

Rotherham Public Place Board – 19 October 2022

Assessment of Place Plan Priorities: as at Q1 2022/23

Lead Executive:	Ian Atkinson, 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 a quarter 1 assessment on progress against Place Plan Priorities for 2022/23.

Background:

During April 2021 each Transformation Group jointly reviewed their priorities within the Place Plan along with the associated actions and timescales. The priorities were assessed in light of covid both in terms of capturing learning and identifying where priorities had significantly changed. It was clear that the assessment had raised a significant level of partner discussion and as a result had a notable impact on the priorities.

The Place Board received an update on progress in reaffirming the priorities in May 2021 and noted the intent to expand the document to include key priorities and milestones for the Enabling Groups.

Transformation Groups refined their priorities and milestones and a further version representing the position as at the end of quarter one was received at confidential Place Board in July. The Q2 update was received at Place Board in November 21, this version included the RAG rates against the newly incorporated priorities for the Enabling Groups.

As a result of the pandemic and winter pressures it was agreed that Q3 update would not take place and that a final end of year position would be provided. The Q4/year end document was received at Public Place Board in July 2022.

Analysis of key issues and of risks

Pre-pandemic the Place Board received a regular quarterly performance report covering both key performance indicators and milestones/timescales against each of the priorities for each of the three Transformation Groups. The performance report had been received since 2018.

The impact of the pandemic on key performance indicators meant that it was either not possible or that the reporting was very skewed as performance was severely impacted. As a result since August 2020, reports have been focussed on only the milestones element of the performance report i.e. this document.

Rotherham Place will commence development of its 4th edition of the Place Plan over the coming months, as such it was agreed at the Place Board in July that the current format and process would continue for 2022/23, enabling the priorities and actions to continue to be monitored through this document.

Once the revised Place Plan has been developed then a new Performance Report with both milestones and key performance indicators as used pre-pandemic will be developed and received at Place Board on a regular basis.

Approval history:

Rotherham Place Board – confidential September 2022

Recommendations:

- Place Board members to note that this document provides Q1 position for 2022/23 against the Place Plan priorities
- The current priorities and actions will continue to be monitored for 2022/23 through this document.

Rotherham Place: Assessment of Priorities

as at end of Q1 2022/23

Part 1: Transformation Groups (from page 2)

Before the pandemic the Place Board received regular quarterly performance reports covering both key performance indicators and milestones/timescales against each of the priorities for each of the three Transformation Groups. The performance report had been received since 2018. During the Pandemic regular reporting of progress ceased, as did many business as usual tasks.

Following the first and subsequent waves of the pandemic and the winter period, worked continued to reaffirm the priorities. Transformation Groups spent significant time assessing and reconfirming priorities and the key actions associated which are reflected in this document. This enabled Place Board to continue to receive regular updates so that members were assured of performance against revised target dates and any risks to delivery.

Part 2: Enabling Groups (from page 20)

Key priorities for the Enabling Groups have been included in this report since 2021, this has been an iterative process and now includes RAG rates against those priorities.

Each of the Enabling Groups have revisited their priorities, and this updated version sets out those refreshed priorities.

For the 2022/23 Period

In July 2022, the year-end version of this report was received at Place Board. It was agreed that this format would continue to be used to provide the overview of delivery against the place priorities and that once the Place Plan has been refreshed (likely between January and March 2023) a new version of this document would be produced.

In reviewing this document for the 2022/23 period there are a significant number of actions identified as being complete, whilst these have been removed from this version they are captured within a separate document to maintain an audit trail of the actions.

Key

Red	Milestone significantly off target
Amber	Milestone slightly off target
Green	Milestone on target
Blue	Milestone complete
Purple	Milestone not due/ not commenced

Part 1: Transformation Groups

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Children and Young People

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation area:

1. The first 1001 days
2. Special Education Needs and Disabilities
3. Looked After Children
4. Children & Young People's Mental Health and Emotional Wellbeing
5. Transition to Adulthood

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	The First 1001 Days	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Alex Hawley			TBC
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
CH 1	Deliver, Implement and Embed the Better Start and Beyond Framework to provide a context for priorities for all commissioning and delivery.	Q1 2023/24		New Action	<ul style="list-style-type: none"> • Draft framework developed and progressing for approval including the local action plan • Mapping of local action priorities against framework to take place • Gap analysis to inform future planning
CH 2	To explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services	Q1 2023/4			<ul style="list-style-type: none"> • Preparations to re-commission the 0-19 service are well advanced and on track for Tender to open in Spring 2022. This milestone remains on track. • The specification for new 0-19s has been developed to optimize the ability of the service to adapt to the system and changes in needs and priorities, and to include co-production (based on Four Cornerstones) as an ongoing aspect of service development. The 0-19s Project Group is exploring evaluation models that acknowledge the importance of integration, adaptability, and additionality. • Public Health is commissioning Rotherham Parent Carers Forum to conduct a co-production exercise (October – December) to inform the specification, using the Four Cornerstones ethos. • The Best Start and Beyond strategy will provide a framework for the 0-19s to be integrated within a system (covering preconception through to transition to adulthood, but with a key focus on 1001 Days). • Discussions have commenced with 0-19s provider about developing the current service in light of the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service.
CH 3	Mobilisation of the new 0-19 specification	Q4 2024/5		New Action	
CH 4	The Development of family hubs including publication of the Start for Life offer, Parent-infant mental health support and Breastfeeding support service	Q2 2023/24		New Action	<p>In April 22, Rotherham was announced as one of the 75 LA's that are directly eligible for funding in this phase of the development of Family Hubs.</p> <p>A Rotherham group had already been established to enable early discussion on practical arrangements for family hubs.</p>

