

Public Agenda

| | |
|----------------------|---|
| Title of Meeting: | Rotherham Place Board: Partnership Business |
| Time of Meeting: | 9am – 10am |
| Date of Meeting: | Wednesday 17 May 2023 |
| Venue: | Elm Room, Oak House, Moorhead Way, Bramley, S66 1YY |
| Chair: | Chris Edwards/Sharon Kemp |
| Contact for Meeting: | Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net |

| | |
|------------------------|--|
| Apologies: | R Jenkins, TRFT B Anderson, RMBC |
| 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 | Workforce & Organisational Development Update (Leanne Dudhill) | 10 mins | LD | Enc 2 |
| 3 | Communications & Engagement Update (Gordon Laidlaw) | 10 mins | GL | Enc 3 |
| 4 | Place Plan Priorities Close Down Report – <i>for information</i> | 5 mins | CS | Enc 4 |
| 5 | Care Quality Commission (CQC) Assurance of Local Authorities and Adult Social Care Services (Ian Spicer) | 10 mins | IS | Enc 5 |
| 6 | Rotherham Place Partnership Update (March/April) – <i>for information</i> | 5 mins | CS | Enc 6 |
| 7 | Feedback from Integrated Care Partnership Meeting | 5 mins | DR | Verbal |
| Standard Items | | | | |
| 8 | Communication to Partners | 5 mins | Chair | Verbal |
| 9 | Draft Minutes and Action Log from Public Place Board – 19 April 2023 – <i>for approval</i> | 5 mins | Chair | Enc 9i & 9ii |
| 10 | Risks and Items for escalation to Health & Wellbeing Board | | Chair | Verbal |
| 11 | Future Agenda Items: <ul style="list-style-type: none"> • Town Centre Development (June) • Prevention and Health Inequalities Update (June) • Update on Strategic Estates Group (July) Standing Items <ul style="list-style-type: none"> • Transformation & Enabling Group Updates • Achievements • Feedback from SY ICP Meeting • Bi-Monthly Place Partnership Newsletter | | | |
| 12 | Dates of Next Meeting: Wednesday 21 June 2023 at 9 –10am | | | |

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 |
| 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 |
| 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 |

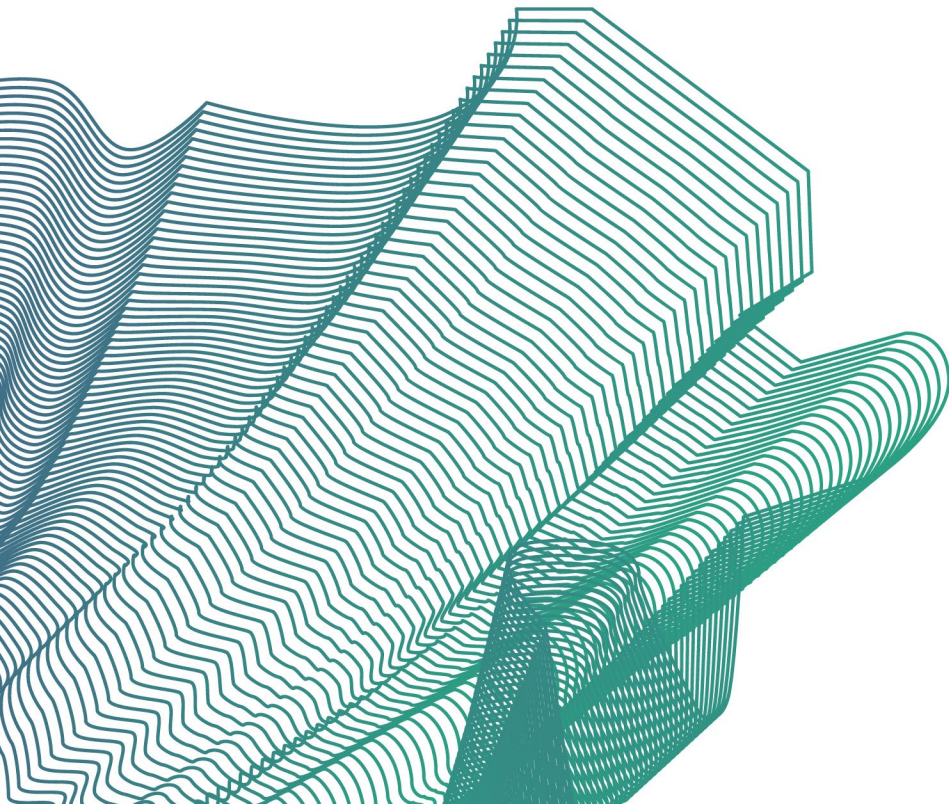
ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham Place Board

Spotlight - *Workforce and Organisational Development*

Wednesday 17 May 2023



South Yorkshire
Integrated Care Board

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

The Rotherham
NHS Foundation Trust

Rotherham 
Metropolitan
Borough Council



 **CONNECT
HEALTHCARE**
ROTHERHAM CIC

What's working well

Support for the recruitment for the Place Based Lead

Working with SY ICB colleagues in relation to school/college engagement and employability agendas

- School engagement has strong social care careers content to complement the existing health careers content
- Overarching Place activity planner in development supported by Employability lead
- Ambition for all partners to be able to edit/update
- Support visibility of planned joint activities/projects
- Metrics in relation to impact to be explored and included where appropriate

Links with the Health Inequalities enabling group

- Key initiatives developed to support the Anchor Institutions work and actions
- Includes building the knowledge of the collective workforce around health inequalities



What are the key challenges

Working collaboratively linked to:



Partner capacity to maintain traction and to transform ways of working

Connecting the wider workforce to the purpose of place and the activities of the transformation groups



Moving the focus to transformational activities to support delivery of the Place Plan

What needs to happen and by when

Appointment of the Place Based Role

Key action which will support/drive the overarching
workstream

Review and refresh of the Workforce/OD action
plan including:

- Aligning with Anchor Institution action plan
- Aligning with Transformational Groups action plans
- Identifying accountable contacts from all partners to progress agreed activities

Work collaboratively to embed a range of
employability initiatives across the partnership

Work with the SYICB Schools Engagement lead to
build an ambassador scheme in social care for
school engagement work



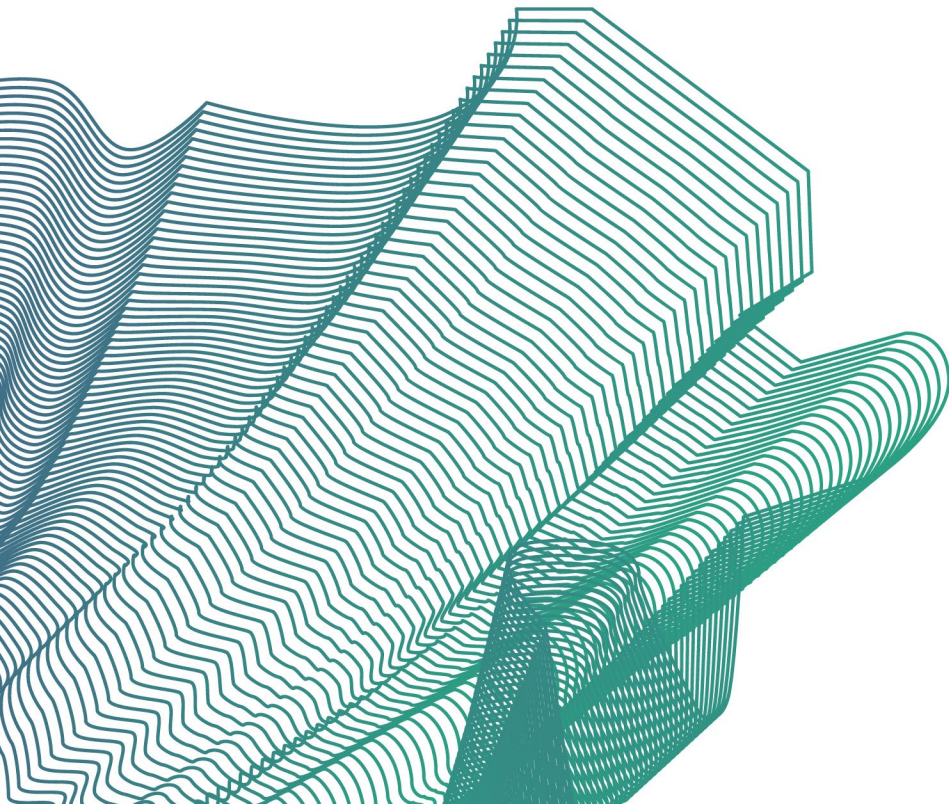
ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham Place Board

Communications and Engagement Update

Wednesday 17 May 2023



South Yorkshire
Integrated Care Board

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

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



 **CONNECT
HEALTHCARE**
ROTHERHAM CIC

What's working well

- Working with other workstreams/groups
 - Digital inclusion
 - PCN websites
 - SEND Local Offer website redevelopment
 - Rotherham Health App
 - Prevention and inequalities
- Mental health campaigns
 - Talking Therapies – national rebrand
 - suicide prevention
 - Rotherhive
- Autumn/Spring boosters
- System pressures and industrial action – briefings and messages to public
- Support of the South Yorkshire ICP strategy development and launch

Challenges and Risks

- Momentum slowed down a little with transformation communications and engagement activity
- Resource and capacity – operational and strategic across place plan deliverables
 - Attendance and delivery at communication and engagement enabler group
- Alignment of national, regional and place priorities
- Health and care message fatigue amongst the population

What needs to happen next

- Agree priorities for next 12 months
 - Aligned to Rotherham Together Partnership and neighbourhood (ward) priorities
 - Action plan for delivery of activity – who and when
- Review and update the Terms of Reference, including membership/attendance
- Support the revised place plan – bring the plan to life for public and partners
- Celebrating success and achievement
 - Case studies and stories
 - Across our partner organisations (newsletter)
 - External to Rotherham - Awards

Rotherham Place Board – 17 May 2023

Final assessment of the Place Plan Update of Priorities/ Close Down Report as at May 2023

| | |
|-----------------|--|
| 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 a final assessment on progress against the Place Plan Priorities for 2022/23.

