

Public Agenda

Title of Meeting:	Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 17 April 2024
Venue:	Elm Room, Oak House, Moorhead Way, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

Apologies:	R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Conflicts of Interest:	
Quoracy:	No Partnership Business shall be transacted unless the following are present as a minimum: a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or RPCLG

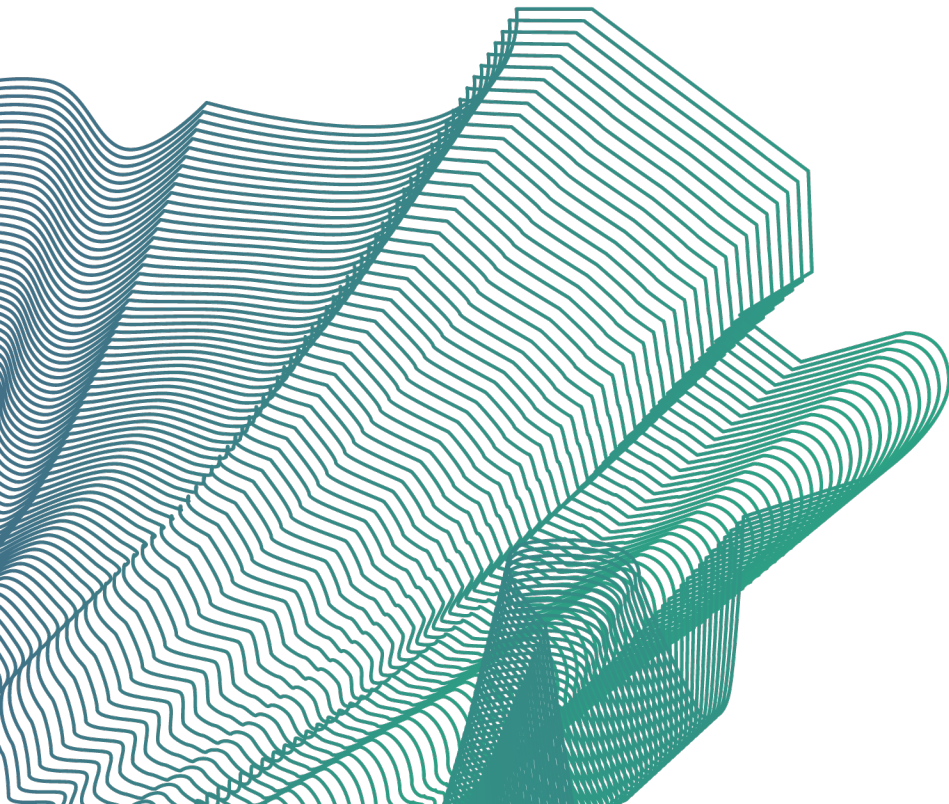
Item		Time	Pres By	Encs
1	Public & Patient Questions: <i>The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.</i>		Chair	Verbal
Business Items				
2	Public Health Director's Update	5 mins	B Anderson	Verbal
3	Mental Health Update	10 mins	C Smith	Enc 3
4	Early Help Strategy Update	10 mins	H Sweatton	Enc 4
5	Baby Packs Scheme	5 mins	B Anderson	Enc 5
6	Update of Rotherham Place Partnership Board Terms of Reference and Updated Rotherham Place Agreement	10 mins	C Edwards/ L George	Enc 6
7	Place Plan Performance Report – Quarter 3	5 mins	C Smith	Enc 7
8	Feedback from ICP Meeting – 21 March 2024	5 mins	Cllr D Roche	Verbal
Standard Items				
9	Communication to Partners	5 mins	Chair	Verbal
10	Draft Minutes and Action Log from Public Place Board from 20 March 2024 – <i>for approval</i>	5 mins	Chair	Enc 10i & 10ii
11	Risks and Items for escalation to appropriate board (e.g. Health & Wellbeing Board, ICB Board)		Chair	Verbal
12	Future Items: <ul style="list-style-type: none"> Proactive Care Update – CS/JM - (tbc) Standing Items: <ul style="list-style-type: none"> Updates from all Groups (as scheduled) Achievements (as and when received) Feedback from SY ICP Meeting – Bi-Monthly Bi-Monthly Place Partnership Newsletter (May) 			
13	Dates of Next Meeting: Wednesday 15 May 2024 at 9 –10am – venue tbc			

GLOSSARY

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

Rotherham Place Board Spotlight – *Mental Health*

17th April 2024



ROTHERHAM INTEGRATED CARE PARTNERS
Connect Healthcare Rotherham CIC
NHS Rotherham Clinical Commissioning Group
Rotherham Doncaster and South Humber NHS Foundation Trust
Rotherham Metropolitan Borough Council
The Rotherham NHS Foundation Trust
Voluntary Action Rotherham

What's working well

- Launch of Primary Care Mental Health Hubs Dec 24
- Procurement completed for Mental Health Peer Support & Community Connectors
- Reduction of A & F waiting list (from 400 in Jan 24 to 87 at the start of April)
- Adult Community Eating Disorder pilot being agreed across 3 of 4 SY Places
- Place Crisis Pathway Health and Social Care – agreed by RMBC cabinet & on tack to go live April 24.
- Integrated service specification in development for Crisis services
- Expansion of the Alternative to Crisis Offer – Rotherham Safe Space commenced a four evening a week service in Oct 23, Qwell continues to be well utilised.
- RDaSH Roll out of 111 “Option 2” in Dec 24
- PUSH model introduced for Mental Health in YAS (first in SY)

Challenges and Risks

- Out of Area Bed Days – although reached 0 in Jan 24 this does fluctuate and target for 23/24 will not be met.
- Complexity and increasing demand – A&E attendance increase in line with demand across system
- Increasing demand for Neurodevelopmental Assessments – including under Right to Choose
- Workforce challenges

NHS Long Term Plan Metrics (23/24)

- Access to Community Mental Health Services
 - As at Q3 , 2042 people had received 2+ contacts in a rolling 12-month period. On track to meet target of 2900 in Q4
- Access to Perinatal Mental Health Services
 - As at Q3, 237 people had access perinatal mental health Services - on track to exceed target of 207 in Q4
- Dementia Diagnostic Rate
 - As at Q3, the Rotherham Dementia Diagnostic rate 85.4% - on track to exceed the target of 66% (of the estimated population prevalence) in Q4

NHS Long Term Plan Metrics (23/24)

