Public Agenda

Title of Meeting:	**Rotherham Place Board: Partnership Business**
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 20 December 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

Apologies:	S Cassin, Chief Nurse, NHS SY ICB R. Jenkins, CEO, TRFT
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:** *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.*		*Chair*	*Verbal*
	Business Items			
2	Update from Director of Public Health	*10 mins*	*Ben Anderson*	*Enc 2*
3	Rotherham Health App Briefing	*10 mins*	*Andrew Clayton*	*Enc 3*
4	Partner Arrangements for the Festive Period	*5 mins*	*All*	*Verbal*
5	Rotherham Place Plan Performance Report – Quarter 2	*10 mins*	*Claire Smith/ Lydia George*	*Enc 5*
6	Place Achievements	*5 mins*	*Claire Smith*	*Enc 6*
7	Feedback from SY Integrated Care Partnership Meeting – 30 November 2023	*10 mins*	*Cllr David Roche*	*Verbal*
	Standard Items			
8	Communication to Partners	*5 mins*	*Chair*	*Verbal*
9	Draft Minutes and Action Log from Public Place Board from 15 November 2023 – *for approval*	*5 mins*	*Chair*	*Enc 9i & 9ii*
10	Risks and Items for escalation to appropriate board *(e.g. Health & Wellbeing Board, ICB Board)*		*Chair*	*Verbal*
11	Future Items: • Proactive Care Update (Mar) Standing Items: • Updates from all Groups (as scheduled) • Achievements (as and when received) • Feedback from SY ICP Meeting – Bi-Monthly • Bi-Monthly Place Partnership Newsletter			
12	Dates of Next Meeting: Wednesday **17 January 2024** 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

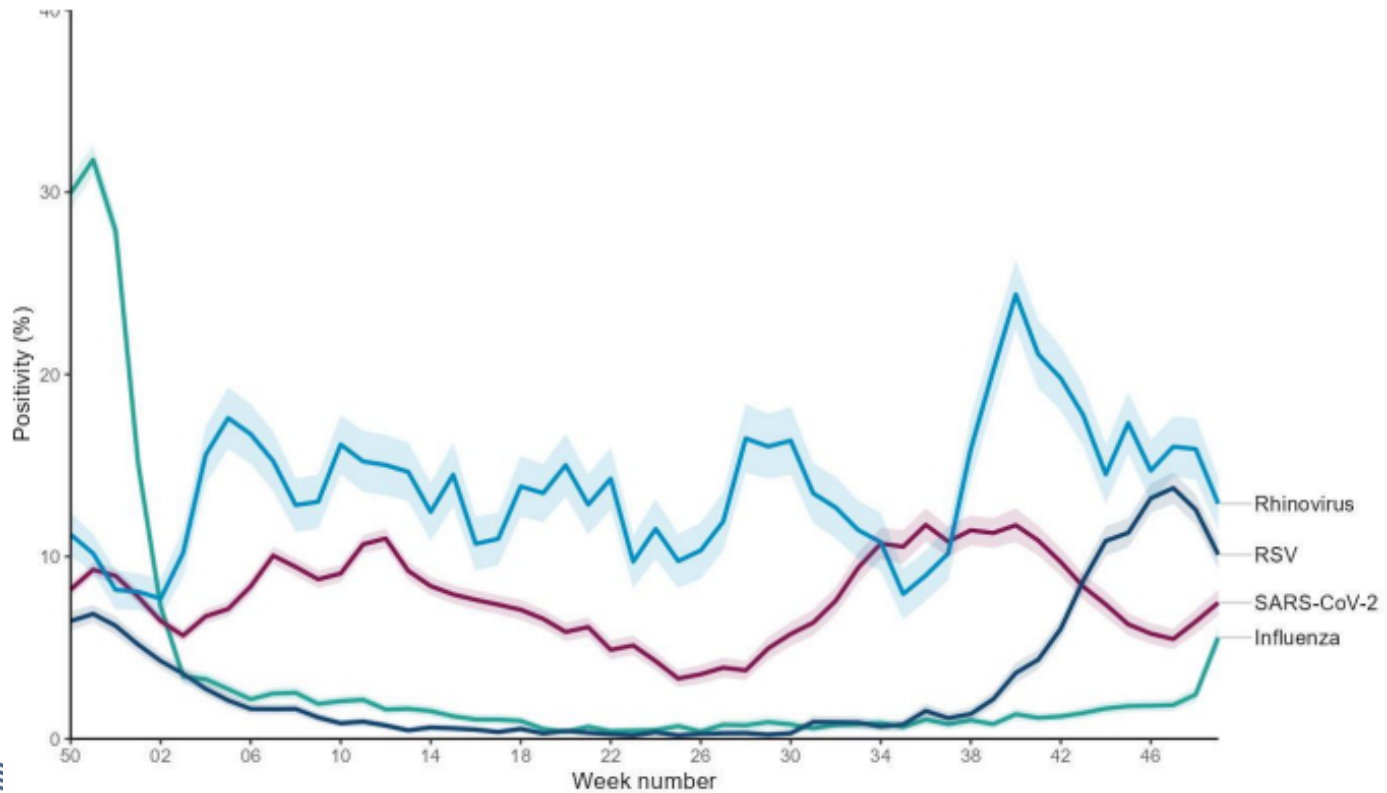# Public Health Director's Update

Rotherham Place Board – 20 December 2023

Ben Anderson, Public Health Director
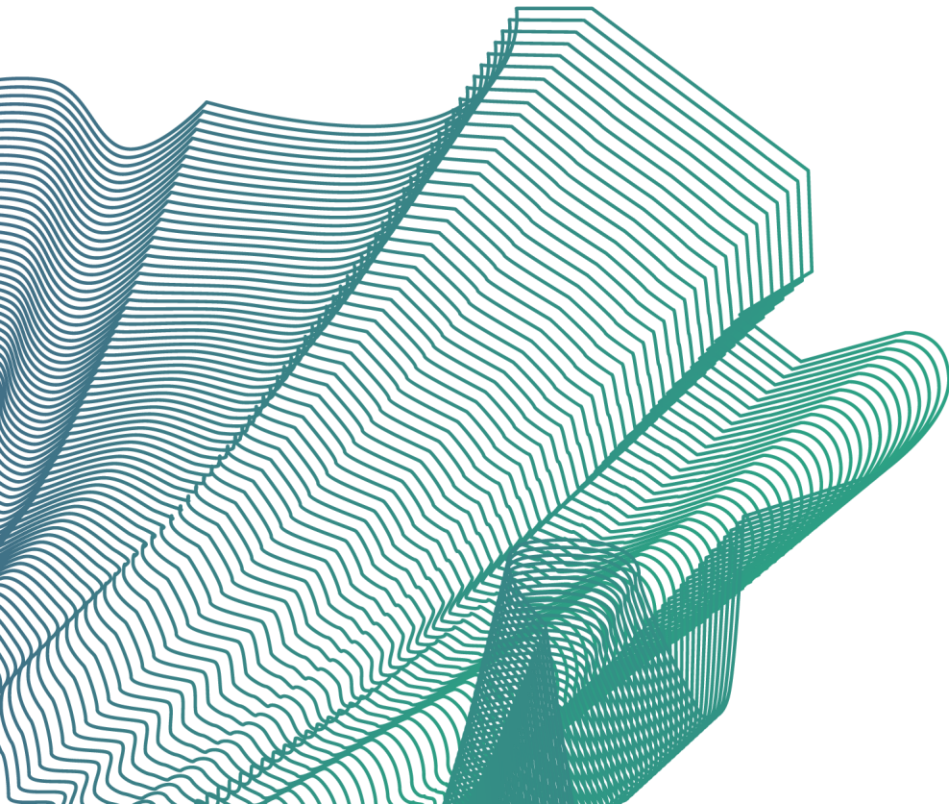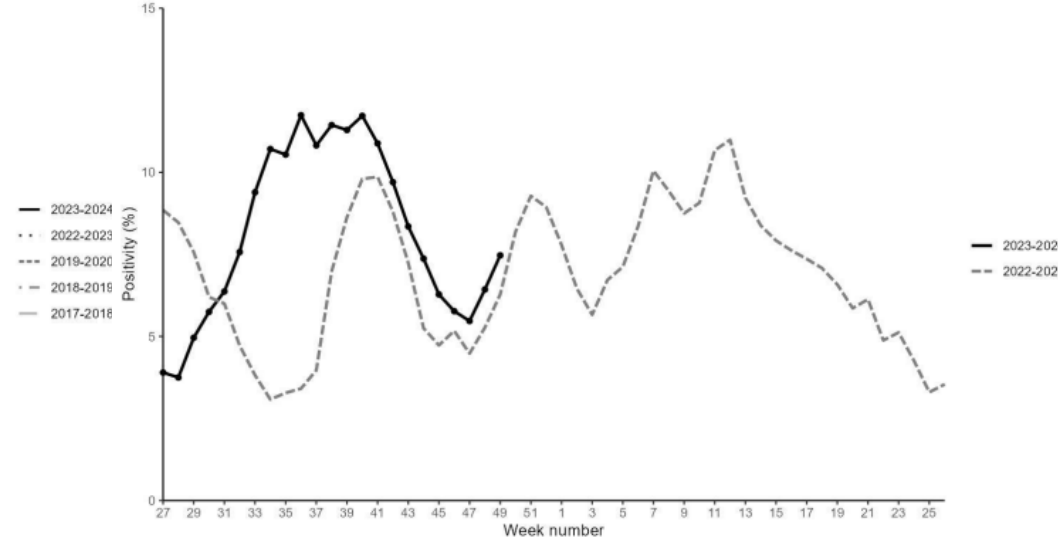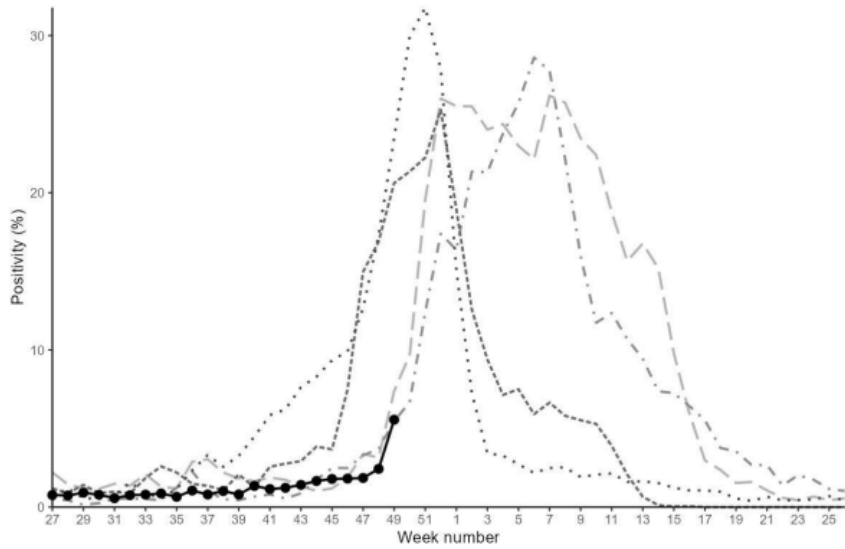
yourhealthrotherham.co.uk