As we are refreshing the Place Plan, to ensure continuity the attached 'close down' report of the Update of Priorities document has been produced so that we can track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed Place Plan. The Place plan went to the Confidential Place board meeting on 19 April and is here for information.

Background:

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.

As a consequence of the pandemic there was acknowledgement that the system had significantly changed and that it would continue to do so for the foreseeable future. In September 2020, in response to this and the Governments phase 3 planning requirements all partners across the Rotherham place engaged in assessing the impact of Covid on the revised Place Plan and the priorities within. The document produced supplemented the 2020-22 Place Plan and reconfirmed place priorities and the key actions associated with those priorities. 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, reports focussed on only the milestones element of the performance report, which became the 'Update of Priorities' document.

The Update of Priorities document was reviewed and received by Place Board in September and December 2020 enabling place board to understand progress on delivery.

During April 2021 each Transformation Group jointly reviewed their priorities again 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 reaffirming the priorities in June 2021 and progress report in November 2021. As a result of the pandemic and winter pressures it was agreed that Q3 update would not take place and an end of year Update of Priorities document detailing the position was received in June 2022.

The 2022/23 quarter 1 report was received in September 2022. As work was to commence on the development of the 4th edition of the Place Plan and as the system was experiencing a challenging time with winter pressures and operational planning it was agreed that a final 'close down' version of the priorities document would be produced. The close down report will enable us to track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed Place Plan. It will also provide the opportunity to refresh how the place priorities will be monitored.

To note, the close down report does not include the priorities for the Enabling Groups, however, progress will be incorporated in the Place Plan.

Analysis of key issues and of risks

The table summarises the number of actions, it shows that approximately 50% of the actions are complete and that the remaining 50% will be picked up in the refreshed Place Plan.

| Transformation Area | Overall Number of actions | Actions complete | Actions rolled over to 2023-25 Place Plan |
|---|---------------------------|------------------|---|
| Children and Young People | 21 | 14 | 7 |
| Mental Health, Learning Disabilities and Autism | 42 | 16 | 26 |
| Urgent and Community Care | 13 | 7 | 6 |
| Total | 76 | 37 | 39 |

Of those actions that will be picked up in the refreshed Place Plan, from the table below we can see that 54% are green (on track), and 33% are off track (amber), with a small number of new or actions to be confirmed. However, all target timescales will need to be revisited to confirm they are appropriate for monitoring against.

| Transformation Area | Amber | Green | New or TBC | Total |
|---|-----------|-----------|------------|-----------|
| Children and Young People | 1 | 3 | 3 (new) | 7 |
| Mental Health, Learning Disabilities and Autism | 12 | 13 | 1 (new) | 26 |
| Urgent and Community Care | 0 | 5 | 1 (tbc) | 6 |
| Total | 13 | 21 | 5 | 39 |

Once the revised Place Plan has been developed, the mechanism for monitoring the Place Plan will be established. This will be both milestones and key performance indicators and will be received at Place Board on a regular basis.

Discussions on the development and design of the new report will take place to ensure it fits with the Place Performance report and any other relevant reporting mechanisms to ensure alignment and to remove duplication.

Approval history:

Rotherham Place Board – confidential April 2023

Recommendations:

Place Board members to note:

- that this document provides a 'close down' position for 2022/23 against the Place Plan priorities, actions, and timescales.
- the priorities and actions that are complete and those that will be rolled over to the refreshed Place Plan for 2023-25.
- that a mechanism for monitoring and reporting progress with the refreshed Place Plan will be established.

Rotherham Place: for Public information.

Close Down Report as at May 2023

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, but during the pandemic regular reporting of progress halted, as did many business as usual tasks.

Following the first and subsequent waves of the pandemic and the winter period, work continued to reaffirm the priorities. Transformation Groups spent significant time assessing and reconfirming priorities and the key actions associated. This enabled Place Board to continue to receive updates so that members were able to understand performance against revised target dates and any risks to delivery.

We are now refreshing our place plan, which also provides the opportunity to refresh how we will monitor its delivery. To ensure continuity we have prepared a close down report so that we can track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed place plan.

Closed actions (pages 2 – 8)

Actions to be carried forward from pages 9 - 18

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 Alex Hawley | COMMENTS/ACTIONS |
|------------|--|-----------------------------|---|
| No. | Description | Target | |
| 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 | <p>This action is complete and embed into existing mechanisms for delivery.</p> <ul style="list-style-type: none"> • Draft framework developed and approved by Health and Wellbeing Board, to include the local action plan • Mapping of local action priorities against framework completed • Gap analysis is informing future planning • Assurance activity underway to confirm the framework is underpinning all commissioning and delivery. <p>Better Start and Beyond Steering Group leads on implementing assurance activity informing improvements to commissioning and delivery. Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Family Hubs transformation.</p> <p>This is overseen by the Early Help Steering Group which reports into the Rotherham Safeguarding Children Partnership</p> |
| CH 2 | To explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services | Q1 2023/4 | <p>This action is complete.</p> <ul style="list-style-type: none"> • The re-commissioning of the 0-19 service is now complete. • 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 explored evaluation models that acknowledge the importance of integration, adaptability, and additionality. • Public Health commissioned 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 framework provides a structure 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). • Service development considering the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service has been agreed for commencement upon mobilisation of the new contract. |
| CH 3 | Mobilisation of the new 0-19 specification | Q4 2024/5 | <p>This action is complete.</p> <ul style="list-style-type: none"> • The new 0-19 Service mobilised on 1st April 2023. Service development considering the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service has been agreed for commencement upon mobilisation of the new contract. <p>Robust contract monitoring is undertaken by Public Health.</p> <p>The Best Start and Beyond framework provides a structure 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).</p> <p>Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Family Hubs transformation.</p> |

| Priority 2 | Special Educational Needs and Disabilities | Lead Officer Vicky Whitfield | COMMENTS/ACTIONS |
|------------|---|---------------------------------|---|
| No. | Description | Target | |
| CH 4 | Develop an understanding of the impact of Covid and related changes to service provision on outcomes for children with SEND | Q1 2021 | This action is complete and embed into existing mechanisms for delivery 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 5 | Develop and implement internal mechanisms within Health and RMBC including membership of the EHCP panel | Q4 22/23 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • There is now a bank of good practice examples held in central folder for all to access. • The DCO supports health colleagues to QA the contributions as part of the EHCP assessment and review process. This includes discussions and feedback at 1:1 and team level. • An audit of health advice informed improvement activity • Quarterly audit is now embed into provider practice to ensure ongoing monitoring The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission |
| CH 6 | Embed 'lessons learned' including outcomes from audits and Practice Learning Days and benchmarking data to inform service improvement | Q3 22/23 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • Bi-annual Quality Assurance event now embed for Health, education and care practitioners alongside school representatives to evaluate EHCPs together and agree on appropriate actions for development. • This includes 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. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission. |
| CH 7 | 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 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • Delivered CPD to Health/CCG Practitioners • EHCP workshops delivered to CAMHS staff and TRFT therapists The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission. |

| Priority 3 | Looked After Children and Vulnerable Children and Young People | Lead Officer Rebecca Wall | COMMENTS/ACTIONS |
|------------|---|------------------------------|---|
| No. | Description | Target | |
| CH 8 | Improve Dentist registration and attendance at appointments for Looked After Children | Q3 22/23 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • Rotherham Local Safeguarding Partnership and Rotherham CCG (at the time) facilitated connectivity with dental services, and the LAC team at TRFT developed partnerships with dentists and dental services and recognised and responded to the dental needs of LAC – this means that no child goes without their dental needs being assessed and treatment provided as required, as well as regular check-ups. Access to dental care for Looked After Children is a key performance indicator reported into Corporate Parenting Board. |

| Priority 4 | Children and Young People's Mental Health and Emotional Wellbeing | Lead Officer Christina Harrison | COMMENTS/ACTIONS |
|------------|--|------------------------------------|---|
| No. | Description | Target | |
| CH 9 | Review of the multi-agency Neuro screening pathway will inform recommendations to ensure demand remains in line with the trajectory. | Q3 22/23 | This action is complete Review of the multi-agency screening pathway (CH13) informed changes to the process associated with the pathway. Evidence of 2 terms of implementation of graduated response is now required |
| CH 10 | 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 | This action is completed. Outstanding elements of this action are covered by CH15. <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. |

| Priority 5 | Transitions to Adulthood | Lead Officer TBC | COMMENTS/ACTIONS |
|------------|--|---------------------|--|
| No. | Description | Target | |
| CH 11 | Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services | Q2 2023 | This action is complete and embed into existing mechanisms for delivery. <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. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission. |
| CH 12 | 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 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Joint multi-agency standards and quality assurance framework for transition for young people with SEND The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission. |
| CH 13 | Co-produce with health providers good practice guidance for protocols of effective transitions | Q4 2022 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Draft good practice guidance is established This will be approved and communicated after further consultation and engagement is completed. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission. |
| CH 14 | 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 | This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Health staff were encouraged to attend the training by email from senior officers and the DCO DCO contacted areas with poor representation to prompt registration Although registration was good, the short notice of the training combined with covid/ winter pressures on health staff resulted in poorer attendance than anticipated. Further training has been arranged. |

