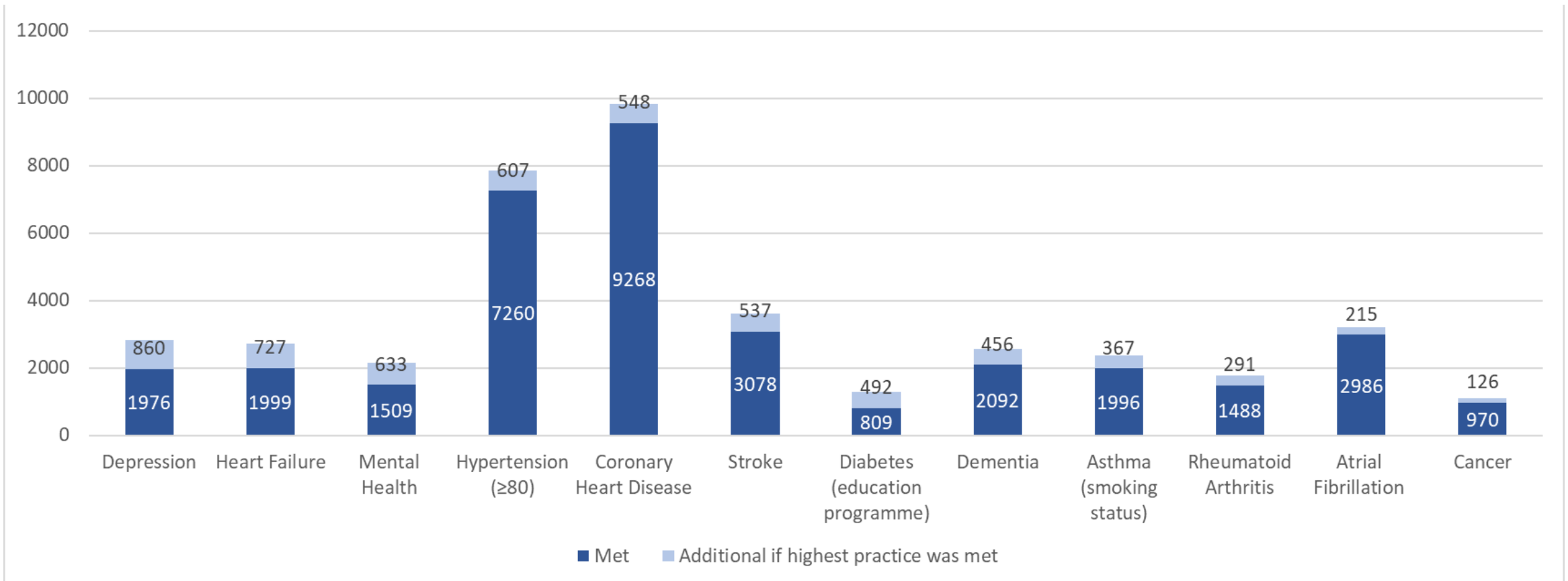


Additional assessments

- Across 17 indicators, if every general practice in Rotherham achieved the same value as for the highest practice for that condition in Rotherham, there would be an additional 19,750 people having their condition assessed or additional guidance given. Please note that this is 17 conditions as three conditions are excluded as all practices are at 100%.
- The conditions which could have the greatest additional numbers if the Rotherham highest was met, was for Asthma, Hypertension, Diabetes, COPD and Non-Diabetic Hyperglycaemia

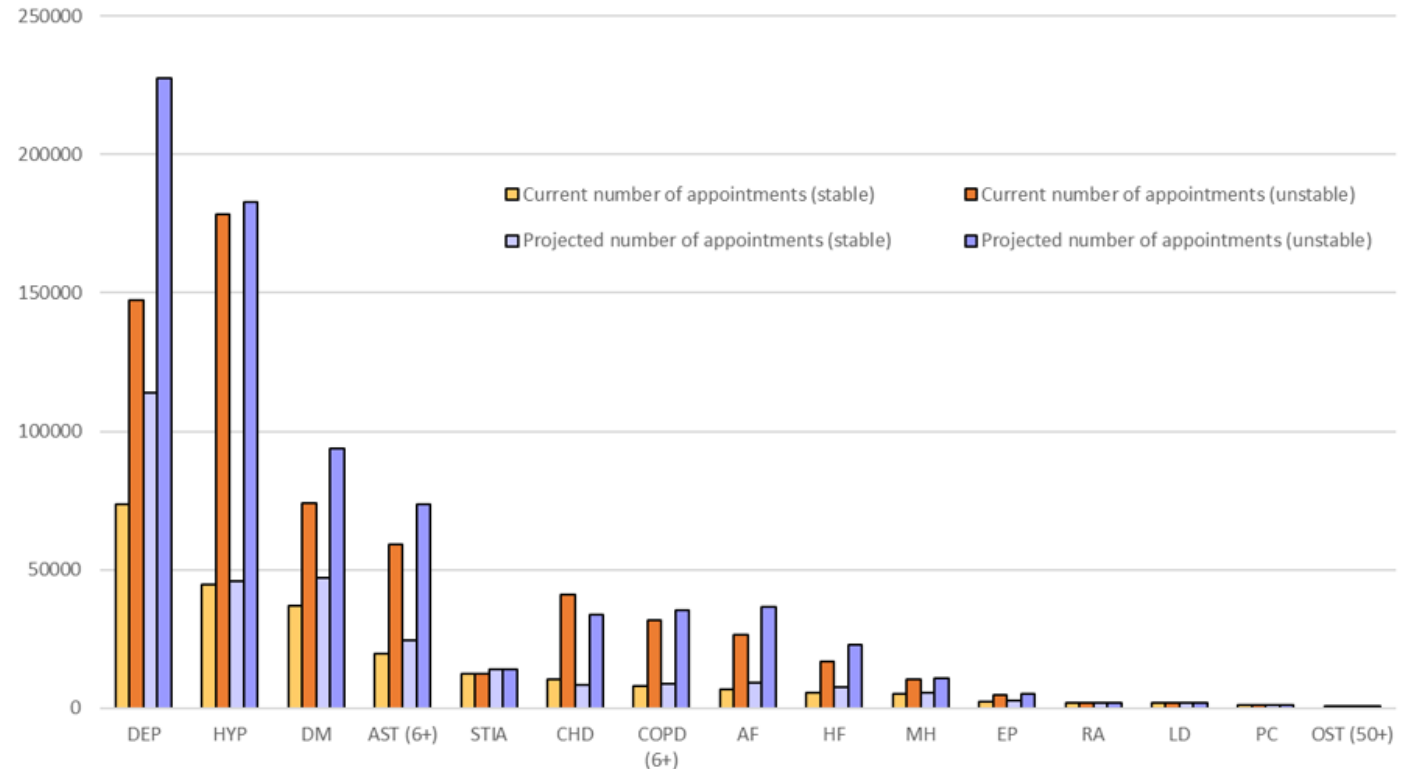


Additional assessments (2)



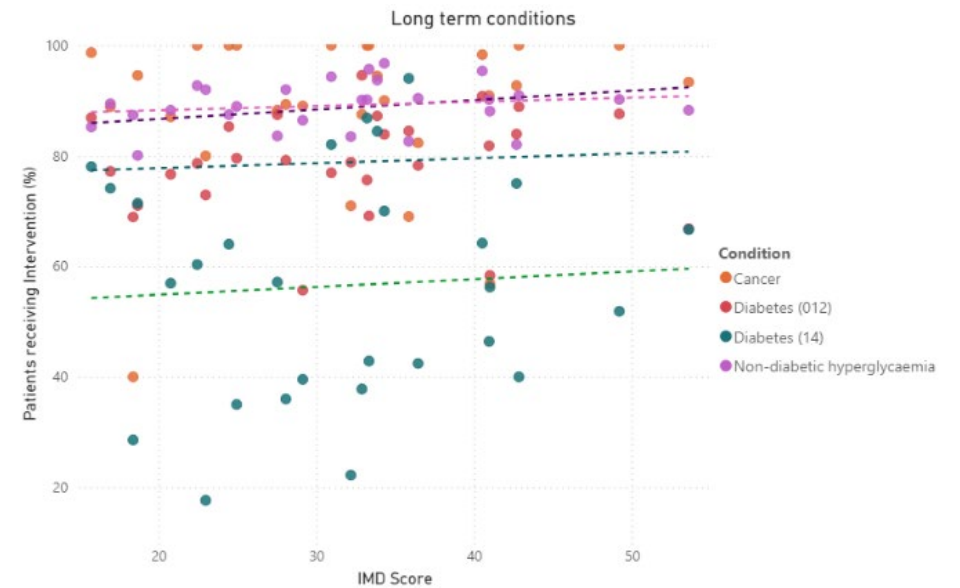
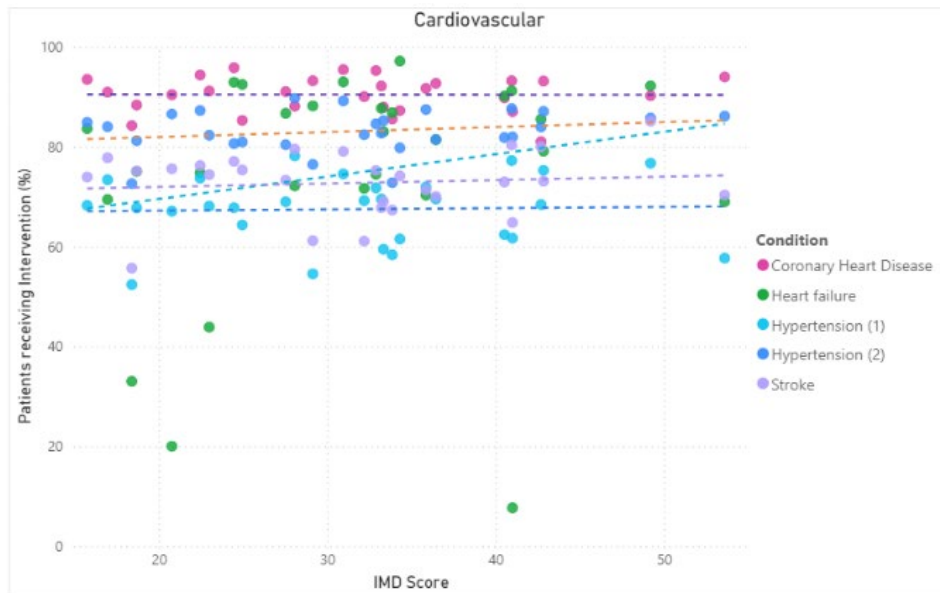
Appointment sufficiency

- We have reviewed available information on diagnostic period, estimated contact if a condition is stable, estimated contact if a condition is poorly controlled, exacerbated, or deterioration, and best practice management to determine appointment sufficiency in line with the projected prevalence of individual conditions.
- Based on 2022/23 QOF prevalence data, it is estimated that stable management of a condition could result in 377,000 fewer appointments than if poorly managed.