Seasonal Respiratory Viruses

Figure 1a. Respiratory DataMart weekly positivity (%) for influenza, SARS-CoV-2, RSV and rhinovirus, England
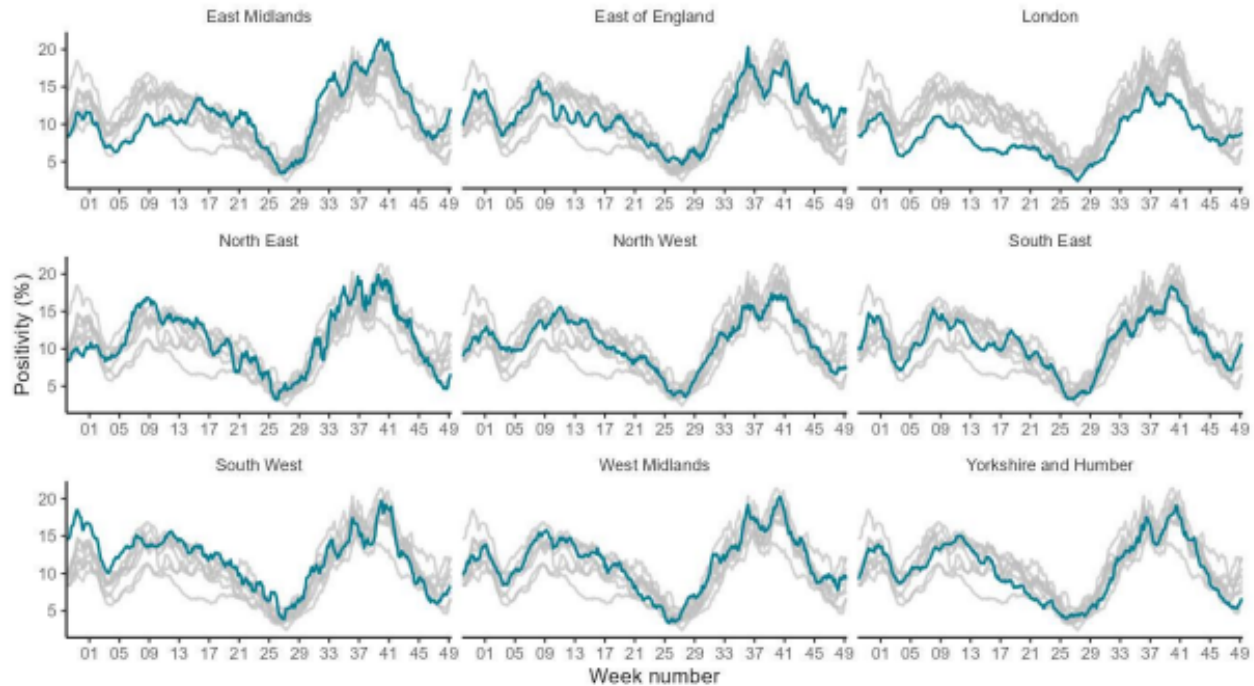
Seasonal Respiratory Viruses

Figure 2. Respiratory DataMart weekly positivity (%) for influenza by year, England [note 1]

Figure 5. Respiratory DataMart weekly positivity (%) for SARS-CoV-2 by year, England

Seasonal Respiratory Viruses

Figure 11. Seven-day rolling average PCR positivity (%) of confirmed COVID-19 cases tested under Pillar 1 by UKHSA region [note 4]

[note 4] The highlighted line corresponds to the UKHSA region in the subplot title, grey lines correspond to all other regions.

Seasonal Respiratory Viruses

Figure 9. Confirmed COVID-19 episodes tested under Pillar 1, based on sample date with overall seven-day rolling average PCR positivity for Pillar 1 (%) [note 2]
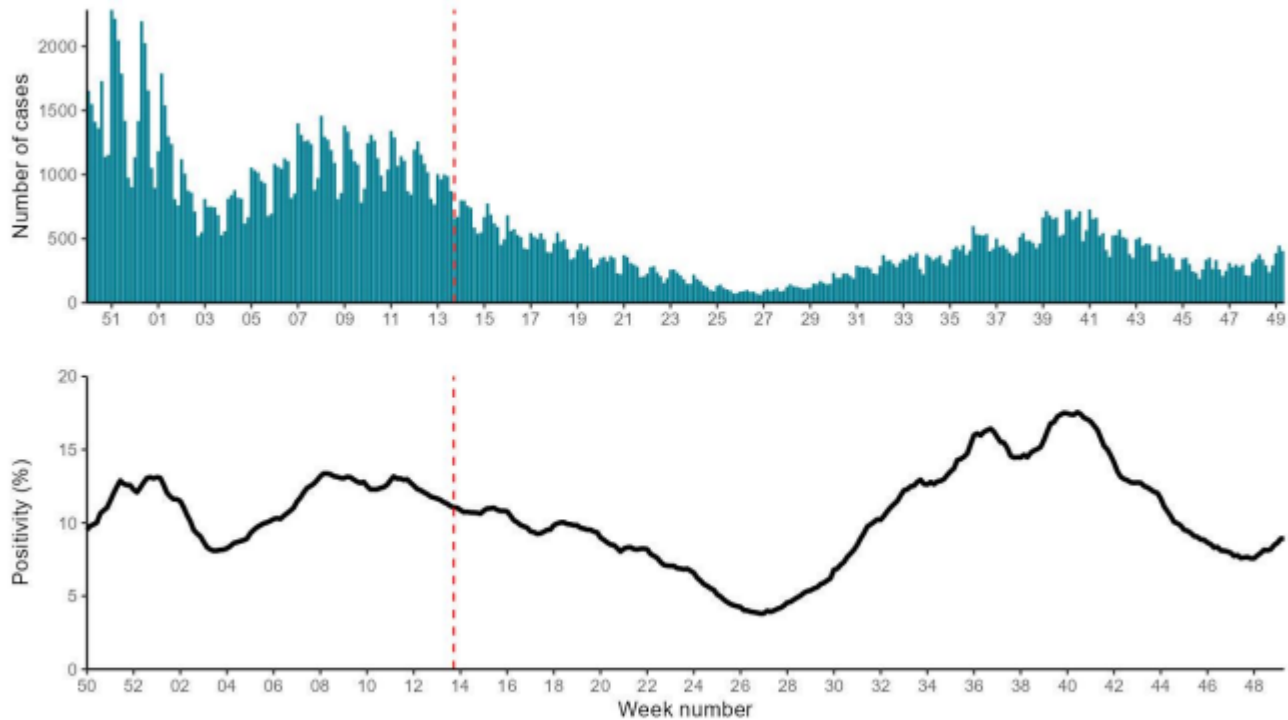
[note 2] The vertical dashed line (red) denotes changes in testing policies.

Challenges and Risks

- Vaccination rates good amongst most vulnerable
- Still some at risk groups with low uptake – pregnant women, under 65s in risk groups
- Staff uptake rates lower than previously (caveats???)
- Potential overlapping flu and covid peaks during January – likely after Christmas and New Year, but could overlap industrial action

Other Infectious Diseases

- Swine Flu – Single North Yorkshire case. Case finding has so far not identified source, or picked up onward transmission

- Measles – Sheffield outbreak subsiding. Still cases across Y+H, and risk of spread through holiday travel

- TB – Cluster of related cases being managed across Barnsley, Rotherham and Doncaster borders

- Scabies – more cases notified this year – may relate to issues with treatment availability. Rotherham not one of hotspots

ROTHERHAM
PLACE PARTNERSHIP | HEALTH AND CARE

NHS
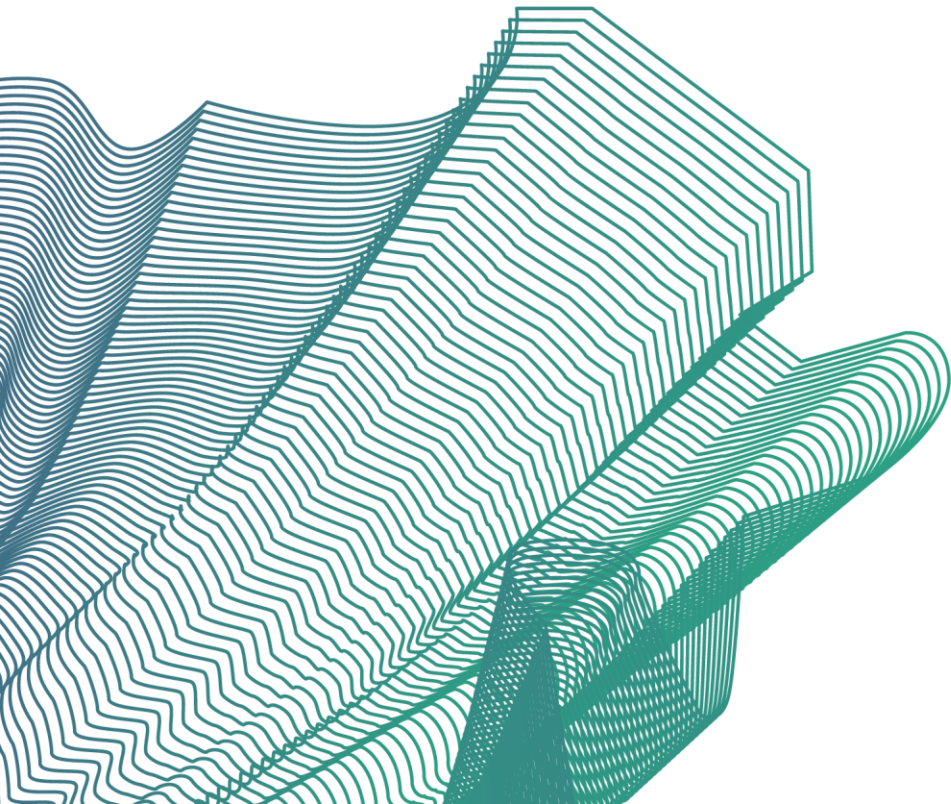
South Yorkshire
Integrated Care Board

Rotherham, Doncaster and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council

VoluntaryAction
Rotherham

CONNECT
HEALTHCARE
ROTHERHAM CIC

ROTHERHAM PLACE BOARD – 20 December 2023

Rotherham Health App Briefing

Author(s)	Joanne Martin and Andy Clayton
Sponsor Executive	Claire Smith Deputy Place Director

Purpose of Paper:

To note the formal closure of the Rotherham Health App and the move across to the NHS app to provide the continuation of online services for patients.

Background:

The Rotherham Health App (RHA) solution was purchased from Substrakt Health, following a procurement exercise, in the Summer 2018. Implementation of the core solution commenced in September 2018 and it was fully rolled out to all practices by March 2019.

The RHA solution was initially procured to meet the twin objectives of:

- Providing general practices with an online consultation solution
- Improving public access to GP extended access services by allowing direct online booking of GP and extended access appointments

In addition to the above requirements the RHA system was also procured to become a single point of online access to health and care services for Rotherham patients and to provide a way to enable patients to have control over their health care and support self-care.