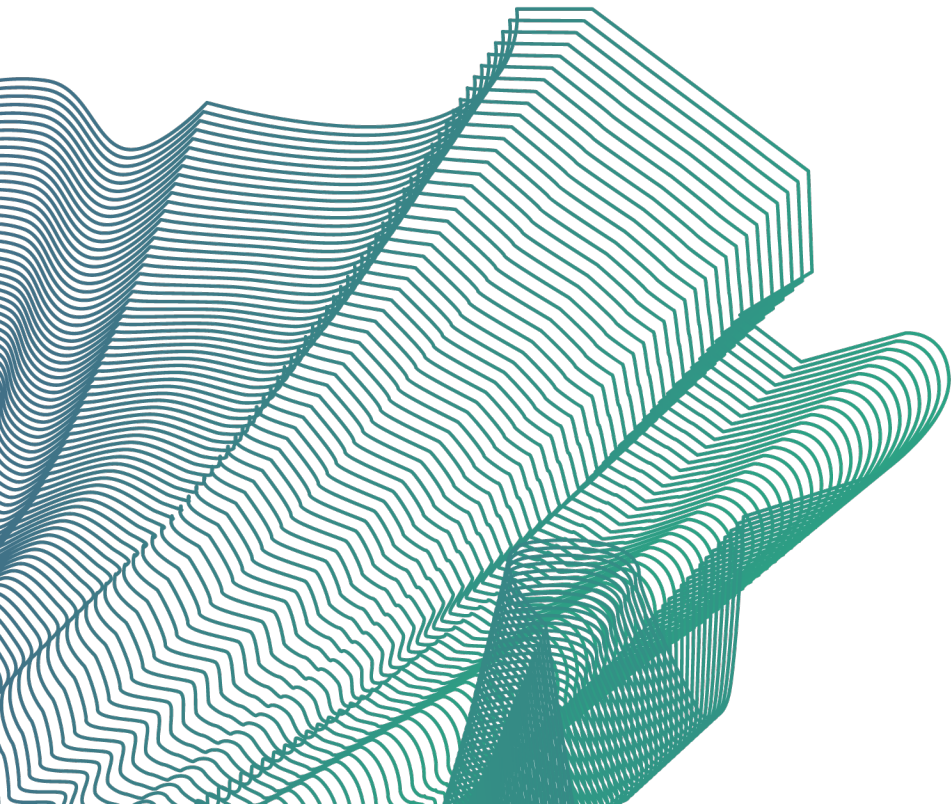
- Access to Talking Therapies
 - As at Q3, performance was 4860 against a target of 5927. Anticipate that the target will not be met in Q4.
- Out of Area Bed Days
 - As at Q3 there were 422 Bed Days (for 34 patients) against a target of 135 bed days per quarter. Anticipate that the target will not be met in Q4.

What needs to happen next

- Access to Community Mental Health Services
 - Continue work to ensure all activity is captured against this metric
- CMHT Pathways
 - Progress Community Eating Disorder Pilot (with Barnsley & Doncaster)
 - Support mobilisation of the Mental Health Peer Support Service
- SMI Health Checks
 - Support mobilisation of Community Connectors & micro-commissioning for SMI health checks
- Crisis Concordat/Right Care Right Person
 - Work to understand what's required at Place to support effective partnership working.

ROTHERHAM

PLACE PARTNERSHIP | HEALTH AND CARE



South Yorkshire
Integrated Care Board

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

The Rotherham
NHS Foundation Trust

Rotherham 
Metropolitan
Borough Council



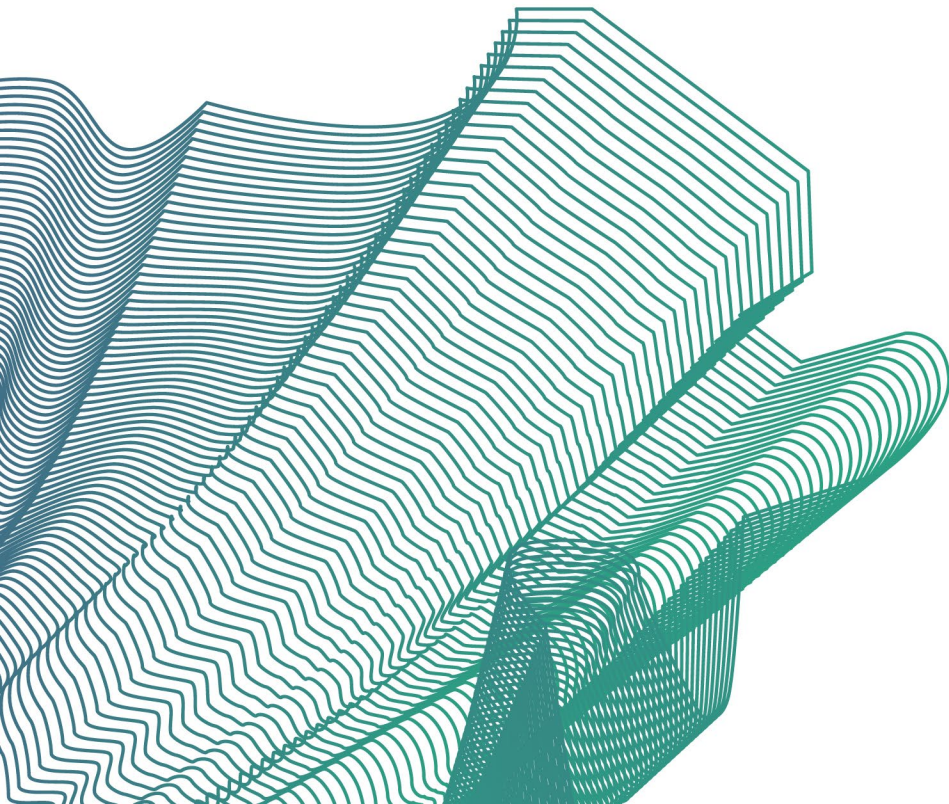
 **CONNECT
HEALTHCARE**
ROTHERHAM CIC

yourhealthrotherham.co.uk

ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

Early Help Strategy 2024 – 2029 March 2024



South Yorkshire
Integrated Care Board

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

The Rotherham
NHS Foundation Trust

Rotherham 
Metropolitan
Borough Council



 **CONNECT
HEALTHCARE**
ROTHERHAM CIC

What's working well

The previous Early Help Strategy 2016 – 2019 was central to Rotherham's improvement journey.

As a result, Rotherham now has an effective and mature Early Help system. Key achievements over this timeframe include:

- Development of the integrated Early Help Service, with a well-equipped and well-trained workforce.
- Delivery of an integrated outreach and engagement offer that spans the 0-19 age range (25 with SEND).
- Multi-disciplinary approach to outreach & engagement activity such as Operation Keepsafe and Partnership Water Safety Plan.
- Robust suite of evidence-based, validated programmes available for families both digitally and face to face, with access to self-serve digital interventions which families can access when they need them.
- Development of the Early Help Midwifery Pathway to ensure robust arrangements for early identification of need between Early Help and Midwifery Services.
- Embedding of shared responsibility for early help across partners, with an increase of the numbers of Early Help Assessments by partners from 0 to 26.9% (as of December 2023).
- Development of the Family Hubs and the Best Start in Life programme, adding value to the existing support that is already available for families in Children's Centres and Early Help sites.
- Delivered the DfE funded Healthy Holiday's' Program.

Challenges and Risks

- In 2023, the government published a new vision to transform Children's Social Care: 'Stable Homes, Built on Love: Implementation Strategy' in response to an Independent Review of Children's Social Care. This preceded the publication of updated multi-agency statutory guidance 'Working Together to Safeguard Children 2023'.

