

# Public Agenda

Title of Meeting:	<b>Rotherham Place Board: Partnership Business</b>
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 21 February 2024
Venue:	Elm Room, Oak House, Moorhead Way, Bramley, S66 1YY
Chair:	<b>Sharon Kemp</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	C Edwards, Chief Officer, NHS SY ICB R. Jenkins, CEO, TRFT T Lewis, CEO, RDaSH
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
<b>1</b>	<b>Public &amp; Patient Questions:</b> <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>		<i>Chair</i>	<i>Verbal</i>
<b>Business Items</b>				
<b>2</b>	Prevention & Health Inequalities Update	<i>10 mins</i>	<i>Ben Anderson/ Becky Woolley</i>	<i>Enc 2</i>
<b>3</b>	Estates Update	<i>10 mins</i>	<i>Tim Hartley</i>	<i>Enc 3</i>
<b>4</b>	Finance Report – Month 9	<i>10 mins</i>	<i>Directors of Finance</i>	<i>Enc 4</i>
<b>5</b>	Child and Adolescent Mental Health Annual Report	<i>10 mins</i>	<i>Helen Sweaton</i>	<i>Enc 5</i>
<b>6</b>	Feedback from Integrated Care Partnership Meeting, including Start with People presentations	<i>5 mins</i>	<i>Cllr David Roche</i>	<i>Encs 6i-6iv</i>
<b>Standard Items</b>				
<b>7</b>	Communication to Partners	<i>5 mins</i>	<i>Chair</i>	<i>Verbal</i>
<b>8</b>	Draft Minutes and Action Log from Public Place Board from 17 January 2024 – <i>for approval</i>	<i>5 mins</i>	<i>Chair</i>	<i>Enc 8i &amp; 8ii</i>
<b>9</b>	Risks and Items for escalation to appropriate board (e.g. <i>Health &amp; Wellbeing Board, ICB Board</i> )		<i>Chair</i>	<i>Verbal</i>
<b>10</b>	Future Items: <ul style="list-style-type: none"> <li>• Proactive Care Update – CS/JM - (Mar)</li> <li>• Winter Learning Debrief (inc in Urgent &amp; Community Update - CS/SW – (Mar)</li> </ul> Standing Items: <ul style="list-style-type: none"> <li>• Updates from all Groups (as scheduled)</li> <li>• Achievements (as and when received)</li> <li>• Feedback from SY ICP Meeting – Bi-Monthly</li> <li>• Bi-Monthly Place Partnership Newsletter (Mar)</li> </ul>			
<b>11</b>	Dates of Next Meeting: Wednesday <b>20 March 2024</b> at 9 –10am			

**GLOSSARY**

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

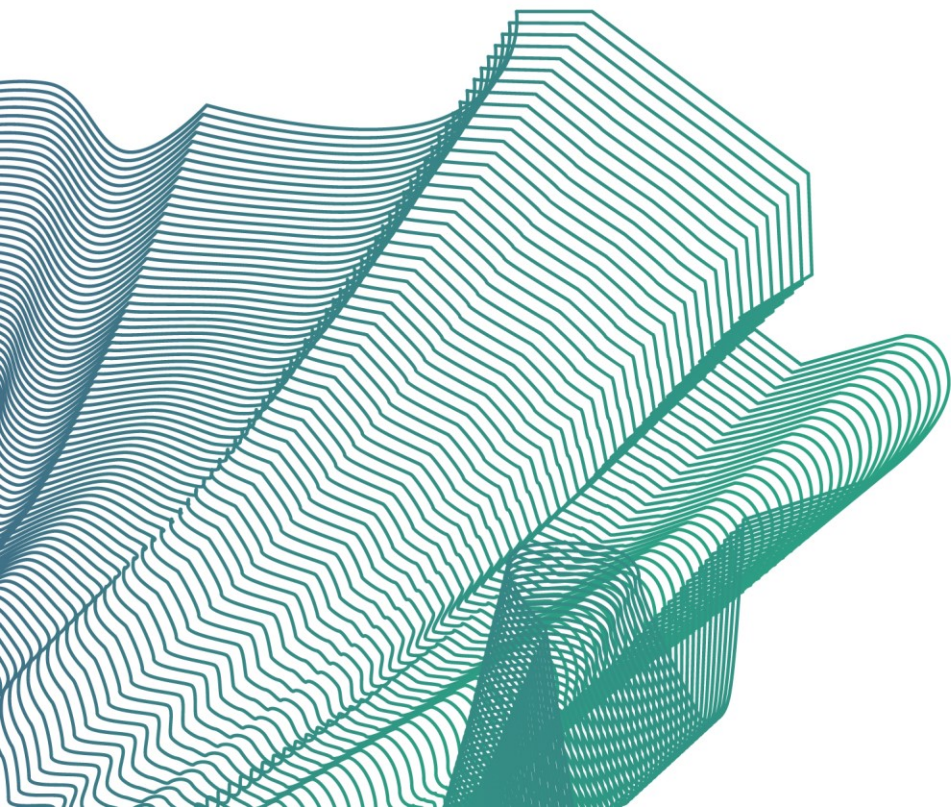
# ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

## Rotherham Place Board

### Spotlight – Prevention & Health Inequalities

Wednesday 21<sup>st</sup> February 2024



**South Yorkshire**  
Integrated Care Board

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

**The Rotherham**  
NHS Foundation Trust

Rotherham   
Metropolitan  
Borough Council



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# What's working well

- Engagement with partners around the refresh of the Prevention and Health Inequalities Action Plan.
- Expansion of the outcomes framework and health inequalities tool to incorporate profiles for our Core20Plus5 clinical areas and ethnic minority communities.
- Engagement with over 1000 people with LTCs in Maltby and Dinnington.
- Launch of the Say Yes campaign following approval at PLT.
- Delivery of the Better Health service seeing positive early outcomes and feedback from both service-users and professionals.
- Partnership working around the development of an integrated service model for diabetes, including a prevention workstream.
- Recruitment underway to establish a Prevention Team within Adult Social Care.
- Mobilisation of the timely cancer presentation project.
- Rollout of cultural competency training within primary care.
- Engagement with partners around chronic pain.
- Work underway to expand the remit of the Healthy Hospitals programme within TRFT.



1. Deliver against the clinical areas in the Core20Plus5 and Prevention High Impact Intervention frameworks.
2. Develop our approach to Population Health Management in Rotherham, including supporting the development of tools, reporting, data-sharing arrangements, resources and approaches based on evidence of need.
3. Strengthen our approach to personalisation in Rotherham.
4. Prevent and delay care needs through technology-enabled care.
5. Embed strengths-based approaches to social care in Rotherham to increase self-care, reduce social isolation and promote independence.
6. Develop our proactive care model.
7. Raise awareness around our local prevention offer and promote self-management through delivery of the Say Yes campaign. *Link with Comms and Engagement Enabler Group*
8. Review our prevention pathway with the aim of reducing duplication and improving the inclusivity of our offer for Plus groups (including people with SMI and LD.)
9. Build exercise into long-term conditions pathways.
10. Explore opportunities to make our health and social care services more inclusive for people living in poverty.
11. Increase the representation of ethnic minority communities at every level of our workforce, with a focus on recruitment, retention and progression. *Link with Workforce and OD Enabler Group*
12. Build the understanding of our collective workforce around prevention and health inequalities to support us to make every contact count. *Link with Workforce and OD Enabler Group*

# Challenges and Risks

- Maintaining momentum around population health management in the context of capacity challenges and pressures.
- Data-sharing and having a single narrative around health inequalities.
- Impact of poverty and the cost-of-living crisis.
- Financial position across the system.

# What needs to happen and by when

- Recommission the falls prevention service and use learning to inform the development of the wider exercise in clinical pathways programme. (Q4 2023/34)
- Undertake a self-assessment against the national personalisation model and understand areas for improvement in Rotherham. (Q1 2024/25)
- Continue to engage local people in Maltby and Dinnington and present insights to Place partners and key stakeholders. (Q2 2024/25)
- Review services and roles across health and social care that contribute to prevention through social prescribing. (Q2/Q3 2024/25)
- Deliver against the Say Yes action plan and evaluate impact. (Q3 2024/25)
- Work with the Workforce and OD Enabler Group to build the understanding of the workforce around prevention and health inequalities and on EDI. (Q4 2024/25)

# ROTHERHAM

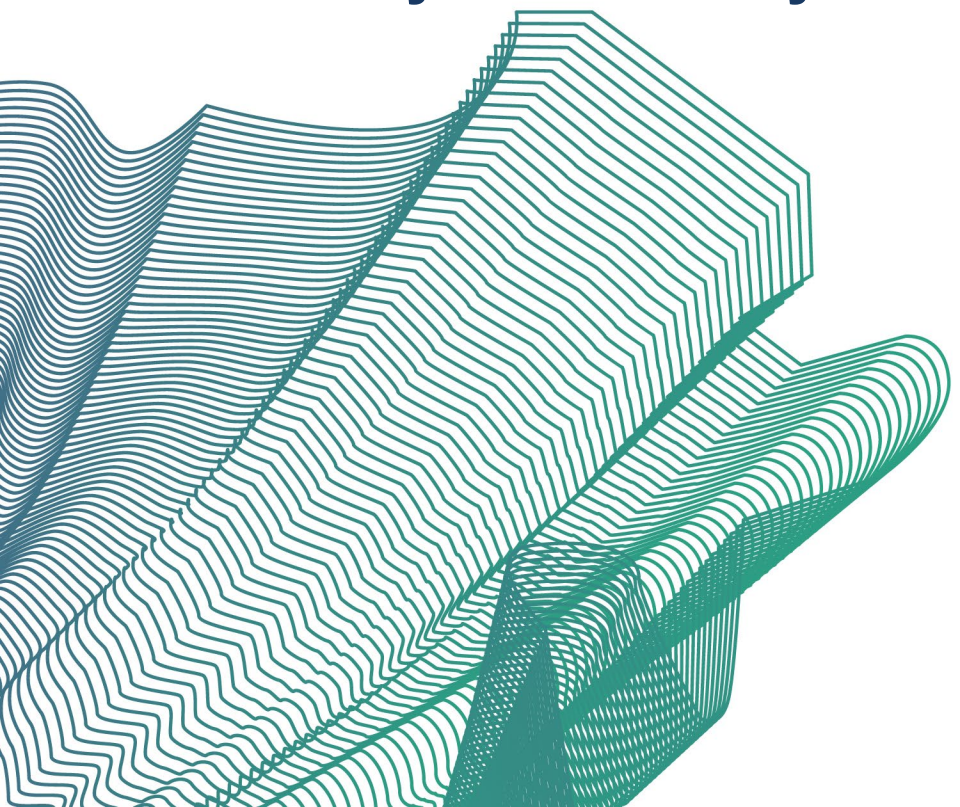
ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

## Rotherham Place Board

### Strategic Estates Group Update

Tim Hartley – RMBC Strategic Asset Manager

**Wednesday 21 February 2024**



**South Yorkshire**  
Integrated Care Board

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

**The Rotherham**  
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# SEG – Primary Aim

The Rotherham Strategic Estates Groups primary aim will be to achieve a more integrated approach to how the public sector uses its assets in Rotherham, to support the agendas of: -

- Individual Organisations
- South Yorkshire Mayoral Combined Authority (SYMCA)
- NHS Strategic Transformation Plan
- Locality Working

# Relaunch of the SEG & Challenges

- 2023 Meetings commenced well, but attendance has declined since at the September and December meetings.
- Focused discussions have taken place around town centre regeneration, accommodation strategies, data sharing and member requirements.
- Limited / no attendance from some members at recent meetings.
- Members are busy and have challenging diary commitments - meetings have been adjusted to try and accommodate better attendance.
- Changes in personnel / vacancies at organisations has led to non-attendance in some instances.