Significant strides forward have been made in this area over the last 4 years, with care navigation into TRFT community services, Mental health services, such as IESO and talking therapies, voluntary sector service provision alongside the ability to view outpatient appointments and supporting PCN hub work. Patients are also able to contact practices by completing forms to ask for guidance on medications/provide details ahead of patient reviews and ask general administration questions, preventing the need to call the practice.

Since moving into an ICB, it was the intention to have one solution for a patient facing platform and conversations with PSL, (the provider of the RHA), had commenced. The objective was to integrate the RHA with the NHS App, providing a single platform across south Yorkshire without losing the local functionality. Until this time, it was agreed that PSL will have a rolling contract, moving Rotherham residents to the new solution as it became available.

Unfortunately, PSL have confirmed that they are not able to provide a bespoke solution for Rotherham and their intention to withdraw the RHA from the market, with a mutually agreed removal date of 31st March 2024.

Analysis of key issues and of risks

The Solution

We have reviewed the options to replace the current functionality within the RHA, including using tools already in use by patients, and we are able to use a combination of the NHS App and accurx to do this.

The benefit of transitioning to NHS app and accurx to provide a patient platform is that these are the same tools in use by the other three places in the ICB. This provides economies of scale especially on resources to upskill practices to take full advantage of these tools. The national team has also confirmed that national promotion of the NHS app will commence this month within the "use 111" adverts and from January to March 2024 advertising of the NHS App itself. This will assist with the patient communication to transition to NHS App during this period whist the RHA is being switched off in phases. However, there is a risk in that not all Rotherham practices have enabled the functionality in the NHS App and work is ongoing to work with practices to enable the NHS app functionality, but this may not be completed by the time the RHA is switched off. This could lead to complaints from patients to both practices and the ICB.

Due to the improvements in the NHS App over the recent years and the ongoing development road map of this product, the NHS App is now delivering the same functionality and benefits as those benefits offered by the RHA. See table below.

Existing function in RHA	RHA	NHS App	Accurx (via NHS App)	RHA usage*	NHS App usage inc accurx *
Log-ins				16,683	142,059
View patient GP record	Y	Y		2,886	47,164
Book/view/cancel GP appointment	Y	Y		345	1,875
Book extended access appointment	Y	Test		171	
Book PCN service appointment	Y	Test			
Request medication	Y	Y		1,358	22,644
View Outpatient appointment	Y	Y			15,029
View test result	Y	Y			Not available
Message the practice - admin	Y		Y	105	3,481
Forms – clinical	Y		Y	>5	2,024
Self – referral (mainly maternity)	Y		Y	30	2296 (NHS E-referral)
Book IAPT assessment/ course	Y			>5	
Book into community services	Y			>5	
Sign posting to local services	Y		Y		

*In last 4 weeks to 29th Oct

Green indicates the functionality which is a direct match to NHS app but only if the practice has the NHS app enabled.
Amber indicated that we are still testing a potential solution.
Red indicates a loss in functionality.

The table above shows that there already significant numbers of patients using the NHS app. As a result of the change care navigation and direct booking into community services will be lost.

To date 36,700 patients have both the RHA downloaded and NHS log-in enabled. These patients, should they choose, can easily download, and use the NHS app using their existing NHS log-in. Please note that in Rotherham 120,734 or 52% of patients 13+ are registered for

NHS App. The remaining 15,000 patients with the RHA downloaded do not have NHS log-in enabled which means that they haven't accessed the app for the last 18 months, so there is unlikely to be any impact to these patients.

There are 5,600 active patients who are regular users of the RHA, we will need clear communication to these patients on how they complete the current activity done on the RHA by alternative means. We plan to communicate the changes to all patients via messaging in the Rotherham Health app and on practice websites.

Proposed Plan

Following approval of this paper, there will be initial communication to the practices regarding the switch off of the RHA and the plan with timeline. Once the testing of the proposed replacement functionality has been completed, further communication will be sent to practices outlining the proposed approach.

In depth work will be needed with those practices that have RHA embedded in their processes. There are 11 out of 28 practices with over a 1000 RHA users and over 200 active users.

We plan to start communication with patients from January via the RHA to let them know that the RHA will be withdrawn and recommending that they move across to the NHS app. We will turn off access the app practice by practice once a practice has enabled the NHS App functionality. We are aiming to have this work completed by end March 2024.

Timeline

Timeline is as follows:

Month	Activity	Who
November 2023	Approval of plan by Rotherham Senior Leadership Testing of proposed Fed appointment booking route with the Fed.	Rotherham place
December 2023	Testing of proposed Hub appointment booking route with a top using practice Notification and communication to practices	Rotherham place
January 2024	Finalise patient comms and further practice comms on the detail on what is replacing each bit of functionality.	Rotherham place
Jan - March 2024	Comms to patients via RHA messaging	PSL (Substrakt)
Feb - March 2024	Wider comms to all patients and final comms to practices	Rotherham place

Key Risks
- There are 5,600 active patients who are regular users of the RHA, there is a risk that these patients will be inconvenienced by the switch off of RHA as these patients will have to use alternative methods to complete the functions they currently do easily within the RHA. They will also lose some functionality, and this may lead to complaints to practice and the ICB.
- There are a number of practices who have the RHA imbedded within their processes who will need to revise these processes to utilise NHS App and accurx. There is ongoing work with these practices to mitigate this risk.

- Risk of losing ability for patient to book directly into extended access appointments offered by the Federation. We are still testing a solution which may not meet our needs.
- Risk of losing the ability for patient to book into Hub appointments if potential solution does not work as expected.
- Not all practices have the NHS app and accurx functionality enabled. There is ongoing work with these practices to mitigate this risk.

Patient, Public and Stakeholder Involvement:

Engagement needed with practices to move across to the NHS App.
Opportunity to communicate with the public over use of NHS App.

Equality Impact:

N/A

Financial Implications:

Potential saving of budget for RHA. Saving of 5 months £34,000 (ex Vat)

Human Resource Implications:

The Data Quality and Optimisation team within the Digital, Data and Technology team will be required to help support the testing and configuration of systems at both the GP federation and GP practices in Rotherham between November 2023 through to March 2024. An estimate of 1 to 2 visits per practice maybe required to support this activity.

Capacity within the commissioning and contracting team is stretched, however steps will be made to support the transition to the NHS APP, via communications with practice managers and practice staff.

Patient engagement support may also be required, to update PPG groups, previously engaged with the RHA to understand why there is a need to move to another project.

Procurement:

None

Data Protection Impact Assessment

None

Approval history:

N/A

Recommendations:

Place Board are asked to:

- Note the plans for exiting the Rotherham Health between now and 31st March 2024 and to support the promotion of the NHS App within their organisations.

Paper is for Noting

ROTHERHAM
ROTHERHAM PLACE PARTNERSHIP I HEALTH AND SOCIAL CARE

Rotherham Public Place Board – 20 December 2023

2023-25 Health and Care Place Plan Draft Performance Report

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

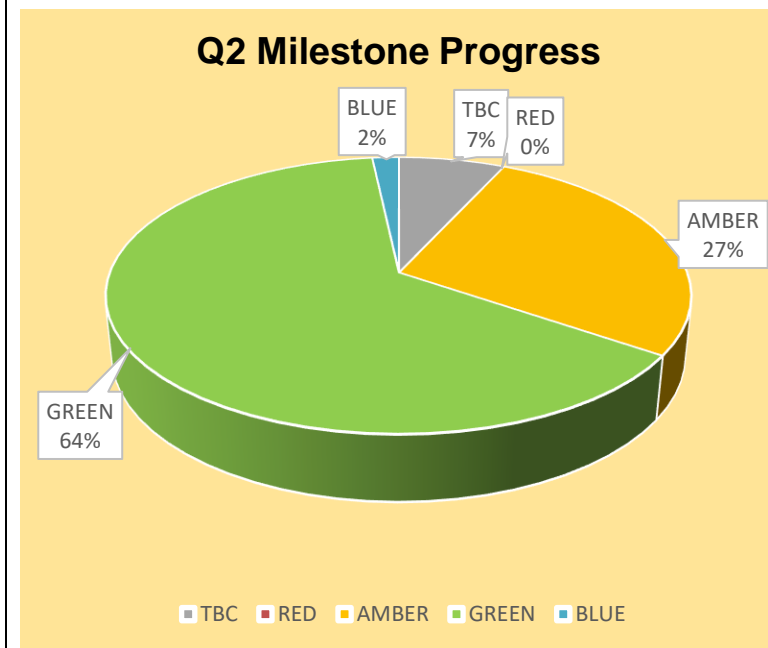| **Purpose:** |
|---|
| To provide members with the quarter 2 performance report for the 2023-25 Health and Care Place Plan. |

Background:
Pre-pandemic the Place Board received a quarterly performance report covering both key performance indicators and milestones/timescales against priorities for each of the transformation workstreams.   During and post pandemic the 2020-22 Place Plan was reported upon in terms of milestones only. The impact of the pandemic on key performance indicators had meant that it was either not possible or that the reporting was very skewed as performance had been severely impacted. As a result, reports focussed on only the milestones element of the performance report, which became the 'Update of Priorities' document.   The 4th Rotherham Health and Care Place Plan was agreed in July 2023. The first draft of the Performance Report against the plan representing the position as at end Q2, September 2023 was received at confidential Place Board in November 2023. Members are receiving the final Q2 report.   The performance report will be received quarterly.

Analysis of key issues and of risks

Q2 Milestone Progress

BLUE 2% · TBC 7% · RED 0% · AMBER 27% · GREEN 64%

Legend: TBC · RED · AMBER · GREEN · BLUE

There are 58 milestones within the Place Plan used to form part of the Performance Report. These are key milestones that have been identified that enable an understanding of overall progress in delivery of the Place Plan.

As at Q2, end September, the position is favourable with 64% of the milestones being on track, and 2% complete. There are no red milestones.

Of the 58 milestones, there are:

RAG	Number	%	Definition
TBC	4	7%	Milestone not due
RED	0	0%	Milestone significantly off target
AMBER	16	27%	Milestone slightly off target
GREEN	37	64%	Milestone on target
BLUE	1	2%	Milestone complete

Total KPIs
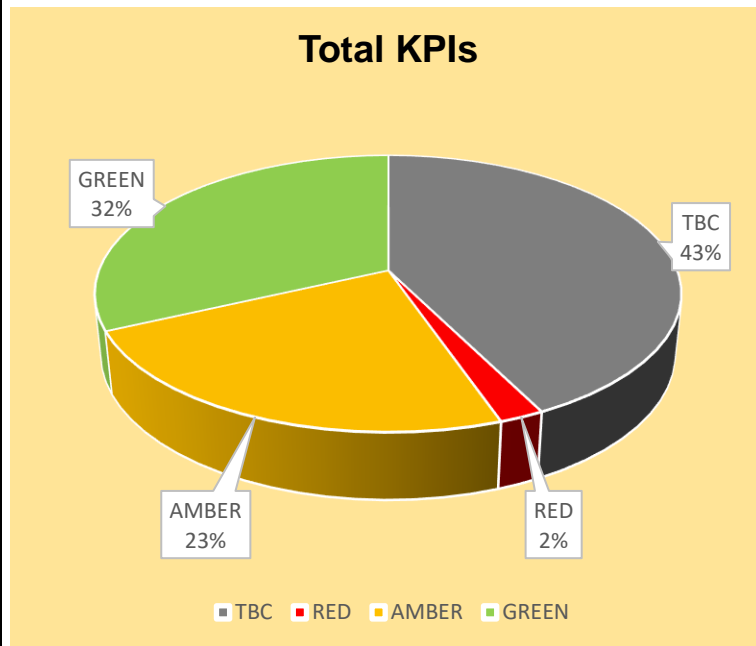
There are 47 Key Performance Indicators (KPIs) within the Place Plan used to form part of the Performance Report. These are KPIs chosen to enable an understanding of overall progress in delivery of the Place Plan, alongside the relevant milestones.

