

Rotherham Confidential Place Board - 16 November 2022

Rotherham Place Achievements – October Period

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:

Rotherham Place Partnership has **many examples of its achievements** which have been enabled through clear leadership, outstanding relationships, wider partnership engagement and strong governance.

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.

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.

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.

Analysis of key issues and of risks

Up to July we have 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.

We have continued to see a positive response in capturing examples that we would not have easily identified previously and it seems to be well received across the place. For October we received the following 3 examples:

- 1. Community Hospital Admission Avoidance
- 2. Rotherham Safe Space
- 3. Safeguarding Vulnerable Children during pandemic
- 4. NCAP Level 4 'Top Performing' for Early Intervention Team

We will continue to welcome further contributions, as and when, from across the place groups and will continue to share at Place Board.

Recommendations:

Place Board members to note the achievements received for this month.



Achievements across the Rotherham Place Partnership

Confidential Place Board:

16 November 2022

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Rotherham Place Board is keen to continue to capture and share the work of the transformation and enabling groups, recognising the significant work and dedication that is evident from all partners.

It would be great if you could complete the template below and tell us about any achievements, big or small, that your group has been working on, particularly over the last 12 months.

Name of Project/Scheme/Development	1. Community Hospital Admission Avoidance Scheme
Contact for Project/Scheme/Development	Nicki Wear/Stella Krain
Form completed by (if different to above)	Steph Watt
Which 'Place' Group does this come under	Urgent and Community: Urgent 2 hour response project
Approximate time period that the Project/	
Scheme/ Development was delivered /	6 months
implemented	

Description

In 2018 a physio and OT from our community team were appointed as a job share using a small grant from NHSE. Their role was to explore ways of avoiding unnecessary admissions in UECC. This small seed has grown into a mature team which has become, most recently, a pivotal part of our 2-hour urgent response offer.

Outcomes

The following case study illustrates the benefits of CHAT's role and the 2-hour urgent response offer.

Following a fall Mr B's knee was x-rayed for a suspected fracture. Although he didn't have a fracture the ANP in UECC could not allow Mr B to return home as it was not safe due to his level of mobility and ability to cope with daily living. She referred Mr B to the CHAT team. They carried out an initial assessment with Mr B and his daughter within 30 minutes. Mr Bs daughter agreed to sort out a cleaner and arranged for his bed to be taken downstairs. The therapist conducted a mobility assessment and sorted a rollator, showing Mr B how to safely use it and transfer his weight so that he could use a commode independently.

CHAT arranged for 4 calls a day with the Rapid Response Team to help with washing, dressing, meals and drinks to support him through the immediate phase after his fall. In the meantime, to reduce the risk of a further fall, CHAT also arranged for a handrail and perching stool to provide support whilst cooking. A carry caddy for his rollator meant Mr B could transport his meals and other items safely.

This integrated approach enabled Mr B to return home safely with support from his family and some short-term support to help him back to independence. If further support was needed following the initial phase Mr B would then be referred for a care package by the Rapid Response team. By avoiding admission, which would have been required without these interventions, the risk of hospital acquired infection and further loss of mobility was reduced. And a hospital bed remained free for somebody who needed it.

Anything else you would like to tell?

We have recently piloted a dedicated social worker working within the CHAT team to help more people return home without an admission. This has been very successful and is being extended for winter. Where the admission cannot be avoided the social worker works with wards to facilitate early discharge planning.



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It would be great if you could complete the template below and tell us about any achievements, big or small, that your group has been working on, particularly over the last 12 months.

Name of Project/Scheme/Development	2. Rotherham Safe Space* (Alternative to Crisis Service) *working Service title
Contact for Project/Scheme/Development	Beki McAlister - Senior Contract Manager Mental Health NHS South Yorkshire – Rotherham Rebecca.mcalister@nhs.net
Form completed by (if different to above)	As above
Which 'Place' Group does this come under	MH & LD Transformation Group
Approximate time period that the Project/ Scheme/ Development was delivered / implemented	November 2021 to September 2022

Description

The NHS Long Term Plan makes a commitment to expand the number of alternatives to crisis services. Following a successful bid for transformation funding from NHSE, a procurement exercise was undertaken for an alternative crisis service.