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 Kate Tufnell | COMMENTS/ACTIONS |
|------------|---|------------------------------|--|
| No. | Milestones | Target | |
| MH/LD 1 | 20/21 IAPT trainees complete training (PWPs and HITs) | Q4 20/21 | Action Complete The 20/21 IAPT PWP and HIT trainee have been recruited and completed their training. |
| MH/LD 2 | CBT trainee recruitment and commence training (21/22 cohort) | Q4 22/23 | Action Complete The 21/22 CBT trainee have been recruited and completed their training. |
| | CBT (qualified posts) vacancies recruitment completed or alternative explored - to be agreed with RDaSH | Q2 22/23 | Action closed. RDaSH have continued to experience difficulties in recruiting to the CBT vacancies within the Rotherham service. In January 2023 RDaSH submitted a proposal to RICB to request that the unfilled 1.6 WTE band 7 CBT vacancies be converted into Team Manager Posts. The rationale for this reconfiguration of the workforce structure to create extra management capacity was to: <ul style="list-style-type: none"> • increase productivity and efficiency within the team. • provide support to the team to deal with the increasing number of patients accessing the service. • enable more active management of the waiting list, • provide improved management support to the clinical staff. |
| | Recruitment of 2 PWPs in 2021/22 | Q4 22/23 | Action Complete The 20/21 IAPT PWP trainee have been recruited and completed their training. |
| MH/LD 3 | Development and agreements of mental health themed communications campaign Anxiety campaign launched Q.3 2021/22 | Q4 22/23 | Action closed Due to completion of the following work. <ul style="list-style-type: none"> • Anxiety campaign undertaken across the borough. This included the promotion of electronic resources, social media posts, as well as physical resources (over 1,800 copies of social anxiety, health anxiety and anxiety self-help leaflets were distributed to partners and public venues across Rotherham. Electronic version of the leaflets can be found at Rotherham CCG - Self Help Guides (ntw.nhs.uk) • Mental Health ARRS roles based in PCNs are now using the above leaflets to work with individuals who are experiencing depression. • Promotion of the Rotherham IAPT offer undertaken to promote the different service across the borough, which offer a choice of formats |

| | | | |
|--|--|--|--|
| | | | <p>(telephone, face-to-face, digital etc.) and times (inc. weekends and evenings) as well as access to BSL IAPT has also been undertaken.</p> <ul style="list-style-type: none"> Refresh of the mental health offer leaflets to promote the wider offer of support available RCCG MH Leaflet Digital Dec22 (rotherhive.co.uk) Promotion of this new resource has been undertaken electronically and hard copy distribution. RDaSH has development of community workers to promote their IAPT services in Rotherham. Refresh an update of the Rotherhive 'Depression, anxiety and Stress' page and Wellness Hive <p>Note South Yorkshire ICB will continue to develop and promote different mental health themes, as part of its ongoing Rotherhive development plan (MHL6)</p> |
|--|--|--|--|

| Priority 3 | Adult Severe Mental Illness (SMI) in the Community | Lead Officer Kate Tufnell | COMMENTS/ACTIONS |
|------------|--|------------------------------|--|
| No. | Milestones | Target | |
| MH/LD 4 | <p>Delivery of all the SMI Annual Health check long-term plan requirement. Action required:</p> <p>Complete secondary / primary care SMI register validation</p> | Q4 22/23 | <p>Action closed Register validation process completed. Further work is, however, required to ensure that there is an ongoing real-time update of the primary care / secondary care SMI register (action identified below)</p> <p>Other work undertaken development of electronic prescription function in RDaSH, Use of ICE is now enabled across primary care and RDaSH. This will reduce the duplication of blood test etc across the different organisations.</p> |
| MH/LD 5 | 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>Action to be moved to be monitored through the RICB/RDaSH Contract Performance meetings (held monthly) to ensure this level of performance is maintained.</p> <p>The target of 60% has been achieved over the past 12 months. In the last national audit, the RDaSH Early Intervention in Psychosis service achieved a Level 4, which is above the national requirement of level 3 achievement.</p> |
| MH/LD 6 | Support the delivery of the ICS Individual Placement Support programme | Q4 22/23 | <p>Action to be moved to be monitored through the IPS for SMI Contract & Commissioning Meeting.</p> <p>In 22/23 RIB has worked with ICB-wide partners and local Place partners to evaluate, re-procure, and mobilise the IPS service. During 22/23 further work will be required to support the service to continue increase the number of referrals receive to ensure service optimisation.</p> |
| MH/LD 7 | Delivery of the 2022/23 Adult SMI in the Community Workforce year 2 plan. | Q4 22/23 | <p>Action complete Any outstanding recruitment will be included in the 23/24 Community Mental Health Transformation programme workforce development plan.</p> |
| MH/LD 8 | Support the delivery of the perinatal Mental Health long-term plan requirements. | Q4 22/23 | <p>Action to be moved to ICB-wide discussion and RDaSH /RICB Contract performance meeting (ongoing monitoring).</p> |
| MH/LD 9 | All contract mechanisms in place RDaSH with each of 6 PCNs | Q3 22/23 | <p>The 2022/23 Contracts between RDaSH and PCNs have been drafted but none have yet been agreed. Further work is required RDaSH/PCN</p> <ul style="list-style-type: none"> to ensure that all of 6 PCN 21/22 - 22/23 contracts are agreed. 23/24 Contracts to be agreed by RDaSH/PCN. <p>As this is contract issue this action will be moved to be monitored and completed through the RDaSH/PCN Primary Care MH Practitioner (ARRS) Operational meeting.</p> |

| | | | |
|-------------|---|-------------|---|
| MH/LD 10 | Year 2 MH ARRS plans in place to support recruitment of posts | Q1 22/23 | <p>Action to be moved to be monitored through the RDaSH/PCN Primary Care MH Practitioner (ARRS) Operational meeting.</p> <p>The year 2 (22/23) plan was to recruit 6, Band 4 posts. To date 6 MH ARRS year 2 post have now been recruited. These posts will be in place, as follows:</p> <p>Year 2</p> <ul style="list-style-type: none"> • Maltby Wickersley 1 Band 4 to start April/early May. • Central North 1 Band 4 • Health Village/Dearne Valley 1 Band 4 • Rother Valley South 1 Band 4 • Raven 1 Band 4 • Wentworth 1 Band 4 <p>Year 3 MH ARRS recruitment planning in now in process. Both the year 2 and 3 posts will be monitored through the above group.</p> <ul style="list-style-type: none"> • Maltby Wickersley 1 Band 4 • Central North 1 Band 4 • Health Village/Dearne Valley TBC • Rother Valley South 0.6 Band 6 To commence 15 April. • Raven 1 Band 7 • Wentworth 1 Band 7 |
|-------------|---|-------------|---|

| Priority 4 | Mental Health Crisis and Liaison | Lead Officer Andrew Wells / Kate Tufnell | COMMENTS/ACTIONS |
|-------------|---|--|--|
| No. | Milestones | Target | |
| MH/LD 11 | Develop at least one alternative crisis service to hospital admission. Actions required: | Q3 22/23 | <p>Action complete</p> <p>Rotherham Safe Space launched in September 2022. Rotherham Safe Space supports anyone experiencing a mental health crisis in Rotherham. It provides a safe place during the weekend evenings (Friday, Saturday, and Sunday from 6pm to midnight) designed for people in crisis to go for support and to prevent avoidable attendances at A&E.</p> <p>On-going monitoring through Rotherham/Touchstone Contract Performance meetings</p> |

| Priority 6 | Suicide prevention | Lead Officer Ruth Fletcher- Brown | COMMENTS/ACTIONS |
|-------------|---|---|--------------------------------|
| No. | Milestones | Target | |
| MH/LD 12 | Review of the delivery of Suicide Prevention training | Q2 22/23 | No recurrent funding available |
| MH/LD 13 | Coroners Audit Report – local workshop to disseminate finding | Q2 22/23 | |

| Priority 10 | – Delivery of Autism Strategy and Neurological Pathway | Lead Officer Garry Parvin | COMMENTS/ACTIONS |
|-------------|--|------------------------------|--|
| No. | Description | Target | |
| MH/LD 14 | Autism awareness training sessions for all South Yorkshire Police officers and Rotherham elected Members (October 2021). | Q4 22/23 | The action sits outside of the remit of Rotherham Place Board. SY Police do run autism awareness training sessions |