What needs to happen and by when

- A new strategy is required to address the changing environment and recent developments set out in the government's plans to reform children's social care and early help,; setting a national direction for change.
- Rotherham Together Partnership wants Rotherham to be a great place to grow up, where children and young people have the best chance to reach their full potential. This will mean that children grow up happily, safe, in good health and develop the skills and qualifications they need to be successful. The Strategy articulates Rotherham's vision for children, young people and families:
 - Best Start - Children get the best start in life.
 - Safe - Children and young people are safe from harm.
 - Achieve - Young people feel empowered to succeed and achieve their aspirations.
 - Have fun - Children and young people have fun things to do and safe places to go.

Early Help Strategy 2024 - 29

Vision and Key Principles

All agencies working together to ensure that children, young people, and families have their needs identified early so that they can receive swift access to targeted help and support.

Key Principles.....

- Children, young people and families are at the heart of everything we do
- Early Help is a shared responsibility and is everyone's business
- Children, young people and families will receive the right support, at the right time, in the right place, from the right person
- We are committed to promoting fairness; respect; equality; dignity; and supporting autonomy
- We will have purposeful conversations and provide support to improve outcomes
- We will work restoratively *with* children, young people and families
- Prevention and early help support is better than late intervention.
- Public, voluntary and community sector organisations combine to create the early help system and work together to meet the needs of children and their families.
- Expectations of Family Help – *Family*

3 Stages of Support for Children Young People and families

1. Universal and Community Family Help

- Universal and Community services are available to all children, young people, and families in Rotherham. These services are provided by lots of different agencies such as nurseries, schools, and colleges; GPs, midwives, and health visitors; children centres, and family hubs, libraries, youth services, and community organisations. They are the starting point for any family in Rotherham requiring information, advice and support.

Examples:

- Increase access to family hubs children's centres for all families in Rotherham
- Develop the self-service and digital offer... Normalise and increase uptake of universally available evidence-based programmes.
- SEND Hub
- Increase the capacity of the voluntary and community sector through provision of the Universal Youth Work offer across the borough ensuring young people have places to go and things to do.
- Deliver the Children's Centre offer to children and families 0-5 years, increasing engagement with this universal offer.
- Deliver targeted work with Rotherham's NEET and Not Known young people, supporting young people in years 12 and 13 to access Employment, Education, and Training.
- Increase/review the use of the Early Help Assessment as Rotherham's consistent tool to ensure effective and co-ordinated support is provided to children and families.

2. Focused Family Help

Provided where families are not managing to affect positive change and they require enhanced, more intensive and/or specialist support. Children and their families who need additional support from the Local Authority to meet their full potential or whose needs are sufficiently complex, will receive focussed family help. This is appropriate support for children and families whose needs are sufficiently complex to require a statutory social work service. This can be longer term and specialised, for example supporting a child with disabilities or child with areas of significant need.

Examples:

- Supporting families at **the earliest opportunity** to reduce the need for social care intervention, also ensuring that children and young people are in education.
- Work with partners to ensure that children and young people and their families get the **right support at the right time**
- When there is a need for support make as straightforward as possible to access
- Develop our approach to ensure that all children and young people get the **best possible start** by working with families to increase the number of children accessing early education.
- Ensure that across the wider early help system that attendance is viewed as **'everybody's business'** and that the reasons for poor attendance are understood and addressed through the Early Help Assessment.
- Work with young people that are **disengaged to reconnect** them to training, further education and employment.
- Working to provide better **access to mental health and wellbeing** support programmes for young people
- Working with schools to reduce the number of children who are excluded.

3. Specialist Family Help

- Statutory services to children and their families provided where children and young people are experiencing or likely to suffer significant harm, including Child Protection and Children in Care arrangements. Specialist Family Help is provided to families where the problems are severe and have not improved through enhanced or specialist support.

Examples:

- Child protection
- Tier 3 and 4 MH services
- Youth offending
- Children in care
- Children in specialist education placements

Strategy – 5 Year Phased Delivery Plan



Phase 1 (2024/25) Design

- Identify and consult with stakeholders (wider LA, Police, Health etc)
- Consider the new 'Working Together to Safeguard Children' Framework 2023 and incorporate any required changes for Rotherham (P2)
- Develop a roadmap - child's journey across the Early Help system
- Review and update Early Help Systems Guide (July 2024)
- Budget & HR Integration for relevant agencies
- Establish project

Phase 2 (2025/26) Implement & Deliver

- Clear governance arrangements
- Operational Group(s)
- Develop key outcome measures
- Implement the re-designed system
- HR Support
- Budget Monitoring
- Continued engagement with staff and stakeholders
-

Phases 3 & 4 (2026/28) Maintain & Operate

- Ongoing delivery of services
- Implement govt changes / legislation
- Monitor Service Quality and adjust
- Measure success/outcomes
- Responding to learning - continuous improvement
- Budget pressures
- External Evaluation

Phase 5 2029 Evaluate

- Assess and Identify Areas of development
- Review and refresh strategy

pg. 8

GOVERNANCE / OVERSIGHT / DATA & ANALYTICS

Rotherham Place Board – 17 April 2024

Baby Packs Scheme

Lead Executive	Ben Anderson, Director of Public Health, RMBC
Lead Officer	Helen Sweaton, Joint Assistant Director – RMBC/NHS SY ICB

Purpose
To update Place Board on Rotherham Council’s commitment to provide Baby Packs for Rotherham newborns.
Background
<p>On Monday 12th February, Rotherham Cabinet approved the Council’s 2024/25 Budget including provisions to undertake a full procurement to provide Baby Packs for Rotherham newborns.</p> <p>Approval for the Baby Packs scheme was given at the full Council meeting on the 28th February 2024.</p> <p>On average, there are 2,740 babies born each year in Rotherham who will benefit from this investment proposal, ensuring that every new child’s family has access to essential items right from the beginning of the child’s life. Registering for the packs will also help parents to access a range of support and advice services provided through Rotherham’s Family Hubs including by maternity, 0-19 and Early Help services’</p> <p>The Baby Pack scheme will be universally available for all babies and new parents. It aims to promote a fair and equal start for all children and to aid in achieving the best possible outcomes for all Rotherham’s children with intended benefits including:</p> <ul style="list-style-type: none"> • Reducing socio-economic inequalities by encouraging registration with family hubs enabling information sharing to promote targeted engagement when families may benefit from help and support. • Informing parental behaviours that will positively impact on outcomes for the child, including child development, safe sleeping practices, attachment, and parent-child interaction. <p>The packs will include high quality items that promote positive parent and child interaction and safety improving outcomes for the child and will cost around £360K per year.</p>
Analysis of key issues and of risks
The provision of the baby packs by Rotherham Council will enhance the delivery of activity under the Rotherham Place Transformation Workstream: Best start in Life - Maternity, Children & Young People. The baby packs service will align and supplement the work underway to ‘Develop and implement the “Start for Life Pack” for all families taking a proportionate universalism approach to targeted engagement’ which is an action in the Place Plan Priority Best Start in Life.
Patient, Public and Stakeholder Involvement
N/A For information only.