Is there an association with patient population and health quality outcomes?

- To determine if it is due to difference in patient population that results in changes in outcomes, we have reviewed the relationship between deprivation and quality achievement.
- As deprivation adjusts for income deprivation, employment deprivation, education, skills and training deprivation, crime deprivation, health and disability deprivation, barriers to housing and services, and living environment deprivation, we may expect any additional differences to be as a result of practice variation.



- As there appears to be weak or no association between quality outcome and deprivation, it is suggested there are individual practice differences that may be influencing the quality outcomes.

Finance

- In 2015/16, total spend across contractual payments, additional and enhanced services, and quality and outcomes framework was £36,036,006 (excluding ARRS and DES).
- In 2024/25, the spend across all areas above (including PCN DES and ARRS), is £57,246,561, a 58.9% increase from 2015/16.
- Inflation over this time was 33.8%.

General Practice Primary Care Area	2015/16 spend (£)	2024/25 spend (£)	Growth (£)	Percentage change (%)
Contractual payments	£27,675,621	£36,083,762	£8,408,141	30.4%
Additional and Enhanced Services	£4,842,169	£5,251,149	£408,980	8.4%
Additional Roles Reimbursement Scheme	Not applicable	£6,695,153	£6,695,153	Not applicable
Primary Care Network Directed Enhanced Services	Not applicable	£5,165,133	£5,165,133	Not applicable
Quality and Outcomes Framework	£3,518,216	£4,051,364	£533,148	15.2%
Grand Total	£36,036,006	£57,246,561	£21,210,555	58.9%

- With additional and enhanced service payments, ARRS funding and QOF funding inflation the overall rise in investment is 58.9%, and additional 25.1% above general inflation levels.

Recommendations (1)

- To note the rising trend and future projections for demand on General Practice from the long-term conditions analysed in this report and consider the future models of community long term condition management that will be required to meet need over the coming decade.
- To consider the preventative actions required to stem the rising prevalence of these long-term conditions and avoid unsustainable increases in demands across the health and care system, with a focus on the common risk factors of smoking, diet, obesity, high blood glucose and alcohol consumption, and the networks and partnerships required within neighbourhoods to maximise the role of non-clinical intervention.
- To note the level of variation observed between General Practices in terms of QOF outcome achievement and exception reporting rates relating to both the delivery of care processes and the achievement of treatment targets and consider the opportunities for quality improvement to support improved outcomes for Rotherham.

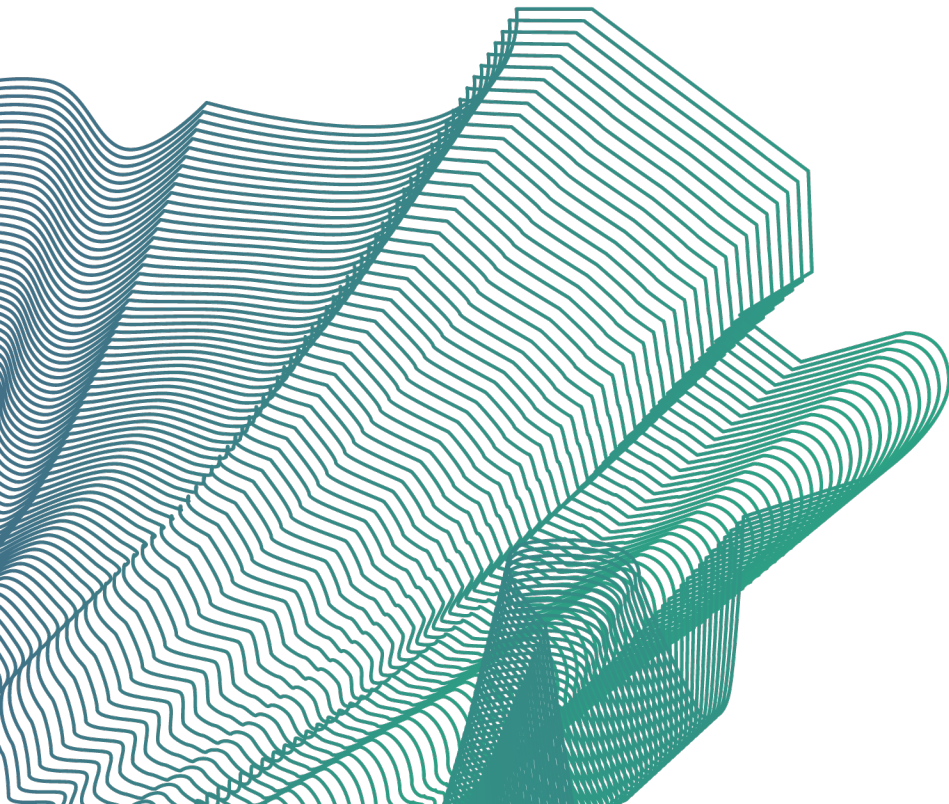
Recommendations (2)

- To use the emerging data and digital capabilities to identify the key areas for performance improvement at practice, PCN and Place level and develop approaches to drive quality, aiming to reduce variation and improve outcomes to that achieved by the top 10% of performers for the chosen indicators.
- Note the above inflation overall increase in the funding to General Practices and consider how this relates to the changing demands, and the need for a model of care to develop that will meet future needs, making use of the wider set of primary care roles, such as additional roles, to ensure they are having the best effect, target local needs, and tackle inequalities through community management of long-term conditions.
- Consider how general practice performance is measured and reported, using local data to move beyond monitoring appointment numbers and QOF outcomes to identify measures that drive quality based on local need and priority outcomes.
- Consider the roles of the South Yorkshire Primary Care Alliance and Primary Care Networks in developing and monitoring locally relevant quality outcomes in general practice, targeting resources to tackle inequalities and driving quality improvement.

Thank you, any questions?

Maternity & CYP Update

August 2024



ROTHERHAM INTEGRATED CARE PARTNERS
Connect Healthcare Rotherham CIC
NHS Rotherham Clinical Commissioning Group
Rotherham Doncaster and South Humber NHS Foundation Trust
Rotherham Metropolitan Borough Council
The Rotherham NHS Foundation Trust
Voluntary Action Rotherham

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

Our Key priorities are:

Best Start for Life

Mental Health and Emotional Wellbeing

Special Educational Needs and Disabilities

Looked After Children

Preparation for Adulthood

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

Pathway design

- Children's Community Nursing and Community Paediatrics
- Child Development Centre
- Looked After Children
- Neurodevelopmental
- Sensory Support

Enablers

Information sharing

- Develop shared information tool across health and care.

Digital solutions

- Health Passport for Transitions
- Digital Assessment - Neuro

Workforce

- OD
- Training and Development
- Employer of choice
- Place recruitment and retention

Comms & Engagement

- Children/ Young People
- Parent/ Carer Inc. Panel
- Impacted staff.
- Providers
- Partners

Review of funding streams

- Joint strategic commissioning
- BCF/winter monies
- Discharge/UJC monies

Which of the 31 NHS National Objectives that we will be measured by in this workstream:

1. Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injuries.
2. Increase fill rates against funded establishment for maternity staff.

What's working well

- Delivery of the 3 Year Delivery plan for Maternity and neonatal services which aims to make care safer, more personalised and more equitable is on track. 64% of actions are completed and 30% are in progress with plans in place for delayed/ not started actions.
- The 0-19 service have commenced new universal 3-4 months visits to all families. Target of 70% coverage to be achieved by Q4. Performance of 73% uptake achieved so far.
- Rotherham Children's Centres have developed an action plan with the Unicef BFI team, are preparing to submit our Certificate of Commitment and request our stage 1 assessment for the end of Q4
- A SENCO Network TakeOver is planned for March, CAMHs and Education practitioners will come together to further develop the children and young people's social emotional and mental health (SEMH) continuum, workforce competency framework and guidance documents.
- SY Place has identified non-recurrent funding via the children's work programme pooled budget to jointly commission activity to address the waiting times in the Child Development Centre.
- A total of 17 new foster carers are projected to complete the recruitment process in the 2024/25 financial year.
- Rotherham achieved the highest possible rating in the Local Area SEND inspection
- The accessibility strategy and equipment policy have been implemented ensuring children are able to access local educational provision which meets their SEND and Health needs. As of November 2024, 28 mainstream schools have been successful in receiving grant funding.
- Rotherham Place showcased good practice at the PfA regional conference, My Perfect Week - Preparation for Adulthood in practice, making it happen and making it stick.

Challenges and Risks

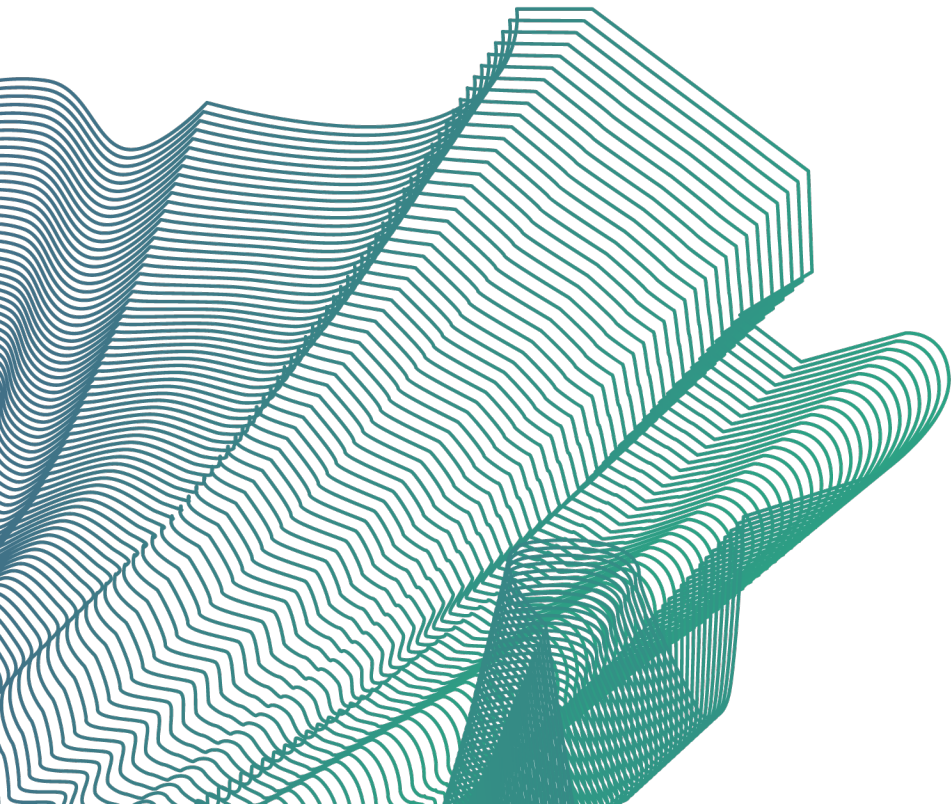
- Despite mitigation being agreed, the reduction in funding into the Smoking At Time Of Delivery Service may reduce uptake of the service by the most vulnerable. This may also impact on capacity to deliver the new national incentive programme. The risk register has been updated.
- The work on waiting time trajectories in CDC is moving forward in line with the plan already in place.
- The work on waiting time trajectories in CAMHs is moving forward in line with the plan already in place.
- Increased demand is impacting on waiting times for therapy services. Work is underway to understand the demand and capacity in these services.
- Revised timeframe of Q4 2024/25 has been agreed for the health passport, to align with timeframe for development of technology to reach into multiple systems.