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)
 - Urgent Response Standards (priority 2)
 - 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 2 | Urgent Response Standards | Lead Officer Penny Fisher/Claire Smith | COMMENTS/ACTIONS |
|------------|--|---|---|
| No. | Description | Target | |
| UC 1 | Meet the two hour standard 70% of the time by Dec 2022 | Q3 2022/3 | Successfully implemented. All milestones met on time including 7 day full geographic cover and the specified 9 clinical conditions. National sitrep from April 2021. Threshold of 70% response rate within 2 hour threshold consistently met or exceeded. |
| UC 2 | Grow urgent response activity | Q4 2022/3 | Activity increased from 83 referrals and 470 contacts in September 2022 to 540 and 1505 in Nov 2022 (latest published data). |
| UC 3 | Validate and improve the quality of data | Q3 2022/3 | A consistent programme of data cleansing and quality improvement has been completed, with improved accuracy evidenced through a reduction in variation between internal and external data sets |

| Priority 3 | Prevention and anticipatory care in localities: long term conditions and unplanned | Lead Officer Penny Fisher/Claire Smith | COMMENTS/ACTIONS |
|------------|--|---|---|
| No. | Description | Target | |
| UC 4 | Implement an acute respiratory infection and frailty virtual ward | Q3 2023/4 | The virtual ward was successfully implemented on time in December 2022 for step up and step down pathways with an initial capacity of 10. Numbers on the ward grew to 18 in quarter 4 contributing to avoidance of unnecessary admissions and facilitating discharge. As part of the urgent hub patients can be transferred across community pathways as levels of acuity/need change. The ward is led by nurse consultants with successful recruitment to all roles. |

| Priority 5 | Enhanced Health in Care Homes | Lead Officer Claire Smith | COMMENTS/ACTIONS |
|------------|---|------------------------------|---|
| No. | Description | Target | |
| UC 5 | Pilot and roll out electronic information capture by care homes | Q2 2023/4 | Phase one, identification of requirements for the commissioned bed base was completed in Rotherham. Work was then paused as national funding was received to be progressed at SY level. |
| UC 6 | Joined up commissioning | Q4 2022/3 | A joint care home specification has been developed |
| UC 7 | Pilot remote monitoring in care homes | Q4 2022/3 | Pilot ended March 23 and is being evaluated. Any future work will be aligned to development of remote monitoring supporting virtual wards and SY development of electronic record keeping in care homes |

Actions to be rolled over to 2023-2025 Place Plan

Note – some of the timescales will need to be revisited in this document.

DRAFT

Children and Young People

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

6. The first 1001 days
7. Special Education Needs and Disabilities
8. Looked After Children
9. Children & Young People's Mental Health and Emotional Wellbeing
10. 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 Alex Hawley | | COMMENTS/ACTIONS |
|------------|---|-----------------------------|-------------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| 1 | 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 | | <ul style="list-style-type: none"> 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. A Rotherham group had already been established to enable early discussion on practical arrangements for family hubs. Family Hubs will support the transformation of services to improve access to 'whole family' service delivery, including Start for Life services in areas with the highest levels of deprivation. The vision is to build the national evidence base and to assess impact across a range of contexts. An update report detailing progress made in year 1 (22/23) was provided to the Health and Wellbeing Board on 29th March 23. <p>Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Best Start and Beyond Framework for assurance.</p> |

| Priority 2 | Special Educational Needs and Disabilities | Lead Officer Julie Day/ Vicky Whitfield | | COMMENTS/ACTIONS |
|------------|--|--|-------------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| 2 | Develop the Local Offer | Q2 23/24 | New action | <p>The Local Offer is a statutory function to ensure accurate and relevant information for children and young people with SEND and their families is accessible.</p> <p>Co-production activity informed re-branding and website redesign.</p> <p>Appointment to Local Offer Coordinator role supports maintenance of the website and ensures information is accurate, relevant, and accessible.</p> |

| Priority 3 | Looked After Children and Vulnerable Children and Young People | Lead Officer Rebecca Wall | | COMMENTS/ACTIONS |
|------------|---|------------------------------|-------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| 3 | <p>Implementation of review recommendations to support the social, emotional, and mental health needs of Looked After Children.</p> <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"> Updated S75 Work Order for Child and Adolescent Mental Health and Emotional Wellbeing Activity across RMBC and NHS SY Rotherham Place to understand the current arrangements and inform proposals to deliver the recommendations continues. 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. Eating disorder SDIP ToR extended to enable escalation of other CYP experiencing crisis in mental health pathway LAC pathway in CAMHs implemented. |
| 4 | 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 | <ul style="list-style-type: none"> A multi-agency Practice Learning Event identified recommendations for improvement. Action plan is in development. |

| Priority 4 | Children and Young People's Mental Health and Emotional Wellbeing | Lead Officer Christina Harrison | | COMMENTS/ACTIONS |
|------------|--|------------------------------------|-------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| 5 | 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 | | <p>Update / Key actions</p> <ul style="list-style-type: none"> The SEN Toolkit with resources for school-based workforce was launched w/b 14.12.2020 to support with implementation of a graduated response The digital offer (initially provided by Healios) has been well received by families and has been extended The waiting list 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 established the projected reduction of the waiting list over the three year period. Demand post covid did not follow the trajectory with approx 50% more contacts and referrals than projected Review of the multi-agency screening pathway (CH13) informed changes to the process associated with the pathway. Evidence of 2 terms of implementation of graduated response is now required. |

| | | | | |
|---|---|-------------|------------|--|
| 5 | 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 | A draft framework has been considered by the SEMH strategic group. Further consultation and engagement is planned. Additional supporting documents identified. |
|---|---|-------------|------------|--|

| Priority 5 | Transitions to Adulthood | Lead Officer TBC | | COMMENTS/ACTIONS |
|------------|---|---------------------|--|--|
| No. | Description | Target | RAG position as end June 2022 | |
| 6 | Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services | Q2 2023 | | <p>This action is complete and embed into existing mechanisms for delivery.</p> <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. <p>The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.</p> |

Mental Health, Learning Disabilities and Neurodevelopmental Care

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

11. Improving Access to Psychological Therapies (IAPT) service
12. Dementia diagnosis and post-diagnostic support
13. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health.
14. Mental Health Crisis and Liaison
15. Suicide prevention
16. Better Mental Health for All, including loneliness.
17. Improving residential, community and housing support for people with Mental Health and/or Learning disability
18. Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)
19. Delivery of My Front Door transformation programme
20. 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 Kate Tufnell | | COMMENTS/ACTIONS |
|------------|---|------------------------------|-------------------------------------|--------------------------------|
| No. | Milestones | Target | RAG position as end June 2022 | |
| MH/LD 1 | Reduction in the RDaSH IAPT CBT waiting times. | Q4 22/23 | | |
| | Increase awareness of IAPT Provision and low-level psychological support available in Rotherham. | Q4 22/23 | | |
| | Continued development of Rotherhive and Wellness Hive digital platform https://rotherhive.co.uk/ | Q4 22/23 | | Note comment above in MH/LD 5. |

| Priority 2 | Improving Dementia diagnosis and post-diagnostic support | Lead Officer Kate Tufnell | | COMMENTS/ACTIONS |
|------------|--|------------------------------|-------------------------------------|---|
| No. | Milestones | Target | RAG position as end June 2022 | |
| MH/LD 2 | To implement the new dementia pathway across the Rotherham place | Q4 22/23 | | Note: this action will be refreshed to reflect the new elements of pathway work that need to be undertaken. |

| Priority 3 | Adult Severe Mental Illness (SMI) in the Community | Lead Officer Kate Tufnell | | COMMENTS/ACTIONS |
|------------|--|------------------------------|-------------------------------|------------------|
| No. | Milestones | Target | RAG position as end June 2022 | |
| MH/LD 3 | Development of single live SMI register across primary and secondary care | Q4 22/23 | | |
| | Development of digital offer to support primary care SMI LES deliver | Q4 22/23 | | |
| | Increase the number of primary care SMI health checks completed in 2022/23 (against 2021/22, q.4 baseline – 31%) | Q4 22/23 | | |
| | Expansion of peer support /living experience workers to support the provision of community Mental health provision (bid requirement – VSC posts) | Q4 22/23 | | |
| MH/LD 4 | Enhance eating disorder offer across Rotherham – SYEDA, Physical Health shared care protocol | Q4 22/23 | | |

| Priority 4 | Mental Health Crisis and Liaison | Lead Officer Andrew Wells / Kate Tufnell | | COMMENTS/ACTIONS |
|------------|--|---|-------------------------------|------------------|
| No. | Milestones | Target | RAG position as end June 2022 | |
| MH/LD 5 | 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 | | |
| MH/LD 6 | Implementation of the new social care delivery model commenced | Q4 22/23 | | |

| Priority 5 | Improving residential, community and housing support for people with Mental Health and/or Learning disability | Lead Officer Garry Parvin | | COMMENTS/ACTIONS |
|------------|---|------------------------------|-------------------------------|---|
| No. | Milestones | Target | RAG position as end June 2022 | |
| MH/LD 7 | Service transformation model to be agreed | Q4 22/23 | | The mental health FPS is out to tender. The action will be amended to align with Councils ambition to build accommodation with support options. |

| Priority 6 | Suicide prevention | Lead Officer Ruth Fletcher-Brown | | COMMENTS/ACTIONS |
|-------------|--|-------------------------------------|-------------------------------------|------------------|
| No. | Milestones | Target | RAG position as end June 2022 | |
| MH/LD 8 | Delivery of 22/23 actions within local plan | Q4 22/23 | | |
| MH/LD 9 | Evidence of impact of the Be the One campaign | Q2 22/23 | | |
| MH/LD 10 | Review the suicide prevention and self-harm action plan, considering emerging risks / inequalities | Q4 22/23 | | |