# Workstream 1 – Collaboration

- Ongoing discussions with partners resulting in Heads of Terms being agreed for office space at Riverside House.
- Collaboration in respect of health partner requirements for a diagnostic centre and clinical spaces in the Town Centre, with a health planner appointed to bring together proposals.
- Sharing of reviews in respect of the Councils Operational Estate savings plan, which may offer opportunities for joined up working / further shared use of assets.
- Sharing of data and best practice discussions on all issues in respect of Asset Management and Energy Management amongst partners.
- Creation of a SEG Action Plan with 16 projects / tasks.

# Workstream 2 – Delivery of a New Medical Centre at Olive Lane, Waverley

- Legal agreements now completed, and works have commenced on site
- Development Agreement in place
- Proposed 12 month build with completion late 2024





# Workstream 3 – South Yorkshire Mayoral Combined Authority (SYMCA) Land and Assets Review

- AA Projects have been commissioned to undertake a Land and Assets Review across South Yorkshire, as part of the South Yorkshire One Public Estate Programme.
- The review is considering the public sector land and assets and the role they play in the economic development of the region.
- One of the key outputs will be a shared evidence base and a platform of all land and assets across South Yorkshire for further collaboration to support the South Yorkshire Strategic Economic Plan (2021-2041).
- Draft of the South Yorkshire Land and Assets Review was presented to the ICB Estates Board in November 2023.
- AA Projects to present their report to early 2024 SEG meeting.
- Discussion required around how this information will be kept current.

# Workstream 4 – Voluntary Community Sector

- Voluntary Action Rotherham are now members of the SEG and are attending meetings to discuss priorities, objectives and aspirations.
- Information is being shared where opportunities may exist for community organisations and the voluntary sector to work collaboratively with wider public sector partners.
- Future workstream with existing community groups to look at any support required from partners.
- Review of Community Asset Transfer opportunities, sharing of resources, properties and knowledge.

## Workstream 5 – Badsley Moor Lane

- Full review is needed to look at future aspirations for the site as a community hub.
- New partners and developments are due on site on the back of NHS disposals – respite care facility and careers hub.
- Potential to look at a district heating system or decarbonisation projects on site.

## Workstream 6 – Climate Change

- SEG can be used as a forum for considering the impacts of Climate Change on partners Operational Estate - Net Zero 30 and 40 Challenges.
- Forum to consider mitigation measures, funding opportunities and decarbonisation projects.
- Sharing of expertise and knowledge with regular Climate Change / Sustainability agenda items.

# Partner – Key Asks

- Health ~ Creation of diagnostic and clinical spaces in the Town Centre
- Health ~ Shared use of RMBC office accommodation and wider asset base
- Health ~ Asset availability in Wickersley for new surgery
- Ambulance Service ~ Land availability to deliver transformation plan (new hub & spoke model stations)
- All ~ Sharing of knowledge and joined up working on Energy, Climate and Sustainability initiatives. Exploring funding opportunities and ideas
- All ~ Sharing of property reviews and early knowledge of surplus properties / opportunities
- All ~ Sharing of Estates Strategies to ensure consistent themes and joined up thinking in relation to all property related matters.



# Summary

- Working together and collaboration for better outcomes for Rotherham is coming through as a positive outcome of these meetings
- Good progress being made on initiatives which we previously considered to be “off the table”, such as shared use of RSH
- Knowledge sharing has assisted members in progressing matters and making progress with initiatives
- The meetings provide for a wider understanding of organisations requirements and needs
- Need to focus on getting a full attendance where possible as this meeting can continue to “join the dots” and work on new ideas
- Invitations to new members as appropriate

Any Questions?

## Rotherham Place Board – Meeting 21 February 2024 – CONFIDENTIAL SESSION

### *Finance Report*

<b>Lead Executive</b>	<b>(Jointly) The Finance Leads of RMBC, TRFT, RDaSH and South Yorkshire Integrated Commissioning ICB - Rotherham Place (SYICB Rotherham)</b>
<b>Lead Officer</b>	<b>Wendy Allott. Chief Finance Officer Rotherham ICB</b>

<b>Purpose</b>
To update Place Board on the financial performance of Rotherham Place partners as at month 9 2023-24 (1 April – 31 Dec '23) for: <ul style="list-style-type: none"> <li>• SYICB - Rotherham Place,</li> <li>• The Rotherham NHS Foundation Trust,</li> <li>• Rotherham Doncaster and South Humber NHS Foundation Trust,</li> <li>• Rotherham Metropolitan Borough Council.</li> </ul>
<b>Background</b>
Included within the report
<b>Analysis of key issues and of risks</b>
Included within the report
<b>Patient, Public and Stakeholder Involvement</b>
Not required for this paper
<b>Financial Implications</b>
Included within the report
<b>Approval history</b>
The production of the report was delegated to the finance leads at each of the above organisations by the members of the Place Finance Group.
<b>Recommendations</b>
Note the financial update provided in the report.

## 1. In Year Performance at month 9

### A. Health

#### i. SYB - System

To recap South Yorkshire submitted a 2023/24 balanced plan, however this included a £109m additional efficiency requirement. This was in addition to the £241m of efficiencies already built into ICB and South Yorkshire providers plans. During December and January, the system has undertaken a detailed balance sheet review and a further £22.8m additional funding for industrial action was received resulting in a month 9 forecast position deficit of £58m.

	Plan £'000	Position at Month 9 £'000
ICB	(46,949)	
Further required efficiencies included to balance plan	109,000	
	<b>62,051</b>	<b>(4,700)</b>
South Yorkshire Providers	(62,051)	(53,944)
<b>Surplus/(Deficit)</b>	<b>0</b>	<b>(58,644)</b>

#### ii. Rotherham Place

- Combined annual plan deficit of £18.7m after assuming efficiencies of £32.1m will be achieved.
- Combined year to date (month 9) deficit of £11.4m and forecast £16.4m which is £2.2m better than planned.

	Plan £'000	YTD (month 9) £'000	FOT at Month 9 £'000
ICB Rotherham	(6,521)	(4,660)	(6,213)
The Rotherham NHS FT	(5,977)	(6,248)	(5,907)
RDASH	(6,150)	(485)	(4,300)
<b>Surplus/(Deficit)</b>	<b>(18,648)</b>	<b>(11,393)</b>	<b>(16,420)</b>

### Key messages

**ICB Rotherham** – whilst showing a small movement against planned deficit, the position includes pressures in prescribing and CHC which is being offset by non-recurrent in year flexibilities.

**The Rotherham NHS FT** – forecasting to be £70k favourable to the annual plan of £5,977k. This assumes delivery of the revised deficit of £4.7m submitted on 22nd November and further pressures of £1.2m for the continuation of Industrial Actions. Risks to delivery of this position are further winter pressures, deterioration against the ERF target as a consequence, and undelivered efficiencies.

**RDASH** – We have seen underspends and slippage on transformation & SDF funding in year but expecting to be fully recruited within 12 months. Underspends on talking therapies of around £1m, looking at outsourcing to catch up. Our forecast position includes £3.5m system support to help the system gap.

### B. RMBC

As at P9 2023, the Council Directorates currently estimate an overspend of £9.7m for the financial year 2023/24. This is largely due to demand led pressures on Children's residential placements and home to school transport as well as the impact of inflationary pressures in



the economy, particularly on food prices, and the legacy impact of lockdown restrictions on some directorate's services, especially in R&E.

However, this is offset by a £5m corporate budget risk contingency held within Central Services, approved within the Council's Budget and Council Tax Report 2023/24. In addition, further savings from the Council's Treasury Management Strategy of £3.5m have been generated and taken together, this £8.5m reported underspend in Central Services, reduces the Council's overall forecast outturn to a £1.2m overspend.

## 2. The Place Efficiency Challenge – progress update

### A. Health

#### i. SYB – System.

The system plan included £241m of efficiencies. At month 9 there is a year-to-date achievement of £126.5m against a target of £173m, £46.7m behind plan. The system is forecasting a year end achievement of £179.4m £61.7m lower than planned.

#### ii. Rotherham Place

	Full Year Plan Efficiency	YTD Planned efficiency (month 9)	YTD Actual efficiency (month 9)	YTD Over/Under Plan (month 9)	FOT efficiency
	£'000	£'000	£'000	£'000	£'000
ICB Rotherham	9,802	7,338	7,338	0	9,802
The Rotherham NHS FT	13,282	9,228	3,879	(5,349)	9,847
RDASH	9,000	6,745	4,948	(1,797)	7,423
<b>Surplus/(Deficit)</b>	<b>32,084</b>	<b>23,311</b>	<b>16,165</b>	<b>(7,146)</b>	<b>27,072</b>

### Key messages

**ICB Rotherham** – efficiencies achieved through a combination of true efficiency schemes, non-investment in some services and in year non-recurrent flexibilities.

**The Rotherham NHS FT** – The efficiency requirement was flagged as a key risk to delivery of the financial plan and has remained a concern. Fully delivering against the target is now unlikely, with increased reliance on non-recurrent efficiencies. All services have strived to achieve real traction to meet the targets and to minimise the carry forward of under-delivery in 2024/25.

**RDASH** – Good performance on savings program. Schemes have been identified to the full efficiency target, but because some have started part way through the year, the full value won't be achieved recurrently in year. The gap is being offset by various non recurrent underspends. More work to do on agency.

### B. RMBC

At the start of 2022/23 the Council had £11.5m of previously agreed savings to deliver, that had been re-profiled across 2022/23 to 2024/25. Following delivery of £4.4m in 2022/23, the remaining £7.1m is to be delivered by the end of 2024/25. To date £1.618m has been secured against these remaining savings from savings in CYPS placements, management costs and R&E operational property budgets. Whilst placement costs have been reduced in

CYPS, demand has increased and as such, CYPS is still reporting a pressure on placements.

As part of the Budget and Council Tax Report 2023/24 a series of new temporary and permanent savings were approved. Progress against these new savings, which include a range of permanent and temporary savings, is a total of £3.797m secured against the 2023/24 total of £4.344m so far. In total 97% of savings are rated green. £149k of savings plans are deemed high risk but it is expected that these savings should be achievable over the longer term.

### **3. Risks**

#### **A. Health**

- The systems underlying exit run rate of £256.m, (of which Rotherham Place is £37.2m) resulting in a challenging efficiency target in 2024/25.
- Further challenges of growth and excess inflation being higher than allocation growth and that set out in the planning guidance.
- The requirement to submit a balance plan which results in a significant efficiency requirement in 2024/25 and future years.

#### **B. RMBC**

There remains funding uncertainty for the local government sector beyond 2023/24 and 2024/25 as the Local Government Financial Settlement has been only a one-year allocation for both these years. The Council will continue to face significant challenges moving forwards with the funding of social care. This is perhaps best illustrated by the volume of Local Authorities across the UK that have recently hit difficult times with a number having to issue S114 notices.