Key Risks / Issues

- Pandemic is ongoing – Best Start portfolio within Public Health has resumed BAU, but further surges or advent of vaccine-escape variants still present a risk to resource deployment, including commissioned healthcare resources, which might need to be redeployed.
- Risk of lack of adaptability to changing priorities of 0-19s service within a long term contract – a well designed specification is the mitigation for this, albeit always constrained by the available budget and the core Healthy Child Programme requirements. Central government thinking might lead to different expectations for local systems: e.g. Early Years review and ongoing PHE review of Healthy Child Programme

Priority 2	Special Educational Needs and Disabilities	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Julie Day/ Vicky Whitfield			SEND Operational Group
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
CH 5	Develop an understanding of the impact of Covid and related changes to service provision on outcomes for children with SEND	Q1 2021			SEND Strategic Board and Education Recovery Cell have clear oversight with regular reporting regarding outcomes for children. The Cell has made an Innovative bid which has been successful to pilot a Team Around the School approach to prompt practitioner delivery and model for support in school. This will be monitored closely as part of implementation to establish the impact. Impact and associated actions are documented in the Director of Public Health Annual Report.
CH 6	Develop the Local Offer	Q2 23/24		New action	
CH 7	Develop and implement internal mechanisms within Health and RMBC including membership of the EHCP panel	Q4 22/23		New action	<ul style="list-style-type: none"> • Create bank of good examples to be held in central folder for all to access. • Embed opportunities for health/CCG to QA the contributions as part of the EHCP assessment and review process. This will include discussions and feedback at 1:1 and team level. • To complete an audit of health advice being submitted and how this translates into individual EHCPs • To implement the focused action plan arising from the above audit • To embed quarterly audit into provider practice to ensure ongoing monitoring
CH 8	Embed 'lessons learned' including outcomes from audits and Practice Learning Days and benchmarking data to inform service improvement	Q3 22/23		New action	<ul style="list-style-type: none"> • Organise QA bi-annual event for Health/CCG, education and care practitioners alongside school representatives to evaluate EHCPs together and agree on appropriate actions for development. • This will include providing the opportunity for a deep dive on specific cases to allow practitioners to go into school and observe the child, have discussions with the SENCO etc.
CH 9	Provide a range of CPD opportunities for practitioners, schools/settings, parents/carers, children, and young people to ensure that the quality of EHCP Plans improve across the local area	Q3 22/23		New action	<ul style="list-style-type: none"> • Deliver CPD to Health/CCG Practitioners • EHCP workshops delivered to CAMHS staff and TRFT therapists

Key Risks / Issues

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Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Rebecca Wall			LAC Transformation Board
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
CH 10	Improve Dentist registration and attendance at appointments for Looked After Children	Q3 22/23		New action	
CH 11	Implementation of review recommendations to support the social, emotional, and mental health needs of Looked After Children. <ul style="list-style-type: none"> Establish a Looked After Children pathway into CAMHs Development of our therapeutic offer to looked after children, in-house foster carers/ residential care providers 	Q4 22/23			<ul style="list-style-type: none"> The new AD started in post on 1st November. Activity across RMBC and RCCG to understand the current arrangements to inform proposals to deliver the recommendations is underway. S75 Work Order for Child and Adolescent Mental Health and Emotional Wellbeing is being updated Health 'takeover' of RMBC Residential Panel further developed working relationships, shared good practice and identified gaps in current joint decision-making processes RDASH crisis team is in place and recruitment is ongoing. Eating disorder SDIP ToR extended to enable escalation of other CYP experiencing crisis in mental health pathway
CH 12	Produce a mental health transition pathway to support effective transition for looked after children and care leavers with SEMH needs	Q2 23/24		New action	
Key Risks / Issues					

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Christina Harrison			SEMH Strategic Group
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
CH 13	Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. Business Case submitted and funded by the CCG to reduce waiting lists over a 3-year period	Q1- 2024			<ul style="list-style-type: none"> The SEN Toolkit with resources for school-based workforce was launched w/b 14.12.2020 The digital offer provided by Healios has been well received by families and has been extended The waiting list has currently plateaued and is reviewed weekly, identifying where the referrals are from, and support needed to wider services A Neuro dashboard is updated on a weekly basis and shared with the Commissioners on a regular basis Now that the capacity is able to meet new demand, further discussion has taken place to increase capacity to manage the historic demand. An updated trajectory has established the projected reduction of the waiting list over the three year period. This work is underway.

					<ul style="list-style-type: none"> Review of the multi-agency screening pathway (CH13) will inform recommendations to ensure demand remains in line with the trajectory.
CH 14	Review of the multi-agency Neuro screening pathway will inform recommendations to ensure demand remains in line with the trajectory.	Q3 22/23		New action	
CH 15	Development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan.	Q4 22/23		New action	
CH 16	Communicate the multi-agency offer to support children's mental health and emotional wellbeing to schools and ensure that it is accessible to all.	Q3 20/21			<ul style="list-style-type: none"> DfE Wellbeing for Education Return is being rolled out through this term with input from the whole system The SEMH toolkit has been developed and available to schools which supports the graduated response The SEMH Strategic Group has agreed the development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan.

Key Risks / Issues

- Pressures have emerged to meet the needs of children with eating disorders, and lack of specialist inpatient availability. Children are presenting later and with complex health needs.
- Whilst we now have funding and a 3 year plan, some children will be waiting longer than desirable for a neurodevelopment assessment.

Priority 5	Transitions to Adulthood	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		TBC			Strategic PfA Planning Group
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
CH 17	Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services	Q2 2023			<ul style="list-style-type: none"> Refreshed action plan now in place to support transitions to adulthood for young people with long-term conditions and complex care needs Work underway with ICS re development of Epilepsy pathway Practice Learning Day on 23rd march with all key stakeholders to identify learning for development of mental health pathway TRFT business case for complex care transitions coordinator submitted Strategic Preparation for Adulthood Board waiting confirmation from Rotherham Parent Carer Forum regarding appropriateness of Therapy Services (OT/ Physio and SALT) to be 4th pathway.