| Priority 7 | Better Mental Health for All, including loneliness | Lead Officer Ruth Fletcher-Brown | | COMMENTS/ACTIONS |
|-------------------------------------|---|-------------------------------------|-------------------------------------|------------------|
| No. | Milestones | Target | RAG position as end June 2022 | |
| Better Mental Health for All | | | | |
| MH/LD 11 | Update of Better Mental Health for All Strategy and Action plan | Q2 22/23 | | |
| Loneliness | | | | |
| MH/LD 12 | Refresh the H&WB Loneliness action plan | Q2 22/23 | | |
| MH/LD 13 | Implementation and delivery of 22/23 loneliness action plan | Q4 22/23 | New action | |

| Priority 8 | Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care | Lead Officer Garry Parvin / Andrew Wells | | COMMENTS/ACTIONS |
|-------------|--|---|-------------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| MH/LD 14 | Ensure no more than 3 people are detained in CCG hospital beds at one time, during 21/22 | Q4 22/23 | | The targets remain a core element in the NHS operational guidance |
| MH/LD 15 | Ensure that Rotherham meets the national target of 75%% of annual health check completed (as a minimum) | Q4 22/23 | | |

| Priority 9 | Delivery of Learning Disability Transformation (My Front Door) | Lead Officer Garry Parvin | | COMMENTS/ACTIONS |
|------------|---|------------------------------|-------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| MH/LD 16 | 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 | | The action will amend following the publication of the Council's Cabinet report which will refresh and update this action |
| MH/LD 17 | Learning Disability, The Future Offer – this will include adults with a learning disability into paid employment | Q4 22/23 | | |

| Priority 10 | – Delivery of Autism Strategy and Neurological Pathway | Lead Officer Garry Parvin | | COMMENTS/ACTIONS |
|-------------|--|------------------------------|-------------------------------|---|
| No. | Description | Target | RAG position as end June 2022 | |
| MH/LD 18 | Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy considering new publication | Q4 22/23 | | The autism strategy will be refreshed |
| MH/LD19 | Ensure all staff working in mental health inpatient settings have access to autism awareness training | Q4 22/23 | | |
| MH/LD 20 | Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/CYP, learning disability, autism, or both) | Q4 22/23 | | |
| MH/LD 21 | 95% of All schools, colleges, and GP's / primary care staff to have autism awareness training. Autism education trust. | Q4 22/23 | | Yes – will be amended in light of Oliver McGowen Training |

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

2. Front Door (priority 1)
3. Urgent Response Standards (priority 2)
4. 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 Penny Fisher/Claire Smith | | COMMENTS/ACTIONS |
|------------|---|---|-------------------------------|--|
| No. | Description | Target | RAG position as end June 2022 | |
| UC 1 | Implementation of the approved model | Q4 2022/3 | | The TRFT Care Co-ordination centre has been developed into a multi-disciplinary urgent community referral and triage hub which supports unplanned admission avoidance and facilitates discharge. The team includes nursing, therapy, social workers, reassessment, pharmacy and the voluntary sector. The next phase is to develop and embed the discharge function to facilitate timely discharge and support more people to be cared for at home |
| UC 2 | Increasing referrals from 111DOS and 999 services | Q4 2022/3 | | The 111 and 999 directory of services have been reviewed and updated. A PUSH model has been implemented where YAS direct category 3 and 4 non emergency calls to Rothercare and the Urgent Community Hub thereby reducing avoidable conveyances. The next phase is to develop further alternative pathways to ED and admission |

| Priority 3 | Prevention and anticipatory care in localities: long term conditions and unplanned | Lead Officer Penny Fisher/Claire Smith | | COMMENTS/ACTIONS |
|------------|--|---|-------------------------------|--|
| No. | Description | Target | RAG position as end June 2022 | |
| UC 3 | Articulation of Place ambitions | TBC | Deferred | National guidelines were deferred during the pandemic due to pressure on primary care. It was agreed to defer the project. This will be taken forward in 2023-4 |
| UC 4 | Grow virtual ward capacity | TBC | | A trajectory has been agreed to grow the ward to 100 by December 2023, this will include development of the respiratory pathway and introduction of remote technology. |

| Priority 4 | Integrating a sustainable discharge to assess model | Lead Officer Jayne Metcalfe, Emma Roberts | | COMMENTS/ACTIONS |
|------------|---|--|-------------------------------|--|
| No. | Description | Target | RAG position as end June 2022 | |
| UC 5 | Review and develop the discharge to assess model | Q3 2023/4 | | A discharge to assess pilot ran over winter 2022-3. Investment of national discharge monies enabled additional home care to be provided, reducing length of stay. Additional nursing roles were recruited to but a shortage of therapists limited capacity to carry out assessments at home. Further work will be carried out in 2023-4 to develop and embed the model |

SS

| Priority 5 | Enhanced Health in Care Homes | Lead Officer Claire Smith | | COMMENTS/ACTIONS |
|------------|--|------------------------------|-------------------------------|--|
| No. | Description | Target | RAG position as end June 2022 | |
| UC 6 | Integrating Multi Disciplinary Teams: review of referral routes and signposting for residents and families | Q4 2022/3 | | Work has been progressed with PCNs but has been delayed due to system pressures. To be taken forward through the anticipatory care project |

| | | |
|-------------------|----------------------|---|
| <h1>BRIEFING</h1> | TO: | Rotherham Place Leadership Team |
| | DATE: | 25 April 2023 |
| | LEAD OFFICER: | Kirsty-Louise Littlewood Assistant Director, Adult Care & Integration Adult Care, Housing & Public Health Directorate |
| | TITLE: | Care Quality Commission (CQC) Assurance of Local Authorities and Adult Social Care Services |

1. Background

- 1.1 From April 2023, local authorities and integrated care systems (ICS) will be assessed by the Care Quality Commission (CQC) to determine the extent to which they are able to deliver statutory duties, much in the same way as CQC regulate the adult social care provider market and Ofsted regulate Children's Social Care. CQC will assess local authorities against four domains:
- i.) Working with people
 - ii.) Proving support
 - iii.) How the local authority ensures safety
 - iv.) Leadership
- 1.2 It is anticipated that a rating of inadequate, requires improvement, good or outstanding will be given following assessment.
- 1.3 It is critical that the Council and Adult Social Care adequately prepare for the CQC Assurance process. This has commenced with a self-assessment against the criteria CQC will measure the Council against, identify remedial actions and adopting plans to address these issues.
- 1.4 The local authority assessment framework was published on the CQC website on 21 March 2023 ([CQC Assessment Framework for Local Authority Assurance](#))
- 1.5 The powers will allow CQC to provide independent assessment of Care Act delivery to better understand the quality of care in local areas. The approach is intended to complement existing sector-led improvement initiatives and aims to support improvement by celebrating and amplifying good practice as well as indicating the areas where more focus and attention may be needed to improve outcomes for people. There will be a strong focus on leadership, partnership delivery and collaborative and integrated models of delivery.
- 1.6 Alongside local authority regulation, the CQC will also be responsible for regulation of ICS' including a retained focus on the quality and safety of services, and the experience of people when they get care, as well as leadership in ICSs and assessing how well services are integrated.

2. Key Issues

- 2.1 The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act 2014. The functions to be assessed have been specified in regulation and the interim regulation framework.

| | |
|-----|---|
| 2.2 | <p>From 1 April, CQC will start to review existing data and published evidence across all 152 local authorities, focusing on themes that span aspects of the following two quality statements:</p> <ul style="list-style-type: none"> • Care provision, integration and continuity • Assessing needs |
| 2.3 | <p>Initially, the data and evidence will not be published at individual local authority level. CQC publish it at an overall national level as a collection of evidence. As assessing local authorities is a new duty for CQC they need to complete an initial formal assessment for all local authorities to establish a starting point, or 'baseline'. Initial formal assessments of all local authorities will commence later in the year.</p> |
| 2.4 | <p>The CQC Assessment Framework provides the Council with an opportunity to evidence:</p> <ul style="list-style-type: none"> • Delivery and commissioning of high-quality services which enables individuals to achieve their outcomes and live their best life • Working effectively with partners in an integrated way • Making a positive impact on the lives of people with care and support needs and their carers • Delivering services which are compliant with legislation. |
| 2.5 | <p>With a renewed focus on adult social care under a regulatory framework, it is critical that a programme of assurance is progressed to enable the Council, adult social care, and partners, to evidence how approaches are underpinned and supported by a robust, quality, legal compliant model of delivery.</p> |
| 2.6 | <p>An initial assessment of the service position against the evidence base within the CQC Assessment Framework has identified a number of areas of focus which require further development, investment and time to ensure the service achieves 'good' at the point of inspection.</p> |

3. Key Actions

| | |
|-----|--|
| 3.1 | <p>A minimum 12-month programme has been commissioned to commence from May 2023 to ensure the Council and adult social care are ready for regulation. The objectives of the programme will be to:</p> <ol style="list-style-type: none"> 1. Ensure compliance with the new regulatory framework for local authorities and adult social care departments 2. Provide a strong foundation for future inspection of adult social care in Rotherham 3. Mitigate and manage future risks associated with CQC regulation including reduction in waiting lists, clear practice frameworks and best practice approaches 4. Implement approaches which focus on robust and legislatively compliant practices which deliver positive, quality outcomes for people with care and support needs 5. Enable the service to achieve a 'good' rating during future inspection of its services 6. Share and learn from best practice at a place, regional and national level |
|-----|--|

| | |
|---------------------------|---|
| 3.2 | The purpose of the CQC Assurance Programme is to ultimately enable the Council to provide adequate assurance to CQC that our services, including those delivered through a partnership lens, are of a high quality, are driven by robust standards of practice and informed through evidence-based insights which realises a culture of continuous learning, to effectively improve the lives of vulnerable adults in Rotherham. |
| 4. Recommendations | |
| 4.1 | <p>It is recommended that Rotherham Place Leadership Team:</p> <ul style="list-style-type: none"> • Note the contents of this briefing, including the interconnectivity of local authority, adult social care and ICS regulation • Provide support and commitment to the adult social care CQC assurance programme, especially within collaborative and integrated environments • Support further updates being brought back to PLT on progress and outcomes |