This new service was part of a wider programme of work to build a more robust preventative approach and enhance access to early intervention.

The Rotherham Safe Space is:

- For people who are in mental health crisis.
- Provides a safe place to go when daytime services are not available.
- Offers a non-clinical alternative to A & E.
- Has trained staff and Peer Supporters, all with Lived Experience, to reduce distress and work with visitors to resolve or better manage crisis.
- It will offer one-to-one support and also a social space, where refreshments and food will be available.

Over Spring and Summer 2021/22 the Mental Health Contracts Team developed the Service Specification, KPIs, Equality Impact Assessment, Evaluation Questions and Panel to enable the Service to be competitively tendered. The Service was competitively tendered in Autumn 2021 and a contract awarded in February 2022 to Touchstone (which included a detailed data protection impact assessment).

The mobilisation of the new Service proved very challenging mainly due to recruitment. Two rounds of recruitment were undertaken in March and April, but the team had still not been recruited.

Key factors which have contributed to the recruitment challenge include:

- The recruitment environment in general is proving challenging across all roles and service types, for supervisory and leadership roles where there is high demand, good candidates can be selective about where they move to.
- All the roles except for Peer Support Worker require specific mental health experience/skills (supporting
 people in crisis, working with people at risk of suicide and self-harm, and supporting people from BME and
 LGBT communities) and not general support work skills, so these roles can be more difficult to recruit to.



- The working hours in the Safe Space do not suit everyone, they are part time, out of hours and include weekends and bank holidays
- Originally, the contract for Touchstone was awarded until March 2023, with an option to extend for a
 further year. This means that with each successive round of recruitment the time remaining on the
 contract reduces and so does the length of the fixed-term employment contract.
- Feedback from local partners was that the recruitment climate in Rotherham was very challenging and that the salaries were too low.

Weekly meetings were held with the provider to explore all potential solutions including:

- Agency staff
- Trainee Positions
- Salary & out of Hours enhancements
- o Providing cover from other internal Touchstone staff
- Reviewing applications from other Touchstone vacancies
- Benchmarking salaries against similar Rotherham/SY roles.
- o Increasing hours of operation
- Decreasing hours of operation
- Terminating the Contract
- Extending the Contract

Outcomes

By late July the full team had been recruited through a combination of rolling recruitment, agency and internal Touchstone staff movement.

The workforce is diverse with older, younger, male & female, Black and Asian people. Staff inductions were completed in August.

Rotherham Place Executive Team also supported the recommendation to enact the Contract Extension so that longer term employment contracts could be offered (and to support staff retention).

No patient outcomes yet. However, the answer to the "so what" question is that Rotherham will have an alternative to crisis service and people can visit the from 16th September.

The outcomes identified for this Service to achieve are:

- Increase the number of people from BAME groups who are supported by the crisis cafes.
- Reduced number of individuals inappropriately attending A & E.
- Reduced use of all statutory crisis and emergency services for people using the café.
- Reduced individual risk/preventing worse from happening
- Reduce the number of suicides and people who self-harm.
- Increased ability to resolve or better manage crisis.
- Increase the numbers of people with mental health issues in education, training and employment.

Anything else you would like to tell?

The Space will be open to referrals and visitors each Friday, Saturday and Sunday evening, 6pm-midnight, from 16th September. The service is modelled on Touchstone's series of successful night-time safe spaces across Yorkshire and will be further developed through coproduction with service users and local communities of interest.

Referral Phone Number: 07760 173504

For more information on Rotherham Safe Space, please visit the webpage here.