CH 18	Agree a joint multi-agency standards and quality assurance framework for transition for young people with SEND in line with NDTi minimum standards	Q2 2022		New action	
CH 19	Co-produce with health providers good practice guidance for protocols of effective transitions	Q4 2022		New action	
CH 20	Encourage attendance of health staff who write Education, Health and Care Plans and contribute advice following Education Health and Care statutory assessments on NDTi training	Q4 2022		New action	
Any new milestones/actions as a result of Covid					
N/A					
Key Risks / Issues					

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Mental Health, Learning Disabilities and Neurodevelopmental Care

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation group:

1. Improving Access to Psychological Therapies (IAPT) service
2. Dementia diagnosis and post-diagnostic support
3. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health
4. Mental Health Crisis and Liaison
5. Suicide prevention
6. Better Mental Health for All, including loneliness
7. Improving residential, community and housing support for people with Mental Health and/or Learning disability
8. Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)
9. Delivery of My Front Door transformation programme
10. Delivery of Autism Strategy and Neurological Pathway

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Improving Access to Psychological Therapies (IAPT) service	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			Rotherham IAPT Provision Communications
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 1	20/21 IAPT trainees complete training (PWPs and HITs)	Q4 20/21	Yellow	Green	<ul style="list-style-type: none"> • 2x CBT delayed approx. 8-10 months – both now qualified • March 2021 PWP intake – 1 qualified, 3 delayed (1-4 months), 2 qualified, 2 passed but awaiting confirmation • October 2021 PWP – 3 on track, • 1x CBT commenced March 2022 – on track <p>Reviewing funding allocations to establish the resources required prior to recruitment into agreed roles.</p>
MH/LD 2	Reduction in the RDaSH IAPT CBT waiting times.	Q4 22/23	Yellow	Green	Second waiting initiative capacity initiative – RDASH has subcontracted to a single provider with around 250 patients transferred in March and a further 25 in May. A trajectory is to be completed once the new tool from NHSE is released to support mapping of the capacity and workforce requirements. This is likely to be late September/October.
	CBT trainee recruitment and commence training (21/22 cohort)	Q4 22/23	Red	Green	1x CBT commenced and on track There were 172 people on the CBT waiting list at the end of June 22
	CBT (qualified posts) vacancies recruitment completed or alternative explored - to be agreed with RDaSH	Q2 22/23	Yellow	Yellow	Reviewing funding allocations to establish the resources required prior to recruitment into agreed roles.
MH/LD 3	Recruitment of 2 PWPs in 2021/22	Q4 22/23	Red	Yellow	Reviewing funding allocations to establish the resources required prior to recruitment into agreed roles.

MH/LD 4	Increase awareness of IAPT Provision and low-level psychological support available in Rotherham.	Q4 22/23			<ul style="list-style-type: none"> IAPT communication group continues to meet to work on the delivery of joint and provider specific IAPT promotions. CCG/RDASH work to enable booking of IAPT services & groups via Rotherham Health APP is now concluded. Function is now in place. Work has also been undertaken to promote the Sign Health offer. Other online support is also available via Kooth (11-25-year old), mobilization the ICS Online APP – phase 1 wellness app (launched), phase 2 My strength app (due to be launched August 2022).
MH/LD 5	Development and agreements of mental health themed communications campaign <ul style="list-style-type: none"> Anxiety campaign launched Q.3 2021/22 	Q4 22/23			<ul style="list-style-type: none"> Anxiety campaign completed Work underway to develop future mental health campaigns to be delivered later in the year, such as World Suicide Prevention Day (Sept), Launch of new Rotherhive video etc.
MH/LD 6	Continued development of Rotherhive and Wellness Hive digital platform https://rotherhive.co.uk/	Q4 22/23			<ul style="list-style-type: none"> Further development underway of the Rotherhive site is underway. This includes: An ongoing review and update of current sections Development of a Rotherhive video Development of pain, sleep, and life stages sections May 22 Birthday celebrations resulted in an increase in visitors to the site and length of time spent on the site (10-15 against previous months average of 5-10 mins). During q1. The number of hit on the Rotherhive site rose from 2,534,955 (in April) to 2,715,226 by the end of June. Top five pages – depression, anxiety and stress, wellness hive, mental health, working well and debt.

Key Risks / Issues:

- Workforce recruitment and retention (staff and trainees) remains a challenge for the RDASH service.
- Good progress has been made to reduce the CBT waiting list (RDASH) but this continues to remain a challenge. There are currently 172 people on the waiting list. Capacity is being reviewed which may include using external providers.
- Rotherham Place IAPT access rates are slightly below target.
- Increase cost of living crisis – potential impact on demand for mental health support.