What needs to happen next *(with reference to the milestones in the place plan performance report where applicable)*

- The plan to address the waiting time trajectories in CDC will be delivered and overseen by the SEND Executive Board.
- Work will continue to increase capacity and throughput of assessments to reduce waiting times for children on the 5-19 neurodevelopmental pathway.
- Work to review the specifications and pathways to understand the demand and capacity in therapy services.

ROTHERHAM

PLACE PARTNERSHIP | HEALTH AND CARE



South Yorkshire
Integrated Care Board

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

The Rotherham
NHS Foundation Trust

Rotherham 
Metropolitan
Borough Council

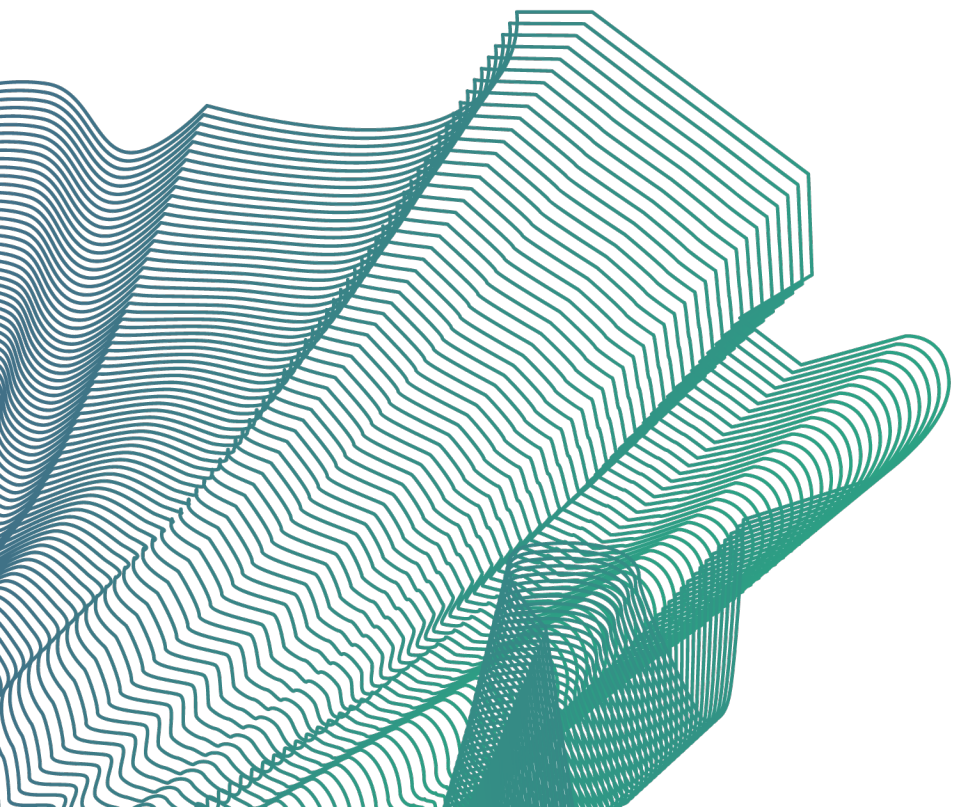


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HEALTHCARE**
ROTHERHAM CIC

yourhealthrotherham.co.uk

Rotherham Place Digital Group Update – January 2025

Wednesday 15th January 2025



South Yorkshire
Integrated Care Board

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

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Metropolitan
Borough Council 



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HEALTHCARE**
ROTHERHAM CIC

What's working well (ICB)

- ICS Digital Transformation Strategy discovery workshops commenced (January 2025)
- ICS Digital Workforce and Skills Strategy discovery sessions completed (November 2024)
- Continued growth in usage of shared care records in RMBC and care homes
- Migration planning from local Rotherham Health Record platform to strategic Yorkshire and Humber Care Record Platform commenced
- Rotherham Digital Programme: in 2024 1500+ free mobile data contracts were distributed and 2751 people actively supported in the community
- Successful SY wide digital inclusion event held on 9th October in Rotherham at New York Stadium
- Citizens Advice led SY Digital Inclusion Programme offering comprehensive support via 7 workstreams commenced operation in Rotherham in August 2024. Activity is meeting and exceeding targets in Rotherham.
- Eclipse Tool successfully adopted to support the Proactive Care workstream
- GP Online Registration - 100% rollout across South Yorkshire completed
- NHS App usage = 58% GP patients registered (highest in SY, up 3% since June 2024)
- Digitising Social Care Records = 86% of eligible Adult Social Care Providers digitised (highest in SY)
- Four care home sites participating in the Nobi remote monitoring programme

What's working well (TRFT)

- Over 1000 patients a day using NHS APP to access online surveys, correspondence and health forms at TRFT
- Very positive feedback re: RHR.CARE from RMBC/Care Home and GP staff
- Hospital EPR directly interfaced into GP Records

What's working well (RDaSH)

- Care Opinion implemented capturing mental health patient feedback – How did you feel? What was good? What could be improved?
- Digital exclusion – device upcycling opportunities being explored with CAB
- IT Smartlockers to become permanent in Rotherham and be extended across RDaSH footprint following successful evaluation of Swallownest Court pilot.

What's working well (RMBC)

- Improved efficiency for social workers through AI summaries of Care Act assessments through Magic Notes
- Microsoft engaged to produce an AI for Education and Health Care Plan
- Creation of a Digital Front Door (Chatbot) pilot for social care in St Helens

Challenges and Risks

- **Digital Workforce Resourcing:** lack of project managers, technical project managers and integration experts to deliver system integration projects
- **Digital Programme Funding:** insufficient funding for the Shared Care Record Programme, Digital Primary Care Core System Tools and the wider digital work programme
- **Digital Pathway Framework Tools (Primary Care):** misaligned and misinterpreted national/local communications about "choice"

What needs to happen next

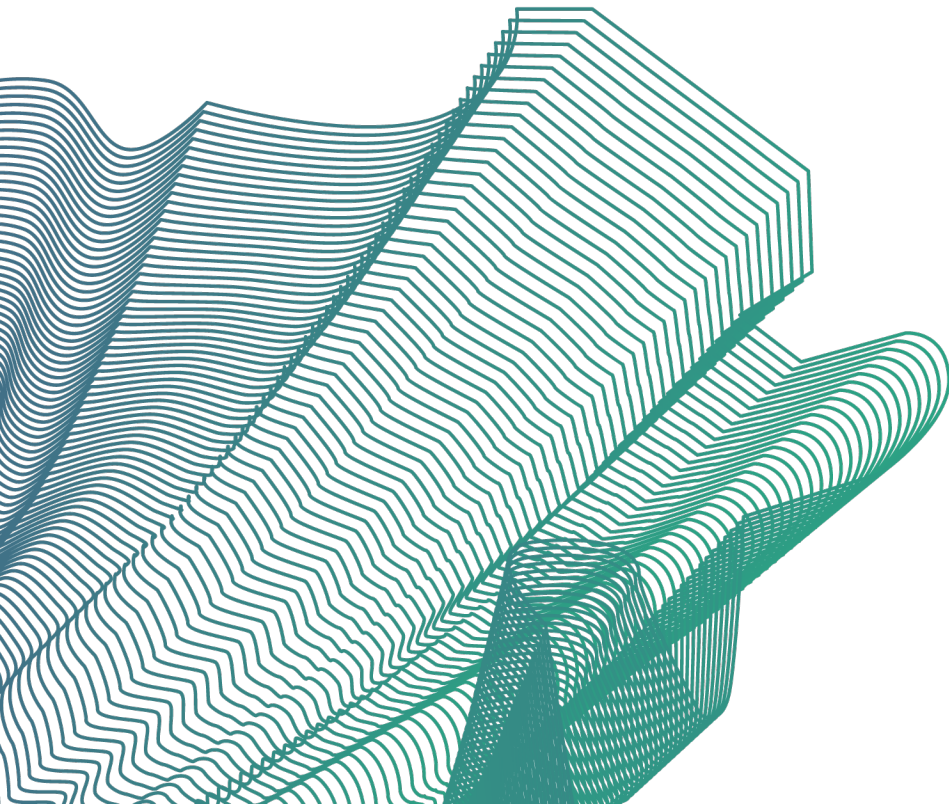
- Continued development and approval of the SY ICS Digital Transformation Strategy and Digital Workforce and Skills Strategy
- Development of plans for full migration to the Yorkshire and Humber Care Record system by March 2026
- Continue to drive up shared care record usage, particularly in primary care and RDaSH
- Complete implementation of Digital Social Care Record systems and Nobi remote monitoring solution and assess benefits

Any Questions?