Also see Touchstone's blog from February 2022 for a more in-depth example of the kind of support our safe spaces offer here.



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It would be great if you could complete the template below and tell us about any achievements, big or small, that your group has been working on, particularly over the last 12 months.

Name of Project/Scheme/Development	3. Vulnerable Children's Meeting
Contact for Project/Scheme/Development	Sam Davies
Form completed by (if different to above)	Sam Davies
Which 'Place' Group does this come under	
Approximate time period that the Project/ Scheme/ Development was delivered / implemented	Over 2 years during covid-19 and the positive impact on partnership relationships and responding the needs of vulnerable children

Description

During lock-down measures and in response to ensuring no vulnerable child was missed, partners in Rotherham rallied to meet twice weekly. Partners included RMBC children's social care, early help, education, RDASH CAMHs, TRFT 0-19 service, midwifery, UECC, GP's, South Yorkshire Police, housing and community voluntary services.

The focus of the meeting was to address any concerns that related to the needs of children during lock-down, in areas such as children with special needs, child protection, early help, support for parents/carers and professionals, education and the day-to-day requirements of the ever-changing guidance that was being released at the time.

Outcomes

The impact of the positive partnership engagement, planning, intervention, and support that was provided embedded a greater understanding of how services worked, which enhanced working together. This in turn created closer working relationships, and as a result of that, an agreement was reached that the group continue to meet and now meets monthly, feeding into the Safeguarding partnership and respective organisations.

Anything else you would like to tell?



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It would be great if you could complete the template below and tell us about any achievements, big or small, that your group has been working on, particularly over the last 12 months.

Name of Project/Scheme/Development	4. NCAP Level 4 'Top Performing' for Early Intervention Team (EIT)
Contact for Project/Scheme/Development	Julie Thornton, RDASH Care Group Director
Form completed by (if different to above)	Nicola Bonser, Team Manager EIT
Which 'Place' Group does this come under	
Approximate time period that the Project/	
Scheme/ Development was delivered /	5 year audit programme
implemented	

Description

National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis (EIP) audit programme. Audited annually. Graded from:

Level 1 – Greatest need for Improvement

Level 2 – Needs Improvement

Level 3 - Performing well

Level 4 – Top performing

Rotherham Early Intervention Team have gone from level 2 in 2019/20, to level 3 in 2020/21 to level 4 in 2021/22. The audit presents national and organisation-level findings on the treatment of people by teams in England. EIP services are specialised services that aim to provide prompt assessment and evidence-based treatments to people with first-episode psychosis (FEP). The standards for the EIP audit are based on the Implementation of the Early Intervention in Psychosis Access and Waiting Time Standard guidance, which details a National Institute for Health and Care Excellence (NICE) recommended package of EIP care for treating and managing psychosis. All NHS-funded EIP teams in England were expected to take part in the audit and data was collected via a case-note audit.

Outcomes

The audit reflects the quality of care provided by the Rotherham EI team. Top performing demonstrates that the team are committed and successful in providing specialist and prompt services, including assessment and evidence-based treatments to people with first episode psychosis. Outcomes and recovery for patient's is improved when they engage in the full package of care.

Anything else you would like to tell?

Every member of Rotherham EIT has genuine passion for the service and patients. They work collaboratively and holistically to provide the best care to patients and their families. They have strong links with partner agencies; GP's, primary care MH services, CAMHs.

The next NCAP audit is 2022 – 2025 and will include new Key Performance Indicators.

Key Targets for EIP Delivery in NHS Long-Term Plan

By 2023/24:

- 60% of people experiencing first episode of psychosis (aged 14-65) will commence a NICE **approved care** package within two weeks of referral
- 95% of EIP services will achieve Level-3 NICE concordance (measured by the NCAP audit)
- All teams will have provision to care for At-Risk Mental States (ARMS) in line with EIP commissioning guidance
- All teams will provide care and support for the full age-range in line with EIP commissioning guidance