Select report type  
Name of Committee

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**Committee Name and Date of Committee Meeting**

Health Select Commission – 25 January 2024

**Report Title**

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

Nicola Curley, Strategic Director of Children and Young People's Services

**Report Author(s)**

Helen Sweaton, Joint Assistant Director, Commissioning, Performance & Quality. RMBC / Integrated Care Board Rotherham Place 07554436546, [helen.sweaton@rotherham.gov.uk](mailto:helen.sweaton@rotherham.gov.uk)

Christina Harrison, Children's Care Group Director, Rotherham CAMHS Rotherham Doncaster & South Humber NHS Trust (RDaSH)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

Rotherham Child and Adolescent Mental Health – Annual Update to Health Select Commission provides an update in respect of; CAMHs service performance, Progress Neurodevelopmental pathway progress, Engagement with families and communities regarding SEND, Support for Early Years, Mental Health Support Teams in education settings, Support to young people not in education and Progress with the equalities agenda.

**Recommendations**

Health Select Commission is asked to:

Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2024.

**List of Appendices Included**

Appendix 1 Case Study – With Me In Mind

Appendix 2 Case Studies – Kooth

Appendix 3 Relax in Virtual Reality leaflet

## Background Papers

### Consideration by any other Council Committee, Scrutiny or Advisory Panel

Name of Committee – [Click here to enter a date.](#)

Name of Committee –

### Council Approval Required

You should refer to [Appendix 9 of the Constitution – Responsibility for Functions](#) – to check whether your recommendations require approval by Council, as well as Cabinet or a committee. You should take advice from Democratic Services if you are not sure.

No

### Exempt from the Press and Public

No

*An exemption is sought for (insert appendix number) under (Select reason for exemption) of Part I of Schedule 12A of the Local Government Act 1972 is requested, as this report contains (insert why it meets that paragraph).*

*It is considered that the public interest in maintaining the exemption would outweigh the public interest in disclosing the information because (insert why)*

## Insert report title here

### 1. Background

- 1.1 In October 2018, November 2019, December 20, November 21 and November 2022, Health Select Committee received reports with updates on the work across the child and adolescent mental health system, with a focus on the improvement journey of the Child and Adolescent Mental Health Service. The focus in 2022 was on the Local Area SEND inspection in association with children and young people's mental health, early support for children and young people's mental health and wellbeing post pandemic including the Mental Health Support Teams and Kooth, a progress update on the neuro-developmental pathway and SEND sufficiency.
- 1.2 In 2023 there is an opportunity to provide a further update regarding CAMHs performance, Neurodevelopmental pathway progress, Engagement with families and communities regarding SEND, Support for Early Years, Mental Health Support Teams in education settings, Support to young people not in education and Progress with the equalities.

### 2. Key Issues

#### 2.1 CAMHs performance

As at 16<sup>th</sup> January 2024.

##### 2.1.1 CYP Eating Disorders

Caseloads have increased however all referrals continue to be screened weekly with appropriate assessment and intervention offered. Multi-agency work is successfully addressing any concerns regarding attendance at appointments.

##### 2.1.2 CYP Getting Help

84 children waiting, demonstrating an improved position since the beginning of April when 180 children were waiting. There is robust advice and triage in place. The longest wait is 48 weeks which is expected to reduce.

##### 2.1.3 CAMHS Psychological Therapies Trajectory

The number of waits has reduced and is stable at 25. The service has some staff vacancies which impacts of the teams capacity. . Two children have waited over a year for specific services. Children access the Getting Help service while waiting for Psychological Therapies.

##### 2.1.4 CYP Crisis Pathway Development

This is now a 24-hour service for people up to 18 years old who require crisis mental health support. Positive feedback has been received from partners. The team link with the adult crisis service. The service is accessed through the Doncaster SPA. A weekly meeting is held with RMBC and TRFT.

#### 2.2 Neurodevelopmental pathway progress



## 2.2.1 CYP Neurodevelopment Pathway

Following the publication of the updated area SEND Inspection Framework on 1st January 2023 we updated the referral pack for schools/educational settings and parents for Neuro assessment.

This involved a key change to the information required to be submitted before referrals will be accepted for screening. Referrals will continue to be accepted using the referral packs however, additional supporting evidence demonstrating implementation of the graduated response is now required.

We believe the best approach for referral into the service is for schools/educational settings and parents to work together to complete the referral pack. Practitioners working with families, children and young people in situations where this is not possible practitioners are encouraged to contact us for advice before referring (for example, if the child is electively home educated).

The Rotherham multi-agency referral pathway includes a Social and Emotional Wellbeing Panel which screens all referrals to assess whether further neurodevelopmental assessment is appropriate.

The Social and Emotional Wellbeing Panel aims to screen all completed referrals within 4 weeks of receipt (currently all referrals are screened within this time).

The change to the referral pack has improved the quality of referrals for assessment. There have also been approx. a third less referrals for assessment. Current referral rates are around 15 per week. From September the pathway moved to a 6 week assessment cohort, which means assessments are now completed where possible within this timescale. The focus on reducing waits continues to be a priority along with evidence based, quality assessments.

The service has responded to patient, family and professional feedback in order to shape services around individual's needs:

- Simplifying and reducing the length of the final report.
- Plans to collocate CAMHS and Neurodevelopment services within the six main community hubs across Rotherham supporting increased access to specific services.

As of 12.01.24 1526 children are waiting for assessment. 91% (1394) have waited longer than 18 weeks. 30% (469) have waited longer than 2 years.

The post diagnostic service has a caseload of 569. Staffing will be at full capacity in the next months. Therapeutic Clinics commenced in November and are planned across different community venues.

## 2.3 Engagement with families and communities regarding SEND

- 2.3.1 Parents/ carers and young people and multi-agency partners can access advice and support whilst completing the neurodevelopmental pathway referral documentation. From Wednesday 18th January 2023 we have offered monthly support sessions, these are booked via our Neurodevelopmental Coordinator.
- 2.3.2 Rotherham Parent Carer Forum led a piece of engagement on behalf of Rotherham ICB to co-produce the revised CAMHs service specification. The getting advice pathway provides advice to families and multi-agency partners in the community regarding individual children.
- 2.3.3 With Me in Mind teams, alongside the participation and engagement lead continue to regularly meet with student ambassadors to gather student voice to inform our practice. When children and families are discharged from WMIM, parents and carers are asked to complete an experience of service questionnaire to feedback on their overall experience of the service. Between April 2023 and June 2023, we had one response from a parent.
- 2.3.4 Rotherham Parent Carers Forum undertake a Membership Survey annually, at the time of the 2023 survey Rotherham Parent Carer Forum (RPCF) had 2004 parent carer members living in Rotherham. Young People's mental health and wellbeing was a commonly suggested theme respondents chose for RPCF to focus on in the coming year. This was also rated the 2nd most important issue for parents and carers when they were asked to rank key issues. Parent carers also identified mental health as the most common barrier to families accessing the RPCF offer. Consequently the parent carer forum are planning a consultation with families around mental health and wellbeing to further understand how they are affected and what support is needed.

## 2.4 **Support for Early Years**

- 2.4.1 Mental health support in early years is coordinated by the Child Development Centre provided by The Rotherham Foundation NHS Trust. The Child Development Centre is a crucial part of the provision for delivering against a number of local and national objectives:
1. Diagnostic assessment for autism
  2. Best start for Life
  3. Early identification of special educational needs and disabilities
- The Child Development Centre was highlighted as best practice in the 2021 Local Area SEND Inspection.
- 2.4.2 Family hubs based in Children's Centres present an opportunity to further develop the mental health support for children and families bringing together preventative support, the child development centre and perinatal mental health services.
- 2.4.3 There has been a year-on-year increase in referrals to the Child Development Centre (CDC). The demand for the service has almost doubled since 2016/17. This means that there are now long waits for initial contacts

(telephone appointment) and significant delays for diagnostic assessment for ASD.

- 2.4.4 Rotherham council and South Yorkshire ICB, Rotherham Place have agreed a number of actions to reduce the waiting times for assessment in the child development centre and ensure all children receive an age appropriate assessment. This includes work with the 0-19 service to quality assure referrals into the Child Development Centre to ensure that all referrals are good quality referrals. Development of a 'fast track' pathway for children who clearly meet the criteria for diagnosis in line with NICE guidance, at the discretion of the diagnostic team. Additional short-term investment into the team to increase capacity for assessments.

## 2.5 **Mental Health Support Teams in education settings**

With Me in Mind

Providing evidence-based interventions for children with mild to moderate mental health difficulties. (Low mood/anxiety disorders/worry management/parent led CBT for children under 12)

Working in partnership with education provision and their identified senior mental health lead, developing the whole school approach to mental health - including workshops, assemblies, staff training, staff supervision, parent workshops, personal, health and social education (PHSE) support etc.

Providing timely advice and consultation to schools and colleges, including home educated students, about individual children's emotional health and signpost to appropriate services to ensure that young people get the right support.

With Me In Mind (Rotherham's Mental Health Support Team delivery) started in 2019, three MHSTs already cover 39 identified settings and approximately 16,000 pupils. In 2023/24 With Me in Mind will expand into a further 19 schools and 8020 pupils as part of Wave 10 of the national MHST roll out. With the expansion, Rotherham MHSTs cover 80% of the education settings across the borough. A case study demonstrating the impact of the support is attached at Appendix 1 (With Me in Mind Case Study).

## 2.6 **Support to young people not in education**

KOOTH is a digital mental health support service jointly commissioned by Rotherham MBC and Rotherham CCG.

Kooth.com is an innovative online counselling and support service which is now available to all young people and young adults across Rotherham aged 11-25.

It is a safe, confidential and anonymous way for young people and young adults to access emotional wellbeing and early intervention mental health support. Offering personalised support with short waiting lists and no thresholds, users can access:

- Live one to one text based counselling sessions
- 24hr messaging service
- Clinically approved articles
- Peer to peer support through pre moderated discussion forums
- A Daily Journal

Fully trained BACP Accredited counsellors and emotional wellbeing practitioners are available until 10pm each night, 365 days per year, providing a much needed out-of-hours service for emotional support in an accessible way.

CAMHs is available to all children and young people including those not in education. CAMHs are represented on the Rotherham Inclusion Panel supporting children at risk of exclusion/ suspension.

To support children and young people with emotional based school avoidance CAMHs have worked with the inclusion service to pilot 'Relax in Virtual Reality'. This is an immersive Virtual Reality based therapy programme specifically designed for young people. The therapy is on-demand, fully supervised and personalised to your needs. The VR equipment links remotely to a therapist who will supervise you in real-time. The wearable device generates data giving the therapist an insight into your progress and allows you to understand how to manage your anxiety.

### **3. Options considered and recommended proposal**

#### 3.1 Health Select Commission is asked to:

Note the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.

#### 3.2 Include a further update on Children and Young People's mental health and wellbeing on the forward plan for 2024.

### **4. Consultation on proposal**

#### 4.1 This is not a decision relating to key policies, plans or strategy documents. No consultation has been undertaken.

### **5. Timetable and Accountability for Implementing this Decision**

#### 5.1 This report does not require implementation of a decision.

### **6. Financial and Procurement Advice and Implications**

#### 6.1 There are no financial implications within the report.

### **7. Legal Advice and Implications.**

#### 7.1 There are no legal implications within the report.

## **8. Human Resources Advice and Implications**

8.1 There are no HR implications within the report.

## **9. Implications for Children and Young People and Vulnerable Adults**

9.1 Implications to vulnerable children and young people are covered within the report.

## **10. Equalities and Human Rights Advice and Implications**

10.1 Equalities and Human Rights are covered within the report.

## **11. Implications for CO<sub>2</sub> Emissions and Climate Change**

11.1 There are no CO<sub>2</sub> Emissions and Climate Change implications within the report.

## **12. Implications for Partners**

12.1 Implications for partners are covered within the report.

## **13. Risks and Mitigation**

13.1 Commissioners and Providers identify and mitigate risks in contract management.

### **Accountable Officer(s)**

Name, Helen Sweaton

Name, Assistant Director, Commissioning, Performance and Quality.