Andrew Clayton:
andrew.clayton@nhs.net

Primary Care Update

15 January 2025



South Yorkshire
Integrated Care Board

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

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council 



Appointments and Access

Year	Number of general practice appointments
2016	1,180,601
2017	1,549,034
2018	1,604,853
2019/20	1,550,991
2020/21	1,399,455
2021/22	1,615,691
2022/23	1,755,361
2023/24	1,900,129
2024/25 (7 months to 1 st Nov 24)	1,181,445

Statistic		Time period
Average number of appointments per month	168,777	2024/25 to 1st Nov
Average number of patient DNAs per month	6,225	2024/25 to 1st Nov
Percentage of appointments provided on the same day as requested	34.4%	October 2024
Percentage of appointments provided within 14 days of the request (<i>doesn't allow for booked follow-up i.e. 'see your GP in 1 month'</i>)	70.7%	October 2024
Percentage of all appointments held face to face	75.7%	October 2024
Percentage of all appointments provided by a GP	38.51%	October 2024

Enhanced Access

Appointments overview **November 2024** in Extended Access Service

Offered	2,441
Booked (inc DNAs)	2,435
Utilisation	93%

Services are delivered by GP, ANP, FCP, Nurse, Nurse Associates and HCA

There are 266 hours of appointments per week provided across Rotherham these are available 7 days a week delivered across several sites

Appointments are available to book on the NHS App, patients' online services, and through GP Practices

Patient Feedback

- *Absolutely amazing staff and GP nice and so helpful*
- *Excellent service. Easy to book online via NHS App, really useful when working and cannot get to appointments*
- *Friendly staff, quick and efficient*
- *Easily accessible, really friendly GP who listened*
- *Lovely service, easy to get an appointment lovely nurse and receptionist*

Capacity & Access Improvement (CAIP)

The aim of the Capacity and Access Improvement Payment (CAIP) was to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access. PCNs were asked to submit plans against which the ICB could effectively gauge progress in patient experience of contact, ease of access and demand management, and accuracy of appointment books.

From these plans, Rotherham Place set specific targets for six measurables that were locally applicable. For PCNs to be guaranteed payment for achievement, each member practice had to deliver on a specific selection of the following:

- 1. Care Navigation*
- 2. Friends & Family Test*
- 3. Telephony*
- 4. GP Patient Survey*
- 5. Online Consultation*
- 6. Appointment numbers*

Across 28 criteria, achievement in full was agreed for 18 indicators, with 10 agreed following submission of further evidence

Issues & Challenges

- GP Collective Action
- Increased demand across all areas
- Recruitment of key areas of clinical staffing
- Retention of non-clinical staffing
- Increasingly complex patients being moved back to primary care sooner
- Digital inclusion for all groups
- Continuing challenges to morale and mental wellbeing of all staff groups
- Uncertainty on funding

Achievements and priorities

- PCN National Pilot
- Development and roll-out of Pro-active Care
- Winter Pressures support

- Building resilience through consistent commissioning, estates and workforce planning;
- Clarity on future funding for PCN's
- LES Review
- Primary/Secondary Interface

Rotherham Place Board – 15 January 2025

Rotherham Place Achievements

Lead Executive:	Claire Smith, Deputy Place Director – NHS South Yorkshire ICB (Rotherham)
Lead Officer:	Lydia George, Strategy & Delivery Lead - NHS South Yorkshire ICB (Rotherham)

Purpose:
To provide members with examples of successes and achievements across the Rotherham Place.
Background:
<p>Rotherham Place Partnership has many examples of its achievements which have been enabled through clear leadership, outstanding relationships, wider partnership engagement and strong governance.</p> <p>The Rotherham Health and Care Community have been working in collaboration for many years to transform the way it cares for and achieves a positive change for its population. Rotherham Place has a strong, experienced and cohesive executive leadership team who have set clear expectations and the spirit of collaboration and inclusiveness with the key aim of driving forward transformation set out in the Place Plan.</p> <p>Partners are fully committed to working together to make decisions on a best for Rotherham basis to achieve the transformations set out in the Place Plan. Our first Place Plan was published in November 2016, the second was published in October 2018 and the third was published in March 2020. All plans have continued to build on previous successes, aiming to be a catalyst to deliver sustainable, efficient health and care, with prevention at its heart.</p> <p>We are clear that by working together can we transform the way we work and improve the health and wellbeing of our population, further and at pace.</p>
Analysis of key issues and of risks
<p>In the past we captured our achievements through the regular spotlight presentations and updates on our priorities provided to Place Board. To make this more inclusive we produced a simple template and introduced a process which we shared across our transformation and enabling workstreams inviting colleagues to tell us about good practice/achievements in their areas of work.</p> <p>We are confident that the process is capturing examples that we would not have easily identified previously and it seems to be well received across Place.</p> <p>We will continue to welcome further contributions, as and when, from across the place groups and will continue to share at Place Board.</p>
Recommendations:
Place Board members are asked to note the achievements received and share within their own organisation as appropriate.

Achievements across the Rotherham Place Partnership

Rotherham Partnership Place Board:

15 January 2025

1. TRS National Crime Agency Recognition – *Page 3*

Name of Project/Scheme/Development	TRS National Crime Agency Recognition
Contact for Project/Scheme/Development	Julie Thornton, RDASH Care Group Director
Form completed by (if different to above)	
Which 'Place' Group does this come under	RDASH
Approximate time period that the Project/ Scheme/ Development was delivered / implemented	November 2024
Description <i>(just a few sentences to explain about the Project/Scheme/Development)</i>	
<p>To recognise the work done by the Trauma Resilience Service and their contribution to Operation Stovewood, Julie Godbehere (social worker), Sue Byrne (Mental Health nurse) and Kate Oldfield (Clinical Psychologist) (though Kate wasn't not able to attend on the day) were all awarded individual outstanding contribution awards by the National Crime Agency at the end of November in Sheffield.</p> <p>They were invited to attend a formal lunch and award ceremony where the trauma informed approach and their multi-disciplinary contribution to Operation Stovewood was spoken about. The Deputy Director of the overall National Crime Agency commended the work of the Trauma and Resilience Service, also suggesting that this should be a national model.</p>	
Outcomes <i>(briefly explain the benefits, for example, what difference it has made to patients and public or to the way we work i.e. try to explain the 'so what' question)</i>	
Recognition for the TRS Team and the work they have done in partnership across Rotherham Place	
Anything else you would like to tell? <i>(is there anything else you want to tell us e.g. who/what team (s) were involved, what the next steps might be etc)</i>	



Rotherham Place Partnership Update: November/December 2024

Rotherham Care Home Hydration Project takes top prize at 2024 HSJ Awards

A collaborative effort to improve hydration for care home residents in South Yorkshire has received top honours at the 2024 HSJ awards.



NHS South Yorkshire ICB (Rotherham Place) Medicines Management Team and The Rotherham NHS Foundation Trust, Nutrition and Dietetics Team were winners in the **Place-based Partnership and Integrated Care Award** category for their Care Homes Hydration Project.

The Rotherham Care Homes Hydration Project was launched in 2022 to address rising rates of urinary tract infections (UTIs) and antibiotic use in local care homes, after it was discovered that care home residents were 10 times more likely to be dehydrated than residents from their own homes, showing the need for training and support.

By providing education and training to care home staff on hydration interventions, the project successfully improved the hydration in older people, which decreased the number of UTIs, decreased the unnecessary use of antibiotics and even reduced the number of times ambulances were called.

Over 1000 care home staff received face to face training as part of the project which is now expanding across South Yorkshire.

Rotherham Area Partnership is awarded highest rating by Ofsted

Independent inspectors have praised Rotherham's services for children and young people with special educational needs and disabilities (SEND) for their **'genuine determination across the partnership that all children and young people with SEND are happy, successful and thrive'** and awarded them the highest rating in their inspection report.

Following the three-week inspection in early October 2024, Ofsted and CQC inspectors assessed children's services, looking at arrangements for education, health and social care services for children and young people with SEND across the borough.

There are three possible inspection outcomes in the SEND framework with Rotherham's children's services receiving the highest outcome of: *'the local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed'*. This means the services won't need to be inspected again for five years.

They found *'most children's and young people's needs are identified and assessed quickly and accurately'* and they *'enjoy attending a range of mainstream schools and specialist provisions'*. The report also highlighted that children and young people are valued and visible in their communities.

Praise from the inspectors comes from the collaborative way partners work together to provide support for children and young people with SEND. Partners include Rotherham Council, Rotherham's Integrated Care Board (ICB) and Rotherham Parent Carers Forum.

Rotherham Parent Carers Forum was particularly praised for their compassionate approach in advocating for children and young people, working in partnership with services through the Four Cornerstones, Welcome and Care, Value and Include, Communication and Partnership, to influence the culture of how services for children and young people with SEND are delivered and developed in Rotherham.

For further information about services available for children and young people with SEND can be found on the [Rotherham SEND Local Offer website](#).

RotherHive

0.5m+
views of our Mental Health page

Site hits: **6m+**

Total visitors: **390,000+**

Total unique visitors: **179,400**

Page visits: **3,124,000**

Life stages **40,000+**
visits to the section since February 2024 launch

Top five sections
Mental Health
Wellness Hive
Depression, Anxiety & Stress
Bereavement
Alcohol

Working Well **137,000**
visits to the section since December 2021

www.rotherhive.co.uk

(Stats recorded between launch on 18/5/20–31/10/24)

RotherHive was launched in 2020 originally as a mental health resource, it has since significantly expanded and now provides a range of verified practical mental health and wellbeing information, support and advice for adults in Rotherham.

Alcohol	Bereavement	Carers	Cost of Living	Debt	Depression, Anxiety, Stress	Dementia
Domestic Abuse	Drugs	Eating Disorders	Eating Well	Gambling	Homelessness	Mental Health
Moving More	Pain Management	Perinatal	Self-harm/self-neglect	Sleep	Smoking	Suicide Prevention

The **Rotherhive facebook** page has launched its 2024 Christmas advent calendar. In the lead up to christmas this social media campaign will cover a wide range of topics, such as debt, mental wellbeing, alcohol, self-care, gambling, sleep and coping with christmas.



Why not follow this campaign on the Rotherhive facebook <https://www.facebook.com/rotherhive/> and help us share this information as we approach the christmas period.