Priority 2	Improving Dementia diagnosis and post-diagnostic support	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 7	To implement the new dementia pathway across the Rotherham place	Q4 22/23			<ul style="list-style-type: none"> As described in above.
Any new milestones/actions as a result of Covid					
	N/A				
Key Risks / Issues					
<ul style="list-style-type: none"> Delivery of elements of the dementia pathway has been impacted by COVID. Memory Clinic Recovery Plan under-development. Further work needs to be undertaken to ensure delivery of a RTT 6-week dementia diagnosis pathway. 22/23 Investment agreed to support dementia diagnosis RTT reduction Dementia diagnosis prevalence rate in Rotherham remains above national target of 67% 					

Priority 3	Adult Severe Mental Illness (SMI) in the Community	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			ICS IPS Group, Community Mental Health Transformation Group (inc. MH ARRS) / Rotherham SMI Register – Data Cleansing Group / ICS Perinatal Group
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 8	Delivery of all the SMI Annual Health check long-term plan requirement. Action required:	Q4 22/23			<ul style="list-style-type: none"> All practices signed up to the 22/23 Severe Mental Illness Local Enhanced Services (SMI LES). Mechanism in place to undertake SMI annual health check in secondary care, as appropriate. Work underway to rollout blue box model for SMI outreach support SMI healthy health check micro-commissioning under development. Annual health Check activity level agreed as part of the 22/23 activity planning process Process for recording 12 month rolling annual health check process CMHT Lived Experience (SMI) procurement underway.
	Complete secondary / primary care SMI register validation	Q4 22/23			<ul style="list-style-type: none"> Data capturing process has been completed. Primary care needs to cleanse data based on validation process. This process is underway.
	Development of single live SMI register across primary and secondary care	Q4 22/23			<ul style="list-style-type: none"> Rotherham is working with colleagues from across SY ICB to address this interoperability requirement. Primary and secondary care coding has been aligned. E-prescribing functionality is now available in RDaSH. ICE blood test pathway is now available across primary and secondary care (RDaSH).
	Development of digital offer to support primary care SMI LES deliver	Q4 22/23			<ol style="list-style-type: none"> Enhanced alignment across primary / secondary care re: e-prescribing, ice blood tests. Blue box outreach under-development to support annual health checks.
	Increase the number of primary care SMI health checks completed in 2022/23 (against 2021/22, q.4 baseline – 31%)	Q4 22/23			For Quarter 1 2022/23 the figure was 47.6%
MH/LD 9	Maintain 60% target of patients requiring Early Intervention for Psychosis (EIP) receiving NICE concordant care within two weeks, and service graded at level 3 for NICE concordance	Q4 22/23			<p>Long-term Plan Target (60%) – This target has been exceeded throughout quarter 1:</p> <ol style="list-style-type: none"> April compliance was 100%, May 80% June 85.7%. <p>Level 3 NICE compliance – achieved in 21/22, awaiting 22/23 audit result.</p>
MH/LD 10	Support the delivery of the ICS Individual Placement Support programme	Q4 22/23			<ul style="list-style-type: none"> Rotherham is member of the ICS wide IPS group. RCCG has worked with SCCG to support the IPS procurement. Re-procurement to inform service delivery October 2022 onwards concluded. Additional funding to support expansion of the service in Rotherham, during 22/23 agreed by CCG. Service 22/23 activity plan agreed, as part of the planning process.
MH/LD 11	Delivery of the 2022/23 Adult SMI in the Community Workforce year 2 plan.	Q4 22/23			<ul style="list-style-type: none"> Investment plan agreed as part of the 22/23 finance and contract agreement. Workforce development plans under-discussion.

MH/LD 12	Expansion of peer support /living experience workers to support the provision of community Mental health provision (bid requirement – VSC posts)	Q4 22/23			<ul style="list-style-type: none"> • A tender was advertised from 8 April 2022 to 20 May 2022. One response was received but after evaluation was deemed non-compliant. Feedback from across the ICB is that a low response rate is being seen. • The next steps are to hold a Market Engagement Event and re advertise as two separate services: • Support for the development of Community Mental Health Transformation Programme • Support workers in the new integrated Primary/Secondary care model of care.
MH/LD 13	Support the delivery of the perinatal Mental Health long-term plan requirements.	Q4 22/23			<ul style="list-style-type: none"> • Rotherham partners have worked with ICB colleagues to agree a perinatal service specification inc. 22/23 contract. • RDaSH and RCCG colleagues attend the ICB Perinatal mental Health partnership group. • Meeting between The Light pre- and post-natal peer support service to discuss how to promote the service in Rotherham. Plan of work agreed, which will be rolled out over the following months.
MH/LD 14	Enhance eating disorder offer across Rotherham – SYEDA, Physical Health shared care protocol	Q4 22/23			<ul style="list-style-type: none"> • 22/23 funding identified by RCCG to support ICS wide work relating to eating disorders • 22/23 additional investment identified to support enhancement of CAMHS Eating Disorder service (up to 19) in Rotherham. • SYEDA community disorders service contract in place 22/23 • Rotherhive eating disorders section in place - https://rotherhive.co.uk/eating-disorders/ • Work underway to develop primary care eating disorder training during 22/23 • Physical health shared care protocol development commenced.
MH/LD 15	All contract mechanisms in place RDaSH with each of 6 PCNs	Q3 22/23			<ul style="list-style-type: none"> • 21/22 Letter of intent agreed between RDaSH and each of the PCNs only. • 22/23 initial draft contracted shared. Further underway to complete and agree documentation between RDaSH and Each of the PCNs. • Contract in place between CCG and RDaSH for 22/23
MH/LD 16	Year 2 MH ARRs plans in place to support recruitment of posts	Q1 22/23			<ul style="list-style-type: none"> • Work commenced – 1 post in place (0.8 wte recruited at the end of year 1), Discussions commenced re: year 2 workforce development. • 22/23 MH investment identified to support recruitment of 6 band posts (this included 0.8 post already recruited). • Clinical discussions between PCN & RDaSH ongoing / will inform year 2 MH ARR development • Contract between CCG & RDaSH in place.
Key Risks / Issues					
<ul style="list-style-type: none"> • Workforce recruitment and retention. In 21/22 RDaSH experienced challenges in recruiting to several the CMHT post. Retention of MH ARRS from year 1 recruitment is also a concern. • Further workforce cultural change needs to be undertaken to support the implementation of the above transformation programmes. • Rotherham is not achieving the national SMI Annual Health Check target. A similar position is seen across England. 					