There are 47 KPIs, of which:

RAG	Number	%	Definition
TBC	20	43%	To be confirmed
RED	1	2%	Significantly off target
AMBER	11	23%	Slightly off target
GREEN	15	32%	On target

The red KPI is: *% of children waiting more than 18 weeks for neurodevelopmental assessment.*

Cause and actions: significant increase in demand than the forecast trajectory impacting on the time children wait for assessment. Work to address the quality and appropriateness of referrals has improved capacity for assessment.
The trajectory does not reflect increased demand previously, however, RDaSH are revising the trajectory based on actual demand and numbers waiting.

Approval history:

Rotherham Place Board – confidential November 2023

Rotherham Place Board – public December 2023

Recommendations:

Members are asked to note that:

- The Performance Report provides a position as at Q2, September 2023.
- The position is favourable with 66% of milestones either on track or complete and 32% of KPIs on track, however it should be noted that there are a significant number of KPIs that need to be confirmed, 43%.
- The Q3 report will be due at confidential Place Board in February 2024.

Rotherham Partnership Place Plan 2023-2025

Performance Report

Public Placed Board: 20 December 2023

Reporting Period: Quarter 2, End September 2023

Key for Milestones

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

Key for Metrics

Red	Metric significantly off target
Amber	Metric slightly off target
Green	Metric on target
Grey	Metric to be confirmed/established

Contents

1. Overall Position for Milestones and Key Performance Indicators (KPIs)

1.1. Milestones

Q2 Milestone Progress
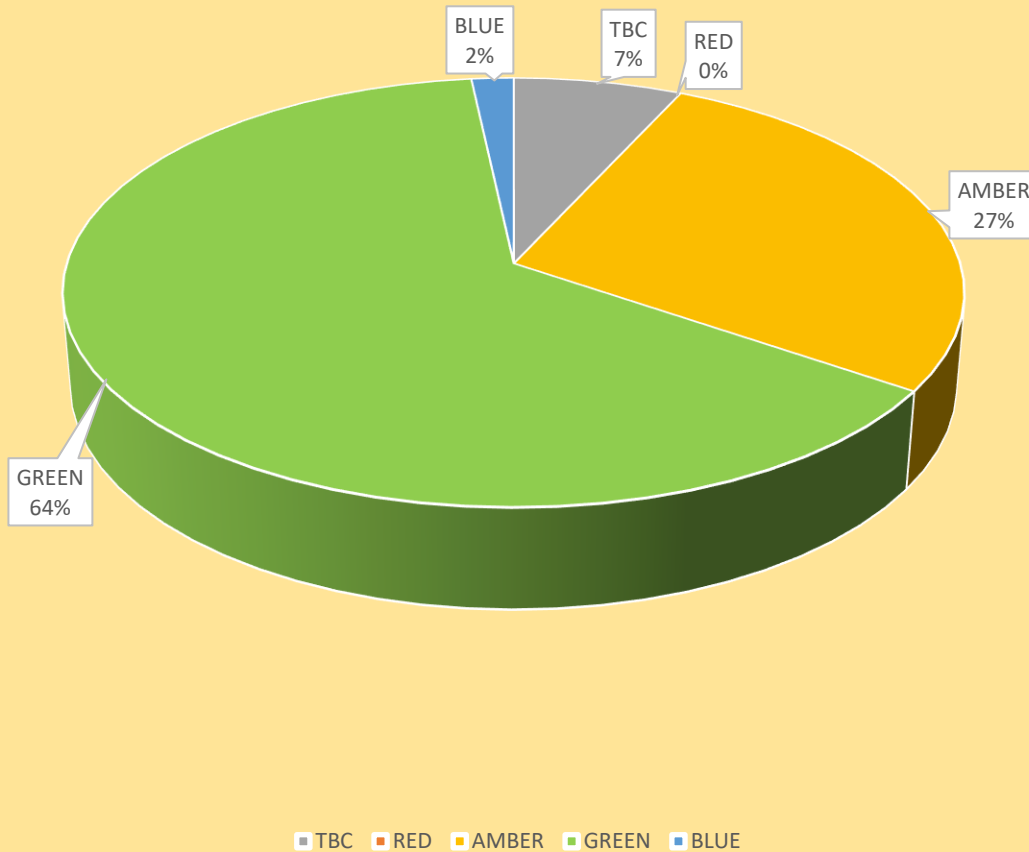
BLUE 2%
TBC 7%
RED 0%
AMBER 27%
GREEN 64%

■ TBC ■ RED ■ AMBER ■ GREEN ■ BLUE

There are 58 milestones within the Place Plan used to form part of the Performance Report. These are key milestones that have been identified that enable members to gain an understanding of overall progress in delivery of the Place Plan.

As at Q2, end September, the position is favourable with 64% of the milestones being on track, and 2% complete. There are no red milestones.

Of the 58 milestones, there are:

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BLUE	1	2%	Milestone complete

Summary of Performance against milestones

| Workstream	Priority Area	No. of Milestones	Red	Amber	Green	Blue	TBC/Not started
Best start in Life - Maternity, Children & Young People	Best Start for Life	3	0	1	2	0	0
	Children and young people's mental health and emotional wellbeing	3	0	2	1	0	0
	Looked After Children	3	0	1	2	0	0
	Children and Young People with Special Educational Needs and/ or Disabilities	3	0	1	2	0	0
	Preparation for Adulthood	3	0	1	2	0	0
		15	0	6	9	0	0
Enjoying the best possible mental health and wellbeing	Delivery of the Adult Severe Mental Illness in Community Health Transformation Plan	3	0	3	0	0	0
	Delivery of the Mental Health Crisis & Liaison	7	0	0	7	0	0
	Suicide Prevention Programme	2	0	0	2	0	0
	Dementia pathway transformation	1	0	1	0	0	0
	Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan	3	0	0	3	0	0
		16	0	4	12	0	0
Supporting People with Learning Disability and Autism	Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards	3	0	2	1	0	0
	Support development of SY Pathways to reduce the need for inappropriate admissions into mental health services	1	0	1	0	0	0
	Ensure people with a learning disability and autistic people have better access to employment opportunities	1	0	1	0	0	0
	To further develop accommodation with support options	1	0	0	1	0	0
	Refresh the Vision and Strategy for people with a learning disability through coproduction and codesign	1	0	0	1	0	0
	Develop a new service model for day opportunities for people with high support needs	1	0	1	0	0	2
		10	0	5	3	0	2
Urgent, Emergency and Community Care	Prevention and alternative pathways to admission	5	0	0	5	0	
	Integrated Discharge to Assess	3	0	0	1	0	2
	Whole System Flow	3	0	0	2	1	
		11	0	0	8	1	2
Palliative and End of Life Care	• Complete a review of PEOLC Medicine • Enhance personalised palliative and end of life care • Implementation of ReSPECT across Rotherham • Benchmark against the Ambitions Framework • Inform commissioning through patient & Carer experience	6	0	1	5	0	0
		6	0	1	5	0	0
Overall Totals		58	0	16	37	1	4

4

1.2   Key Performance Indicators

Maternity, Children & Young People

GREEN 33%
TBC 40%
AMBER 20%
RED 7%

■ TBC ■ RED ■ AMBER ■ GREEN

Best possible Mental Health & Wellbeing

GREEN 27%
TBC 46%
AMBER 27%
RED 0%

■ TBC ■ RED ■ AMBER ■ GREEN
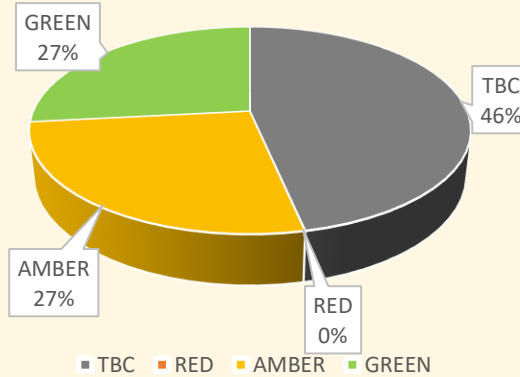
Supporting People with Learning Disabilities and/or Autism

GREEN 29%
TBC 43%
AMBER 28%
RED 0%

■ TBC ■ RED ■ AMBER ■ GREEN

Urgent, Emergency & Community Care

TBC 14%
RED 0%
AMBER 29%
GREEN 57%

■ TBC ■ RED ■ AMBER ■ GREEN

Note: all metrics for Palliative & End of Life Care workstream are to be confirmed