- ❖ **Public Health Peer Review** – positive feedback from the October review included comments on:
 - strengthened partnerships, fully embedded public health intelligence in local health systems at all levels
 - integration of the local public health team with Rotherham health partners as good as seen anywhere
 - JSNA genuinely shaping specific priorities and service development across the local health system and NHS are full partners in the delivery of the H&WB strategy
 - RODA a good illustration of the strength of partnership working and the real trust between partners
 - Good progress in the last year in integrating the public health and planning agenda
- ❖ **The Rotherham NHS Foundation Trust were successful in their bid** for funding to support digital developments as part of elective recovery. The bid was for implementation and roll out of Patient Engagement Platform (PEP) and NHS App inpatient and day case appointment management with call agent integration. Well done!
- ❖ Congratulations to the **Product Support Team and all Place Primary Care teams** who combined brilliantly to help get all 170 practices enabled with the national service to allow patients to register with their practice online. This enabled South Yorkshire to achieve the 100% target ahead of the December deadline.
- ❖ **Vaccination Position**
 - 44.9% of the eligible Rotherham population have been vaccinated
 - 100% Rotherham Care homes visited
 - November Breathing Space session vaccinated 30 chronic respiratory patients
 - TRFT Staff vaccinations – community pharmacy have delivered a number of sessions at the trust alongside their flu team
 - Public vaccination session planned Saturday 11 Jan 10am-12pm at the Good Measure Pharmacy
 - RDASH have vaccinated 2700 staff (2800 target of by the end of the year)



Living Life's Wishes

A Strategy for Excellence in Hospice Care



Rotherham Hospice launch their New Strategy: Living Life's Wishes

The brand-new Strategic Plan for 2024-2030: "Living Life's Wishes." is all about ensuring the continued provision of the very best care and support for patients, their families, and the Rotherham community.

Rotherham Hospice opened in 1988 and has been a place of comfort and support for those facing the toughest times. The Hospice has come a long way since then, caring for over 1,700 patients each year and reaching even more through their community services.

Recognising there's always more that can be done they have listened to what the community have to say and used the feedback to shape the strategy.

- Truly personalised care focused on what matters most to each patient.
- Support earlier, right from the point of diagnosis.
- More services that can be delivered at home, so families can stay together in familiar surroundings.
- Inclusivity, be there for everyone in Rotherham community, making sure care is accessible and welcoming to all.

The **seven aims** are:

1. **Personalised and Compassionate Care:** *creating care plans that are tailored just for the individual.*
2. **Early Support and Intervention:** *easier access support as soon as you need it.*
3. **Inclusivity and Equity:** *committed to making services open to everyone.*
4. **Strengthening Our Finances:** *new ways to raise funds, to keep providing the best possible care.*
5. **Innovation and Growth:** *looking for better ways to care for patients.*
6. **Supporting Our Amazing Team:** *investing in staff and volunteers who are at the heart of everything we do.*
7. **Raising Awareness:** *everyone in Rotherham to know what the hospice can do and how they can help.*

The National Academy for Social Prescribing

published a new report highlighting the measurable benefits of social prescribing. The **Rotherham Social Prescribing Service** is one of the services profiled in the report and mentioned in the press release:

In Kirklees and Rotherham, frequent users of healthcare services saw GP visits and A&E attendances reduce substantially following social prescribing interventions.

The report also suggested that social prescribing can have a positive economic impact. In Newcastle, secondary care costs were 9.4% lower compared to a matched control group where social prescribing was not available. In Rotherham, a pre and post analysis on frequent users reported a reduction in costs up to 39% for A&E attendances.

The full report can be found at this link, Rotherham features on page 16.

<https://socialprescribingacademy.org.uk/resources/new-report-shows-impact-of-social-prescribing-on-health-service-use-and-costs/>

Academics at Sheffield Hallam University have been evaluating the impact of Rotherham Social Prescribing service since 2013, focusing on the long-term conditions component of the service. The NASP report details the services and impact.



Headline impact on frequent users of health services were identified as:
33%-40% reduction in non-elective inpatient spells
39%-43% reduction in A&E attendances

The Mental Health Community Connectors service was established in April 2024 as a response to NHS England guidance to improve the physical health care of adults living with severe mental illness (SMI) through improved physical health checks and supported follow-up interventions. The new service was developed with VCS delivering multi-disciplinary approach for people living with SMI and based on social prescribing model.

A key aspect was increasing uptake of SMI physical health checks in primary care, checks include: height and weight measurements, blood tests, medication review, alcohol consumption and smoking status, diet and exercise review, access to screening and vaccinations.

A number of patient voice workshops were held, some of the feedback highlighted:

- A lack of prior information and advice, leading to anxiety and lack of motivation to take up appointments
- Experiences in difficulty making contact and using appointment systems
- On-going mental and physical illness impacting attendance and follow up
- The need for a slow, steady approach to physical health improvements with ongoing support.

The service adapts to individual need, it is not a linear pathway but reacts to peoples needs. It aims to build trusting relationships, raise awareness of different aspects of health and wellbeing, upskill to embed healthy lifestyle behaviour into everyday life, raise feelings of wellbeing, through fostering connections with others, provide a welcoming environment and peer support and enable individuals to attend and complete their physical health checks and follow up interventions.

There have been **218 referrals** into the service from primary care and after three months **100% of service users have improved their ReQoL score**. *The Recovering Quality of Life (ReQoL) score is a measurement of quality of life for people with mental health conditions.*

Going forward the service intends to:

- Co-produce physical health check resources
- Map practice level approaches and challenges to physical health checks
- Plan new collaborative approaches between PCNs and Rotherham voluntary sector



National Programme - RCN cadets were hosted for their placement by Rotherham care group - college students with an interest in Health Care were invited via the RCN cadet programme to spend 3 days learning about services, staff and patient stories and have experiential learning opportunities including venepuncture and psychological formulation.

Potential employment opportunities including apprenticeships shared with the cadets as well as practical guidance on completing job applications and interview preparation.

The evaluation from the cadets and NHSE was fantastic, a programme RDASH would like to support again to encourage young people into health care and share the amazing input that RDASH provides for patients, carers, and staff.

Recognition for the Trauma and Resilience Service (TRS)

and the work they have done in partnership across Rotherham Place. To recognise the work done by the Trauma and Resilience Service and their contribution to Operation Stovewood, Julie Godbehere (social worker), Sue Byrne (Mental Health nurse) and Kate Oldfield (Clinical Psychologist) were all awarded individual outstanding contribution awards by the National Crime Agency at the end of November in Sheffield.

They were invited to attend a formal lunch and award ceremony where the trauma informed approach and their multi-disciplinary contribution to Operation Stovewood was spoken about. The Deputy Director of the overall National Crime Agency commended the work of the Trauma and Resilience Service, also suggesting that this should be a national model.



Woodlands you are amazing!!!! - 1 in 5 children in the country may not receive a Christmas present this year, due to poverty, abuse or being in the care system, many families can't afford gifts without getting into debt. Kind-hearted staff at The Woodlands reached out to the Rotherham Morrisons community champion.

Staff from inpatient wards Glades & Brambles, Crisis Team, Home Treatment Team, Mental Health Hospital Liaison Team, and Admin Team were asked to kindly donate a Christmas gift for a child from the age of 0-18 years so that a child can open at least 1 present this year.

The target of 50 gifts was exceeded with 82 gift bags stuffed with toys and chocolate being donated. Jenny Exley the community champion was overwhelmed when she collected the gifts and couldn't thank staff enough for their generosity. The gifts will be split between Rotherham Social Services and the Rotherham Women's Refuge.



Q3 What we heard – 2024:

During Q3 (1st October – 13th December), we spoke to **185** people regarding their experiences with health and social care services in Rotherham. This information was gathered from in-person engagement, events, website forms, telephone and email enquiries. We spoke to people from a variety of backgrounds and ages. This is a breakdown of the most spoken about topics and services. All feedback is fed back to services at various opportunities throughout the month to highlight any areas that need to be improved to help the patient experience and is published monthly in our What we heard reports. These reports are available on our website.

Breakdown of numbers

Over Q3 we received:

Enquiries - 66				Feedback - 119			
Telephone	Email	In person	Other	Website	Email	In person	Other
19	13	24	10	26	2	88	3

Hospital feedback:

We spoke to **54** people during Q3 regarding their hospital care in Rotherham.

The main themes we've heard this quarter concern parking, dementia care, communication, quality of treatment, UECC, waiting times and staff shortages.



We've continued to hear concerns around parking at Rotherham Hospital, with **4** people telling us about how it increases the stress of going to appointments. We've been told how long waiting times and staff shortages have meant some patients having to move services to get the treatment that they need, whilst others have had to rely on friends or family to provide basic care such as help with meal times.

Worryingly, this quarter we've heard from people where not only have they felt they've not been listened to, but the quality of care they've received has been poor. We've provided extra assistance to **8** people who wished to raise complaints with TRFT this quarter.

Positive feedback, however, was again received for individual departments in the hospital with people praising them for their efficiency, kindness and compassion.

Some positive comments we heard:

- "I had a scan booked by my GP and I didn't wait more than 2 mins at the outpatients, near the eye clinic before being called in. The nurse was kind and patient explaining the process of the two scans needed and what she could see or couldn't see. Told me my report would be sent back to my GP. But I would need more tests"
- "I've used Rotherham Hospital many times for both outpatient appointments and as an inpatient and it's always been a great experience. I do think you need a positive outlook on life to give yourself the best chance with your health"
- "I'm under ENT and they are absolutely amazing!! A-MA-ZING! The staff are so thorough and so kind, you really feel like they care for you so much. I'm so pleased with the treatment from this department. Thank you to them all"
- "The fracture clinic at Rotherham are brilliant!!"
- "I'm under Rotherham Hospital for my heart and also Oncology - it has been wonderful, really caring services"
- "My surgeon checked my circumstances, and because I live alone, arranged for me to be an inpatient instead of day surgery. That made my recovery much easier"

Some negative comments we heard:

Parking

- "The parking at this hospital is absolutely atrocious, talk about causing stress that you definitely don't need. I've driven around for half an hour and it's just a good job I gave myself plenty of time!"
- "The parking at the hospital is just ridiculous - it's so stressful. I hate going there!"