Approvals obtained on behalf of:

	<b>Name</b>	<b>Date</b>
Chief Executive		
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	
Assistant Director of Legal Services (Monitoring Officer)	Named officer	
Assistant Director of Human Resources (if appropriate)		
Head of Human Resources (if appropriate)		
The Strategic Director with responsibility for this report	Please select the relevant Strategic Director	



Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	
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*Report Author:*            *Name, Job Title*  
*01709 ?????? or firstname.surname@rotherham.gov.uk*  
This report is published on the Council's [website](#).

## **Case Study Referral**

Briony (name changed for confidentiality) was a 13-year-old girl in Y10. She had had two referrals into With Me in Mind into the inbox, one in October and one in November. In October her My Mind form had largely been around needing support in her lessons and as a result it was recommended school put in place the relevant academic support before considering whether a mental health referral was needed. 3 Following additional support being put in the classroom to help her with her concentration, she had been referred in again identifying worry and feeling anxious as difficulties she was experiencing.

### **Pre-assessment phone call**

A previous incident of self-harm was detailed on Briony's My Mind form. She had accessed support in school through the mental health lead and Mum had contacted CAMHS at this point who had recommended the referral to With Me in Mind. School and Mum felt that the support in school had brought Briony to a level where she was not overwhelmed and at further risk of harm but that she had plateaued in terms of her mood and felt she would benefit from additional support. I made Mum aware that we would be doing a risk assessment in the initial assessment and to make Briony aware we would discuss the previous incident of self-harm so that she could prepare to discuss it.

### **Initial Assessment**

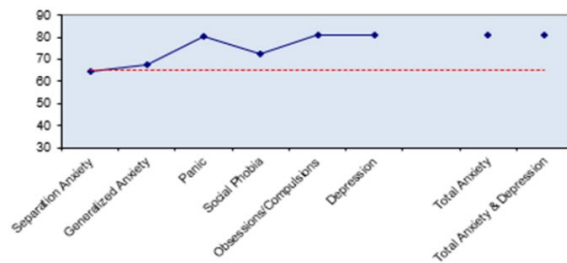
In the initial assessment, Briony shared that she mainly felt worries around school and sometimes around her relationship with her dad who lived outside the family home and who she felt did not understand her changes in mood. Briony said she would go to school but would feel anxious before coming and would opt to not take part in some lessons like PE. Her mood was also impacting her interest in activities outside of school and she was not spending as much time with friends.

Briony identified the impact of her difficulty was that it was impacting her friendships as she could get snappy and not engage in activities. She felt it could also impact her schoolwork as if she felt overwhelmed, she would not be able to focus because of the number of worries in her head at that time.

We revisited risk and she said she did not feel like she would self-harm again. She did not remember exactly how she felt or what was going on at the time when it did happen, but she knew she felt overwhelmed but when she started talking about her feelings, it started to ease.

We set a goal in the initial assessment of Briony spending time with her friends at least two times a week which she scored at a 3. She felt this was a good goal as previously she had been sociable and wanted to regain this part of her life.

Scales	Raw Scores	T Scores
Separation Anxiety	7	65
Generalized Anxiety	13	68
Panic	17	> 80
Social Phobia	24	72
Obsessions/Compulsions	16	> 80
Depression	23	> 80
Total Anxiety	77	> 80
Total Anxiety & Depression	100	> 80



Briony's Revised Anxiety and Depression Scale (RCADS) indicated clinically relevant symptoms in all areas apart from separation anxiety.

In addition, we completed the Outcome Rating Scale (ORS) in the initial session where she scored 23/40 across the four life areas.

## Treatment

Briony completed an 8-session intervention on worry management. Her RCADS and initial assessment had indicated that graded exposure and behavioural activation could also have been suitable, but upon offering the treatment plans, Briony felt worry management was the one which she felt was more appropriate for her as she knew she felt feelings of worry which impacted on her panic symptoms and her motivation to do things to improve her mood.

The treatment package included psychoeducation on fight, flight, freeze and the vicious cycle of worry, completing a worry diary and differentiating between hypothetical and practical worries. For hypothetical worries, we came up with a plan for a worry time for Briony and for practical worries we looked at problem solving. Problem solving was also helpful to support with Briony's activity level as we identified her problem as not having things to do in the holidays, so we used this time to help her plan a suitable activity which supported which her friendships.

In addition, we did psychoeducation on intolerance to uncertainty as this was something she identified made her feel uncomfortable and we build a ladder around this with items such as going a different way in school at the bottom to going into a big shop on her own nearer the top.

We also discussed Briony's self-esteem and looked at the poison parrot metaphor and positive self-talk to help her to see herself in a more positive light. Briony was able to identify that she thought she was funny, a good listener and a friend that people could come to for their problems which she said made her feel good about herself.

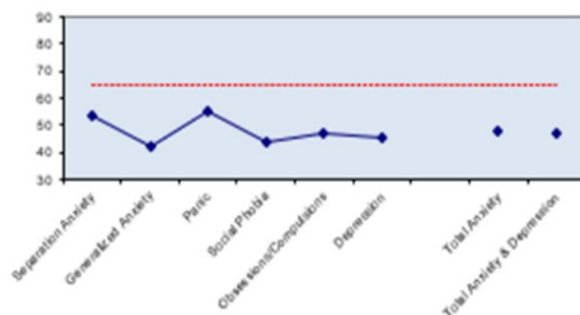
## Outcome

Just before the end of treatment, I received a phone call from Briony's Mum who was concerned she had gone backwards in her mental health; however, in our session Briony said she felt she just did not feel like returning to school after the holidays but was feeling better in herself. She said that she knew sometimes she needed to work harder on applying strategies from the sessions but felt they were helpful and wanted to keep up her progress.

Briony achieved her goal and scored it as a 10 in her final session. Her ORS had also improved to a 39/40 with school feeling more tolerable for Briony and something she had accepted she had to do even if it was not her favourite thing.

There were huge changes in her RCADS with all symptom areas now falling below the threshold of clinical relevance:

Scales	Raw Scores	T Scores
Separation Anxiety	4	54
Generalized Anxiety	5	42
Panic	7	55
Social Phobia	10	44
Obsessions/Compulsions	4	47
Depression	6	45
Total Anxiety	30	47
Total Anxiety & Depre	36	47



In her final session, Briony said she felt proud of herself for what she had achieved and how she had managed to bring her anxiety down. She said she did not recognise her feelings towards herself from the initial assessment and no longer felt she was missing out on time with friends or felt as impacted by her relationships as she felt more confident in herself.

# Anonymous Service

## User Case Study: Kooth

### Background

Poppy came to Kooth because she was suffering with suicidal thoughts, self harm, sleeping difficulties and panic attacks.

Poppy was actively self-harming, her mum was aware of this however she did not feel supported by her.

### Engagement

Poppy was offered a named worker and attends chats weekly. When she first came to Kooth she was presenting with immediate risk to herself. Poppy has shared her personal identifiable information with Kooth, allowing the service to make calls to external agencies for safeguarding purposes if needed. She is asked about her safety in each interaction, including and plans to harm herself or end her life. Where immediate risk is disclosed, police have been alerted.

Due to the complex nature of her presentation and the risks identified, a social care referral was also made. This has allowed more support to be put in place for Poppy and Kooth works alongside other services with a multi-agency approach.

Since working with Kooth and other services Poppy has developed a more positive mindset feels more confident in herself. She has now gone 4 months without having suicidal thoughts. She also shares that self harm urges are less strong and easier to manage. Practitioners continue to assess risk and work with Poppy to develop healthy coping strategies.

### Risk & Needs

Poppy was identified as high risk due ongoing suicidal thoughts and self harm, which sometimes resulted in Poppy disclosing immediate risk of harm to herself.

On these occasions police were called to check on Poppy's welfare.

### Safeguarding & Wellbeing

Due to initially presenting with immediate risk, Poppy was asked to share her personal identifying information with Kooth and agreed to do this. This allowed for emergency safeguarding when she presented with a suicide plan and also for referrals to be made for ongoing support. Poppy has also worked with Kooth to develop a safety plan identifying triggers, coping strategies and safe people and places she can utilise when struggling. She has been working with her named worker to challenge negative thoughts and build her confidence. As a result, she has been able to keep herself safe for the past 4 months - a significant improvement compared to when she first reached out to Kooth.





# Anonymous Service User Case Study: Kooth

## Background

Charlie is currently in foster care after being removed from her mum's care.

Charlie misses her mum a lot and is very disappointed that she is no longer able to live with her; they do have visitation.

In the past, Charlie has lived with another foster carer but felt they did not have a good relationship which impacted her ability to trust others.

## Service User Feedback

**91% of SU's in Rotherham  
said Kooth is a useful source  
of support in Q2**



## Engagement

Charlie came to Kooth seeking support around thoughts of self harm when missing her mum. She also wanted support to build trust with her newest foster carers following a difficult experience in her last placement and was finding all adults difficult to trust.

In chat and message support with Kooth practitioners, Charlie explored alternative strategies to manage thoughts of self harm and reasons to stay safe such as hobbies and aspirations for the future.

Being able to access anonymous support online assisted Charlie to manage her difficulties with confidence and trust as accessing online support helped her feel in control of the relationship. Breaking down barriers regarding trust towards adults, helped her to be more open with how they were feeling and through building this trust with Kooth practitioners enabled Charlie to take steps towards getting more help from foster carers and school when feeling anxious or down.

Charlie also engaged with peer support on Kooth, using the space to tell her story and supporting others living in care. Charlie has also been working on building her confidence using affirmations and creative writing.

## Risk and needs

Through direct risk enquiry, it was established that Charlie experienced thoughts of self harm but shared there was no intent to act on these. Thoughts of self harm were usually triggered by missing her mum and by feeling anxious around other people following her previous experiences.

When she came to Kooth she was struggling to seek support with this as she found it difficult to trust adults. Any increase in risk is assessed and monitored during interactions made at Kooth.

## Safeguarding & Wellbeing

Charlie has been able to explore the triggers for her thoughts of self harm and explore alternative coping strategies. She has built a safety plan on Kooth which includes protective factors, self care strategies, people to talk to and hopes for the future.

Information sharing regarding the opportunity to disclose her personal information to enable Kooth to reach out to appropriate services was shared, but Charlie has opted to remain anonymous. She has been supported to build trust with others, allowing her to get help from foster carers and at school.

Charlie has been working with practitioners to build her confidence in herself using creating writing. These interventions have contributed to a reduction in risk escalating. Charlie is not actively self harming and feels safe in herself.



# WorkWell

Christine Joy, Chief People Officer  
Tina Slater, Head of Employment and Careers, SYMCA





# WorkWell - context

- At Spring budget 23 – government announced over £2billion to support disabled people and people with health condition to start, stay and succeed in work – of which WorkWell is a key component
- The suite of measures will drive forward new approaches to work and health, and also includes, for example, introducing Employment Advisers into Musculoskeletal (MSK) clinical pathways, scaling up MSK community hubs to improve access and introducing Universal Support – a new supported employment service



# WorkWell - overview

- WorkWell to support 59,000 disabled people and people with health conditions to start, stay and succeed in work
- Will fund up to 15 pilot areas (vanguards)
- Services must be locally-led in response to population need – increased focus on Mental Health and MSK – Key drivers of ill-health-related economic inactivity, and a focus of the major conditions strategy



# WorkWell - objectives

## Objective 1: Deliver a holistic work and health service

- Design and deliver a new early intervention assessment and support service
- Light touch holistic support for health-related barriers to employment
- Single joined up view and gateway into services that are available locally
- Available to anyone with a disability or health condition who needs support to start, stay or succeed in work – regardless of if they are claiming benefits

## Objective 2: Take forward an integrated local work and health strategy

- Support and drive a joined up approach to integrating the range of work and health services at local level.