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Total KPIs

GREEN 32%
TBC 43%
AMBER 23%
RED 2%

■ TBC ■ RED ■ AMBER ■ GREEN

ROTHERHAM
PLACE PARTNERSHIP | HEALTH AND CARE

1.3. Extract from the Flash Card produced for the ICB Senior Leadership Team meeting

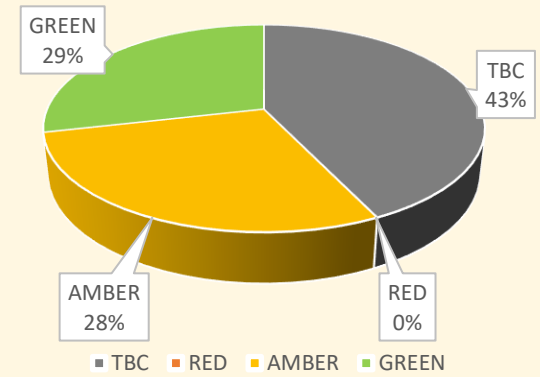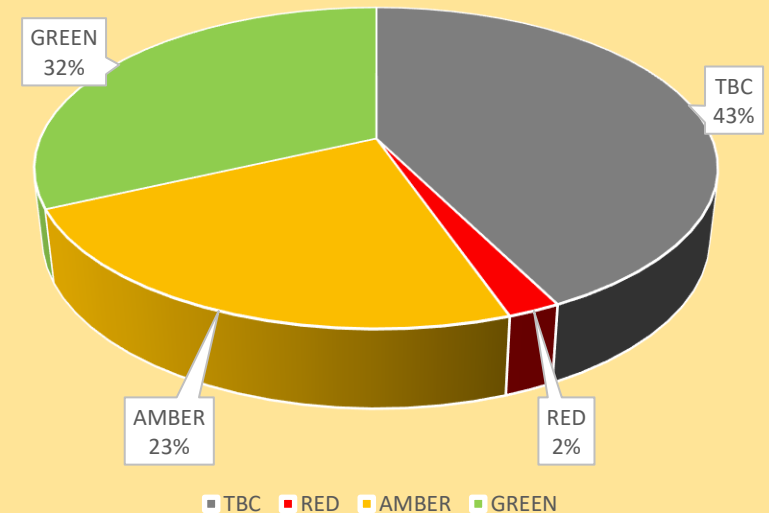| Rotherham Place Partnership Shared Vision	*'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'*					
Transformation Workstreams	**Best Start in Life** (maternity, children & young people)	**Improve Mental Health & Wellbeing**	**Support People with Learning Disabilities & Autism**	**Urgent, Emergency & Community Care**	**Palliative & End of Life Care**	**Live Well for Longer** (prevention, self-care & long-term conditions)
Transformation Workstreams High Level Progress with Key priorities	Best Start in Life	Adult Severe Mental Illnesses in Community	Uptake of Enhanced Health Checks	Prevention & Alternative Pathways to Admission	Review Palliative & End of Life Care Medicine	Proactive Care
	Mental Health & Emotional Wellbeing	Delivery of Mental Health Crisis & Liaison	Benefits & Independence of Employment	Sustainable Discharge	Personalised Palliative & End of Life Care	Personalised Care
	Special Educational Needs and/ or Disabilities	Suicide Prevention		Whole System Command Centre		Medicines Optimisation
Q2 Key Highlights	• SEND annual conversation with OFSTED – successful • Sign off of the WSOA for SEND at Place Leadership Team • Agreement of Child Development Centre review actions to support • Formal launch of Eastwood Family Hub	• Agreement of Community Mental Health Hub for implementation by December 2023 with PCNs • Several procurements out for Mental Health Services • Rotherhive – additional section on life course live • Suicide prevention service – procured • OHID Prevention Concordat formal sign up achieved.	• Autism Strategy engagement taken place across partners • Work across partners to support improvements in transitions	• Implement integrated transfer of care hub and discharge to assess model • Meeting VW capacity requirements for this quarter, procurement concluded for remote technology • Falls pathway event taken place to map 'as is' • Capacity and demand tool completed for community H&SC services	• Respect went live 1 October 2023 • PELOC spotlight with ICB commissioner and Hospice at Place Board • Service specification developed for Out of Hours EOLC support for the Hospice/Community	• Diabetes transformation lead for Rotherham Place funding agreed. TORs developed. • Personal Health budget pilot with UECC presented to BCF and Place Leadership Team – good outcomes with commitment to continue in 24-25 • Medicines Management quarterly update to Place Board

Enabling Workstreams Q2 Key Highlights	**Digital**		**Workforce & Organisational Development**		**Communication & Engagement**		**Estate & Housing**
	• Rotherham Digital Strategy and Digital Inclusion Strategy • RHR new platform implementation across all practices • Eclipse information system implementation		• Shortage of roles checklist across place being undertaken • Development of a Rotherham Calendar of Events • Successful recruitment to place WF/OD post • Place partners exploring living wage accreditation		• Winter Planning Communications and messaging, including Rotherhive • Communication campaigns including mental health, vaccines, *'Say Yes'* • Support to digital inclusion		Significant Town Centre Developments progressing well including Town Centre Diagnostics Primary Care Estates developments – Waverley, Broom Lane

Cross-cutting Q2 Key Highlights	**Prevention & Health Inequalities**	**Primary Care**	**Finance & Best Use of Resources**
	Prevention and Health Inequalities Workshop held to reaffirm priorities, key themes identified include aligning service offers, poverty proofing services, data and intelligence, including building staff understanding, social value, employing more ethnic minorities. Launch of HI pilots in Dinnington & Maltby	Continued work around access and recovery plans – expanding use of NHS App, self-referrals, expansion of pharmacy services. Implement Modern General Practice Access – digital, telephony and build Capacity	Place Finance regular updates to place board. Held facilitated session to look at how local government and the NHS can work better together given differing finance regimes, including learning from Greater Manchester and CIPFA. Planning for 24-25 to identify efficiencies/ savings

2. Transformation Workstream: Best start in Life - Maternity, Children & Young People

| Priority 1: | Best Start for Life | | | | | | Lead Officer: Helen Sweaton |

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 1	Develop and implement the "Start for Life Pack" for all families taking a proportionate universalism approach to targeted engagement	Q2 2024/25				The start for life pack is incorporated into digital offer for Family Hubs, as phase one, established additional material to add, which has been shared with comms lead. Commissioning of the appropriate interventions is underway.	
CYP MS 2	Embed the Breastfeeding friendly Borough Declaration through the delivery of Breastfeeding Friendly initiatives	Q4 2023/24				Breastfeeding friendly Borough Declaration endorsed by Place Board. Delivery of Breastfeeding Friendly initiatives is underway, including Community awareness building at Rotherham Show, 0-19 infant feeding lead working alongside Voluntary Action Rotherham to attempt to increase volunteer breastfeeding support workers.	
CYP MS 3	Review the Child Development Centre to ensure children in Rotherham will have timely access to an assessment and intervention when developmental needs are identified	Q4 2023/24				Multi-agency group of senior managers have agreed action plan, endorsed by Place Board, to improve quality of referrals and ensure age-appropriate assessment.	Children are waiting for assessment. Additional non-recurrent funding identified to create capacity to meet pandemic related increased demand.
	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 1	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre (Family Hub)	95%	86%				
CYP KPI 2	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have accessed Children's Centre (Family Hub) activities	65%	61%				
CYP KPI 3	Increase breastfeeding continuation status at 6-8 weeks	62%	Data awaiting validation			Q1 data for 2023/23 show 76.5% and is above (better) than the target. Q2 data is awaiting validation.	

	Milestone	Target	Q2 Position	Q3 Position	Q4 Position	Key actions	Any risk, including mitigation
CYP KPI 4	Increase the proportion of births that receive a face-to-face New Birth Visit within 14 days by a Health Visitor	*89% by 2024/25*	Data awaiting validation			Q1 data for 2023/24 show 85.9% however this will be updated once the new measure is confirmed (i.e. to consider those still in hospital). Q2 data is awaiting validation.	
CYP KPI 5	Early help assessments completed by partners	Last year outturn (22/23) was 25.6%	23.6% YTD			The ambition is to increase Early help assessments completed by partners	
CYP KPI 6	Percentage of eligible children accessing their 2-2.5yr health visitor checks	84% contractual target (93% RMBC Council Plan target)	Data awaiting validation			Q1 data for 2023/24 show 91% of children received a 2-2.5 year review. This is above (better than) the commissioned service target of 84%. Q2 data is awaiting validation. Note: RMBC Council Plan has an ambition to overperform on the contractual 84% due to the importance of checks for child development, achieving school readiness and reducing inequalities.	

Any further comments:

Priority 2: **Children and young people's mental health and emotional wellbeing**			**Lead Officer: Helen Sweaton**

	Milestone	**Target for Delivery**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
CYP MS 4	Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. (Transforming health care)	Q2 2024/25				Successful implementation of revised pathway has improved the quality of referrals and reduced inappropriate referrals bringing demand in line with the trajectory.	Children are waiting for assessment. The trajectory does not reflect increased demand previously. RDaSH are revising the trajectory based on actual demand and numbers waiting.
CYP MS 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 and workforce development framework and a communications plan	Q3 2023/24				Multi-agency SEMH Strategic Group have overseen development of a continuum of mental health and emotional wellbeing needs and associated supported, this alongside the workforce competency framework will be approved in December.	
CYP MS 6	Re-develop, implement, and embed a tiered sleep pathway	Q4 2023/24				Public Health have led on redeveloping a multi-agency sleep pathway.	Gap analysis has identified a lack of capacity to deliver targeted interventions. An invest to save business case is being prepared.

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 7	% of children waiting more than 18 weeks for neurodevelopmental assessment	Lower is better	93% (11/23)			Significantly increased demand than that forecast in the trajectory has impacted on the time children wait for assessment. Work to address the quality and appropriateness of referrals has improved capacity for assessment.	Children are waiting for assessment. The trajectory does not reflect increased demand previously. RDaSH are revising the trajectory based on actual demand and numbers waiting.
CYP KPI 8	% of children waiting more than 2 years for neurodevelopmental assessment	Lower is better	31% (11/23)				

Any further comments:

Priority 3: Looked After Children						Lead Officer: Helen Sweaton	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 7	Embed the Looked After Children pathway into CAMHs	Q3 2023/24				Pathway is established. Work is underway to ensure it is delivered and embed.	
CYP MS 8	Re-development and implementation of our therapeutic offer to looked after children, in-house foster carers/ residential care providers	Q3 2023/24				RMBC are reviewing the in-house therapeutic offer to looked after children, in-house foster carers/ residential care providers.	Work is underway to understand the implication of discontinued Stovewood funding for the Trauma and Resilience Service reducing the therapeutic support for children of victims/ survivors.
CYP MS 9	Actively engage in recruitment activity to increase the number of foster carers	Q4 2023/24				A combination of activity associated with the digital marketing and local marketing strategies is successfully generating interest from perspective foster carers. Since April 2023 8 new foster carers have been recruited.	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 9	Increase the % of Children in Care living in a family-based setting to 85% by March 2025 (CYPS scorecard measure)	80% by March 2025	77% as at September				
CYP KPI 10	Ensure the number of Looked After Children (rate per 10k population 0-17) remains better than or in line with statistical neighbours (sn)	In line or better than stat neighbours	Currently 93.9 June – sn's 102.4				
CYP KPI 11	Increase the number CYP in a Rotherham fostering placement by March 2024.	Increase the no available by end March 24 (118 at end March 23)	As at end Q2 - 120				
Any further comments:							

Priority 4: Children and Young People with Special Educational Needs and/ or Disabilities					Lead Officer: Helen Sweaton		

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 10	Ensure children and young people with SEND and their families have access to accurate and relevant information on the Local Offer (strengthening our foundations)	Q4 2023/24				An updated and improved co-produced webpage was launched in 2022. The Local Offer continues to be updated regularly to provide accurate and relevant information.	
CYP MS 11	Develop, implement, and embed the accessibility strategy including the policy for funding equipment	Q3 2023/24				Mainstream Accessibility Funding programme launched across both mainstream and special schools,16 applications received in the first window. 6 mainstream applications recommended for award. Special School Accessibility Programme approved 3 applications creating 85 new school places.	
CYP MS 12	Review joint decision making for children with complex needs, including those with complex health and medical needs	Q3 2023/24				Arrangements for joint decision making reviewed and action plan based on recommendations agreed by RMBC and Rotherham ICB. Joint working in early years and with children's social care is improving early identification and quality of checklist submissions.	Areas for development identified associated with transition. Preparation for Adulthood Board are meeting to develop the work programme to address issues.