Priority 4	Mental Health Crisis and Liaison	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Andrew Wells / Kate Tufnell			S. Yorkshire S12 Solutions Prelaunch Project Group / ICS Adult Crisis Meeting
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 17	Develop at least one alternative crisis service to hospital admission. Actions required:	Q3 22/23			<ul style="list-style-type: none"> Procurement for an alternative to crisis Safe Space provision completed. Provider Touchstone. Recruitment commenced but proving challenging, which has delayed the service's commencement. The CCG is working with the Provider on a range of options to support workforce recruitment. Touchstone co-production / consultation work commenced. Work underway to identify suitable location for the service in Rotherham.
MH/LD 18	Reduction in the number of out of area placements. Action required: <ul style="list-style-type: none"> Implementation of the OATS agreement 	Q4 22/23			<ul style="list-style-type: none"> RDaSH continue to have very low OAPs due to the level of oversight and sustained work across the Patient Flow Team and Care Groups to manage within the bed base. There is close working across Operations and Strategy to aim to conclude the scoping and feasibility modelling for the sixth PICU Kingfisher bed and make a decision on this by the end of September 2022.
MH/LD 19	Implementation of the new social care delivery model commenced	Q4. 22/23			<ul style="list-style-type: none"> Report produced and submitted to RMBC Wider partner discussions to commence.
Key Risks / Issues					
1. Workforce recruitment challenges have delayed the mobilization of the Touchstone Safe Space (Alternative to Crisis) provision. These challenges are also being experienced in other of the SY ICB areas.					

Priority 5	Improving residential, community and housing support for people with Mental Health and/or Learning disability	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin			TBC
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 20	Service transformation model to be agreed	Q4 22/23			Cabinet reports for creating a flexible purchasing system for supported living has been prepared.
Key Risks / Issues					
Place Board is asked to note the proposed coproduction event following the end of the restricted period.					

Priority 6	Suicide prevention	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Rotherham Suicide Prevention and Self-harm Group, SYB ICS Suicide Prevention Meeting, ICS Suicide Bereavement Group
		Ruth Fletcher-Brown			
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 21	Delivery of 22/23 actions within local plan	Q4 22/23			Health and Wellbeing Board signed off the Self Harm/Suicide action plan 22 June 2022. <ul style="list-style-type: none"> Ongoing promotion of Be the One and Rotherhive Suicide Liaison Service commissioned across SY until 2024. Delivery of Self Harm Awareness Training Multi agency training procurement exercise for training providers Amparo Zoom training sessions promoted across the partnership. Targeted work in specific geographical areas of concern Suicide prevention activity and early intervention/ prevention cited as priorities in Ward Plans Partnership working with the VCS
MH/LD 22	Evidence of impact of the Be the One campaign	Q2 22/23			RMBC Comms are reviewing the Be The One website with a view to monitoring usage.
MH/LD 23	Review the suicide prevention and self-harm action plan, in light of emerging risks / inequalities	Q4 22/23			The Suicide Prevention Operational Group review suicides and emerging risks are addressed within actions in the borough wide plan.
MH/LD 24	Review of the delivery of Suicide Prevention training	Q2 22/23			Over 100 people have attended suicide prevention and self-harm training. A procurement exercise to identify training providers is underway. Training will commence Sept
MH/LD 25	Coroners Audit Report – local workshop to disseminate finding	Q2 22/23			Workshop to be held. ICS have produced films of report which can be used in workshops.
Key Risks / Issues					
<ul style="list-style-type: none"> Concerns re increase in suicide risk due to some protective factors are no longer available to individuals and families. Discussions with REMA have highlighted the need to review suicide prevention training re: BAME Groups Strengthening focus needed on preventative initiatives Need to have a training plan which is funded to target not only staff but the general public 					

Priority 7	Better Mental Health for All, including Loneliness	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Mental Health & Well Being Recovery Cell
		Ruth Fletcher-Brown			
No.	Milestones	Target	RAG position as end March 2022	RAG position as end June 2022	
Better Mental Health for All					
MH/LD 26	Update of Better Mental Health for All Strategy and Action plan	Q2 22/23			<ul style="list-style-type: none"> Groups meets every 8 weeks The group is looking to refresh the action plan. Plan updates reported to MH & LD Transformation Group Rotherham's has delivered 3 projects funded as part of Office for Health Improvement and Disparities (Formally PHE) Prevention and Promotion of Better Mental Health Fund. The three projects are Team around the school, Workplace mental health working with SMEs and Befriending project led by the VCS. All activity has ceased 9 May 2022. Evaluation and report have been completed. The Workplace MH project produced a MH film hosted on Rotherhive. A key ring with a QR code for Rotherhive has been produced. The School Project reached 2493 pupils from 51 schools and 49% of beneficiaries lived in the most deprived LSoAs areas.
Loneliness					
MH/LD 27	Refresh the H&WB Loneliness action plan	Q2 22/23			<ul style="list-style-type: none"> Loneliness is addressed within the Better Mental Health for All Group which meets every 8 weeks, and this is an item on the agenda. PH Lead also sits on VCS Befriending group. Comms and engagement ongoing to raise awareness around loneliness and befriending, including use of Five Ways to Wellbeing messages as a tool to raise awareness. VAR have produced a series of short films on loneliness as part of the OHID funded project and these are available on the VAR website. These will be promoted with partners. VCS Befriending group meets bi-monthly to share good practice and support each other with this work. The Action Plan is being refreshed. Updates to be received by the HWB annually. OHID funded Befriending project has finished end of April 2022. 835 people were engaged between October 2021 and May 2022. 63% living in the most deprived LSOAs areas. The pre and post wellbeing scores showed significant change. Making Every Contact Count training has been launched and is being delivered staff across the partnership. This is rolled out to partner organizations on a regular basis.
MH/LD 28	Implementation and delivery of 22/23 loneliness action plan	Q4 22/23			<ul style="list-style-type: none"> Action plan is delivered through Better Mental Health for All Group. The action plan is being refreshed.
Any new milestones/actions because of Covid					
	N/A				
Key Risks / Issues					
<ul style="list-style-type: none"> Two of the OHID projects were to support vulnerable people – Befriending and Team around the school. The funding was for one year only and has now ceased The outcomes had a positive impact on the emotional wellbeing of these groups The cost of living will have an impact Seeing emerging trends around suicide which may not be related to the COVID pandemic. 					