Rotherham Place Partnership Update: March/April 2023

Health Inequalities Update

Rotherham's Prevention and Health Inequalities Strategy

Prevention and Health Inequalities Priorities

- Strengthen our understanding of health inequalities**
 - includes development of data and intelligence products, such as our new, interactive Health Inequalities Tool, as well as research and community engagement
- Develop the healthy lifestyles prevention pathway**
 - focus on the top modifiable risk factors associated with disability adjusted life years in Rotherham, including smoking, alcohol, diet, physical activity
- Support the prevention and early diagnosis of chronic conditions**
 - work around CVD, diabetes, respiratory disease, cancer and mental health. Additionally, a focus on multimorbidity, taking a person-centred and holistic approach, rather individual diseases
- Tackle clinical variation and promote equity of access and care**
 - to ensure that every person in Rotherham has access to quality care, at a level that is proportionate to their degree of need
- Harness partners' roles as anchor institutions to address health inequalities.**
 - work together as employers, procurers, overseers of estates, service-deliverers and decision-makers to affect change to Rotherham as a Place, making it healthier and more equitable.

Rotherham partners want more people to experience better health and wellbeing, so focussing on preventing problems from arising in the first place and intervening early will not only lead to better health outcomes for local people but is also vital to ensure a sustainable future for our services. Where problems do arise, we want to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.

There are significant health inequalities between different groups in Rotherham, which means we need to support communities at a level that is proportionate to the degree of need – taking a universal approach where appropriate whilst also providing targeted support to those who most need it. The principle of 'proportionate universalism' should be embedded within everything we do.

The Strategy draws from and seeks to deliver against the National 'Core20Plus5' framework.

The Strategy and Action Plan, agreed in April 2022, is overseen by the Prevention and Health Inequalities Place Group, and reported quarterly to Place Board.

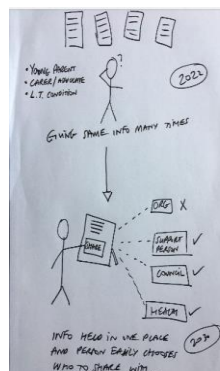
Health Inequalities, Prevention programmes and Investments at place 2022/23



Strengthening the offer within our prevention pathway

To support the delivery of our strategy, Rotherham partners wanted a better understanding of the support we have in place locally to help people to make healthy behaviour changes, such as quitting smoking, eating more healthily and becoming more physically active.

A programme of professional and community engagement took place to better understand the action that needed to be taken. The sessions with communities were particularly targeted towards our most deprived communities, with sessions taking place in Rawmarsh, Ferham, Boston Castle, Eastwood and Maltby.



Imagine if ... part of a journey to a healthier lifestyle was different.

It's 2030 - What are your best hopes?

Describe a scene or process or outcome

Imagine a person who would benefit from support to a healthier lifestyle

Three or so things that describe them

Imagine (draw? write?) something that we've improved that now makes their journey to a healthier lifestyle more successful...

Consider who needs to be involved to make your idea happen.

Informed by this engagement, what was formerly known as Rotherham's integrated healthy lifestyle services, which include smoking cessation and tier 2 weight management, went out to tender as the 'Better Health' services. This involved a shift in focus to acknowledging the wider factors that influence people's health behaviours and taking a more compassionate, person-centred, and holistic approach. One of the key changes within the specification was the introduction of a non-weight loss offer, to support people with eating healthier and getting more physically active, without making weight loss the key target.

This contract has now been awarded to Connect Healthcare, Rotherham's local GP Federation, and will be mobilised by October.

Linked with this, the NHS Health Checks programme has also been recommissioned and was also awarded to Connect Healthcare and health checks recommenced in July 2022. Whilst health checks are universal, the focus of the contract is on targeting those living in the 20% most deprived communities, making it a key contributor to our approach to tackling health inequalities.

Some examples of work during 2022/23.....

Expansion of our 'RotherHive' website and development of a prevention campaign



RotherHive

RotherHive has existed since 2020 and started off as a mental health resource. It is openly available to the public but is also frequently used by GPs and other professionals to support with signposting to advice, support services and groups. The origins of the website as a mental health resource have shaped how the new sections have been written.

Through the engagement work that took place around the prevention pathway, it became clear that many local people were not aware of advice, support and groups that would help them to live a healthier life. Based on this, Place Partners agreed to invest £30k to expand the existing 'RotherHive' website to include pages around smoking, food, and physical activity and to develop a local campaign and messaging to support prevention activity.

Linked to the expansion of RotherHive and driven by behavioural insights, Rotherham has been developing prevention messaging to support the promotion of local support available and behaviour change. Two concepts were developed and over 1,700 local people have been engaged so far.

Subject to approval by local partners, this messaging will be used to start conversations with people in Rotherham around their health and wellbeing and will aim to empower them to make positive changes.

Launch of Rotherham's virtual wards

The Rotherham virtual ward launched in December 2022 to support people at home (including care homes) who have an acute medical condition or exacerbation of a chronic disease which would otherwise require hospital level acute care. There are currently two pathways: frailty and respiratory. Most patients are over 65, but younger people can be referred.

The virtual ward model focusses on admission avoidance and facilitating early discharge from hospital. It is supported by a multi-disciplinary team led by Nurse Consultants with Community Medical Consultants, Qualified Nurses, Clinical Support Workers, a Pharmacy Technician and Therapy colleagues. A Voluntary and Community Sector (VCS) Social Prescriber facilitates links to wider VCS locally based services to support discharge from the ward and ongoing needs such as helping people get back on their feet, support with isolation through befriending and financial advice.

Patients who are on the virtual ward have access to community services as required over a 24-hour period, 7 days a week. Interventions and treatments include Intravenous (IV) antibiotics, sub cut fluids, nebulisers, Comprehensive Geriatric Assessments, Advance Care Planning and short-term enabling support. The ward provides people with direct access to diagnostics, including point of care testing, direct pathways into radiology and remote technology for monitoring of clinical observations, in combination with face-to-face assessments as needed.

From the outset of the development of this model, inequalities have been considered, and work has taken place with the digital exclusion lead to ensure that those who are digitally excluded can access the model with support from the team. Inequalities monitoring has also been embedded within the evaluation, including Index of Multiple Deprivation (IMD), ethnicity and gender.









Eclipse

The VISTA Pathways interface has been specifically designed for Places and their GP Practices to enable effective validation of these implementations. It provides NHS organisations with a highly focused and effective population health management tool. VISTA Pathways brings together a region's Advice & Guidance (Eclipse Live) Primary Care data and their SUS+ Secondary Care utilisation data.

The result is a complete validation solution allowing patient cohorts associated with a clinical pathway, project or initiative to be selected and their associated costs to be reviewed and validated.

<https://www.nhspathways.org/nhspathways/members/documents/User%20Guide%20-%20Vista%20Pathways.pdf>

Rotherham Place are in the process of rolling out Eclipse Live, which focus on primary care with a view to implementing Eclipse Vista to be able to deliver the following:

|  Population Health & Personal Insight |  Healthcare Prevention Programmes |  ICS Care Coordination |  Elective Recovery |  Supply chain |  Equality of Care |
|---|--|---|--|---|--|
| Provides data and Segmentation Tools to enable local and National Population Health Management locally. Uses integrated local and national datasets to drive population insights | Real time information to support supply and workforce decision making. Monitoring and supporting intervention around equality of immunisation, vaccination and screening programmes | Enabling ICSs to optimise end-to-end services for patients, understanding capacity across whole system. Focus on organisational interfaces including virtual wards, anticipatory care, discharges and elective hubs. | Enabling workflow efficiency and transparency around waiting list management. Management of backlog and utilisation of existing capacity. | Aligning supply and demand. Increasing visibility of where stock is needed to optimise management of the supply chain. Spend analysis to drive value. | Standardised and objective approach to enable true equality of care in implementing the pathway across your population, this is obtained through a patient-centric approach. |

Medicines Optimisation Schemes

Hypertension

Practice based searches have been constructed to identify missed opportunities in blood pressure (BP) monitoring. Practices can identify patients that are overdue a BP measurement and can direct them to a Community Pharmacy, or for a Health Check or offer them a practice appointment. The aim is to ensure there is equity across practices in BP monitoring.

Antibiotics

Practice data shows that there is a wide variation in the volume of antibiotics prescribed across practices, and this is not linked to deprivation or practice demographics such as age.

Practices that outlie with antibiotic prescribing rates have been identified and work will take place with these practices to explore the reasons for the high antibiotic prescribing rates and how these might be addressed or explained.

Care Homes

Working with data supplied by Yorkshire Ambulance Service and Rotherham Council, care homes that have the highest ambulance call out rates and hospital admission have been identified. These care homes are being targeted for support from the medicines management care home team and are offered earlier participation in the multi-disciplinary hydration training project.