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 12	Increase the number of overall visitors to the Local Offer website.	Launched in May 2023. Baseline to be set during 23/24. Target increase to be agreed for 24/25	Baseline being established Q1 May-June only – TBC Q2 - 5643				
CYP KPI 13	Number of requests for corrections (contacts/broken links etc) resolved within a 4 week timescale from the date the request was received.	100%	100%				

Any further comments:

Priority 5: Preparation for Adulthood						Lead Officer: Helen Sweaton	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 13	Produce a mental health transition pathway to support effective transition for looked after children and care leavers with SEMH needs	Q4 2023/24				As is transition pathway shared and understood. Work is underway to explore how this can be strengthened.	
CYP MS 14	Maximise the use of the Rotherham Health Record to provide a 'health passport' to support transition from paediatric to adult services	Q4 2023/24				Joint working with the digital enabling workstream has informed the development of a prototype. Prototype due to be presented at December's SEND Health focus group.	
CYP MS 15	Implement and embed preparation for adulthood guidance, including involving families in transition planning	Q4 2023/24				Activity to co-produce preparation for adulthood guidance is on the guiding voices work programme.	
	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI	Metrics and targets TBC						
CYP KPI	Metrics and targets TBC						

Any further comments:

3. Transformation Workstream: Enjoying the best possible mental health and wellbeing

Priority 1: Delivery of the Adult Severe Mental Illness (SMI) in Community Health Transformation Plan						Lead Officer: Kate Tufnell	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 1	Implementation of Mental health ARRs roles in Primary Care in line with year 3 ambition	Q2 2023/24				12 people in post end of Q2. Planned ambition = 18 MH ARRS post in place by March 2024 (3 posts per PCN).	**Risk:** • Workforce retention.
MH MS 2	Primary care integrated Mental Health Hubs launched	Q3 2023/24				• CMHT Programme Manager recruited. Employed by RDaSH on behalf of partnership. • Digital group established.	**Risks:** • Hub estates not identified. • IT infrastructure needs to be confirmed (mitigation partnership group established to progress). • Partners do not approve new way of working (mitigation: discussions ongoing)
MH MS 3	Community Mental Health Transformation pathways in place (targeted work on Community rehab, complex needs/PD & eating disorders)	Q4 2023/24				Task and Finish groups in place	
	Metric	**2023/24 Target**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Comments if off track**	**Any risk, including mitigation**
MH KPI 1	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Rotherham 2900 on a rolling 12-month basis *(NHS National Objective)*				2022 people supported in Q2	
MH KPI 2	People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end) 60% of those living with SMI (LTP ambition/Core20PLU5)	Q4 2023/24 60%				There is a general trend for an increase in % of annual health checks undertaken in the 12-month period. In Q2 (23/24) a reduction was noted. LTP ambition/Core20PLU5 – 60% (actual reported 51.5%).	**Risk:** All six physical health check areas must be completed. Currently some indicators are achieving above the 60%. For example, assessment of smoking status – 81%, while other are below. **Mitigation:** Work to be undertaken with practices to target those areas that are below required target.

			Q2 Position				
MH KPI 3	Increase in number of mental health ARRS workers in Primary Care (expected 6 per year, a total of 18 in year 3 = is 3 per PCN).	A total of 18 MH ARRS by March 2024					**Risk:** Workforce retention.

Any further comments:

Priority 2: Delivery of the Mental Health Crisis & Liaison programme					Lead Officer: Kate Tufnell	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 4	Rotherham Crisis Care Concordat established	Q3 2023/24				Work has commenced on reviewing previous document.	
MH MS 5	Place Crisis pathway Health and Social Care delivery action plan agreed and considered at RMBC Cabinet	Q3 2023/24				This is going to RMBC Cabinet 18 December 2023	
MH MS 6	Development of a Place Crisis Service specification	Q3 2023/24				Work has commenced	
MH MS 7	Expansion of the alternative to crisis offer	Q4 2023/24				Rotherham Safe Space alternative to crisis service expanded to 4 evenings a week on Monday 23 October 2023.	Not applicable
MH MS 8	Implementation of a new Health and Social Care Crisis Pathway	Q1 2024/25				MH Pathways and delivery plan has been presented to Internal RMBC governance, and partnership governance, the presentation was delivered to RDaSH senior leadership team, Rotherham Place Leadership, and the H/LD/Neurodiversity Transformation Group. Noted in partnership governance that the paper will go back to Cabinet on the 18.12. 2024.	
MH MS 9	111 'option 2' live for patients to have the option to press 2 for mental health in Rotherham	Q3 2023/24				All Rotherham calls will be routed to Doncaster SPA from 1 December 2023	
MH MS 10	111 option 2 reporting in place via SDCS	Q1 2024/25				Expect to flow minimum data by Q1 24/25	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 4	Increase in the number of people accessing alternative to Crisis provisions	150 people				Reporting from QWELL (230 service users), Safe Space (93 visitors) and Samaritans (56 referrals) show that more people are accessing alternatives to crisis provision.	
MH KPI 5	*Proportion of calls abandoned*	*Mandatory from Q1 2024/25*					
MH KPI 6	*Average speed to answer calls*	*Mandatory from Q1 2024/25*					
MH KPI 7	*95th centile call answer time*	*Mandatory from Q1 2024/25*					

Any further comments:

Priority 3:	Suicide-prevention programme					Lead Officer: Ruth Fletcher-Brown	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 11	Mobilisation and launch of the attempted suicide Prevention Pilot	Q3 2023/24				Service will be launched Jan Procurement complete. Tender awarded and in mobilisation phase	
MH MS 12	Refresh of the suicide prevention and self-harm action plan in line with the National strategy	Q4 2023/24				The current action plan will be refreshed and extended. A full refresh is planned by end of December 2024. Awaiting national ONS data and local planning framework from OHID, proposing brief update of existing plan. To be agreed at November HWB	
	Metric	**2023/24 Target**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Comments if off track**	**Any risk, including mitigation**
MH KPI 8	Increase in the number of people who have attempted suicide receiving follow up support	*Launch is likely to be January 2024*				To note, this service is for people who have had their mental and physical health needs met where the attempt was a life event. If they still require mental health support then this will be provided through RDASH. There may also be a reduction in re-presentation to Crisis and HTL. Wellbeing measures are being looked at also.	

Any further comments:

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Priority 4: Dementia pathway transformation						Lead Officer: Kate Tufnell	

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 13	Dementia Partnership Plan to be developed and approved	Q4 2023/24					**Risk:** Partnership group to establish clear ownership Mitigation: further discussion to identify organisation to lead this piece of work

Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 9	Recover Dementia Diagnosis rate for people with dementia to 66.7%	Above 67% *(NHS National Objective)*				Current diagnosis rate 81%	
MH KPI 10	Increase the number of people receiving a diagnosis within 6 weeks (Referral to treatment)	Not yet agreed				Currently data on <12 weeks is provided. July 25% of people seen. September this had increased to 61%	**Risk**: performance data does not report against the RTT 6-week target. Contract discussion on going.
MH KPI 11	Improved access to support for people with dementia and their Carers.	500 per year				212 people have accessed services during quarter 2. There has been an increase in the number or people accessing the service. This reflects the recent increase in the number of people diagnosed with dementia.	
MH KPI 12	Reduction in dementia waiting list	92% seen within 12 weeks				Average 11 weeks for baseline assessment	

Any further comments:

Priority 5:	Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan					Lead Officer: Ruth Fletcher-Brown	
	Milestone	**Target for Delivery**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
MH MS 14	Health and Wellbeing Board to sign up to Prevention Concordat for Mental Health	Q3 2023/24				Concordat approved by OHID panel in September 2023	
MH MS 15	Develop and mobilise action plan in response to application	Q4 2023/24					
MH MS 16	To increase the number of practitioners receiving MECC training	Q4 2023/24				Loneliness MECC starts in Jan 2024	
	Metric	**2023/24 Target**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Comments if off track**	**Any risk, including mitigation**
MH KPI 13	The number of MECC sessions delivered in the quarter	TBC	TBC			No baseline to record for the September update, sessions will start in Q4.	
MH KPI 14	The number of people attending a MECC session in the quarter	TBC	TBC			No baseline to record for the September update, sessions will start in Q4.	
MH KPI 15	The number of MECC sessions delivered in the quarter	TBC	TBC			No baseline to record for the September update, sessions will start in Q4.	

Any further comments:

4. Transformation Workstream: Supporting People with Learning Disability and Autism

Priority 1: Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards						Lead Officer: Garry Parvin	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 1	Additional support will be offered to GP Practices to undertake enhanced health checks	Q2 2023/24.					NHSE have indicated that are wishing to stretch the 75% target
LDN MS 2	Peer Support offered to people with a learning disability to access enhanced health checks	Q2 2023/24				Support is offered by Rotherham's Community Learning Disability Team. This includes peer support	
LDN MS 3	Focus on increasing the numbers of eligible young people to access GP enhanced health checks	Q2 2023/24					NHSE have indicated that are wishing to stretch the 75% target
	Metric	**2023/24 Target**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Comments if off track**	**Any risk, including mitigation**
LDN KPI 1	Rising numbers of young people aged 14-25 accessing enhanced Health checks.	60% Q4 2023/24	*August 17.2% (August 22 was 10.1%)*			Position is comparable with previous years, Rotherham GPs complete most health checks in Q4	Not all practices conduct health checks each month for 14 to 17 year olds. If no checks were conducted for a practice the national data excludes that practice's data.
LDN KPI 2	75% of people with a learning disability in Rotherham will have access to GP enhanced health check.	75% Q4 2023/24 *(NHS National Objective)*	*August 23 15% (August 22 was 10.1%)*			Position is comparable with previous years, Rotherham GPs complete most health checks in Q4	NHSE have indicated that are wishing to stretch the 75% target

Any further comments:

Priority 2: Support of the development of South Yorkshire Pathways to reduce the need for inappropriate admissions into mental health services						Lead Officer: Garry Parvin	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 4	SY ICB to source a suitable provider who has the skills, knowledge and values who can provide this Service	Q2 2024/25 (SYICB led)				Kelly Glover (SY ICB Lead) has stated that the tender to seek a provider has been published	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 3	Reduction in the numbers of people needing to be detained in mental health services	8 people by Q2	8 people reported as detained			The demography of the transforming care cohort has shifted. Most admissions to mental health services are autistic people without a learning disability. This a pattern repeated across the SY ICS footprint.	The proposed SY safe space pilot will offer some mitigation. However, there is an emerging issue of sufficiency. This is being mitigated by a review of the emergency respite bed in Rotherham

Any further comments:

Priority 3: Ensure people with a learning disability and autistic people have better access to employment opportunities							Lead Officer: Garry Parvin

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 5	Develop SEND Supported Internships action plan	Q4 2023/24				Draft plan has been developed and circulated. Final approval is required. This is expected by late November 20203	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 4	An increase in the numbers of young people accessing supported internships by 2025.	TBC	TBC			The supported internships delivery plan is being review and Delivery partners are being consulted.	