## Objective 3: Be part of a national learning programme

- National Support offer
- Shared learning



# WorkWell - objectives

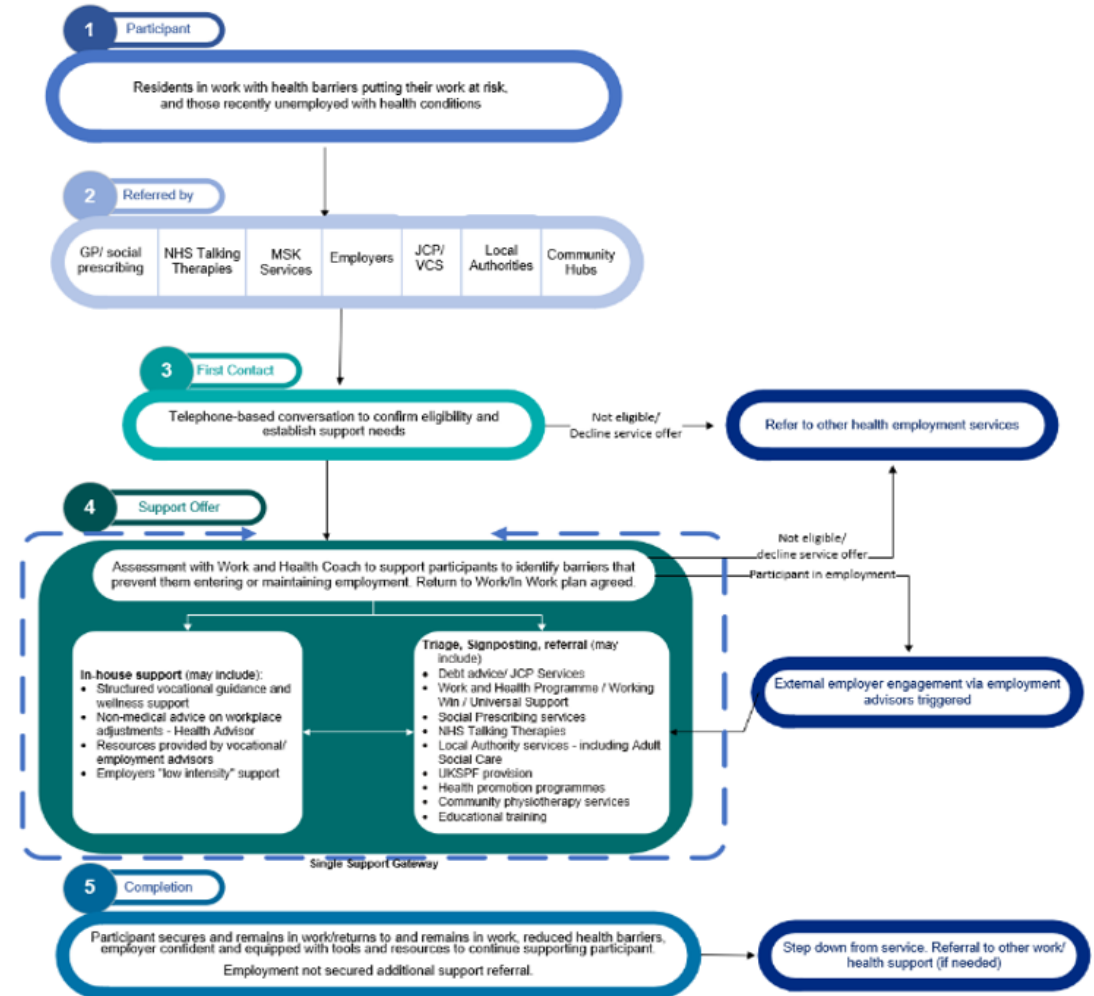
- Partner group convened:
  - Job Centre Plus (JCP)
  - South Yorkshire Integrated Care Board (SYICB)
  - South Yorkshire Mayoral combined Authority (SYMCA)
  - Barnsley Local Authority
  - Doncaster Local Authority
  - Rotherham Local Authority
  - Sheffield Local Authority
- Provider sessions delivered
- Bid collaboratively developed
- SY application and partner letters of support submitted: 22 January 2022 (in line with deadline)





# WorkWell - delivery model

## Integrated service delivery model



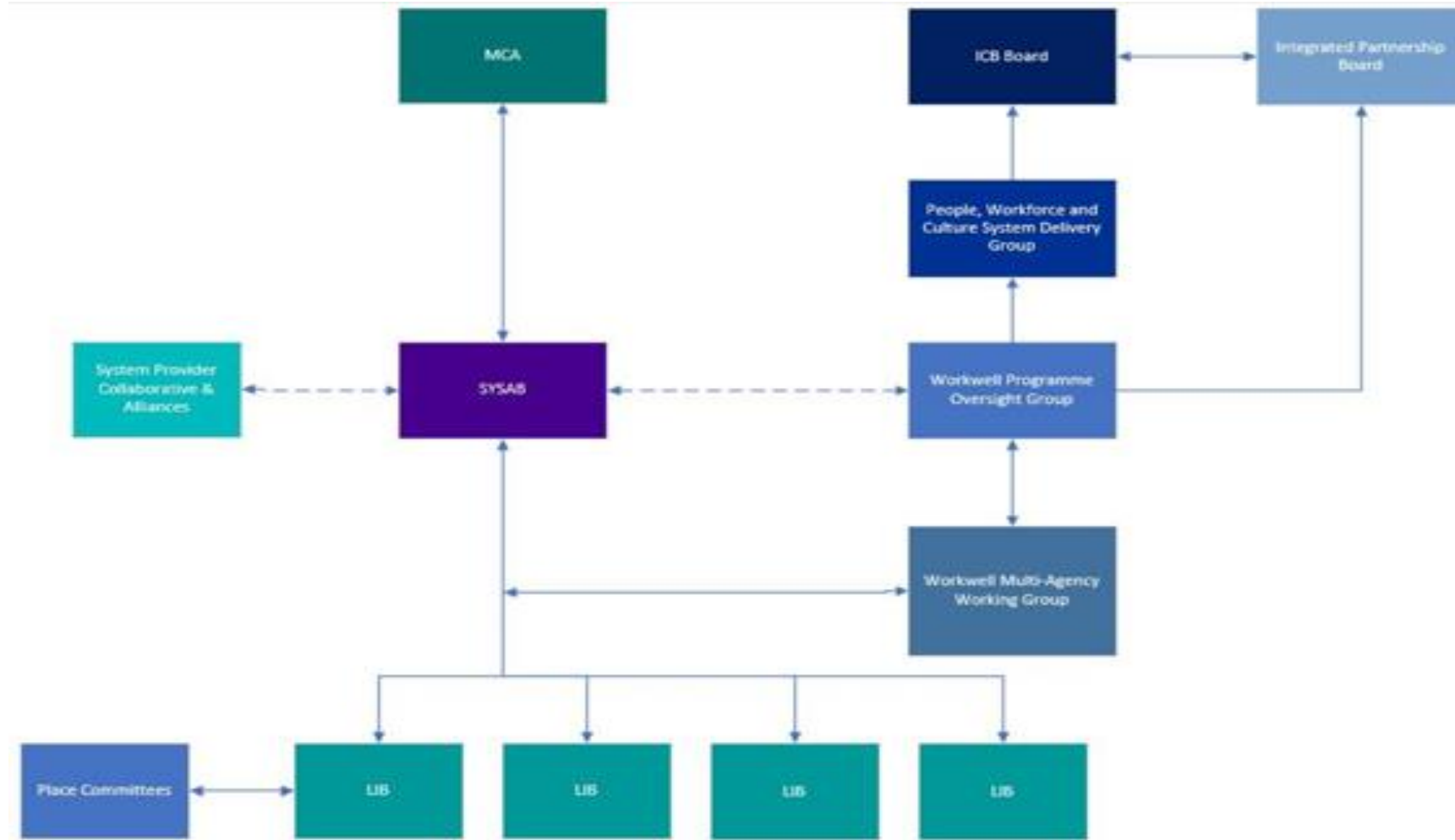


# WorkWell – strategy development

- Learning and change role to lead on development of a work and health strategy for the region – working closely with partners and providers



# Governance – proposed structure





# WorkWell Next steps

- Intended timescales from DHSC / DWP to announce successful bidder notifications - early April 2024
- SYICB – funding applied for (1 year) from SYICB to DHSC/DWP for leadership role (separate to WorkWell)



Thank you

# Pathways to work commission



An independent commission for  
Barnsley with one key line of enquiry:

**How does Barnsley enable all of our  
working age population, particularly  
those currently outside the labour  
market, achieve pathways to  
employment?**





## Ongoing research

- Kada Research conducting a series of **in-depth 1-1 interviews** with individuals who are or have been out of work due to health or caring responsibilities.
- Kada Research conducting follow-up **focus groups** with an emphasis on identifying solutions.
- **Business survey** launched to invite further evidence from local businesses.
- **Local data pilot** underway exploring data sources to provide hyperlocal data on inactivity and priority areas for targeted interventions.
- Procurement ongoing for **large-scale polling** of economically inactive residents in South Yorkshire.
- Ongoing **desk-based research** and production of pre-reading packs ahead of each commission session.

**Pathways to work**  
commission

## Commission progress to date

### Commission sessions held to date:

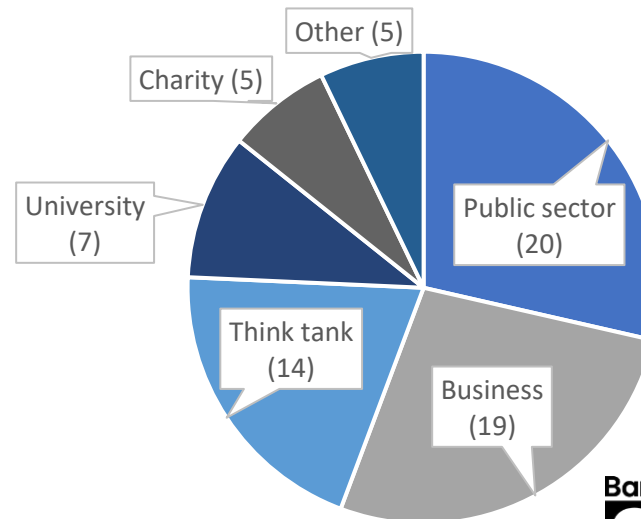
- Launching the Commission
- Looking at the data and refining our scope
- Understanding employment support
- Hearing from our businesses
- Reflecting on national policy

### Upcoming Commission sessions:

- **Health and inactivity (1 Feb)**  
*Grateful for significant ICP input!*
- Identifying solutions (29 Feb - 1 Mar, overnight session)

Timeline	March-May:	Report development
	June-July:	Report launch

## Engagement to date



Organisations Engaged to Date  
(evidence sessions and meetings)