Dementia care

- "The signage to the entrance to the hospital isn't great at all. Very confusing"
- "I had to share a ward with an elderly patient with dementia who shouted all night, also an alarm went off for hours during the night. I got no sleep and the staff were unhelpful. I asked to go home but the nurse informed me I wouldn't be

allowed back on the ward in the morning. I

ended up talking to the dementia patient for some time to calm them down"

- "Care of people with dementia in Rotherham Hospital is terrible"

Quality of treatment

- "Although the NHS is a fabulous service...I have been passed to 4 different consultants who have had differing opinions on what treatment I should have, which is a little frustrating"
- "I have to challenge/fight for my care & take family or friends to appointments to feel heard"
- "I am having hip pain following my hip replacement and [I have found out] that on my notes the surgeon entered "cause for concern". So why did he write this and why don't I know anything about why he put this. When [we] asked him why he'd written that, he said it wasn't him that had written that on my records"
- "I had a gastroscopy procedure where polyps were found but not removed as I was told they didn't have time. So I had to go back and go through everything again. Feels a waste of NHS time & resources"

Communication

- "Staff don't ask the right questions & don't communicate to the right people leading to patients waiting hours to be sent home."
- "I think there should be better communication with carers when it comes to operations and procedures. When my wife went into surgery, I felt I knew very little about what was going on and I wanted to be able to go into the room with her whilst she had the anaesthetic prior to the procedure as she was scared and was around unfamiliar people"
- "Need better communication between the hospital & GP e.g, using the same IT system - details of my blood test were not transferred to my GP"

Waiting times/staff shortages

- "Not happy with waiting times - GP referred to pain clinic, appointment isn't until June 2025, 34 week wait for Ophthalmology"
- "My son has Crohns disease and was under Rotherham Hospital. From what I gather there is only 1 full time member of staff that could treat and monitor him and he wasn't getting the care and attention that his condition needed. We transferred to a different hospital and the care has felt much better"
- "Patients left to feed themselves when relatives have informed staff that they need help...family asked to come in at meal times to help- but not always possible (work etc..)"
- "I had right eye surgery in October...the nurse said I would be put on the waiting list for my left eye. I rang the booking clerk [and was told it] was likely to be March...I am really struggling...and need to read a lot [for my job]"

Urgent and Emergency care

- “Dreadful. Was told to be there for 4.30pm by NHS 111. When we arrived, they told us they had no record and that '111 shouldn't do that'. When finally seen, misdiagnosed and sent to the wrong department. Appalling. 12 [hours] in A and E - 4 and a half before even seen”
- “A&E at Rotherham needs sorting out - waiting times to be seen are far too long!”

GP Services:

We spoke to **38** people about GP services in Rotherham during Q3.

We've continued to hear negative feedback about appointment availability this quarter, although new triage systems appear to be helping some people to access appointments more easily, with **5** people telling us this. However, **7** people told us they still struggled with getting appointments, either due to availability or difficulties navigating the new online triage systems.



Positive feedback was received about specific doctors providing exceptional service and GP's involving patients in driving improvements via their PPG.

The biggest concerns raised this quarter regard communication and being listened to, with some people feeling dismissed and uncared for.

We also heard some specific feedback surrounding language barriers and interpreters. We heard of patients only having been offered telephone appointments since they arrived in Rotherham and which can be difficult with the language barriers trying to tell the receptionist what the issue is and awkward when it's very personal. Although we heard that people were mostly being offered interpreters, it can take time at the appointment and sometimes online services are used which can be unreliable.

- “I think GP's should have a walk-in service. There should be interpreters available within the practice for the different languages spoken in Rotherham”

Some positive comments we heard:

- “I had my COVID and flu vaccines at an extra weekend clinic run by my GP. They sent me a reminder to book. Quick and easy”
- “My GP's have a patient participation group which allows patients to see both sides of issues. Practice manager attends. They listen. The practice has also cleaned up the entrance to surgery and are using a new system on reception where they answer the phone straightway then arrange to call back or triage”

- “I used the anima system for the first time for a non urgent condition that I’ve put off going to the doctors for as I didn’t want to take up an urgent appointment. The system allowed me to quickly put in what my concerns were, along with photos and then submit and forget about it. One working day later I got a call from my GP surgery and they arranged for me to have an appointment 2 days later. I feel like this has been great for me because I don’t think I’d have got round to calling about it”
- “[My] hospital passport is updated monthly by myself, my GP and any other health professionals I have seen in that month. He is good and sees me approximately every six weeks. His practice manager is helpful too. She is always willing to speak to me on the telephone”
- “I recently had a scan and the GP called me the same day to say she had the report and needed further fast-tracked interventions at Rotherham hospital. The next day I was called with an appointment for the next working day”

Some negative comments we heard:

- “GP’s need to check notes – I was asked why I was at an appointment when practice had asked me to come in to discuss my health issues”
- “I’d like to see more feedback regarding blood test results etc, a better explanation of results”
- “I had an appointment at 8.10 in the morning, when I arrived at reception I was told the appointment had been cancelled. They sent the text at 8.01 when I was already there. I understand staff call in sick, but they should make sure this is in time for messages to get to patients to prevent unnecessary journeys”
- “It is frustrating that you can only discuss one problem during the appointment [especially when] there aren’t enough appointments available”
- “I was unwell and booked an appointment with a doctor. He refused to discuss the issue and told me to ring 111. The service seems completely pointless. Mays well use 111 instead of Rotherham Connect to Healthcare extended hours service”
- “I’m worried about my memory and I also don’t sleep well. They don’t listen to me at the GP’s, it’s a waste of time me going. I went recently about my sleep and the doctor just said “well we don’t prescribe sleeping tablets unless it’s absolutely necessary”. They just don’t seem to care”
- “I had to wait weeks for a face to face appointment, there needs to be a better balance of face to face and telephone. GP’s know nothing about you...Feels like you have to fight to get any sort of referral”

Pharmacies:

We heard from 9 people about pharmacy services in Rotherham during Q3.

Most of the feedback we heard this quarter was negative with people finding staff unhelpful as well as missing and incorrect medication being issued. We did hear very positive praise for one particular pharmacy who went above and beyond expectations.



Some positive comments we heard:

- “Everything was very slick and quick”
- “ I went to collect a prescription and was asked if I’d like a blood pressure check there and then. Was really impressed with this and the pharmacist was lovely and explained the figures to me. He offered general advice on how to keep my blood pressure down through a healthy lifestyle as it turned out my blood pressure was slightly high. He said he’d pass the information onto my doctor and they may be in touch if they’re concerned about the reading”

Some negative comments we heard:

- “[I have] coeliac disease and receive bread on a prescription which is collected each month from my local pharmacy. The pharmacy has been freezing my bread even though I have requested that they don’t. Also the last time I collected it, the bread was out of date”
- “I’ve been on HRT since Jan 2020. When I had to change my GP my repeat prescriptions were removed, so I had a gp appointment to see what’s going on, and basically my request has been passed onto the pharmacist team, but the last 2 times I have phoned the GP it says nothing has happened yet. They know it’s not a new request and just a continuation of my medical care, they know that I have now basically ran out but because I can’t talk to the pharmacist team directly I don’t know what’s going on”
- “The pharmacist was not very helpful when dealing with paramedics who were trying to sort some medication for my relative”
- “I’ve had a few episodes of a mix up with my meds”
- “The pharmacy at Rotherham Hospital doesn’t offer a delivery service but I struggle to collect my medication due to illness and limited public transport services”
- “There seem to be too many processing issues with prescriptions; delays and shortages”
- “I ordered my repeat prescription on the NHS app. Quite a few times there has been medication missing and they are my heart tablets which are important.

I'm going to go to my GP to speak with them about the problem. I also had to wait 3 months recently for my allergy medication"

Dental services:

We heard from **9** people this Q3 about dental services, most of whom were struggling to register with an NHS dentist and wanted our assistance in finding one.



We also had queries regarding the cost of dental treatment and concerns raised about the quality of the treatment provided. We only had one positive comment this quarter.

Some general comments we heard:

- "I had a routine appointment with my dentist who was great, friendly, and pleasant"
- "I've been going [to my dentist] for 8 years. Backwards and forwards telling them my tooth hurt and I had swelling etc. Nothing was ever done, they just kept sending me away. I then registered with [another] dentist and they x rayed me straight away and told me there was a problem and they're doing the work after christmas. Finally I'm getting this sorted"

Ambulance, paramedics & transport services:

We heard from **5** people about ambulance, paramedic and transport services in Rotherham during Q3. All the feedback we received was very positive and the care provided was excellent.

- "Excellent service, call handler stayed on line until the crew arrived, checking we were coping and supporting. Crew lovely patient trying to keep my relative out of hospital Excellent care, reassurance organised medication for me to collect, accessing my relative's medical records"
- "I've just booked hospital transport with a wheelchair for the first time. I never tried when it was via a GP but it is so easy now. A few questions and it is booked to take me in for my next operation"
- "The ambulance arrived on a blue light within 15 mins. Very professional and caring. Took on board what I told them. Received gas and air. They took me to A&E arranged for me to have a cubicle which then set in motion a clear pathway and for treatment for my condition"

- “I called the ambulance as my husband was having chest pains. The ambulance arrived quickly and the paramedics were very efficient and reassuring. Could not have asked for a better team. very easy to access service , good care”
- “The Firefly service is excellent! It’s completely stress free unlike trying to park at many hospitals. The staff are kind, the vans are lovely and clean. I was referred for this service by my oncologist! Brilliant!”

Audiology services:

We heard from **7** people this quarter about audiology services and the problems they are facing with waiting times and access to hearing aid batteries. People have also questioned how many staff/audiologists are available at the walk-in centre at Rotherham Community Health Centre (RCHC) as there is a waiting list of 1 year to have a full hearing test.



- “I’ve been waiting 9 months for an appointment just to have my hearing aids adjusted” - Walk in Centre RCHC
- “I was told there was a 6 month waiting list - after 6 months I rang & was told it was another 6 months. However, if I was ok to have the same hearing prescription, they could see me in 1 week. I did this as it is better than nothing” - Walk in Centre RCHC
- “I had an appointment but was told they couldn't give out batteries. I was told I needed to ring from home & they'd post them out” - Walk in Centre RCHC
- “I’ve been told I should be getting my hearing aid batteries from Worksop as that’s where I got my hearing aid from many years ago and not from Dinnington Resource Centre where I’ve been going, due to funding”
- “I have been referred to audiology but their waiting times for appointments are taking up to a year. I am frustrated at this as my hearing is an issue and waiting a year is ridiculous”
- “The RNID clinic are brilliant because you can just drop-in when you need new tubes or batteries for your hearing aids. If you had to wait to have them replaced at RCHC, you’d be waiting up to 2 months! Great service”

Mental Health Services:

We spoke to **14** people during Q3 regarding the care they have received from mental health services.

Most of the experiences we heard about were negative and mostly involved problems with accessing mental health services and a lack of



knowledge of the help available. We continue to hear about long waiting lists for ASD/ADHD assessments.