Priority 8	Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:																
		Garry Parvin / Andrew Wells			Strategic Transforming Care Group																
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions																
MH/LD 29	Ensure no more than 3 people are detained in CCG hospital beds at one time, during 21/22	Q4 22/23			Completed																
MH/LD 30	Ensure that Rotherham meets the national target of 75%% of annual health check completed (as a minimum)	Q4 22/23			Rotherham's Latest statistics / trend complete health checks below: <table border="1"> <thead> <tr> <th></th> <th>Apr-22</th> <th>May-22</th> <th>Jun-22</th> </tr> </thead> <tbody> <tr> <td>Checks</td> <td>9</td> <td>40</td> <td>49</td> </tr> <tr> <td>Register</td> <td>1653</td> <td>1653</td> <td>1653</td> </tr> <tr> <td>Trajectory</td> <td>140</td> <td>140</td> <td>140</td> </tr> </tbody> </table>		Apr-22	May-22	Jun-22	Checks	9	40	49	Register	1653	1653	1653	Trajectory	140	140	140
	Apr-22	May-22	Jun-22																		
Checks	9	40	49																		
Register	1653	1653	1653																		
Trajectory	140	140	140																		
Key Risks / Issues																					
Increase number of people requiring admission																					

Priority 9	Delivery of Learning Disability Transformation (My Front Door)	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin			Adult Social Care Project Assurance Board
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 31	Delivery of Learning Disability Transformation (My Front Door) – Work Stream 1: <i>Scope: Completion of the changes set out in the Transformation of Services and Support for People with a Learning Disability - Cabinet and Commissioner's Decision-Making Meeting 21st May 2018</i>	Q4 22/23			An updated report is being prepared for Rotherham's cabinet regarding My Front Door is being prepared.
MH/LD 32	Learning Disability, The Future Offer – this will include adults with a learning disability into paid employment	Q4 22/23			Rotherham has launched employment for everyone. employment is for everyone is a project that four organisations have created in Rotherham (Speakup, Dextx, Art Works, EDLounge) supported by RMBC, Community Catalysts and the South Yorkshire Integrated Care System Rotherham as part of a joint SY bid to the DWP has been successful and this will bring additional resource to the employment is for everyone initiative
Any new milestones/actions as a result of Covid					
N/A					
Key Risks / Issues					
Delivery of key projects associated with My Front Door. The project reports to Adult Social Care Project Assurance Board. Board to note the ongoing discussion regarding social value methodology.					

Priority 10	– Delivery of Autism Strategy and Neurological Pathway	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin			Rotherham Adult Neurodevelopment Meeting
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
MH/LD 33	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy in light of new publication	Q4 22/23			Outline plan is being drafted
MH/LD 34	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 22/23			Oliver McGowan Training will be launched in January 2023
MH/LD 35	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/CYP, learning disability, autism or both)	Q4 22/23			RDaSH have made sensory adaptations on wards
MH/LD 36	Autism awareness training sessions for all South Yorkshire Police officers and Rotherham elected Members (October 2021).	Q4 22/23			Ongoing
MH/LD 37	95% of All schools, colleges and GP's / primary care staff to have autism awareness training. Autism education trust.	Q4 22/23			Ongoing
Key Risks / Issues					

Urgent and Community Care

In the refreshed Rotherham Place Reset Plan the following were identified as priority areas for this transformation group:

Workstream 1: Prevention and Urgent Response

1. Front Door (priority 1)
2. Urgent Response Standards (priority 2)
3. Prevention and anticipatory care in localities: long term conditions and unplanned (priority 3)

Workstream 2: Integrating a sustainable discharge to assess model (priority 4)

Workstream 3: Enhanced Health in Care Homes (priority 5)

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Front Door	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
UC 1	Implementation of the approved model	Q4 2022-3			Implementation of the new community urgent response model to provide the right level of care, at the right time to the right place is underway. This includes referral, triage and assessment for avoidance of unnecessary admissions and early discharge. A new Head of Urgent Response is being appointed with additional clinical and administrative roles funded from national monies.
UC 2	Increasing referrals from 111DOS and 999 services	Q4 2022-3			Phase 2 of developing the 111 & 999 DOS is to develop alternative pathways to avoidable conveyances and admissions. A self assessment exercise has been completed with NHSE and action plan drafted

Priority 2	Urgent Response Standards	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
UC 3	Meet the two hour standard 70% of the time by Dec 2022	Q3 2022-3			Rotherham is currently exceeding this standard
UC 4	Grow urgent response activity	Q4 2022-3			A growth trajectory has been agreed with NHSE which we are on track with. All 9 clinical criteria are being met, however 2 are still to be on-boarded in the return.
UC 5	Validate and improve the quality of data	Q3 2022-3			Rotherham has successfully submitted a return to NHSE each month which compares favourably with other Places. There is widespread variation nationally. An extensive validation process has been carried out with data quality improving month on month. There is an ongoing issue with alignment of organisation's returns and national outcomes. This has been reduced each month by Rotherham and we are continuing to work with the national team to resolve outstanding issues.