**70 individuals/organisations engaged** in providing evidence.

**56 in-depth interviews with residents** completed (focus groups due in January 2024).

# Session 6 Health

Time	Session	Who	Focus
<b>10:35-11:00</b> 25 mins	<b>Clearing the fog: Health, Work &amp; Inactivity Data Presentation</b>	Barbara Coyle (South Yorkshire) & David Finch (Health Foundation)	Focussed on inactivity, work & health data; including review of particular conditions of the EI population and any causes for significant trends and changes.
<b>11:00-11:45</b> 45 mins	<b>Keynote Speaker: Reflections on Work and Health from Dame Carol Black</b>	Dame Carol Black	Reflections on the connection between work and health, economic inactivity and health-related benefits, and key opportunities for this Commission to make an impact.
<b>11:50-12:30</b> 40 mins	<b>Stemming the flows: Supporting In-work Health</b>	Christine Joy (SY ICP), Ruth Speare (SYMCA Public Health), & Be Well@Work (BMBC)	An overview of local interventions and employer practice to retain people in employment (including within the large healthcare and caring workforce).
<b>12:30-1:30</b> 60 mins	<b>Lunch with key local health stakeholders</b>	Various	Working lunch with key local and regional health and care system partners, with representation from acute trusts, primary care, the ICB, mental health trusts, public health and adult social care.
<b>1:30-2:30</b> 60 mins	<b>Healthy Barnsley: strengths and weaknesses in supporting people in or into work</b>	Barnsley & South Yorkshire health partners, including: <ul style="list-style-type: none"> <li>•IPS services</li> <li>•Social prescribing model</li> <li>•NHS Talking Therapies</li> <li>•GP (&amp; PCN Accountable Clinical Director)</li> <li>•Creative Minds TBC</li> <li>•Supported Employment TBC</li> </ul>	An opportunity to map what is already happening in Barnsley to support healthy working lives and entry into the workforce for those with health conditions or disabilities. Inviting a range of services with strong outcomes and focus to share about provision, effectiveness, and gaps; with time for subsequent discussion.
<b>2:45-3:30</b> 45 mins	<b>Looking ahead: Opportunities for Innovation</b>	Panel: <ul style="list-style-type: none"> <li>•Chris Miller, Big Health “Daylight”</li> <li>•RDASH UpLIFT</li> <li>•Anna Burhouse (TBC)</li> </ul>	Inviting a panel of speakers to address how innovation can support healthier working lives, with a particular focus on mental health.

# Kada Research: emerging findings

- The need for early intervention when people become economically inactive: The risk of the 'downward spiral' grows as people spend longer out of work.

*"But they're on that spiral, they get out of work, and they can't get themselves back in"* John, aged 62.

- Understanding transitions and avoiding pinch points: Groups such as the over fifties or those with childcare responsibilities need support to transition into a new job before hitting pinch points where more intensive intervention is required to avoid long-term inactivity.

*"a lot of people out of employment are those with young children. So when they're going into a school in a nursery setting, that would be prime time to say well this is also available, so it could be included in induction packs and things like that, that you know, now your child's in school, have you thought about doing ABC?"*

*Often it's not until after they reach five that the job centre makes them, but actually now that childcare is increasing, the free provision, 15 and 30 hours from the age of two, we should be feeding that information through at a younger age and I don't feel like that plan's coming to fruition yet"* Sara, aged 40.

# Kada Research: emerging findings continued

- The need for increased visibility of support: Often the support is there but people do not know how or where to access it at the time they most need it.

*“I don't know what support there is out there. It's not, I don't even know where to go to find that out yet”* John, aged 62.

*“My honest answer is that I've been out of the loop that long and I'm not sure. That's my honest answer on that”* Kiernan, aged 54.

- The delay in mental health treatment creates further challenges for people: As well as the individual impacts, a further deterioration in mental health is likely to lengthen time out of the labour market and impact on families and communities.

*“...Because if my treatment was now finished, if I'd have had that, say three, four, six months ago, in a reasonable time span, I might well now be in the stage of recovery and back into work. So that time lag, I guess, really means, that 16 months is, it's going to mean I'll be dismissed on mental health”.* John, aged 62.

- Support delivered in communities by trusted organisations works: Once people have a relationship with a trusted organisation, they often return for support with different needs over time, and raise awareness of support with friends and family members.

*“Like I say, that's why I've been to the community centre. Because I started off because we didn't have much money. So I got a food parcel from them. And then from getting the food parcel, she invited me to the women's group...I've made friends there. And then they have a coffee morning on a Thursday...And then every two weeks they have bingo”* Mollie, aged 43.

# Kada Research: emerging findings continued

- Experiences of economic inactivity are often complex: The impacts can reach across all aspects of the lives of those affected – emotional, family, financial and health.

*“So while I'm trying to do my job that I supposedly had, I still had to look for another job, still going to a job centre to see them, dealing with my daughter at the same time [with mental health issues], it were like, bang your head against wall. Stress. My mental health just wasn't right. I can't deal with it”.* Julie, aged 44.

- Small but important steps: People's journeys start with small steps. They need the opportunity to proceed at their own pace and supportive environments are key.

*“If you've got one problem and you could sort it out, that would be ok. But then you get others and they're not sorted out. It just sort of spirals, doesn't it?”* Shelly, aged 44.

- People want to work especially in roles which help people, that have social connections, and purpose.

*“I still want to be a paramedic. I just want to get over this depression and anxiety and sort my daughter out and stuff so that I can get back into it”* Marguerite, aged 40.



**Employment**  
is for **Everyone**

## **SY ICP Board Meeting**

January 2024

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# Today's Presentation

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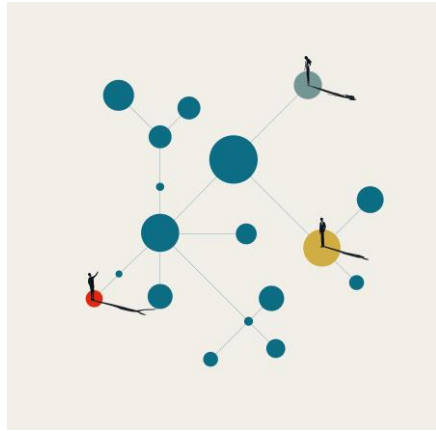
## We would like to talk to you about:

- What Employment is for Everyone is
- Why the movement is needed
- How the movement is helping people in South Yorkshire
- Some of our key achievements to date
- Our plan for 2024
- **Our ask – we need your help to drive the required, positive changes**



# What is Employment is for Everyone?

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“We are a social movement aimed at improving employment opportunities for people with learning disabilities and autistic people in South Yorkshire”

“We are a social movement because anyone can be part of it, and we know it will only succeed if people across the system sign up and support the movement”

## Changing People's Lives



- <https://vimeo.com/718277004>

# Where it started!

In 2019 the Learning Disability and Autism Programme for South Yorkshire held a regional event to talk about the key priorities for people with learning disabilities and autistic people.

**People told us that employment was a key priority and that we need to make it easier and more accessible**



# Why we need this movement?

Local Authority	Proportion of People with LD in employment (2021-2022)	General Population Proportion of People in employment (2022-2023)
Barnsley	<b>4.40%</b>	72.40%
Doncaster	<b>4.40%</b>	73.40%
Rotherham	<b>2.50%</b>	75.00%
Sheffield	<b>3.60%</b>	71.80%

## The regional employment picture -

- We know there are lots of talented people across South Yorkshire that want to work.
- We know many local businesses are struggling to recruit.
- However, employment figures and regional knowledge shows the current situation is not improving employment opportunities and increasing employment rates.
- This is why we have been trying a different approach.

# Why we need this movement?

## Health and financial benefits of moving individuals into employment in the UK

With combined costs from worklessness and sickness absence amounting to over **£100 billion annually**

PHE's ROI tool shows

that every person moving from worklessness into **employment** would save...



**£12,035**

per person  
over a 1 year  
period

This is broken down by:



**£540**  
to local authorities



**£85**  
for the NHS



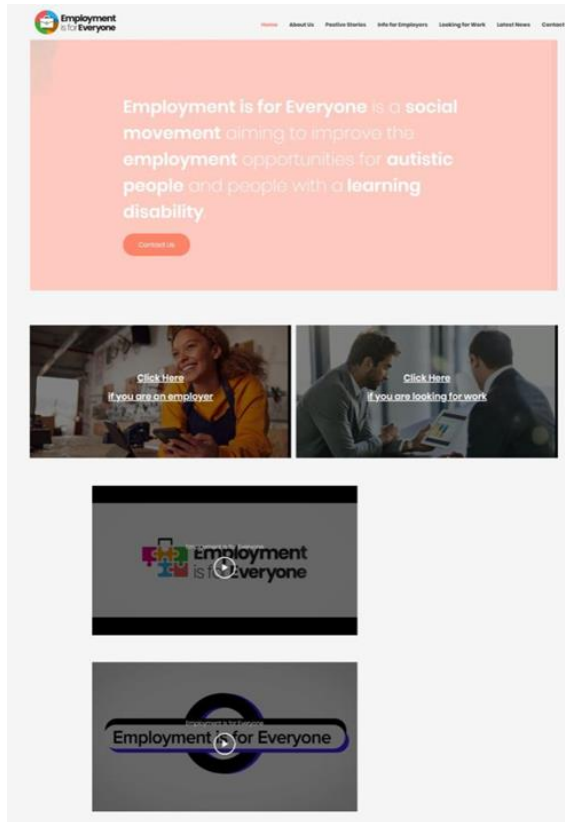
**£11,410**  
to government

## Mencap's 2019 Big Learning Disability Survey

- found 23% of working age adults (aged 18 to 64) with a learning disability have a paid job.
- We know across South Yorkshire that this figure is less.

## Joseph Rowntree 2023 -

- Low rates of employment mean people are more likely to be in poverty and in very deep poverty.
- 7 in 10 low-income households with a disabled person went without essentials between November 2022 and May 2023 (compared to 6 in 10 households without a disabled person).
- 62% of people who experienced destitution during 2022 were disabled or had a chronic health problem.



# How the Movement Developed.....

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## What we did –

- We set up a South Yorkshire Employment Project Development Group and agreed priorities
- We brought key stakeholders together
- We created a website and founded Employment is for Everyone
- We launched Employment is for Everyone at an event in June 2022 where over 170 attendees joined



# Aligning to the South Yorkshire ICP Strategy

## *The ICP Long Term Plan*

**“Work together to increase economic participation and support a fair, inclusive and sustainable economy”**

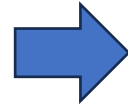
**“Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25%”**

*\*The plan refers to people with a learning disability, not autistic people*

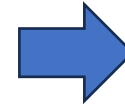


# ICP Strategy – understanding the data

“Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25%”



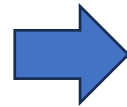
Based on the current employment statistics and the population for people with learning disabilities (aged 14+ and 18+ using annual health check data)



This equates to **1487 new jobs** across South Yorkshire for **people with learning disabilities** between 2023 – 2028

*\*We are already a year into this*

Applying the same approach for our Autistic Population, (using Autisticas estimation that 21.7% of autistic people are in employment). To reduce the gap in the employment rates by 25% this equates to another **4391** new jobs across South Yorkshire for autistic people.



## Employment Targets (between 2023 – 2028)

- **1487 new jobs** across South Yorkshire for **people with learning disabilities** + **4391 new jobs** across South Yorkshire for **autistic people**

**Total jobs = 5,878**



# Key achievements to date:

All of our work is co-produced with people with lived experience, our employment leads and other relevant organisations

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## Working with people, collaborating and creating regional tools



- Co-ordinated and connected partners within our Local Authorities to avoid duplication and share best practice.
- Escalate issues to strategic level when required.
- We are working with and growing networks with people and organisations from all sectors and across South Yorkshire.
- The website - over 3000 people have accessed this since June 2022.
- We are currently co-creating an 'employment wellness action plan' (x2 versions to meet different accessibility needs).
- We have plans to co-create vocational profile tools and an 'employer toolkit' with partners.