Any further comments:

Priority 4: To further develop accommodation with support options							Lead Officer: Garry Parvin

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 6	Launch Rotherham's supporting living Flexible Purchase Scheme- FPS	Q3 2023/24				FPS has been published. Evaluation is in progress.	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 5	12 units of supported living are created every year	12 per year	6 units created				

Any further comments:

Priority 5: Refresh the Vision and Strategy for people with a learning disability through coproduction and codesign						Lead Officer: Garry Parvin	
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 7	Refresh the Vision and Strategy for people with a learning disability and the Autism Strategy.	Q4 2023/24				Coproduction has completed. Refreshed strategy to be presented to cabinet in February 2023	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
	NA						
Any further comments:							

Priority 5: Develop a new service model for day opportunities for people with high support needs						Lead Officer: Garry Parvin	
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 8	Submit final planning applications for approval	Q4 2023/24					
LDN MS 9	Construction of new building at Canklow 'Castle View' Complete	TBC	TBC				
LDN MS 10	For the new service to be operational	2025/26				Service specification is being refreshed	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 6	Metrics to be identified when service is operational						
Any further comments:							

5. Transformation Workstream: Urgent, Emergency and Community Care

Priority 1: Prevention and alternative pathways to admission					Lead Officer: Steph Watt \ SRO: Jodie Roberts	
	Milestone	**Target for Delivery**	**Q2 Position**	**Q3 Position**	**Q4 Position**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
UEC MS 1	Grow the Virtual Ward and Urgent Community response according to agreed trajectories	Q4 2023/24				Virtual ward and UCR working to validate data and ensure systems and processes support delivery and accurate data capture to reflect activity. Additional discharge pathways to support IV medications and those at higher risk of readmission / requiring other services being scoped. Working to increase step down referrals.	As trajectory increases it may become more challenging to meet capacity and occupancy targets. The mitigation in place for this includes, capacity and demand modelling and use of the Transfer of Care Hub to manage competing priorities.
UEC MS 2	Implement Virtual Ward remote monitoring.	Q3 2023/24				Remote tech procurement has been awarded and implementation phase commencing.	Remote technology may not be appropriate to support all pathways. Mitigation: The technology will only be applied where appropriate to support care according to the individual's needs
UEC MS 3	Review Falls offer and deliver revised model	Q4 2023/24				Draft 'as is' pathway completed Tiered approach being considered. Public Health Exercise in Clinical Pathways workshop. Falls therapy service pursuing how self-referral can support the falls service.	
UEC MS 4	Scope and develop the anticipatory care model with phased implementation including delivery of a risk stratification tool	Q4 2023/24				Definition, scope and overarching model agreed. Discussions underway to identify social care input and cohort. Progressing personal care plan.	
UEC MS 5	Review Services which deflect admission at the front door	Q4 2023/24				SDEC update: ongoing consultation to extend opening hours. Increased senior decision maker until 9pm in place. SDEC pathways work ongoing Engagement work with 111, YAS, CCC and GPs to promote alternative pathways to ED. Work progressing on improving access to radiology for SDEC patients. Work progressing on YAS PUSH to breathing space and GP out of hours where a 999 response is not required. Scoping exercise for frailty planned for Q3.	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
UEC KPI 1	% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	70% (Dec 2022) *(NHS National Objective)*	🟩			70% standard met each month to July 23 with Aug met following validation. September and October forecasts indicating the target will continue to be met.	
UEC KPI 2	Virtual Ward trajectory and capacity (Occupancy rate)	Q4 100 beds with 80% occupancy	🟧			Virtual ward trajectory on track. Variation in meeting occupancy rates. This will be addressed through growing, expanding and promoting referral routes and increasing number of pathways. Work being carried to understand capacity and demand and verify data quality. Over last 3 months average 140 referrals / month with a referral acceptance rate of 79%.	
UEC KPI 3	Improve A&E waiting times (further improvement in 2024/25)	76% of patients seen within 4 hours by March 2024 *(NHS National Objective)*	61.4% in September 🟩			The 4 hour response national target continued to be met in Q2.	
UEC KPI 4	Improve category 2 ambulance response times (further improvement towards pre-pandemic levels 2024/2)	30 minute average across 2023/24 *(NHS National Objective)*	🟩				

Any further comments: There is a risk that the scale and complexity of the UEC programme could impacts on deliverability and impact. Mitigation: Established programme framework and approach which enables managers and frontline staff to focus on content and deliverables, with dependencies & enablers co-ordinated through programme role and governance including Exec group. Initial priority areas agreed for Winter. Focus on aligning resourcing to delivery. Operational pressures, including industrial action, and staffing (sickness and vacancies) poses a risk to engagement and successful delivery.

ROTHERHAM
PLACE PARTNERSHIP | HEALTH AND CARE

Priority 2: Integrated Discharge to Assess					Lead Officer: Steph Watt \ SRO: Kirsty Littlewood	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 6	Implement integrated transfer of care hub and discharge to assess model	Q4 2023/24				Successful Transfer of Care Hub Launch 9 October. IT access and estates review undertaken. Operational dashboard under development to support clinical and operational management.	
UEC MS 7	Review and streamline discharge pathways	Q4 2023/24	Not yet due to start				
UEC MS 8	Review community home and bed base care in line with demand	Q1 2024/25	Not yet due to start				

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
UEC KPI 5	Reduction in people with no criteria to reside	NCTR percentage occupancy of ≤10%	12.2%				System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact
UEC KPI 6	Reduction in long lengths of stay in Acute and Community bed base.	TBC	23.6% Oct average				System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact
UEC KPI 7	Proportion Discharged to Usual Place of Residence	94%	95.2% Sept				Due to the aging population there is greater complexity of requirements which cannot always be supported at home Mitigation: Rotherham has prioritised and invested in supporting people at home wherever possible. The majority of people receive a period of rehab/recovery before final decisions are made

		Target	Q2	Q3	Q4		
UEC KPI 8	Reduce adult general and acute (G&A) bed occupancy to 92% or below.	92% *(NHS National Objective)*	92.4% Sept				System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact

Any further comments:
Operational pressures, including industrial action, and staffing (sickness and vacancies) poses a risk to engagement and successful delivery.

Priority 3: Whole System Flow	Lead Officer: Steph Watt \ SRO: Scott Matthewman

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 9	Capacity and demand modelling of intermediate care and discharge provision	Q2 2023/24				Final report completed and action plan developed following project outcomes.	
UEC MS 10	Development of a whole system digitised Command Centre and performance dashboard: • Community escalation wheel	Q3 2023/24				Development completed. Delay in testing due to technical delay with access rights. Testing to commence November. Rotherham Place working with SYICB – to review OPEL levels and escalation frameworks.	Where manual interventions are required information may not be sufficiently up to date to inform decision making Mitigation: automate where possible
UEC MS 11	Development of operational and performance dashboard	Q4 2023/24				Operational community dashboard high level spec completed Aug 23. Identified as is and work ongoing to develop TOCH requirements and feasibility. Performance report gap analysis. Discussions progressing regarding automating capacity tracker for care homes.	
	Metric	2023/24 Target	Q2 Position	*Q3 Position*	Q4 Position	Comments if off track	Any risk, including mitigation
	This workstream contributes to providing data to monitor KPIs for priority 1 and 2 above.						

Any further comments:
Operational pressures, including industrial action, and staffing (sickness and vacancies) poses a risk to engagement and successful delivery.
Data quality and completeness could impact on outcomes of the whole system flow project.

6. Transformation Workstream: Palliative and End of Life Care

Priorities covered by the milestones and metrics below are:	Lead Officer: Emma Royle
1. Complete a review of PEOLC Medicine 2. Enhance personalised palliative and end of life care 3. Implementation of ReSPECT across Rotherham 4. Benchmark against the Ambitions Framework 5. Inform future commissioning through patient and Carer experience	

	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
PEO LC MS 1	Review of PEOLC Medicine across Rotherham	Q4 2023/24				The Strategic Clinical Network have carried out a review of the Specialist Palliative Medicine Workforce across the North East and Yorkshire. Rotherham Place will use this to help inform a paper regarding the implications and suggested actions needed.	The SCN work highlighted a risk in Rotherham in the coming years with regards to palliative care consultant. Rotherham Place to produce a paper regarding the implications and suggested actions needed.
PEO LC MS 2	Undertake work to identify Rotherham patients and carers experience to inform future commissioning	Q4 2023/24				Engagement sessions have taken place with Speak-up (Self Advocacy for people with LD and autism), The Rainbow Project (LGBT), and The One Voice & Life Groups (run by and for BAME women). Healthwatch have also carried out SY wide consultation work with patients, families, and carers.	
PEO LC MS 3	Implement ReSPECT across Rotherham, including relevant training	Q4 2023/24				ReSPECT went live in Rotherham 1st October 2023. A multi-agency implementation meeting has been taking place. Level 1, 2 and 3 training videos, ECHO training sessions etc developed. Positive feedback re use from the Resuscitation Officer, TRFT. Next steps – continued roll out of training and comms and evaluation of use.	

PEO LC MS 4	Benchmark against the ambitions for PEOLC framework	Q3 2023/24				TRFT have completed a gap analysis against the Ambitions and developed an action plan in response to the findings. A further gap analysis across Rotherham Place partners is currently underway. This will be collated with the results from Sheffield, Barnsley and Doncaster to form a SY wide action plan.	
PEO LC MS 5	Develop a Rotherham Place action plan to address the outcomes from the gap analysis work against the ambitions	Q4 2023/24				The action plan will be developed during end Q3 / start Q4 once the gap analysis against the Ambitions Framework has been completed.	
PEO LC MS 6	Develop Rotherham PEOLC Dashboard.	Q4 2023/24				This has been completed on a SY wide basis and is available on the SY ICB intranet. Information from this is exportable and will be shared with Partners at the Rotherham Place PEoLC Group for discussion.	

	Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
PEO LC KPI 1	Increase the proportion of people on end of life care registers	TBC	TBC				
PEO LC KPI 2	Increase the number of people able to die in their place of choice.	TBC	TBC				
PEO LC KPI 3	Increase number of people who have completed training in end of life care	TBC	TBC				

Any further comments:
The South Yorkshire ICB Palliative and End of Life Care Board has been established and met in July and November 2023. A SY PEoLC Strategy is in draft form.

ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP I HEALTH AND SOCIAL CARE

Rotherham Place Board – 20 December 2023

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

Achievements across the Rotherham Place Partnership

Rotherham Partnership Place Board:

20 December 2023

Name of Project/Scheme/Development	Medicines Optimisation
Contact for Project/Scheme/Development	Stuart Lakin
Form completed by (if different to above)	Stuart Lakin
Which 'Place' Group does this come under	Cross cutting all groups
Approximate time period that the Project/ Scheme/ Development was delivered / implemented	

Description
(just a few sentences to explain about the Project/Scheme/Development)

As part of medicine optimisation's contribution to the Health Inequalities agenda we;

- o Have been producing data that identifies the missed opportunities for practices in the management of lipids and BP (excel spreadsheet)
- o Have incentivised practices performance in the management of lipids by rewarding practices for reducing the missed opportunities.
- o Have searches embedded into practice systems so that they can be run to identify the patients under treated for BP and lipids.