Financial Implications

N/A For information only.

Approval history

On Monday 12th February, Rotherham Cabinet approved the Council's 2024/25 Budget including provisions to undertake a full procurement to provide Baby Packs for Rotherham newborns.
Approval for the Baby Packs scheme was given at the full Council meeting on the 28th February 2024.

Recommendations

Rotherham Place Board note Rotherham Council's commitment to provide Baby Packs for Rotherham newborns and the alignment to the Place Plan Priority Best Start in Life.

Rotherham Public Place Board – 17 April 2024

Rotherham Place Partnership Governance: Update of the Place Board Terms of Reference and Update of the Rotherham Place Partnership Agreement

Lead Executive	Chris Edwards , Deputy Chief Executive and Rotherham Place Director (NHS South Yorkshire ICB, Rotherham Place)
Lead Officer	Lydia George , Transformation and Partnership Portfolio Manager - Rotherham Place

Purpose
For members to approve the updated Terms of reference for the Rotherham Place Board when carrying out Partnership Business and to approve the updated Rotherham Place Partnership Agreement.
Background
<p>On 1 July 2022 the NHS South Yorkshire Integrated Care Board (ICB) was established pursuant to the Health and Care Act 2022, and the statutory functions, staff, assets and liabilities of NHS Rotherham CCG (and the other three CCGs of South Yorkshire) were transferred to the ICB. The ICB has delegated the exercise of some of its functions to a newly established committee of the ICB Board in the Rotherham Place (the “ICB Place Committee”) which meets in common with the existing Rotherham Place Board.</p> <p>As a result of these developments, it was necessary to update the existing terms of reference for the Rotherham Place Board to reflect the establishment of the ICB Place Committee, and to update the existing Rotherham Place Partnership Agreement (Agreement), originally entered into by Partner organisations in Rotherham in 2018.</p> <p>Both the Place Board terms of reference and the Agreement were agreed and came into effect from 1 July 2022 and are now due for updating and reconfirming.</p>
Analysis of key issues and of risks
<p>These terms of reference are divided into three sections:</p> <p>Part 1: Background;</p> <p>Part 2: Terms of reference for the Rotherham Place Board when carrying out Partnership Business, of which this paper relates to.</p> <p>Part 3: Terms of reference for the Rotherham Place Board when carrying out ICB Business as a committee of NHS South Yorkshire Integrated Care Board.</p> <p>Place Board Terms of Reference: Partnership Section (part 2)</p> <p>On review no changes have been necessary to the terms of reference, other than to update with new job titles and to remove reference to the Place Delivery Team which was replaced by the Place Leadership Team.</p> <p>The Rotherham Place Partnership Agreement</p> <p>On review of the Place Agreement the following updates have been made:</p> <p>Minor updates:</p> <ul style="list-style-type: none"> • Governance diagram updated

- Embedded new Place Plan
- Changed Toby Lewis for Kathryn Singh on the signature page

Of more significance:

- Narrative has been amended throughout the Agreement to reflect that the Place Leadership Team has encompassed the remit of the former Place Delivery Team, which no longer meets.
- In the run up to the formation of the ICB we operated a Development Plan which was included within the Agreement, as this is no longer a requirement it has been removed and the narrative amended accordingly.
- The initial term of the Agreement was up to 31 March 2024, this has been replaced by an extended term up to 31 March 2026. This does not mean that the Agreement cannot be updated earlier should we wish to.

It should be noted that the final change to the Agreement will be to add the relevant terms of reference, once agreed.

Approval history

- The Place Board terms of reference and the Agreement were approved at the Place Board in July 2022, were subject to Partner Governance during August – September 2022, and received final ratification in November 2022.
- Updated Place Board terms of reference and the Agreement were received at confidential Place Board in February 2024.
- Partners were then asked to take the updated Place Board terms of reference and the Agreement through their own governance routes for comment and support.

Recommendations

Members are asked to:

1. Note that comments from partners have been included within these documents updated from the February 2024 versions.
2. Approve the updated terms of reference for the Place Board Partnership Business (part 2)
3. Consider and approve the updated Partnership Agreement.
4. Note:
 - the terms of reference (part 2: Partnership) if approved today, will be presented to the Health and Wellbeing Board for ratification, along with the Rotherham Agreement.
 - the terms of reference (part 3: ICB Committee) are being reviewed at the ICB Business session today and will then be received at the South Yorkshire ICB Board in July for approval.

ROTHERHAM PLACE PARTNERSHIP AGREEMENT

COMMENCEMENT DATE 01.07.2022

UPDATE 11.02.2024

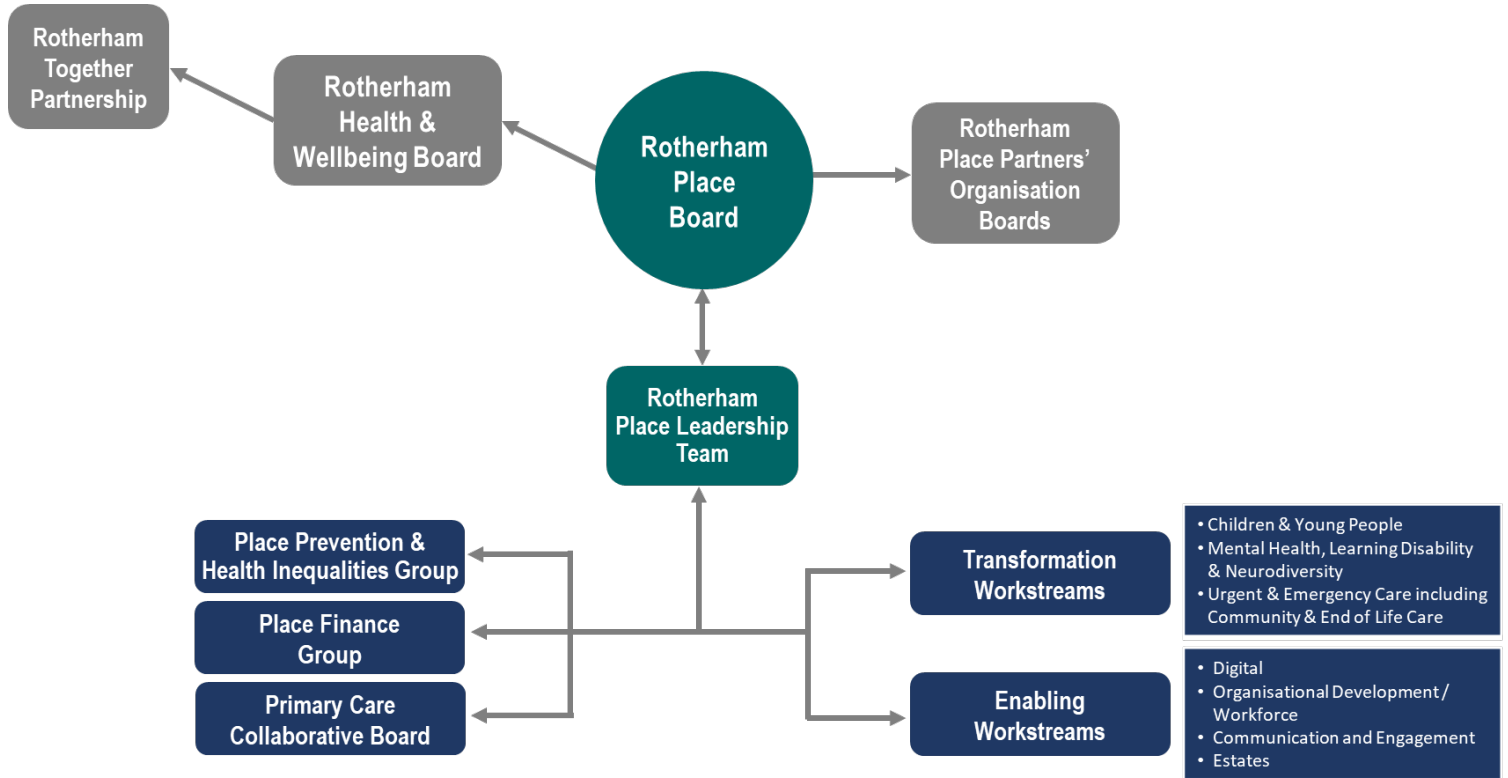
- 1. NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD**
- 2. CONNECT HEALTHCARE ROTHERHAM CIC**
- 3. ROTHERHAM METROPOLITAN BOROUGH COUNCIL**
- 4. ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST**
- 5. THE ROTHERHAM NHS FOUNDATION TRUST**
- 6. VOLUNTARY ACTION ROTHERHAM LIMITED**