Medicines Safety

A medicine safety dashboard has been introduced to focus practices attention on the issues that have been identified by the Medicines and Healthcare products Regulatory Agency (MHRA). The dashboard will be incentivised in 2023/24 with the aim of equalising practice performance across Rotherham. As an example, an issue with retinal screening and a particular drug has been identified from this initiative and work is ongoing with TRFT to address this.

Lipid Management

There is a strong robust evidence base to support lipid (Cholesterol) management in primary prevention especially in diabetes. The GP Quality and Outcomes Framework (QoF) and Investment and Impact Fund (IIF) do not reward practices for primary prevention lipid management. Practice based searches have been constructed to identify missed opportunities in this area and this will encourage practices to address the opportunities during disease specific or structured medication reviews. The aim is to ensure there is equity across practices in primary prevention lipid monitoring.

Diabetes

There is a wide variation in practices achievements in delivering the 8 care processes and in the control of blood glucose (HbA1C). A risk stratification tool has been introduced to identify to practices diabetes patients most at risk of an adverse diabetes event. The medicines management team are working closely with the Rotherham GP federation to deliver several pilot innovative diabetes programmes to improve diabetes care, equalise practice performance across Rotherham and inform future commissioning decisions these schemes are:

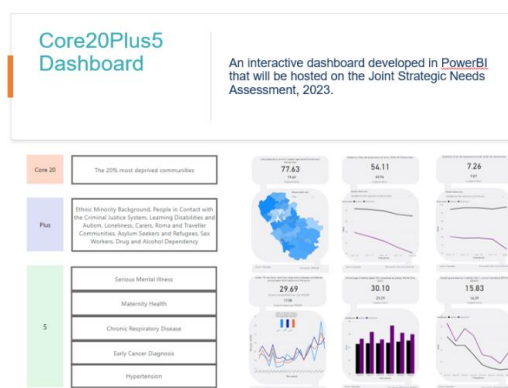
- Identifying patients that would benefit from participating in a nationally commissioned or locally commissioned diabetes prevention or weight loss programme and using a central team to contact these patients to advise them of the opportunities available. Practice data shows a big variation between practices in referral rates.
- To offer patients the opportunity for a review outside of the usual practice hours to encourage patients that may have difficulties in attending a practice appointment.
- To offer practices additional support in managing type 2 diabetes on insulin as practice data shows a big variation across practices in HbA1c performance in these patients.
- To improve practice knowledge in the treatment of diabetes, as practice data demonstrates that performance is too often linked to a specific practice based individual and performance deteriorates rapidly when a key diabetes practitioner leaves a practice.

Development of our interactive Health Inequalities Tool and Dashboard

Our interactive Health Inequalities Tool has been developed using PowerBI. The tool has multiple purposes, including telling the story of health inequalities in Rotherham, assuring, and measuring delivery of the Prevention and Health Inequalities Strategy and providing a profile of the Core20. The tool benefits from being visual and 'self-serve' – meaning that it will be a key part of our approach to engaging our workforce and other stakeholders around health inequalities in Rotherham.

Findings are being reported regularly to Rotherham's Place Board and will seek to inform decision-making and ensure that our senior leadership has an up to date and accurate view of local health inequalities. Development will continue and will include profiling all the Plus inclusion groups identified within our local plan and exploring opportunities to develop PCN profiles within the tool, linking to the work around

In addition, the profiles of the 20% most deprived communities in Rotherham will feature on the **Joint Strategic Needs Assessment (JSNA)**, which includes both physical and mental health, health protection, and upstream prevention of ill health. It includes the needs of people of all ages, and how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services. In addition, it includes wider social, environmental, and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, and employment.



In addition a Dashboard has been developed which provides key strategic indicators relating to health inequalities all in one place, and analysis of data can expose systematic inequalities that are having a significant impact on certain communities.

Prevention and High Impact Interventions

The NHSE prevention programme specifically looks at the early detection of disease and support for people taking their own action to better health through supported self-management. In December 2022 NHS England published range of **prevention and high impact interventions** for: modifiable risk factors, diabetes, cardiovascular disease and diabetes. In 2023/24 we will:

- undertake a piece of work baselining where we are in Rotherham against the published prevention and high impact interventions and including the Core20Plus5 clinical areas for adults and children and young people.
- use the outcomes to inform and update the prevention and health inequalities action plan.

Some examples of work to support 2023/24

The Rotherham System held the first of many anticipatory care planning events.



Anticipatory Care Planning (ACP) is a person-centred, proactive “thinking ahead” approach whereby health and social care professionals support and encourage individuals, their families, and carers to plan ahead of any changes in their health or care needs.

The aim is to increase people’s healthy years by up to 5 more years. Anticipatory care encourages people to make positive choices about what they should do themselves, and from whom they should seek support, in the event of a flare up or deterioration in their condition, or in the event of a carer crisis.

This initial session was focused on:

- Understanding what is already working well in Rotherham for care planning, taking lessons from the primary care Case Management Scheme, which has run for 11 years.
- Understanding what isn’t working so well, and how we can improve.
- Identifying which patient cohorts anticipatory care planning can best support to extend their health years.
- To commit as a Rotherham system to an ethos of anticipatory care planning in our delivery of care

The session was well attended by primary care, community, acute, unscheduled care, voluntary sector, public health and social care. Discussions suggested that we have great foundations to build upon and that “what matters most” to patients and personalisation needed to be at the heart of discussions. We looked at the impact of health inequalities on long term conditions and recognised that we needed to take this into account as part of our plans and that anticipatory care is all age.

The overarching aim is to work up a model for Rotherham that we can roll out across the borough next year.

Research into the impacts of the COVID-19 pandemic

Research is underway into the longer-term impacts of the COVID-19 pandemic in Rotherham. Led by the Public Health team, this work has included data analysis to assess the impacts of the pandemic on Council, local health services and communities to help predict future demand and plan effectively.

As well as data analysis and engagement with professionals, we also been engaged local people through an online survey and held 17 focus group sessions with local people. This included targeting people within our most deprived communities and key priority groups who experience health inequalities and were adversely affected through the pandemic – such as carers, ethnic minority communities, and women with experience of domestic abuse.

The purpose of this piece of work is to ensure that local partner organisations take an informed approach to planning and understand more clearly where the pandemic has changed the position of our services.

Training staff on cultural competency of care

In recognition of the importance of culturally competent care, Voluntary Action Rotherham were commissioned to develop and provide cultural competency training, with a focus on improving access, outcomes, and experience of mental healthcare for ethnic minority communities. A series of engagement sessions took place with ethnic minority community groups, to understand barriers and issues, and to establish links to promote services.

Based off these sessions, films capturing the perspective of local people were produced, and an online training programme was developed. This training will ensure that local organisations can upskill their current staff so that they are aware of the cultural and religious needs of their service users in Rotherham.

Working together to develop our approach as anchor institutions.

The term ‘anchor institutions’ is used to refer to organisations which have an important presence in a place, usually through a combination of being largescale employers; the largest purchasers of goods and services in the locality; controlling large areas of land; and/or having relatively fixed assets. Being such large institutions within Rotherham means that Rotherham Place partners have the potential to improve population health by addressing the socioeconomic and environmental conditions that influence health outcomes. By working collectively on joint commitments, we have the potential to have a significant influence on these determinants, making Rotherham a healthier place to live and work.

To make sure we were taking a structured approach to identifying priorities for partnership working, Place partners all undertook self-assessments using the Joseph Rowntree Foundation framework. The findings from these self-assessments were fed back to key stakeholders involved in delivering this agenda – (such as workforce, procurement and estates leads) – through a series of workshops.

From these workshops, a draft anchor institution action plan has been developed and was received by Place Board in April.

UNAPPROVED

| Minutes | |
|-------------------------------|---|
| Title of Meeting: | PUBLIC Rotherham Place Board: Partnership Business |
| Time of Meeting: | 9.00am – 10.00am |
| Date of Meeting: | Wednesday 19 April 2023 |
| Venue: | Elm Room, Oak House, Bramley, S66 1YY |
| Chair: | Chris Edwards |
| Contact for Meeting: | Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net |
| Apologies: | Richard Jenkins, Chief Executive, The Rotherham Foundation Trust Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Dr Neil Thorman, Executive GP Lead, RPCCB Shafiq Hussain, Chief Executive, Voluntary Action Rotherham Wendy Allott, Chief Financial Officer - Rotherham, NHS SY ICB Sally Kilgariff, Chief Operating Officer, The Rotherham Foundation Trust Ian Spicer, Strategic Director of Adult Care, Rotherham Metropolitan Borough Council Cllr David Roche, Joint Chair, Health and Wellbeing Board, Rotherham Metropolitan Dr Jason Page, Medical Director, NHS SY ICB Leonie Wieser, Policy Officer, Rotherham MBC |
| 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 Present:

Chris Edwards (**CE**), Chairing, Executive Place Director, NHS South Yorkshire ICB
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
 Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham
 Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster & South Humber Foundation Trust

Participants:

Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council (left meeting after Item 2)
 Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Gordon Laidlaw (**GL**), Head of Communications (Roth), NHS SY ICB Borough Council
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB
 Helen Barker (**HB**), Head of Customer Service, Rotherham Metropolitan Borough Council (left after Item 3)
 Rebecca Woolley (**RW**), Public Health Specialist, Rotherham Metropolitan Borough Council