Priority 3	Prevention and anticipatory care in localities: long term conditions and unplanned	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
UC 6	Articulation of Place ambitions	TBC	Deferred	Deferred	The national milestone was deferred due to system pressures on Primary Care Networks. Work is being progressed via the development of virtual wards (see below). Further milestones will be identified when the national anticipatory care model has been published.
UC 7	Implement an acute respiratory infection and frailty virtual ward	Q3 2023-4			Plans are underway to initially provide 20 virtual ward beds across both pathways from December 2022. National investment monies have recently been reduced by 10%. An adjusted recruitment process is underway. Rotherham is working with the ICB to procure a remote monitoring solution to support the wards .
UC 8	Grow virtual ward capacity	TBC			A trajectory has been agreed with NHSE. There is an issue relating to delivery in that NHSE have reduced the 2022-3 funding by 10% which is currently being managed. Funding for 2023-4 is on a matched basis with the model to be sustainable by 2024-5. Rotherham have not articulated the trajectory beyond quarter 1 2023-4 until the early impact can be assessed

Priority 4	Integrating a sustainable discharge to assess model	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Jayne Metcalfe, Emma Roberts			Sustainable Discharge Model
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
UC 9	Review and develop the discharge to assess model	Q3 2023-4			Following Covid and due to sustained system pressures it is timely to review the D2A model which was introduced at pace. A critical friend review will be conducted and the outcomes will be combined with the national 100 day challenge to form an action plan. Key themes will include MDT working for effective and timely discharge, including early discharge planning for complex cases; streamlining transfers of care hubs and developing whole system management information for proactive decision making and operational management. There is an interdependency with implementation of the urgent community hub and the recruitment and retention workforce work stream with a particular focus on social care

Priority 5	Enhanced Health in Care Homes	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Claire Smith			Enhanced Health in Care Homes
No.	Description	Target	RAG position as end March 2022	RAG position as end June 2022	Update / Key actions
UC 10	Integrating Multi Disciplinary Teams: review of referral routes and signposting for residents and families	Q4 2022-3			All care homes have a weekly remote or in person ward round however the level of support provided varies. Work is underway with GPs to develop a continuum of care approach to provide proportional support according to the individual's needs
UC 11	Pilot and roll out electronic information capture by care homes	Q2 2023-3			A scoping exercise and options paper has been carried out with the commissioned bed base. However the information required is more complex in these bed based due to national and operational reporting requirements. Potential solutions may be too complex for other care homes. Discussions are underway with a cross section of homes. This work has currently been de-priorised to enable support for the virtual ward remote monitoring procurement and implementation
UC 12	Joined up commissioning	Q4 2022-3	Deferred to 22-23	TBC	A review of the Care Home market sustainability was commissioned by the Council. This has provided a framework to develop a robust action plan in which the joint review of service specifications for residential/nursing care has been highlighted. The contract will be reviewed and amended to ensure there is a health and social care approach to commissioning of services in line with the guidelines set out in the Enhanced Health in Care Homes framework. Delivery has been deferred to 2022-23 due to Covid and system pressures.
UC 13	Pilot remote monitoring in care homes	Q4 22-3			Rotherham is currently piloting remote monitoring in care homes on behalf of the ICB.

Part 2: Enabling Groups

DRAFT

Communication and Engagement

No.	Priority	Timescale	RAG	Action/Notes
1	Mental health support and advice	June 22 – March 23	On track	Activity based on mental health themes (including suicide prevention, anxiety and depression amongst others) that promote the full spectrum including service provision, prevention, resilience and self-management. Cyclical themed campaigns. Be the One campaign relaunched on 9.09.2022 for Suicide Prevention Day.
2	System recovery/pressures	June 22 – March 23	On track	Communication and engagement across the health and care system continues, supporting patients to get the most efficient and effective care they need, whilst supporting the services to recover and manage pressures. People of Rotherham are being encouraged to take care of themselves, making healthy choices. We want people to be active, happy and comfortable in their own homes where possible.
3	Support workstream transformation, reconfirm links to transformation and enabling groups to ensure a consistent and integrated approach to comms and engagement (linked to priority 4)	1 June – 31 December 22	On track	Ensuring the public engagement and consultation requirements are met for service change/transformation. Clear and concise messages to be communicated in a relevant and appropriate way. Individual discussions with TG/EG leads are taking place to assess and deliver communications and engagement requirements.
4	Develop a single place level communication and engagement strategy and a detailed delivery plan demonstrating effective service user and public engagement	30 November 2022 – 31 March 2023	Due to commence	ICB communication and engagement plan was developed pre-pandemic, however it will be refreshed to align to the place plan and the vision and principles of place. It will also need to reflect the wider south yorkshire system strategy.
5	Re-affirm place partnership presence i.e. branding, website etc	30 September – 31 October 22	On track	Once agreed, branding and website etc will be updated to reflect the Rotherham Place identity, in line with ICB branding.
6	ICB/ICP/place-partnership future development	31 March 2023	On track	Initial engagement and communication has taken place to inform the public and stakeholders about NHS system changes. Further activity will take place as future changes to structures and ways of working continue and system strategies are developed. This will focus on informing, sharing, listening and responding.