# Key achievements to date:

All of our work is in response to a gap or what people are telling us is needed in South Yorkshire.

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## Working with businesses and employers

We have worked with local businesses across South Yorkshire to co-design 'employability days' and then coordinated and shared their opportunities to people and support organisations – resulting in:

- Over 1000 people attending our events, training, taster and experience days
- 32 job offers/vacancies – across multiple businesses
- 12 people into employment, 6 supported internships

We have supported and continue to support businesses to be more inclusive through training and development and changing policies and processes – e.g. GXO

If we can continue to work with organisation's to embed this culture, it will have a significant impact on making employment accessible and organisations inclusive.



# Key achievements to date:

All of our work is in response to a gap or what people are telling us is needed in South Yorkshire.

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## Best Practice


Since the launch of Employment is for Everyone, this movement has been promoted nationally as best practice.

### We have presented at:

- National Children and Adults Conference, 2022
- Learning Disability England annual conference
- Regional events run by the National Team for Development and Inclusion (NDTi)
- The South Yorkshire employment operational leads, national think tanks (CSJ, NDTi, LDE), NHSE and other areas are telling us that this regional and collaborative approach is what is needed.

# Key achievements to date:

All of our work is in response to a gap or what people are telling us is needed in South Yorkshire.



**Ambassadors**

Name of organisation - ..... is proud to be an Employment is for Everyone Ambassador.

**As an Employment is for Everyone Ambassador we are committed to:**

- Employing people with learning disabilities and autistic people or offering alternative pathways towards job opportunities.
  - Alternative pathways may start with volunteering or job shadowing but with the aim of leading to a potential job.
- Upholding the vision of Employment is for Everyone and promoting inclusion.
- Sharing job vacancies and opportunities with the Employment is for Everyone Team.
- Making reasonable adjustments to ensure our job vacancies are open to everyone.
- Ensuring that we have the skills, knowledge and culture to promote an inclusive workforce that is happy and where everyone is accepted and supported to do their job and achieve.
- Promoting and sharing positive stories with the Employment is for Everyone Team.
- Working in collaboration with Employment is for Everyone and their partners to ensure that people are correctly supported in work.
  - This may include partner organisations providing an in-work job coach to support our organisation and the individual (this might be at the start and throughout a person's employment).

**Signed:**

**Date:**

**Email address:**

Please send completed forms to - [team@employmentisforeveryone.org.uk](mailto:team@employmentisforeveryone.org.uk)

## Ambassador standards for businesses


- We have designed South Yorkshire Ambassador Standards to encourage more employers to offer opportunities and promote good practice.

\*South Yorkshire ambassador standards



# Key achievements to date:

All of our work is in response to a gap or what people are telling us is needed in South Yorkshire.



The South Yorkshire employment pledge

**What is the employment pledge?**

The South Yorkshire employment pledge is about confirming your organisations commitment to improve employment opportunities for people with a learning disability and autistic people across South Yorkshire.

In addition to this pledge, we are also asking South Yorkshire businesses to sign up to shared South Yorkshire employer standards with the aim of them becoming more inclusive and offering more opportunities.

We are now asking public sector organisations across South Yorkshire to pledge their support to this work by -

- **leading by example** - offer supported employment and/or supported internship opportunities and consider if you can build this into your contracts with other businesses to ensure they are also offering opportunities
- **training** – consider if your organisation is inclusive or requires awareness training around learning disability and autism and inclusive employment training.
- **confirming your support** - confirming your support for this movement, adding your logo to the standards that are shared with employers in our region and contributing to future collaborative work.
- **Promote Employment is for Everyone Movement** – Using social media to promote #Employment is for Everyone, include in updates in communications internal and external.

**Why this pledge is important**

The South Yorkshire ICP Strategy (July 2023) aims to close the gap in employment by 25% for people with learning disabilities and autistic people.

Through public organisations leading by example and providing supported employment and internship opportunities it will -

- provide the chance for local residents to meet their employment aspirations
- provide your organisation with a pool of talented employees
- ensure your organisation is representative of your area
- dramatically improve the local employment statistics for your area
- help colleagues meet their employment project requirements
- encourage partner organisations and other local businesses to follow this example and offer opportunities
- improve health and wellbeing for individuals who face many health inequalities

## The South Yorkshire Pledge

- We created a South Yorkshire pledge for public sector organisations. You are some of our largest employers, we need you to lead by example and this should create hundreds of opportunities.

## The pledge asks our public sector organisations to:

- support to transform this vision into a reality for individuals in our communities
- lead by example by offering opportunities in their organisation (ideally committing to a number)
- engage with the movement so that we can then connect them to training and internal/external providers that can support them
- work together on shared comms to get information out wider and avoid duplication

# Our plan for 2024

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## For 2024 – we have the following programme of work:



- 10 jobs to advertise across South Yorkshire (Peer Support Workers / Oliver McGowan Trainers)
- Work with new and previous employers to create and share their opportunities across South Yorkshire
- Continue to run and co-ordinate the South Yorkshire Employment Project Development Group
- Support or run regional events – potential futures fair
- Further website developments (health information)
- Creating one document which showcases the whole offer to employers – e.g. supported internship, apprenticeship, employment, volunteering.
- Support implementation of the South Yorkshire pledge – this alone would create 100s of opportunities

# Summary

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- Employment is for Everyone is in a unique position to affect cultural change by working as a connector for;
  - people with learning disabilities and autism looking for employment
  - businesses looking to employ people
  - the employment support services and teams who are working tirelessly to get people into employment with limited resources available
- We created this movement because people told us employment should be a priority, but we need to make it easier and more accessible and employment statistics show we need to do things differently
- Our collaborative and co-designed approach has been identified as good practice and is resulting in positive outcomes
- The target for South Yorkshire is ambitious but we believe it should be and also believe it is achievable working collaboratively
- We have lots of opportunities for 2024



# Ask to the board

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1. Support the continuation of Employment is for Everyone and acknowledge the benefits of having a more tailored and inclusive approach to addressing employment gaps for people with learning disabilities and autism.
2. Agree to support the pledge – we have drafted the pledge and are asking all members of the meeting today if they can take this back to their retrospective organisation's for comments and feedback. Following agreement, we would like the board to support sign up across South Yorkshire.
3. Provide support and signposting to access any funding opportunities and funding sources to help support the continuation of the programme and social movement.

# Funding

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<ul style="list-style-type: none"><li>• The cost to fund the programme until June 2025</li><li>• Includes project management and support resource</li><li>• EBE resource</li><li>• Accessible information resource</li><li>• Training resource</li></ul>	<b>£107,126</b>
<ul style="list-style-type: none"><li>• The website can be built in stages, but full cost</li></ul>	<b>£66,000</b>
<ul style="list-style-type: none"><li>• If we looked at the cost of the programme in relation to the target for increasing employment rates by annual target it would be approx. £90 per person v's the health and financial benefits of moving people into employment £12,035</li></ul>	



# Involving and working with our citizens

Start with People: South Yorkshire – our strategy refresh



# Start With People South Yorkshire

Our approach to working with people and communities | May '22 - May '23










# NHS South Yorkshire Involvement Action Plan June 2023

## Goals:

-  To listen consistently to, and collectively act on, the experience and aspirations of local people and communities, as articulated within our [Start with People: South Yorkshire Strategy](#).
-  Involved Communities – To work with our communities so their strengths, experiences and needs are at the heart of all decision-making, one of the three goals of NHS South Yorkshire.
-  To listen and coproduce with people and communities, a South Yorkshire Integrated Care Partnership Strategy joint commitment.

Principle 1	Principle 2	Principle 3	Principle 4	Principle 5	Principle 6	Principle 7	Principle 8	Principle 9	Principle 10
Put the voices of people and communities at the centre of decision making and governance at every level of ICB	Start engagement early when developing plans and feed back to people and communities about how their engagement has influenced activities and decisions	Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect	Build relationships with excluded groups, especially those affected by inequalities	Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners	Provide clear and accessible public information about vision, plans and progress, to build understanding and trust	Use community development approaches that empower people and communities, making connections to social action	Use co-production, insight and engagement to achieve accountable health and care services	Co-produce and redesign services and tackle system priorities in partnership with people and communities	Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places
<b>Priority 1</b> Put the voices of people and communities at the centre of decision-making			<b>Priority 2</b> Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities				<b>Priority 3</b> Work with people and communities on the priorities identified in the Joint Forward Plan		





# Where are we now?

**Priorities for 2023/24 - See more detailed plan in appendix and on our website for more information**

- **Put the voices of people and communities at the centre of decision-making.**

This includes: Working with system partners on a coordinated and where possible standardised approach to citizen **involvement**. Developing a 'start with people' minded workforce. Ensuring governance, assurance processes and systems all support this aim. Improving communication and feedback to our communities to build understanding and trust.

- **Embed mechanisms to enable citizen **involvement** to play a key role in the system focus on tackling health inequalities.**

This includes: Working with the VCSE, Healthwatch and partners on an approach for ongoing insight capturing, particularly from our underserved communities, to ensure we understand our communities' needs and empowering our people and communities. Ensuring systems and processes are in place for a continuous **involvement** cycle where citizens can talk to us at any point, in any way, and we will listen and gather their insights and use them to inform our work.

Developing opportunities for coproduction and working hand in hand with our communities to tackle system priorities.

- **Work with people and communities on the priorities identified within the Joint Forward Plan.**

This includes: Ensuring our future plans involve our citizens, using appropriate **involvement** levels and approaches, including coproduction and working in partnership with our communities.

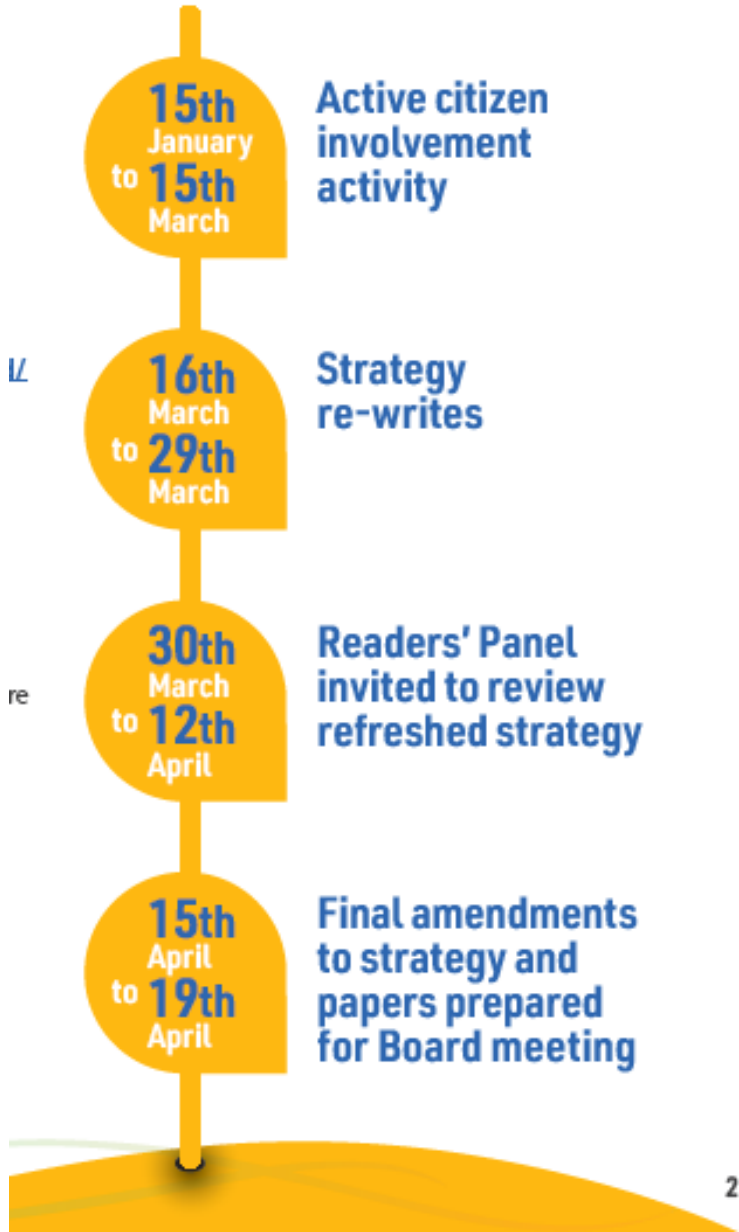
As an example, programmes we are anticipating supporting in system or place include potential pathway redesign work for autism, dementia, end of life care, frailty, and cancer; and potential consultations around GP practice changes and improvements to primary care.