Some negative comments we heard:

- “There isn’t enough mental health support in Rotherham. We need a service that is open for drop-ins 24-7 not just 5 evenings a week. Although mental Health Matters service seems to work well when they’re open. I’ve used them”
- “I’ve used the crisis service but it’s not a crisis service at all as you don’t get immediate help!”
- “My mental health is bad, I don’t get any help and I can’t drive and don’t have money to get to town”
- “Due to my child having autism, they are unable to get mental health support because all of their difficulties are put down to them being autistic”
- “I wasn’t impressed with the Mental Health Matters service. I called them one evening as I wasn’t feeling great at all and was desperate to speak to someone, I really needed a safe space and they told me I couldn’t go down there as they were full that evening. I also tried another time and asked if there was any chance of having a taxi there and back as they had helped me before, as I am struggling for money at the minute and they said they could only do this on someone’s first visit, so I feel very dismissed by them”
- “I don’t know enough about what mental health support is available in Rotherham”
- “Mental Health issues need recognising more! My son tried to take his own life, he was then sent home in a taxi”
- “My relative filled in a questionnaire for mental health support about a month ago and we haven’t heard anything yet”

Some comments we heard about ASD/ADHD assessments:

- “My child has been waiting ages for an assessment for autism. I know they’re autistic, they shows so many traits and are extremely different to my other children”
- “I am worried about the potential wait time for my ASD assessment. I’m worried that I will soon transfer to adult services and slip through the net”
- “My son was referred to Ryegate in Sheffield by our Rotherham GP, for an Autism assessment. He was waiting almost a year, when they contacted us and said that they wouldn’t be assessing him as he should have been referred to CAMHS. He’s now on a waiting list there and goodness knows how long it will be until he’s seen!”

- “I think my child is autistic and maybe dyslexic too. I'm not sure what to do about support for them or how to go about getting a diagnosis of anything”

General comments about other local services:

We also heard feedback about some other local services during Q3.

The biggest concerns we heard this quarter regarded the quality of care provided to individuals over several services including social workers, adult social care, care homes and NHS staff.



Concern was also expressed by the cutting of Admiral nurse services in Rotherham. We often hear how vital this service is for individuals and families and have been given positive feedback by **2** people again this quarter.

We had some feedback as well this quarter regarding the provision of support to older residents in Rotherham and how they value social groups to support their mental health, but that some opportunities aren't geared towards their age group:

- “We were referred to Healthwave and it seems like a decent service, however the classes really aren't for us. We're older and none were really suitable”
- “I think groups like ours should be funded by social care or the NHS as they are so important. People at our age can get very lonely especially if they've lost their partner. I think there could be more deaths if we didn't have groups like ours”

Some general positive comments we heard:

- “Admiral Nurses are excellent”
- “Rotherham Hospice provides an excellent service – talked about new service options for out patients long term illness – hair dressing/ bathing”
- “Long Covid service at Breathing space has been brilliant – I can't imagine where I'd be if I hadn't used it. However, going forward Staff don't know what's going to happen with this clinic”
- “My relative is in a Care home and I'm very happy with the care they receive there. It's a really good care home. The staff are very upbeat and they have a good CQC rating too”
- “My care has been very good in Rotherham, I'm expecting my 4th child in December”
- “Breathing Space is brilliant, a great service with really lovely staff, it's just a shame the waiting lists are so long for treatment”

Some general negative comments we heard:

Social care

- “I feel let down by social care. My child has autism and has been let down all throughout their life by social workers promising support and then not staying around”
- “The care at my relative’s care home is very bad – it really upsets me to visit. It’s a waste of time complaining as it won’t change anything”
- “We have received a bill for care provided after discharge from hospital. The care hadn’t been planned well at all and there was little information given about what care exactly the carers would provide and no mention of any costs involved”
- “My child has been let down by services. They’re autistic and have PDA and have developed agoraphobia. They’ve missed out on their education and their life is passing them by. They’re 18 now and will be moving to adult services so I’m not sure what will be offered to them if anything”
- “I was told I’d been assigned a social worker four weeks ago and they still haven’t been in touch. I know they’re overworked but I don’t have any help to care for my severely disabled daughter other than a day centre twice a week”
- “Rothercare is useless. The staff don’t believe you, basically call you liars and they don’t call when they say they will. I stayed in all morning the other day and they didn’t call”

Primary care

- “Why does primary care think cutting the funding for the admiral nurses is the best way forward? I wish those making the choices would come and spend just 1 day with me as I care for my relative who has dementia and they would see what having an admiral nurse means”
- “NHS staff don’t care about me, they’re not bothered. I’ve been told I have a brain tumour and that’s it. I don’t know what’s happening next or if it’s serious!”
- “I wish services would stick to the day and time that you’re given for an appointment and not keep changing it last minute”

General comments regarding the NHS:

We heard a few general comments regarding the NHS this quarter. The most common theme we heard regarded digital inclusion and the difficulties that some Rotherham residents face in using apps and online services. Services for older people were also raised as a concern and some people felt that this needs improving.

- “I don't think the NHS app is very user friendly. You're expected to just learn how to use it yourself and it can be quite confusing. A user step by step guide would be really helpful for those who struggle with anything technical”
- “I struggle to access services due to not being able to use a PC”
- “I feel like services and care for the elderly is getting less and less. They seem to be reducing services across the community and everyone seems to just be referred for physio despite the symptoms”
- “I feel there could be more services for the elderly”
- “Services don't seem to communicate. Hospitals don't access the same patient info. Information doesn't get through”
- “The NHS should take better care of people with drug abuse issues/homeless”
- “I think there should be a better way of assessing people and then prioritising people for the care they need. Also, some people just expect medication and doctors are very quick to give out medication and not assess someone's lifestyle first. I think that there should be funding available to provide people with access to gyms...if gyms offered people free sessions, they would use it!”

What would people like more information on:

During Q3, people told us that they would like to see more information provided on:

- Mental health services
- Dental practices taking on NHS patients
- Services for older people



Our statutory duties

- 1. Promoting and supporting the involvement of local people** in the commissioning, provision and scrutiny of local care services.
- 2. Enabling local people to monitor the standard of provision of local care services** and whether and how local care services could and ought to be improved.
- 3. Obtaining the views of local people** regarding their needs for, and experiences of, local care services and importantly to make these views known.
- 4. Making reports and recommendations about how local care services could or ought to be improved.** These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- 5. Providing advice and information** about access to local care services so choices can be made about local care services.
- 6. Formulating views on the standard of provision** and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.
- 7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews** or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- 8. Providing Healthwatch England with intelligence** and insight to enable it to perform effectively.

Our vision



We want everyone in Rotherham to live a healthy life and be able to access the health and social care services they need for this to happen.

Our mission



To make sure people's experiences help make health and social care better.

Our values



- **Equity:** Embracing inclusivity and compassion, establishing profound connections with the communities we serve, and empowering them.
- **Collaboration:** Nurturing both internal and external relationships, fostering transparent communication, and partnering to amplify our impact.
- **Independence:** Championing the public's agenda, serving as purposeful and critical allies to decision-makers.
- **Truth:** Operating with unyielding integrity and honesty, fearlessly advocating truth to those in power.
- **Impact:** Pursuing ambitious endeavours to effect meaningful change for individuals and communities while remaining accountable and holding others accountable.

Hosted service model

In Rotherham, the Healthwatch contract is held by **Citizens Advice Rotherham & District** (CARD).

This helps us connect us to the local residents, ensuring their voices are heard. We visit community groups and organisations; we work alongside these groups to listen to, understand, and share the views of even more people.

Healthwatch Rotherham has a Strategic Advisory Group which shapes the work we do – this is a group of volunteers who help us make decisions about what to focus on, and keep track of our progress against the priorities we set. To maintain our independence, our decision-making process is separate from decision making in CARD.

We are a small staff team supported by volunteers. We also work closely with our community partners and local strategic partners to ensure we make the biggest possible impact for local people

It's important to note

We are a standalone organisation with extra services to refer to which benefit all Rotherham people.

Functions of Healthwatch

- We can organise health awareness and information sessions such as, Let's Talk.
- We provide general health information and signposting e.g.. Kooth and Qwell for Mental Health support.
- We can liaise on your behalf with services, e.g. If you've not heard from PALS regarding your concern/complaint or by prompting services to respond about your healthcare experience.
- Involved in RSAB, Place Board, Prevention & Health inequalities group and MHLDDA
- Enter & View visits to any service highlighted within our enquiries (GP, Dentist, Hospital wards etc.)
- We can offer a holistic service with our host organisation, Citizens Advice Rotherham & District.
- We have a drop-in every Thursday morning 9:30 am to 12:30 pm at our office in Citizens Advice Rotherham.

What is Enter and View?

The Health and Social Care Act 2012 legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded, such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Aims:

- To gather the views of health and social care service users, families and carers.
- To report what we see and hear to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners to improve the quality of health and social care services.
- To develop insights and recommendations across multiple visits to inform strategic decision-making at local and national levels.

Purpose of the visit

- To collect the views from patients, families, volunteers and staff on services.
- To observe how the facility operates and provides its services.
- To identify 'Best Practice' and highlight any areas of concern.

It's important to note

The report we generate will only be relative to this specific visit to this service and it is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What have people told us

Our reach

We are part of a nationwide network.

Our people



4

3 Full-time staff and 1 part time member of staff deliver the Healthwatch service to communities across Rotherham.

8

Volunteers kindly give up their time to understand local people's views, provide advice and help improve services.

Our community



2,941

People used our service for clear information and advice

865

People shared their experiences of care

Our impact in Rotherham 2023-24



We've spoken with 2941 people directly last year to gather feedback and signpost and refer to other local organisations.



As a result of our work on the "Start with People" strategy, Rotherham voices will impact the work planned across South Yorkshire.



Through our work with the Deaf community, a new steering group is being set up to ensure that there are no barriers to accessing healthcare services



The BBC published our 2023 commissioned report on Crisis mental health service on the 21st February this year.
We have since revisited this work to see if our recommendations have been made
And RDaSH have created an action plan to implement them to improve their service

Our priority topics 2024-2025

The health and social care experiences of people with **learning disabilities** and/or **autism**



Healthcare views of **young people**



The health and social care experiences of **asylum seekers** or **refugee communities**



Homeless people's experiences of health and social care





All of our work has Rotherham at its heart, whilst shining a light on people in communities facing health inequalities.





All Rotherham people deserve great health outcomes.

What else is in our work plan?

Providing a high-quality information and signposting service - including developing information resources 

 Use the opinions and feedback provided by Rotherham people to look into themes - highlighting issues coming through our enquiries

Working with our community partners to amplify more people's views and experiences 

Developing and strengthening our partnerships in the health and care system in South Yorkshire and Rotherham - including collaborative work with other South Yorkshire Healthwatch 



Emerging themes in 2024/25

- **Mental health services - Communication between RDaSH & Patients + access to general mental health support**
- **Transport to Healthcare appointments**
- **Difficulties obtaining a GP appointment**
- **Reasonable adjustments for Veteran's, LD & A patients in clinical settings**
- **Pharmacies - errors with prescriptions & wait times for medication due to shortages**
- **Access to dental care**
- **Access to BSL interpreters/interpreters at Healthcare appointments**
- **Dementia care, Withdrawal of the Admiral nurses**
- **Digitally disparities (e.g. Waiting well)**
- **Waiting times for outpatients (E.g. Audiology)**

What can members do to support Healthwatch Rotherham?