No	Date	Version Number	Author
3-1	300421	1	EV
3-2	290621	2	EV
3-3	140721	3	EV
4	240622	4	EV
5	060722	5	EV
6	041122	6	PH/LG
7	110224	7	LG

Contents

1.	DEFINITIONS AND INTERPRETATION.....	5
2.	STATUS AND PURPOSE OF THIS AGREEMENT	6
3.	APPROVALS.....	6
4.	DURATION AND REVIEW	6
	SECTION A: PLACE PLAN VISION, OBJECTIVES AND PRINCIPLES	7
5.	THE PLACE PLAN VISION AND OBJECTIVES	7
6.	THE PRINCIPLES	7
7.	PROBLEM RESOLUTION AND ESCALATION	8
	SECTION B: OPERATION OF AND ROLES IN THE PLACE PARTNERSHIP	9
8.	RESERVED MATTERS	9
9.	TRANSPARENCY	9
	SECTION C: GOVERNANCE ARRANGEMENTS	11
10.	PLACE PARTNERSHIP GOVERNANCE	11
11.	CONFLICTS OF INTEREST	14
	SECTION D: FINANCIAL PLANNING	14
12.	PAYMENTS	14
13.	PLACE PARTNERSHIP DEVELOPMENT PLAN..... Error! Bookmark not defined.	
14.	EXCLUSION AND TERMINATION.....	14
15.	INTRODUCING NEW PARTNERS	15
16.	LIABILITY.....	15
17.	VARIATION	16
18.	CONFIDENTIALITY AND FOIA.....	16
19.	INTELLECTUAL PROPERTY.....	16
20.	GENERAL	17
	SCHEDULE 1	19
	Definitions and Interpretation.....	19
	SCHEDULE 2.....	22
	Governance	22
	SCHEDULE 3.....	24
	Dispute Resolution Procedure	24
	SCHEDULE 4.....	26
	Rotherham Place Plan	26

Figure 1: Rotherham Place Partnership governance structure



DATE: 01 07 2022

This Place Agreement (the **Agreement**) is made between:

1. **NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD** of 722 Prince of Wales Road, Sheffield S9 4EU (the **"ICB"**);
2. **CONNECT HEALTHCARE ROTHERHAM CIC** (Company number 10648960) whose registered office is Valley Health Centre, Saville Street, Rotherham S65 3HD (**"Connect"**);
3. **ROTHERHAM METROPOLITAN BOROUGH COUNCIL** of Riverside House, Main Street, Rotherham S60 1AE (the **"Council"**);
4. **ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST** of Woodfield House, Tickhill Road Site, Weston Rd, Doncaster DN4 8QN (**"RDASH"**);
5. **THE ROTHERHAM NHS FOUNDATION TRUST** of Rotherham Hospital, Moorgate Road, Rotherham S60 2UD (**"TRFT"**); and
6. **VOLUNTARY ACTION ROTHERHAM LIMITED** a registered charity (Registered Charity Number 1075995) and a company limited by guarantee (Registered Company number 02222190) whose registered office is The Spectrum, Coke Hill, Rotherham S60 2HX (**"VAR"**),

together referred to in this Agreement as the **"Partners"**.

The ICB and the Council (in its role as commissioner of social care and public health services) are together referred to in this Agreement as the **"Commissioners"**.

Connect, TRFT, RDASH, VAR and the Council (in its role as a provider of social care services, whether directly or through contracting arrangements with third party providers) are together referred to in this Agreement as the **"Providers"**.

BACKGROUND

- a) The Partners have been working collaboratively across Rotherham to integrate services and provide care closer to home for local people for some time, under a collaborative agreement signed in 2018. This updated Agreement sets out the values, principles and shared ambition of the Partners in supporting continued work to further develop place-based health and care provision for the Rotherham population using a population health management approach and building on the progress achieved by the Partners to date.
- b) Rotherham's Integrated Health & Social Care Place Plan (the **"Place Plan"**) detailed the Partners' joined up approach to delivering key initiatives that will help achieve the Health and Wellbeing Strategic Aims. The Place Partnership governance framework set out in this Agreement will enable the Providers to collaborate in order to identify opportunities for service improvement or redesign in line with the vision and objectives in the Place Plan.
- c) Pursuant to the Health and Care Act 2022, on the Commencement Date the ICB was established as a statutory body and NHS Rotherham Clinical Commissioning Group was dissolved and its functions transferred to the ICB. In line with the principle of subsidiarity,

the ICB has delegated certain of its functions to be exercised on its behalf by the Place Partnership through the governance arrangements set out in this Agreement.

- d) The Partners acknowledge that the Council has a dual role within the Rotherham health and care system as both a commissioner of social care and public health services but also as a provider of social care and public health services either through direct delivery or through various contracts. In its role as commissioner of social care and public health services the Council shall work in conjunction with the ICB and in its role as a provider of social care services the Council shall work in conjunction with the other Providers. The Council recognises the need to ensure and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified to the other Partners and managed.
- e) This Agreement sets out the key terms that the Partners have agreed, including:
- the vision of the Partners, and key objectives for the development and delivery of integrated services in Rotherham;
 - the key principles that the Partners will comply with in working together through the Place Partnership; and
 - the governance structures underpinning the Place Partnership.
- f) This Agreement is intended to work alongside:
- the Place Plan;
 - the Contracts between the ICB and the Providers and between the Council and the Providers for the delivery of the Services; and
 - the Section 75 Agreement between the Commissioners under which they commission the services listed in the schedules to that agreement.