Outcomes
(briefly explain the benefits, for example, what difference it has made to patients and public or to the way we work i.e. try to explain the 'so what' question)

Key data from North East & Yorkshire Analytics Team shows:

- Rotherham has the highest % of patients on (lipid Lowering Treatment) LLT in SY 68.1% of the identified caseload.
- Rotherham has the highest % on it's caseload on LLT in the Yorks & NE region.
- Two of Rotherham's PCN's are in the top 3 for SY
- Two of Rotherham's PCNs are in the top three for % increase despite the high baseline.
- Rotherham has the lowest inequity between deprived and least deprived for patients treated with a LLT in SY, but two of our most deprived PCNS have shown the greatest increase (Rotherham Central North & Wentworth) No SICBL in Yorks and NE has resolved this inequity but Rotherham is better placed than most.

% of patients treated to threshold

- Rotherham has the highest % of patients achieving treatment threshold in SY 36.45%
- Rotherham is the third highest in achieving % of patients at threshold in Yorks & NE
- Rotherham has two PCN's in the top three for % increase.
- **Rotherham has no inequity in % of patients achieving between the less and most deprived practices.**
  - o The only other areas that have no health inequity (4 in total) have a much lower % of patient's achieving the cholesterol thresholds than Rotherham (Calderdale 29.99%, North Yorks 27.94% and Hull 30.25%)

Name of Project/Scheme/Development	Dietetic led cow's milk allergy and infant feeding pathway
Contact for Project/Scheme/Development	Leanne Heathcote
Form completed by (if different to above)	Leanne Heathcote and Clare Denning
Which 'Place' Group does this come under	Rotherham Nutrition & Dietetics - TRFT
Approximate time period that the Project/ Scheme/ Development was delivered / implemented	Started in August 2020 and is ongoing

Description
(just a few sentences to explain about the Project/Scheme/Development)

A pathway was developed so GPs could refer infants with suspected cow's milk allergy or infant feeding issues such as Gastro oesophageal reflux disease directly to the dietitian. A Dedicated Specialist Dietitian (funded by the ICB) is able to contact the infant's parent/carer and carry out an assessment and offer specialist advice and support with the use of specialist infant formula if required.

Outcomes
(briefly explain the benefits, for example, what difference it has made to patients and public or to the way we work i.e. try to explain the 'so what' question)

The patient is able to be assessed in a more timely way by a health care professional who specialises in infant feeding problems and treatment for cow's milk allergy.

The majority of patients (parent/carers) are contacted within 7 days and given support and advice. This has increased the access for the patient and also reduced the need for consultant referral and GP visits.

15-20% of newborn infants are referred to the service and >90% are assessed and advised within 7 days. Those who are not seen within the time frame are due to delayed appointment request or parent/carer not answering the phone.

Minutes	
Title of Meeting:	**PUBLIC** Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.15am
Date of Meeting:	Wednesday 15 November 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	**Chris Edwards**/Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Dr Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Shafiq Hussain, Chief Executive, VAR Richard Jenkins, Chief Executive, TRFT Sally Kilgariff, Chief Operating Officer, TRFT Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCG
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 SY ICB
Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS SY ICB
Ben Anderson (**BA**), Director of Public Health, RMBC
Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster & South Humber Foundation Trust
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust

Participants:
Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB
Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS SY ICB
Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
Dr Jason Page (**JP**), Medical Director, NHS SY ICB
Cllr David Roche (**DR**), H&WB Board Chair, RMBC
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

In Attendance:
Jacqui Tuffnell (**JTu**), Head of Commissioning – Rotherham, NHS SY ICB
Joanne Martin (**JM**), NHS SY ICB
Leonie Wieser, Policy Officer, RMBC
Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB

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Item Number	Discussion Items
59/11/23	**Public & Patient Questions**

There were no questions.

Item Number	Discussion Items
60/11/23	**Primary Care Update**

Jacqui Tuffnell advised that in May 2023 the delivery plan for recovering primary care access was issued by the Department of Health.

The plan was to empower patients, expand pathways for self-referral, expand pharmacy services to include oral contraception and blood pressure monitoring and launch pharmacy first for 7 conditions.

Almost 50% of Rotherham patients are now registered for online services and work continues on self-referral pathways with 3 out of 6 now in place.

There has also been a big drive towards digital telephony to include the call back function, although this has been a challenge it is on track to be achieved by all practices by March 2024. All practices have also been provided with digital tools and care navigation and have access to both local and national training. All practices (except one which is using a different system) now use AccurX software that connects patients and healthcare professionals to improve patient care.

The Additional Roles Reimbursement Scheme (ARRS), introduced to improve access in primary care has built capacity with 115.5 wte in post by August and more appointments are now available in GP systems. Pension reforms and simplified routes for recently retired has seen experienced GPs stay in/return to practice. Discussions have taken place with local authority colleagues around raising priority for primary care facilities when considering the allocation of funds from new housing developments.

Bureaucracy has been cut to reduce time spent liaising with hospitals and the South Yorkshire primary care alliance has commissioned work to make improvements and self-certification has been increased to reduce requests for GPs to verify medical evidence.

General practice demand continues to rise with data showing an increase from 1.1m appointments in 2016 to almost 1.8m in 22/23.

Engagement work has taken place with PCNs with each being provided with a summary of their data provided monthly to help them make improvements. Recovery plans were received at the end of June and agreed locally that 30% of funding is dependent on improvement with immediate change being seen in some areas.

Rotherham has made good recovery in appointments since the pandemic with 79% of appointments in August being face to face appts.

JT outlined a number of risks and challenges, eg continuing covid vaccine booster programmes, staff resource and morale, increasing demand and complexity and digital inclusion.

CE advised Place Board members that JT was leaving the NHS SY ICB this month and thanked her for work on estates and primary care services in Rotherham.

61/11/23	Introduction to Proactive Care

Joanne Martin explained that proactive care (also known as anticipatory care) is a 'thinking ahead' approach whereby health and social care professionals support and encourage individuals, their families and carers to plan ahead of any changes with an aim of increasing people's healthy years by up to five years.

National guidance indicates that patients with frailty, co-morbidities and/or complex needs should be considered. We are looking at this model because we have eleven years of primary care case management and carried out over 10,000 reviews in the past 12 months. It will form part of the Primary Care Network Direct Enhanced Service (DES) and links with the living well agenda and with ReSPECT outlined in the Rotherham Place Plan.

JM outlined the overarching model for proactive care, how patients will be identified by the PCN proactive care team who will develop a plan with the patient and family/carers as appropriate. This plan will continue to be reviewed as circumstances change with risks managed by the patient and care co-ordinator.

Next steps will include finalising the cohorts, agreeing social care input and approach to multi-disciplinary teams and testing out the model at the Health Village and Dearne with an aim to rollout out the model in April 2024.

Place Board Members thanked JM for the introduction and noted the details of the model being piloted. JM will give a further update in March 2024 outlining the learning from the pilot and any changes to be adopted prior to full implementation.

Action: JM/LG for forward agenda

62/11/23	Communications and Engagement Update

GL gave update on the communications and engagement priorities:

Work continues with other workstreams on digital inclusion, changes to the Rotherham Health App and the 'Say Yes' Campaign. Current campaigns include talking therapies, winter and vaccinations, 'Be Kind' and briefings and public messaging around system pressures and industrial action.

GL highlighted risk around aligning national, regional and place priorities, resource and capacity to delivery to place plan priorities, both operationally and strategically. Momentum has slowed on transformation activity and managing public perception and focus around waiting times, GP and dentistry access is challenging.

The group intends to identify 4-5 deliverable priorities linked into place plan delivery which will be carried out across all partners and aligned to the Health and Wellbeing Board and Rotherham Together Partnership. Following a change of leads across partners, group membership will be reviewed to ensure appropriate representation. Consideration will also be given to how best to celebrate success and achievement to get more recognition for Rotherham.

Discussion followed around how to highlight the good work in Rotherham and raise our profile, locally and nationally.

Place Board thanked GL for the update and asked the group to consider how to market Rotherham, change perceptions and build a reputation by celebrating the good work, successes and achievements often reported through Place Board.

Action: GL

63/11/23	Place Achievements

A number of examples of successes and achievements had been received this month from services. These included:

− A walk and talk session for World Mental Health Day, attendance at the Rotherham Show to raise awareness of mental health and learning disability services in Rotherham and the support available,

− Rotherham Crisis Team meeting with the S62 Community Together project volunteers to improve understanding of each other's services and improve joint working across statutory and voluntary sector services,

− an article had appeared in The Guardian highlighting Rotherham as having a high rate of over 80% of patients with a dementia diagnosis – well above the national target reflecting the excellent work done being done across our older people's services as a whole.

− Following some negative feedback received by RDaSH from the Peers for All Community Group, the RDaSH Nurse Director and Patient Experience Director has been attending meetings with the group. This has resulted in changes and improvements and the group reporting feeling listened to. Reciprocally, the directors benefit from the relationship with group members and values the ideas and feedback. This approach is being considered for rollout to other community groups.

CE suggested that colleagues share the achievements within their own organisations and asked that the Communications and Engagement Group advise on where and how to get the best exposure on Rotherham's successes and achievements.

64/11/23	Place Update

CS presented the September/October edition of the Rotherham Place Partnership Update. She highlighted

• the Rotherham Place Medicines Optimisation Team supported by the Mental Health commissioner had been awarded silver for the anti-depressant review project.

• Work done on the community occupational therapy service which has resulted in waiting numbers reducing to 260 people wating for an assessment from 1077 in June 2022 and the longest wait for allocation to 11 weeks from the previously seen 48 weeks. Work is ongoing to ensure waiting times continue to achieve positive results.

• From 1 August 2023, Rotherham Doncaster and South Humber NHS Foundation Trust became the new provider and employer of staff working within the Rotherham Neurorehabilitation service. This had formerly been provided by the Rotherham NHS Foundation Trust. This successful move reflected the positive working relationships in place across Rotherham health and care services.

Place Board noted the contents of the partnership update and will share within their own organisations with Boards and staff for information.

65/11/23	Final Designed Version of Place Plan and Summary

Members noted that a designed version of the Rotherha Place Plan and a summary version will be placed on the website (https://yourhealthrotherham.co.uk/place-partnership/) and the link sent to members so they can share with their respective Boards for information.

66/11/23	Communications to Partners

- Primary Care Update
- Place Achievements
- Place Partnership Update
- Final Health & Care Place Plan 2023-25

67/11/23	Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 18 October 2023 meeting were agreed as a true and accurate record.

The action log was reviewed and noted as up to date.

68/11/23	Risks and Items for Escalation to Health and Wellbeing Board

- Place Achievements
- Place Partnership Update
- Final Health & Care Place Plan 2023-25

69/11/23	Future Agenda Items:

Standing Items
- Updates from all groups (as scheduled)
- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings – Bi Monthly
- Place Achievements (as and when)

70/11/23	Date of Next Meeting

The next meeting will take place on *Wednesday 20 December 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

DRAFT

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
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
Nicola Curley	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)

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
15.11.23	61/11/23	Proactive Care	JM to return in March 2024 to give an update from the pilot and any changes prior to implementation.	JM/LG	Green	On forward agenda for Mar 24
15.11.23	62/11/23	Comms & Engagement Update	Group to consider how to market Rotherham, change perceptions and build reputation.	GL	Green	On agenda for January Comms & Engagement Group Meeting