- Follow us on social media or by signing up to our newsletter by visiting our website <https://healthwatchrotherham.org.uk> - [Sign-up to our mailing list](https://healthwatchrotherham.org.uk) Or contact us on info@healthwatchrotherham.org.uk
- Refer to people to Healthwatch Rotherham to get support with their health or social care concerns, or to let us know about their health & Social care experiences
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Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 18 December 2024
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Anand Barmade, Connect Healthcare Rotherham Richard Jenkins, The Rotherham NHS Foundation Trust Sharon Kemp, Rotherham Metropolitan Borough Council Gordon Laidlaw, NHS SY Integrated Care Board Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Shahida Siddique, NHS SY ICB Andrew Russell, Chief Nurse, Doncaster & Rotherham Places, NHS SY ICB Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, RMBC
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members:

Chris Edwards (**CE**), Chair, Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB)

Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB

Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Michael Wright (**MW**), Managing Director, Rotherham NHS Foundation Trust

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair

Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice

Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham

Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB

Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB

Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

Jude Wildgoose (**JW**), Asst Director – Transformation & Delivery, NHS SY ICB

Julie Warren-Sykes (**JWS**), Deputy Chief Nurse (Rotherham), NHS SY ICB

In attendance:

Dominic Carrell (**DC**) Deputy Director of Performance Delivery, NHS SY ICB

Emma Royle (ER) Senior Transformation and Delivery Manager, SY ICB

Minute Taker:

Jayne Watson, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
88/12/24	Public & Patient Questions
There were no questions from members of the public.	
89/12/24	Palliative and End of Life Care Update
<p>ER provided an update regarding the palliative and end of life care (PEoLC) transformation programme.</p> <p>National Updates The Darzi Report specifically mentions PEoLC, stating that society needs to restart the conversation about how to die well, with dignity, compassion, and preferences respected. In Rotherham work is already taking place on a number of these areas.</p> <p>The Assisted Dying Bill was discussed in Government and passed to committee stage on 29 November 2024. Further decisions are awaited, NHS England (NHSE) have produced a position statement, and also statements and guidance for doctors, nurses and pharmacists.</p> <p>South Yorkshire Updates The governance structure for PEoLC was shared for information, it shows the meetings across South Yorkshire and how they link with each other.</p> <p>A SY PEoLC lead is in place for two years, funded by Macmillan. This role helps to ensure that work takes place collectively across SY and that there are opportunities to ensure parity across SY.</p> <p>The SY PEoLC Strategy is going to the sub-committee of the SY ICB Board this week and to the Board on 8th January 2025 for final sign off.</p> <p>A number of SY work streams were mentioned including advance care planning, ReSPECT implementation, a SY wide dashboard and a SY wide website for public and staff.</p> <p>A SY wide health needs assessment has been undertaken by the Public Health Registrar in Barnsley. This states that there are 14,000 deaths a year across SY (approx. 3000 in Rotherham). If on average 5 people are bereaved, this affects 70,000 people. Of these about 10% (7,000) will go on to have Complicated Grief Disorder (which is a formal medical diagnosis). The effect on the workplace is significant, not only for absence from work, but also for people in work and unable to fully function. As we have an ageing population, and the number of deaths will rise.</p> <p>Children and Young Peoples PEoLC Funding was received for medical and nursing staff for PEoLC support into hospitals across SY. These staff receive clinical and educational support from Sheffield Children’s Hospital and from Bluebell Wood Hospice. Rotherham now have half a day a week consultant/clinical nursing time/community time and clinical time for the Children’s PEoLC Consultant at Sheffield Children’s Hospital to support.</p> <p>A one-year transition study is taking place looking at options for SY hospices with regards to transitions from children’s services to adults.</p> <p>An update was provided regarding Bluebell Wood Children’s Hospice. A lot of the services are now running again including an ‘out of hours’ advice line, short breaks, day services and family support services.</p> <p>Rotherham Update Information was shared regarding a number of key highlights across Rotherham.</p>	

Rotherham Place PEOLC Group continues to meet and has a good representation from across the Rotherham Place

TRFT has carried out a number of quality improvement workshops. The EoLC Fast Track pathway has been reviewed using QSIR methodology. Five key workstreams were identified to focus on – communication/people/training/processes/equipment. An event regarding faith deaths was also held and key themes identified.

Yorkshire Ambulance Service (YAS) and the Care Homes Team (TRFT) are completing a joint review of ambulance call outs to care homes and conveyances to hospital. Also, a pilot is in place involving therapists accompanying YAS to care homes to try and reduce the number of conveyances to hospital. This has seen some success, and a report is currently being produced.

90/12/24 Rotherham Hospice Strategy – Living Life’s Wishes

MCS reported that the new Strategic Plan for 2024-2030: “Living Life’s Wishes” had been launched. The strategy is about ensuring the continued provision of the very best care and support for patients, their families, and the Rotherham community.

He also provided an update on the current work of the Hospice including:

- The 2024 staff survey showed a significant improvement in all areas compared to 2020
- The Hospice telephone numbers had changed, partners were asked to share with their communications teams
- Rotherham Hospice cares for approximately 1700 patients and their loved ones every year.
- The new superstore had opened and new store and café in Swinton are due for opening in January
- Around 70% of hospice care in the UK is provided in patients’ own homes or care homes.
- They were the only provider of face-to-face support for child bereavement in Rotherham.
- At Rotherham Hospice there are 150 dedicated volunteers, a number they aim to significantly grow over their strategic period.
- The Hospice was awarded the best Not for Profit at the unLTD business awards for 2024/25

MCS shared year to date performance, key challenges, plans and key drivers.

Further investment was required and there were discussions regarding a funding model. The possibility of increasing from 14 beds to 30 is being explored by either extending the existing premises or moving to a new building.

CE thanked MCS for his update and felt that a bigger conversation was required by Members when we start preparation on refreshing the Place Plan.

91/12/24 Reflections on the Winter Plan

The item was discussed at the confidential meeting.

92/12/24 Healthcare that Works for Young People – Statement of Intent

Members received the South Yorkshire and Bassetlaw Acute Paediatric Innovator Programme Healthcare that works for Young People – Statement of Intent.

CE reported this is a unique opportunity to work collaboratively as one of nine innovators to transform care and pathways for the 445,000 children and young people living in South Yorkshire and Bassetlaw.

The SY ICB are to sign up and CE will keep members up to speed with the work.

93/12/24 Outcome of the Rotherham Area SEND Inspection

CS shared the outcome of the recent Rotherham Area SEND Inspection which was the highest possible inspection outcome:

The local area partnership's special educational needs and/or disabilities (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

This means the service will not need to be inspected again for five years

Areas for improvement were identified as:

- continue to improve the quality of EHC plans
- continue to strengthen work to reduce waits for neurodevelopmental assessment pathways and intensify service improvements for occupational therapy and speech and language therapy at a universal and targeted level to reduce waiting times.

94/12/24	Place Achievements
RCN Cadets – was hosted by RDaSH. The cadets shadowed the team for a week on wards with nursing and community teams. The placement ended with a recognition ceremony and feedback had been positive.	
95/12/24	Feedback from SY Integrated Care Partnership
Cllr Baker Rogers and Dr Page were unable to attend the most recent meeting. SH reported that there had been a presentation on Pathways to Work and it was agreed that this would be brought to a future meeting. <p style="text-align: right;">Action: IS/LG for agenda</p> BA reported that he would be leading on a prevention workshop in February and a follow up in March	
96/12/24	Communications to Partners/Promoting Events & Consultations
MCS raised the issue of the palliative care on call rota. The Hospice is one consultant down which would be challenging. CE suggested he discuss with MW.	
97/12/24	Draft Minutes and Action Log from Public Place Board
The minutes from the meeting held on 18 November 2024 were agreed as a true and accurate record. The action log was reviewed, there was one amber action regarding heart failure patients, LG agreed to follow up. Green items from the Action Log were on forward agenda. In relation to the National 10-year plan consultation, it was agreed that organisations would respond individually and share their response as appropriate.	
98/12/24	Risks and Items for Escalation to Health and Wellbeing Board
GP Collective Action would be escalated to Health and Well Being Board LG will send the Risk Register to MCS so that the Hospice financial position can be included.	
99/12/24	Future Agenda Items:
<p>Items for December:</p> <ul style="list-style-type: none"> – Public Health Annual Report – BA – Digital Update – Andrew Clayton – Operating Guidance 2025-26 - CS <p>Standing Items</p> <ul style="list-style-type: none"> – Updates from all groups (as scheduled) – Bi-Monthly Place Partnership Briefing – Feedback from SY ICP Meetings – Bi Monthly – Place Achievements (as and when) 	

100/12/24	Date of Next Meeting
The next meeting will take place on Wednesday 15 January 2025 in the Conference Suite, Voluntary Action Rotherham.	

Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Michael Wright	Managing Director	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)

Participants

Cllr Joanna Baker-Rogers	Chair of H&WB Board	Rotherham Health and Wellbeing Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Matt Cottle-Shaw	Chief Executive	Rotherham Hospice
Kym Gleeson	Service Manager	Healthwatch Rotherham
Lydia George	Transformation and Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - 01 April 2024 - 31 March 2025

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion	Lead Officer	Action Status	Date Completed	Comments
16.10.24	67/10/24	Urgent & Emergency Care Workstream Update	SW to enquire whether the hospice should be involved in the care of heart failure patients as part of the virtual ward model and discuss with MCS	31.12.25	SW(CS)	Green	02.01.25	Discussed with TRFT - meeting arranged for mid January with SW, SK and MCS.
20.11.24	79/11/24	Mental Health Connector Service	Mental Health Connector service to be incorporated into the next available Place Update	31.12.24	LG	Green	20.12.24	To be included in the January update which is currently being produced.
20.11.24	85/11/24	Items for escalation to Health & Wellbeing Board	The Darzi Report and National 10 Year Plan slides will be placed on the Health & Wellbeing Board agenda for discussion about whether a Place response should be made to the consultation.	End January 2025	JBR/JP	Green	20.12.24	Following discussion at the December Place Board it was agreed that organisations would submit their own responses and share as they felt appropriate
18.12.24	95/12/24	Feedback from SY ICB Partnership	It was noted that an update on Pathways to Work had been received and agreed that Place Board will be updated too.	End Feb 2025	IS/LG for agenda	Green	19.02.25	On forward agenda for Feb 2025