IT IS AGREED AS FOLLOWS:

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
- 1.2.1 a “person” includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
- 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;

- 1.2.3 a reference to a “Provider”, the “Council”, the “ICB” or the “Commissioner” or any Partner includes its personal representatives, successors or permitted assigns;
- 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and
- 1.2.5 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

2. STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Partners have agreed to work together to further develop the Place Partnership in order to develop an improved financial, governance and contractual framework for delivering integrated health, support, and community care for the Rotherham population (covered by the ICB and the Council) and to deliver the Place Plan.
- 2.2 Notwithstanding the good faith consideration that each Partner has afforded the terms set out in this Agreement, the Partners agree that save as provided in Clause 2.3 below this Agreement shall not be legally binding. The Partners each enter into this Agreement intending to honour all of their respective obligations.
- 2.3 Clauses 9 (*Transparency*), 166 (*Liability*), 18 (*Confidentiality and FOIA*), 19(*Intellectual Property*), 20.4 (*Counterparts*) and 20.5 (*Governing Law and Jurisdiction*) shall come into force from the date of this Agreement and shall give rise to legally binding commitments between the Providers.
- 2.4 Each of the Providers has one or more individual Contracts (or where appropriate combined Contracts) with the ICB or Council. This Agreement is not intended to conflict with or take precedence over the terms of the Contracts unless expressly agreed by the Partners in writing.

3. APPROVALS

Each of the Partners acknowledges and confirms that as at the date of this Agreement it has obtained all necessary authorisations to enter into this Agreement and that its own organisational leadership body has approved the terms of this Agreement.

4. DURATION AND REVIEW

- 4.1 This Agreement shall commence on the Commencement Date (1 July 2022) and will continue in full force and effect and will expire on 31 March 2026 (the “**Extended Term**”), unless and until terminated in accordance with the terms of this Agreement.
- 4.2 Prior to the expiry of the Extended Term of this Agreement will expire automatically without notice unless, no later than six (6) months before the end of the Extended Term,

the Partners agree in writing that the term of the Agreement will be extended for a further term to be agreed between the Partners (the “Further **Extended Term**”).

- 4.3 The Partners will review progress made against the Place Partnership Plan and the terms of this Agreement on a half yearly basis and/or at such intervals thereafter as may be agreed between the Partners, and the Partners may agree to vary the Agreement to reflect developments as appropriate in accordance with Clause 17 (*Variation*).

SECTION A: PLACE PLAN VISION, OBJECTIVES AND PRINCIPLES

5. THE PLACE PLAN VISION AND OBJECTIVES

- 5.1 The Place Plan agreed by the Partners is intended to deliver sustainable, effective, and efficient health and care support and community services with significant improvements underpinned by collaborative working through the development of the Place Partnership. The Partners have agreed to work together in order to achieve the objectives set out in the Place Plan.
- 5.2 The Partners’ shared vision as set out in the Place Plan is:

“Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery”

- 5.3 The Partners acknowledge that they will have to make decisions together in order for the Place Partnership to work effectively. The Partners agree that they will always look to work together and make decisions on a Best for Rotherham basis in order to achieve the objectives in the Place Plan, save for the Reserved Matters listed at Clause 8.1.

6. THE PRINCIPLES

- 6.1 These Principles underpin the delivery of the Partners’ obligations under this Agreement and set out key factors for a successful relationship between the Partners. The Partners acknowledge and confirm that the successful delivery of the Place Plan will depend on the Providers’ ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the provision of the Services in conjunction with the Commissioners.

- 6.2 The Principles are that the Partners will work together in good faith and, unless the provisions in this Agreement state otherwise, the Partners will:

6.2.1 focus on people and places rather than organisations, pulling pathways together and integrating them around people’s homes and localities; adopt a way of working which promotes continuous engagement with and involvement of local people to inform this;

6.2.2 actively encourage prevention, self-management, and early intervention to promote independence and support recovery, and be fair to ensure that all the

people of Rotherham can have timely access to the support they require to retain independence;

- 6.2.3 design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better;
- 6.2.4 be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in Rotherham in the most cost-effective way;
- 6.2.5 strive for the best quality services based on the outcomes we want within the resource available;
- 6.2.6 be financially sustainable and this must be secured through our plans and pathway reform;
- 6.2.7 align relevant health and social care budgets together so we can buy health, care, and support services once for a place in a joined up way;
- 6.2.8 work together to reduce health inequalities and tackle the wider determinants of health to ensure that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest; and
- 6.2.9 promoting and striving to adhere to the Nolan Principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership),

(together these are the “**Principles**”).

6.3 In addition to the Principles set out above, the Partners will have regard to the values and principles set out in the South Yorkshire Health and Care Compact.

7. PROBLEM RESOLUTION AND ESCALATION

7.1 The Partners agree to adopt a systematic approach to problem resolution which recognises the objectives in the Place Plan and the Principles and which:

- 7.1.1 seeks solutions without apportioning blame;
- 7.1.2 is based on mutually beneficial outcomes;
- 7.1.3 treats each Partner as an equal party in the dispute resolution process; and
- 7.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.

7.2 If a problem, issue, concern or complaint comes to the attention of a Partner which relates to the Place Plan or the Principles or any matter within the scope of this Agreement and is appropriate for resolution between the Partners such Partner shall notify the other Partners and the Partners each acknowledge and confirm that they shall

then seek to resolve the issue by a process of discussion and/or negotiation within 20 Operational Days of such matter being notified.

- 7.3 Any Dispute arising between the Partners which is not resolved under Clause 7.2 above will be resolved in accordance with Schedule 3 (*Dispute Resolution Procedure*).
- 7.4 If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to this Agreement (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this Agreement) the receiving Partner will liaise with the Place Leadership Team as to the contents of any response before a response is issued.

SECTION B: OPERATION OF AND ROLES IN THE PLACE PARTNERSHIP

8. RESERVED MATTERS

- 8.1 The Partners agree and acknowledge that nothing in this Agreement shall operate as to require them to make any decision or act in anyway which shall place any Partner in breach of:
- 8.1.1 Law;
 - 8.1.2 any Services Contract or the Section 75 Agreement;
 - 8.1.3 any specific Department of Health and Social Care or NHS England policies;
 - 8.1.4 if applicable its Constitution (including for the ICB and the Council); any terms of its NHS provider licence; its registration with the CQC ; the terms of reference or the Place Board or the ICB Place Committee Terms of Reference; or to breach any legislative requirements including the NHS Act 2006 (as amended); or
 - 8.1.5 any term of a non-NHS party's legal constitution or other legally binding agreement or governance document of which specific written notice has been given to the Partners prior to the date of the Agreement,

and the Place Board will not make a final recommendation which requires any Partner to act as such.