The proposed timeline for involvement is as follows:







# South Yorkshire VCSE Alliance Co-Design Workshop Tuesday 30 January 2024

# healthwatch



Home [Meetings](#) >> Committee Details

- Calendar
- Committees
- Decisions

## Committee Details

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

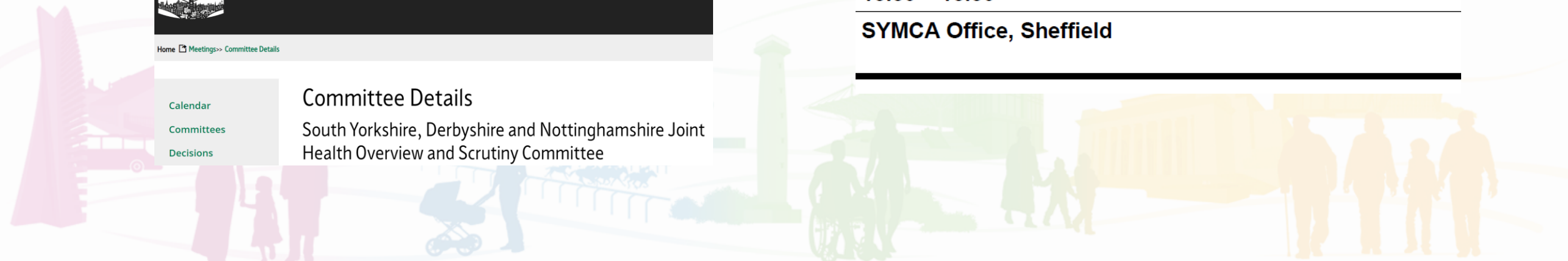
### SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP

Meeting in Public

25 January 2024 – Meeting will be held in person.

13.30 – 15.30

SYMCA Office, Sheffield





## How to share your views

### @ Email us

If you have read our strategy and want to share your thoughts on what you think we should change in the refresh please email [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net). You may also want to give us your views on the ideas in this document.

This method of responding is for people who prefer open-text responding and do not wish to be guided by questions.

### ✓ Survey

If you prefer questions that guide you to respond please fill in our quick online survey <https://re-url.uk/WUZI>.

### 📺 Online meeting

If you would like to have a discussion to contribute your views please join us at our online session on Wednesday 21st February at 6pm. Email us at [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net) for login details.

### ✉ Invite us to an existing meeting

If you are part of an existing meeting where you think the other participants would like to contribute, and you are meeting during Jan / Feb / March 2024 please email [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net) to ask us to attend.

### 👁 Readers' Panel

If you would like to be part of a Readers' Panel to review the entire strategy when it has been refreshed please email [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net)

### 👥 Drop in sessions

If you prefer in-person we are holding a series of drop-in sessions in each of our places as follows:

#### • Barnsley

**Wednesday 21st February, 10am-12pm.**  
BHF Priory Centre, Pontefract Road, S71 5PN.  
Help to get to BHF Priory Centre can be found here:  
<https://www.bhfpriorycentre.co.uk/contact-us>

#### • Doncaster

**Tuesday 27th February, 10am-12pm.**  
Danum Gallery, Library and Museum, DN1 3BZ.  
Help to get to Danum Gallery, Library and Museum can be found here:  
<https://www.doncaster.gov.uk/services/culture-leisure-tourism/danum-gallery-library-and-museum-dqlam>

#### • Rotherham

**Thursday 22nd February, 10am-12pm.**  
The Spectrum, Coke Hill, S60 2HX.  
Help to get to The Spectrum can be found here:  
<https://www.varotherham.org.uk/how-to-find-us>

#### • Sheffield

**Thursday 29th February, 10am-12pm.**  
The Circle, 33 Rockingham Lane, S1 4FW.  
Help to get to The Circle can be found here:  
<https://www.thecirclesheffield.org.uk/how-to-find-us/>

Refreshments will be available at each drop-in. If you would like to attend a drop in and need additional support to do so, please contact us at [syicb.involve@nhs.net](mailto:syicb.involve@nhs.net) or ring 0114 305 1713 and leave a message for a member of the Involvement Team to get back to you to discuss your needs and how we can help.

**Healthwatch**





[https://syics.co.uk/application/files/8717/0559/8883/NHS SYICB Involvement Plan for the Start With People Strategy Refresh FINAL.pdf](https://syics.co.uk/application/files/8717/0559/8883/NHS_SYICB_Involvement_Plan_for_the_Start_With_People_Strategy_Refresh_FINAL.pdf)



<b>Minutes</b>	
<b>Title of Meeting:</b>	<b>PUBLIC</b> Rotherham Place Board: Partnership Business
<b>Time of Meeting:</b>	9.00am – 10.15am
<b>Date of Meeting:</b>	Wednesday 17 January 2024
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	Chris Edwards/ <b>Sharon Kemp</b>
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Sue Cassin, Chief Nurse (Roth), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCG Lydia George, Strategy & Delivery Lead (Roth), NHS SY ICB Shahida Siddique, Independent Non-Exec Member, NHS SY ICB Michael Wright, Deputy Chief Executive, TRFT
<b>Conflicts of Interest:</b>	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.
<b>Quoracy:</b>	Confirmed as quorate.

**Members Present:**

Sharon Kemp (**SK**), Chairing, Chief Executive, Rotherham Council  
 Chris Edwards (**CE**), Executive Place Director, NHS SY ICB  
 Dr Anand Barmade, Medical Director, Connect Healthcare  
 Ben Anderson (**BA**), Director of Public Health, RMBC  
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS SY ICB  
 Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster and South Humber NHS Foundation Trust  
 Louise Tuckett (**LT**), Director of Strategy, Planning & Performance, The Rotherham NHS Foundation Trust  
 Andrew Russell (**AR**), Chief Nurse, NHS SY ICB

**Participants:**

Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB  
 Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB  
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB  
 Garry Parvin (**GP**), Joint Head of LD, Autism & Transitions Commissioning, RMBC/ICB  
 Cllr David Roche (**DR**), H&WB Board Chair, RMBC (part of the meeting)

**In Attendance:**

Leonie Wieser, Policy Officer, RMBC  
 Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB



Item Number	Discussion Items
<b>82/1/24</b>	<b>Public &amp; Patient Questions</b>
There were no questions.	
<b>83/1/24</b>	<b>Update from the Director of Public Health</b>
<p>BA presented graphs showing that respiratory trends are coming down with peaks of flu and covid now passed. However, a note of caution was added that a second peak was possible following schools returning.</p> <p>There had been a significant outbreak of measles in the Midlands, which is of national concern, however Rotherham has had good uptake overall of the MMR vaccinations with known pockets of low coverage.</p> <p>Members thanked BA and noted the update.</p>	
<b>84/1/24</b>	<b>Learning Disability &amp; Neurodevelopmental Update</b>
<p>Garry Parvin, Joint Head of Learning Disabilities, Autism and Transition Commissioning gave an update. He reminded members that two strategies have been drafted, one for people with a learning disability and one for all age autism, which have been built on engagement and co-produced. The strategies have shared priorities and also align with the South Yorkshire Integrated Care Partnership priorities.</p> <p>GP gave a broad overview of the South Yorkshire LDA programme and priorities for 23/24.</p> <p>Members were asked to note the challenges and risks. There had been an increase in the number of admissions of autistic people into mental health hospital beds. A review of Rotherham pathways is being undertaken to ensure resources and pathways are best aligned to avoid inappropriate admissions.</p> <p>Also a challenge in resources, both financial and staffing, continues to be reported by place partners and there are active conversations to deploy skill mixing to close staffing gaps.</p> <p>Going forward both strategies will be taken through Council Cabinet in February 2024 and through SY Integrated Care Board Place Executive Team in late January where Place partners will be asked to support the strategies.</p> <p>To address the Place Plan priority of supporting the development of pathways to reduce inappropriate admissions, a review of support pathways for autistic people will commence this month.</p> <p>IS welcomed the whole co-ordinated approach taken and asked what key messages Place members as a partnership can take. GP advised that raising awareness with staff that small changes can make a big impact for people and by improving communication to promote the service and what's available will help.</p> <p>AB highlighted that there are still some delays in diagnosis resulting in parents wishing to go through the Any Qualified Provider route and he was concerned that because GPs are no longer able to complete referrals, choice is being restricted.</p>	

CS reassured that work has been done with schools on ensuring that, regardless of the time taken for assessment, people are supported throughout the process. This is being monitored closely.

Although there had been delays in the rollout of the Oliver McGowan Mandatory training programme, GP assured that this was being resolved. It was acknowledged that despite the necessity for a face to face session, attendees reported it had been powerful and had an impact.

JT reported challenges for RDaSH in discharging patients with LD/ND issues to safe spaces. GP updated on the procurement process for future provision, reporting that submitted bids are being considered.

AR highlighted the possible overlap with continuing healthcare provision and discussions for development in preventative work.

Following a query from SK around employment, GP advised that work on internships and the links built with the ICB and RMBC HR teams should see an increase of people going into employment and them sharing their experiences will help measure the effect.

Replying to a query from SH, it was noted that there will be key performance indicators and milestones against the priorities in the strategies. IS confirmed that further work can be undertaken post sign off of the strategies and on the measures of success when they are socialised with Place partners as to what they wish to see.

Given the history of long waits Rotherham experienced in the past and that neighbouring ICB colleagues are undergoing similar presently, LT suggested that the learning is shared via the Mental Health LDA. This was welcomed and CE suggested Helen Sweatn, Joint Assistant Director of Commissioning, CYPS would also be keen to be involved.

Place Board thanked GP for the update.

**85/1/24    Communications to Partners**

Work with the Council colleagues on socialisation of LD and autism strategies.

**86/1/24    Draft Minutes and Action Log from Public Place Board**

The minutes from the meeting held on 20 December 2023 meeting were agreed as a true and accurate record.

The action log was reviewed and on track.

**87/1/24    Risks and Items for Escalation to Health and Wellbeing Board**

Consideration will be given as to whether the Mental Health Review is escalated after Place Board has received a three month update in its confidential session.

**88/1/24    Future Agenda Items:**

- 23/24 In Year Financial Position (Feb) – DoFs

The schedule of planned updates will be circulated with the minutes for information.

**Action: WC/LG**

**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)

**89/1/24**    **Date of Next Meeting**

The next meeting will take place on **Wednesday 21 February 2024** 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
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
17.01.24	88/1/24	Future Agenda Items	The schedule of spotlight updates to be circulated to Members.	WC/LG	Green	Sent out with January minutes