In Attendance:

Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB
 Fiona Flinders, Rotherham Place Support Officer, NHS SY ICB

UNAPPROVED

| Item Number | Discussion Items |
|--|---|
| 01/04/23 | Public & Patient Questions |
| There were no questions. | |
| 02/04/23 | Public Health Update: by exception |
| <p>BA advised that the ONS had ceased the Coronavirus Infection Survey and the reporting of the infection rates from 1 April 2023. The decision has therefore been taken to discontinue providing regular COVID-19 briefings. Living with Covid means that there will be a background infection rate of between 1% and 4% of the population that will continue to rise and fall in waves every 2-3 months. This shows that the vaccination programme has worked and had a huge impact. We will however still see care homes and hospital having a number of patients with Covid. Testing will only be carried out on symptomatic patients and outbreaks will still need to be managed. The booster vaccines continue to be important and the spring campaign is commencing this week for the elderly and immuno-compromised.</p> <p>BA explained that due to Strep A arriving earlier this year, we are not now seeing the usual peak at this time and cases have reduced.</p> <p>It was noted that there had been better take up of flu vaccinations than pre-pandemic. Going forward flu vaccinations will be aligned with covid for those who are eligible for both.</p> <p>Members noted the position.</p> | |
| 03/04/23 | Digital Inclusion Strategy |
| <p>Helen Barker, Head of Customer Services at RMBC gave an update on the Rotherham Digital Inclusion Programme that had been established since June 2021. It was noted that a digital inclusion review had taken place and the strategy produced in late 2022 followed by engagement and an action plan produced early this year. Helen outlined the groups and areas in the borough that were most at high-risk of digital exclusion. These were as expected older people, those with learning disability or long-term conditions, disadvantaged young people and those living in areas of deprivation ie Maltby East, Thrybergh, Rotherham central and East Herringthorpe.</p> <p>The strategy has been developed with the purpose of delivering outcomes to those most digitally excluded. HB went on to outline some of the activities already underway from the action plan including Digital Champions, a Rotherham Digital website, ICT and employability classes for residents. Going forward it is intended to appoint two digital inclusion support officers, create digital surgeries in libraries and community centres and expand resident access to technology including wi-fi devices and assistive technology.</p> <p>Discussion followed and it was acknowledged that further work is required around the wi-fi function and accessibility across Rotherham and members were assured that the strategy also aligns with the ambitions of the Joint Strategic Needs Assessment.</p> <p>Place Board thanked HB for the update, welcomed the approach being taken, offered support with promoting initiatives associated with the strategy and looked forward to receiving future progress updates through Place Board and Rotherham Together Partnership.</p> | |

UNAPPROVED

| | |
|--|---|
| 04/04/23 | Anchor Institution Action Plan |
| <p>RW gave an update on the work undertaken by the Prevention and Health Inequalities Group around anchor institutions, one of the five priorities in its strategy. A structured approach had been undertaken to scope opportunities by way of self-assessments using the Joseph Rowntree framework. The findings had been shared and used to draft an action plan on a small number of deliverables. The areas for action included the dimensions of employer, procurer, bricks and mortar, service delivery and corporate and civic. The action plan is on page 8 of the report.</p> <p>One of the main findings in the employer section had been around paying the living wage. Although this was already achieved by most partners, it was agreed as an aspiration for all to pay the living wage to their employees.</p> <p>It was noted that at the time the self-assessment was undertaken, the timing hadn't been right for primary care services to take part, work will take place retrospectively with PCNs to ensure a contribution can be included.</p> <p>GL suggested that the terminology for the diagnostic centre under the bricks and mortar section be amended to reflect that health services with high footfall will be delivered in the town centre or considered if appropriate for the town centre as best for local people, eg smoking cessation.</p> <p>To achieve the ambition of 'one plan' it was felt that Rotherham Together Partnership Chief Executive's Group should discuss and agree the governance route for this work.</p> <p>Place Board thanked RW for the update, supported the action plan and encouraged Rotherham Together Partnership to consider further.</p> <p style="text-align: right;">Action: RW(BA)</p> | |
| 05/04/23 | South Yorkshire Integrated Care Partnership Strategy |
| <p>CE reported that the Strategy had been launched as planned w/c 20 March. It is an overarching strategy, co-owned by Rotherham with six Rotherham Place Partners as members on the ICP Board. The Strategy was signed off and agreed by all partners. Place Board Members are encouraged to circulate within their respective organisations including An animation which has previously been shared with partners as part of the toolkit of resources.</p> | |
| 06/04/23 | Feedback from South Yorkshire Integrated Care Partnership Board |
| <p>CE confirmed that, as well as signing off the South Yorkshire Integrated Care Partnership Strategy, the partnership had adopted and launched a safe place to sleep for South Yorkshire and received early feedback on children's work.</p> | |
| 07/04/23 | Communication to Partners |
| <p>The digital inclusion strategy will be shared via the communications group who will be key in the communications and engagement taking place in a variety of ways to progress the action plan.</p> | |
| 08/04/23 | Draft Minutes and Action Log from Public Place Board – 15 March 2023 |
| <p>The minutes from the March meeting were agreed as a true and accurate record.</p> | |

UNAPPROVED

The action log was reviewed and up to date.

10/04/23 Risks and Items for Escalation to Health and Wellbeing Board

The final version of the refreshed Rotherham Place Plan will go to H&WB Board.

The Place Priorities Close-down Report for 2022-23, Digital Inclusion and Anchor Institutions items to be considered for H&WB Board. LG to discuss with the Cllr Roche.

Action: LG

11/04/23 Future Agenda Items:

- Town Centre Development Update (June)
- Update on Strategic Estates Group (July)
- OD and Workforce Update (May)
- Refreshed Place Plan – Final (May)

Standing Items

- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings
- Place Achievements

12/04/23 Date of Next Meeting

The next meeting will take place on **Wednesday 17 May 2023** in Elm Room, Oak House from 9.00am – 10.00am.

Membership

| | | |
|--------------------------------|--|---|
| Chris Edwards (Joint Chair) | Executive Place Director/ICB Deputy Chief Executive | NHS South Yorkshire Integrated Care Board |
| Sharon Kemp (Joint Chair) | Chief Executive | Rotherham Metropolitan Borough Council |
| Ben Anderson | Director of Public Health | Rotherham Metropolitan Borough Council |
| Richard Jenkins | Chief Executive | The Rotherham NHS Foundation Trust |
| Shafiq Hussain | Chief Executive | Voluntary Action Rotherham |
| Toby Lewis | Chief Executive | Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) |
| Dr Anand Barmade | Medial Director | Connect Healthcare Rotherham (GP Federation) |
| Dr Neil Thorman | Primary Care Representative | Rotherham Primary Care Collaborative Group |

Participants

| | | |
|------------------|---|---|
| Cllr David Roche | Joint Chair | Rotherham Health and Wellbeing Board |
| Claire Smith | Deputy Place Director, Rotherham Place | NHS South Yorkshire Integrated Care Board |
| Sue Cassin | Chief Nurse, Rotherham Place | NHS South Yorkshire Integrated Care Board |
| Dr Jason Page | Medical Director, Rotherham Place | NHS South Yorkshire Integrated Care Board |
| Wendy Allott | Chief Finance Officer, Rotherham Place | NHS South Yorkshire Integrated Care Board |

UNAPPROVED

| | | |
|------------------|---|--|
| Shahida Siddique | Independent Non-Executive Member | NHS South Yorkshire Integrated Care Board |
| Ian Spicer | Strategic Director, Adult Care, Housing and Public Health | Rotherham Metropolitan Borough Council |
| Suzanne Joyner | Director of Children's Services, RMBC | Rotherham Metropolitan Borough Council |
| Lydia George | Strategy and Delivery Lead | NHS South Yorkshire Integrated Care Board |
| Gordon Laidlaw | Head of Communications | NHS South Yorkshire Integrated Care Board |
| Michael Wright | Deputy Chief Executive | The Rotherham NHS Foundation Trust |
| Sally Kilgariff | Chief Operating Officer | The Rotherham NHS Foundation Trust |
| Julie Thornton | Care Group Director | Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) |

DRAFT

PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - 01 April 2023 - 31 March 2024

| Mtg Date | Item No. | Agenda Item Title | Action Description | By | Action Status | Comments |
|----------|------------|--|---|-----|---------------|----------|
| 15.3.23 | 3 | Digital Enabling Group Update | CE will discuss at ICB level, the IT staffing and capacity required to ensure the development and continuity of both Rotherham and South Yorkshire system wide initiatives. | CE | Green | |
| 19.04.23 | 04/04/2023 | Anchor Institution Action Plan | Discuss and agree the governance route for anchor institutions work with Rotherham Together Partnership Chief Executive's Group. | BA | Green | |
| 19.04.23 | 05/04/2023 | South Yorkshire Integrated Care Partnership Strategy | Place Board Members are encouraged to circulate the SY ICP Strategy within their respective organisations. | All | Green | |
| 19.04.23 | 07/04/2023 | Communication to Partners | GL to share the digital inclusion strategy via partner communications colleagues | GL | Green | |
| 19.04.23 | 10/04/2023 | Risks and Items for Escalation to Health and Wellbeing Board | The Place Priorities Close-down Report for 2022-23, Digital Inclusion and Anchor institutions items to be considered for H&WB Board. LG to discuss with Cllr Roche | LG | Green | |