9. TRANSPARENCY

- 9.1 The Partners will provide to each other all information that is reasonably required in order to achieve the objectives in the Place Plan.
- 9.2 The Partners have responsibilities to comply with Law (including where applicable Competition Law). The Partners will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the Place Board and the Place Team will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:

- 9.2.1 it is essential;
 - 9.2.2 it is not exchanged more widely than necessary;
 - 9.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
 - 9.2.4 it may not be used other than to achieve the aims of this Agreement or the Place Plan in accordance with the Principles.
- 9.3 Subject to compliance with Clause 9.1 above, the Partners will ensure that they provide the Place Board and Place Leadership Team with all financial cost resourcing, activity or other information as may be reasonably required so that the Place Board and Place Leadership Team can be satisfied that the Place Plan objectives are being satisfied.
- 9.4 The Commissioners will make sure that the Place Board and Place Leadership Team establish appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Place Plan and for no other purpose whatsoever so that the Partners do not breach Competition Law.
- 9.5 It is accepted by the Partners that the involvement of the Providers in the governance arrangements for the Place Partnership is likely to give rise to situations where information will be generated and made available to the Providers, which could potentially give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the ICB and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in the Place Partnership, other than as a result of a breach of this Agreement, does not preclude the ICB and the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.
- 9.6 Notwithstanding Clause 9.5 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

SECTION C: GOVERNANCE ARRANGEMENTS

10. PLACE PARTNERSHIP GOVERNANCE

10.1 In addition to the Partners' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Partners' respective functions, the Partners must communicate with each other in a clear, direct, and timely manner. The governance structure for the Place Partnership will include:

10.1.1 the Health and Wellbeing Board for Rotherham;

10.1.2 the Place Board;

10.2 the Place Leadership Team. The diagram in Schedule 2 (Governance) sets out the governance structure and the links between the various groups in more detail. In addition to the two groups set out in Clause 10.1, as detailed on the diagram in Schedule 2 the Partners have formed a number of 'Enabling Groups', 'Transformation Groups' and 'Cross Cutting Groups' which report into the Place Leadership Team and focus on the Enabler, Transformation and Cross-Cutting Workstreams respectively.

Rotherham Health and Wellbeing Board

10.3 The Rotherham Health and Wellbeing Board is a committee of the Council, charged with promoting greater health and social care integration in Rotherham. The Health and Wellbeing Board will receive reports from the Place Board as to the development of the ICP arrangements under this Agreement and progress against the Place Plan.

Rotherham Place Board

10.4 The Place Board in practice carries out two roles:

10.4.1 firstly, the Place Board has responsibility for aligning decisions on strategic policy matters made by Partners that are relevant to the Place Partnership. Where applicable, the Place Board may also make recommendations on matters that it has been asked to consider on behalf of a constituent Partner in the Place Partnership. Where the Place Board has been asked to consider matters on behalf of a Partner, the Partner organisation remains responsible for the exercise of its functions and nothing that the Place Board does shall restrict or undermine that responsibility. This work is referred to as "**Partnership Business**"; and

10.4.2 secondly, the Place Board sits as the ICB Place Committee for Rotherham ("**ICB Place Committee**"), which is a formal committee of the ICB. The ICB Place Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution. The ICB Place Committee has delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit, and otherwise support the ICB as set out in its terms of

reference of Schedule 2. The decisions reached by the ICB Place Committee are decisions of the ICB, in line with the ICB's Scheme of Reservation and Delegation. This work is referred to as "**ICB Business**". When sitting as the ICB Place Committee, Partners must comply with ICB policies and procedures.

- 10.5 As far as possible in accordance with their organisation's governance arrangements, the Partners that are statutory bodies will seek to exercise their respective statutory functions within the Place Board governance structure insofar as such functions relate to ICB Business (in the case of the ICB) or Partnership Business (in the case of the other statutory Partners) and are within the scope of these arrangements. This will be enabled:
- 10.5.1 for the ICB, through the Place Board sitting as the ICB Place Committee, as outlined above;
 - 10.5.2 for other Partners that are statutory bodies, through those organisations (at their discretion) granting delegated authority for decision making to specific individuals (for example a Place Board member) or to specific committees or other structures established by Partner organisations meeting as part of, or in parallel with, the Place Board; and
 - 10.5.3 for Partners that are not statutory bodies, it is expected that as far as possible the individuals attending meetings of the Place Board will be formally authorised to take the decisions under consideration on behalf of their organisation.
- 10.6 The terms of reference for Partnership Business in Schedule 3 apply to the Place Board as at the Commencement Date. The terms of reference for ICB Business in Schedule 3 apply to the ICB Place Committee as at the Commencement Date and can be found in the governance handbook issued by the ICB and available on the ICB website. The terms of reference for all governance groups may be updated by agreement of the Partners during the term or as otherwise stated in their terms.
- 10.7 Whether decisions are Partnership Business or ICB Business or a combination of the two, the aim will be to ensure that decisions reflect applicable national and local strategies and are taken in accordance with the Vision, Objectives and Principles for the Place Partnership.
- 10.8 The Place Board is the group responsible for:
- 10.8.1 leading the Place Partnership,
 - 10.8.2 reporting to Partner organisations and the Health and Wellbeing Board for Rotherham on progress against the Place Plan; and

- 10.8.3 liaising where appropriate with national stakeholders (including NHS England) to communicate the views of the Place Partnership on matters relating to integrated care in Rotherham.
- 10.9 The Place Board will act in accordance with the terms of reference set out in Schedule 2 (*Governance*) as applicable.
- 10.10 The joint commissioning governance arrangements between the ICB and the Council in respect of the Better Care Fund as at the Commencement Date will continue to operate separately from the Place Board. Where agreed by the ICB and the Council the Place Board may meet in common with the BCF joint commissioning governance arrangements between the ICB and the Council.
- 10.11 The Place Board may refer opportunities to develop specific service improvements / redesign (provided they align sufficiently with the Principles and Objectives) to collaboratives of some or all of the Providers (dependent on the opportunity). Where the Place Board refers such opportunities, the Providers may choose to collaborate through existing governance groups (e.g. the Place Leadership Team), or set up specific task and finish groups, in either case aligning with the work of the Place Leadership Team and reporting into the Place Board. The scope and detail of delivery by the Providers of any such opportunities will be agreed by the relevant Partners through the Place Board and appended to this Agreement.

Rotherham Place Leadership Team

- 10.12 The Place Leadership Team is the oversight group for the delivery of the Rotherham Place Plan, and in driving forward the Partners' ambition for further delegation at place. It is the forum where all Partners come together to strengthen relationships and provide leadership and ambition for transformation of the Place Partnership. It will support oversight of agendas and papers for the Place Board (Partnership Business) and the ICB Place Committee (as appropriate) and agree any partnership issues for escalation to the Place Board. The terms of reference for the Place Leadership Team are set out in [Schedule 2].
- 10.13 The Place Leadership Team is the group responsible for managing the collaborative operation of the Partners and the delivery of the Place Plan.
- 10.14 The Partners will communicate with each other clearly, directly and in a timely manner to ensure that the Partners (and their representatives) present at the Place Board and Place Leadership Team are able to represent their nominating organisations to enable effective and timely decisions to be made for each respective Partner under this Agreement.
- 10.15 Each Partner must ensure that its appointed members of the Place Board and Place Leadership Team (or their appointed deputies/alternatives) attend all meetings of the relevant group and participate fully and exercise their rights on a Best for Rotherham

basis and in accordance with Clause 5 (*Place Plan Objectives*) and Clause 6 (*Principles*).