Digital and Population Health Management

No.	Priority	Timescale	RAG	Action/Notes
1	Output from IT service review (organisational and place objectives) / rationalisation and integration of digital services report	October 2022	On track	Report received and supported at June confidential place board. Place wide project group established to develop and lead on delivery of the action plan.
2	Development of a common population health management support function and expertise that can be drawn on by Partners across the Place (RODA)	June to October 2022	On track	Health Inequalities data subgroup established and running, providing a forum across Place to discuss data analysis and insight relating to PHM and Health Inequalities. Analytical pieces of work on urgent care frequent attenders and waiting lists completed and shared with the Prevention and Health Inequalities Enabler Group. Agreement to recruit analytical resource to RODA. Job description agreed and recruitment process to be commenced. RODA work plan drafted with the aim of holding the initial RODA Board in October.
3	Participate in the Place Development Programme and Share Learning / Outcomes	October 2022	On track	Place Development Programme began in March 2022, sponsored by NHS England and the Local Government Association. Module C of the programme focuses on population health management (PHM); defining a cohort to focus on and then designing an PHM intervention that is person centred, taking into account what is important to that cohort and how specific poorer outcomes for that cohort, when compared to the wider population, can be improved. Module C concluded at the end of August, work now on-going to take the Population Health Management approach started in Module C further. Aiming to work as a Place to improve health, wellbeing and outcomes for our Module C cohort. Work will take place to engage with individuals with lived experience. How learning can be shared / transferred to further programmes also to be reviewed.
4	Develop a Digital Inclusion Strategy	October 2022	On track	Draft digital inclusion strategy presented to Digital Inclusion stakeholder group in August 2022. A revised draft, following feedback, is currently in development.
5	Digital Literacy & Digital Inclusion	October 2022	On track	The Nursing/AHP Digital Capability Framework developed Sheffield Hallam University was presented to the Place Digital Group in July 2022. The next step is to develop the action plan.
6	Work with the ICB to procure and evaluate 'Digital Services for our Public' (the platform that will replace Rotherham Health Record)	March 2023	Due to commence	Work has still not commenced yet. The planned procurement expected to commence in July has been delayed due to uncertainty regarding funding for the programme. The Rotherham Health App contract will be extended for a further 12 months while this issue is resolved. Rotherham will continue to ensure it plays a full role in supporting the programme.

OD/Workforce

Priority	No	Project	Summary	Timeframe	RAG
Place as an Employer of Choice	1	Inspire Recruitment event	Inspire specialise in adult training and employment opportunities for individuals that live in the Rotherham area.	Event on 30 September 2022 (9am-3pm)	On track
	2	LEAF (Local Employment Advisory Forum)	Rotherham's Annual Jobs and Careers Fair is now in its 10th anniversary year. Great opportunity for students and jobseekers to find out about vacancies and career choices in the Rotherham area.	Event 14 November 2022	On track
	3	Rotherham Place H&SC Recruitment Event	Deliver a second joint H&SC event in Rotherham based on the June 2022 event.	Target date May 2023	On track
	4	Place Based Work Experience	Develop Rotherham Place Work Experience programme linked to ICB Work Experience Steering Group	Target date May 2023	On track
	5	H&SC Schools Event	Rotherham Place to plan and hold a H&SC careers event targeted at Rotherham schools and colleges. <i>Similar to Doncaster's 'We Care Into the Future' event</i>	Target date September 2023 (TBC)	On track
Culture, Values and Ways of Working	6	Rotherham H&SC Forum/ Network	To organise and facilitate a Rotherham H&SC network/ forum, aimed at creating a space for all H&SC colleagues to get together and discuss Area/ Locality focussed priorities/ challenges/ new ideas etc.	Target date January – February 2023 Planning to take place between September-November 2022	Due to commence
Equality, Diversity and Inclusion	7	Workforce Data Project	Reviewing current workforce data for each Rotherham Place Partner and benchmarking against Rotherham community data.	Date TBC Scope to be agreed	Due to commence
Health & Wellbeing	8	Workforce Survey Analysis	Review workforce survey data from across all partners to identify opportunities for developing new H&WB initiatives and support offers.	Target date April date – March 2024	Due to commence

Prevention and Health Inequalities

No.	Priority	Timescale	RAG	Action/Notes
1	Work with the Communications and Engagement Enabler Group to develop a partnership prevention 'brand' and communications campaign.	March 2023	On track	A proposal has been costed and developed in collaboration with the Communications and Engagement Enabler Group and is awaiting further discussion and sign-off.
2	Agree our partnership approach to act as anchor institutions to reduce health inequalities in Rotherham.	November 2022	On track	A partner self-assessment is underway using a framework produced by the Joseph Rowntree Foundation. This will inform a proposal to Place Board in November recommending some key partnership priorities relating to this agenda. Work is also taking place to ensure that this links in with other Enabler Group agendas, such as the Workforce and OD Enabler Group.
3	Progress the population health place development programme, with a focus on multimorbidity amongst working age adults.	October 2022	On track	See Action 3 in Digital /PHM above
4	Develop our approach to population health analytics, including developing an outcomes framework, delivering the RODA programme and ensuring health inequalities forms part of routine reporting.	March 2023	On track	RODA work programme ongoing as described in Action 2 in Digital / PHM above. Outcomes work ongoing as part of this work programme. Initial version of an outcomes tool shared with the Prevention and Health Inequalities Enabler Group. Further work during September / October to develop an assurance report for this group to support and compliment the outcomes tool.
5	Progress with the delivery of CVD prevention ambitions set out within the NHS long term plan and in line with targets within NHS operational planning guidance 2022/23.	March 2023	On track	<p>Partners are delivering on several programmes to support with the delivery of CVD prevention ambitions. In July, the NHS Health Checks programme recommenced, which includes a universal offer but a targeted approach at those living in the 20% most deprived communities according to IMD.</p> <p>As part of the local hypertension strategy, practice hypertension data has been accessed and is being analysed and a number of potential hypertension risk stratification tools considered.</p> <p>Work is also taking place to review the healthy lifestyles prevention pathway, which includes the support available locally around smoking cessation and weight management. This review includes both partner and community engagement and will inform the recommissioning of the healthy lifestyle services.</p>