11. CONFLICTS OF INTEREST

11.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality the Partners agree to share all information relevant to the achievement of the Place Plan objectives in an honest, open and timely manner.

11.2 The Partners will:

11.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or operation of the Place Board and Place Leadership Team, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the performance of the Services;

11.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Partners) before they participate in any decision in respect of that matter; and

11.2.3 use best endeavours to ensure that their Place Board and, Place Leadership Team representatives comply with the requirements of this Clause 11 when acting in connection with this Agreement.

SECTION D: FINANCIAL PLANNING

12. PAYMENTS

12.1 The Partners who provide services will continue to be paid in accordance with the mechanism set out in their respective Contracts in respect of Services they deliver.

12.2 The Partners have not agreed as at the Commencement Date to share risk or reward. However, the Partners will continue to work together during the term of the Rotherham Place Plan 2023-25 to develop system financial principles including the potential development of risk/reward sharing mechanisms with the aim of achieving the Objectives of the Plan. Any future introduction of such a mechanism would require additional legally binding provisions to be agreed between the Partners and incorporated into this Agreement in accordance with Clause 17.

SECTION F: GENERAL PROVISIONS

13. EXCLUSION AND TERMINATION

13.1 A Partner may be excluded from this Agreement on notice from the other Partners (acting in consensus) in the event of:

- 13.1.1 the termination of their Contract; or
- 13.1.2 an event of Insolvency affecting them.
- 13.2 A Partner may withdraw from this Agreement by giving not less than 3 months' written notice to each of the other Partners' representatives on the Place Partnership Board.
- 13.3 A Partner may be excluded from this Agreement on written notice from all of the remaining Partners in the event of a material or persistent breach of the terms of this Agreement by the relevant Partner which has not been rectified within 30 days of notification issued by the remaining Partners (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Partner.
- 13.4 The Place Board may resolve to terminate this Agreement in whole where:
 - 13.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or
 - 13.4.2 where the Partners agree for this Agreement to be replaced by a formal legally binding agreement between them.
- 14.5 Where a Partner is excluded from this Agreement, or withdraws from it, the Partners recognise that the associated Contract may be terminated and/or varied to reflect how the impacted Services are to be delivered. In addition to any specific obligations under the relevant Contract and to ensure a smooth transfer of Services the Partners agree to work together in good faith to agree the necessary changes so that the Services continue to be provided for the benefit of the Population. The excluded Partner shall procure that all data and other material belonging to any other Partner shall be delivered back to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.
- 14.6 For the avoidance of doubt, individuals sitting as members of the Place Board may be removed and/ or may be prevented from participating in meetings in accordance with the relevant Terms of Reference set out in Schedule 2.

14. INTRODUCING NEW PARTNERS

Additional parties may become parties to this Agreement on such terms as the Partners will jointly agree in writing, acting at all times on a Best for Rotherham basis. Any new Partner will be required to agree in writing to the terms of this Agreement (including the legally binding elements) before admission.

15. LIABILITY

The Partners' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Contracts and not this Agreement.

16. VARIATION

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Partners, provided always that the ICB will be able to amend the Terms of Reference for the ICB Place Committee and ICB Business set out in Schedule 2 without the need for approval from the other Partners.

17. CONFIDENTIALITY AND FOIA

17.1 Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner. Each Partner shall use Confidential Information received from another Partner solely for the purpose of delivering the Services and complying with its obligations under this Agreement and for no other purpose.

17.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

17.3 The Partners agree to procure, as far as is reasonably practicable, that the terms of this Clause 18 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns, or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.

17.4 Nothing in this Clause 18 (*Confidentiality and FOIA*) will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.

17.5 The Partners acknowledge that some of them are subject to the requirements of FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that any Partner which is subject to FOIA is able to comply with their statutory obligations.

18. INTELLECTUAL PROPERTY

18.1 In order to develop and deliver the arrangements under this Agreement in accordance with the Principles each Partner grants each of the other Partners a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably

required for the sole purpose of the fulfilment of that Partner's obligations under this Agreement.

- 18.2 If any Partner creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Partner which creates the new Intellectual Property will grant to the other Partners a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Partner's obligations for the Services and the development and delivery of the arrangements under this Agreement.

19. GENERAL

- 19.1 Any notice or other communication given to a Partner under or in connection with this Agreement shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.
- 19.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 20.1; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.
- 19.3 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this Agreement.
- 19.4 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.
- 19.5 This Agreement, and any Dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Partners irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.
- 19.6 A person who is not a Partner to this Agreement shall not have any rights under or in connection with it.

This Agreement for a Rotherham Place Partnership has been entered into on the date stated at the beginning of it.

Signed by GAVIN BOYLE

for and on behalf of **NHS SOUTH YORKSHIRE
INTEGRATED CARE BOARD**

.....
CHIEF OFFICER

Signed by DR ANAND BARMADA

for and on behalf of **CONNECT HEALTHCARE
ROTHERHAM CIC**

.....
CHAIR

Signed by TOBY LEWIS

for and on behalf of **ROTHERHAM DONCASTER AND
SOUTH HUMBER NHS FOUNDATION TRUST**

.....
CHIEF EXECUTIVE

Signed by RICHARD JENKINS

for and on behalf of **THE ROTHERHAM NHS
FOUNDATION TRUST**

.....
CHIEF EXECUTIVE

Signed by SHARON KEMP

for and on behalf of **ROTHERHAM METROPOLITAN
BOROUGH COUNCIL**

.....
CHIEF EXECUTIVE

Signed by SHAFIQ HUSSAIN

for and on behalf of **VOLUNTARY ACTION ROTHERHAM
LIMITED**

.....
CHIEF EXECUTIVE

SCHEDULE 1

Definitions and Interpretation

1 The following words and phrases have the following meanings:

Agreement or Place Agreement	this agreement incorporating the Schedules
Best for Rotherham	best for the achievement of the Place Plan for the Rotherham population on the basis of the Principles
Commencement Date	1 July 2022
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Partner, its intellectual property rights or its business or which a Partner has indicated would cause that Partner significant commercial disadvantage or material financial loss
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector in accordance with the Health and Care Act 2022
Competition Sensitive Information	Confidential Information which is owned, produced and marked as Competition Sensitive Information including information on costs by one of the Partners and which that Partner properly considers is of such a nature that it cannot be exchanged with the other Partners without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Partner, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions
Confidential Information	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information
Contract	a contract entered into by one of the ICB or the Council and a Provider for the provision of the Services linked to the agreed Transformation

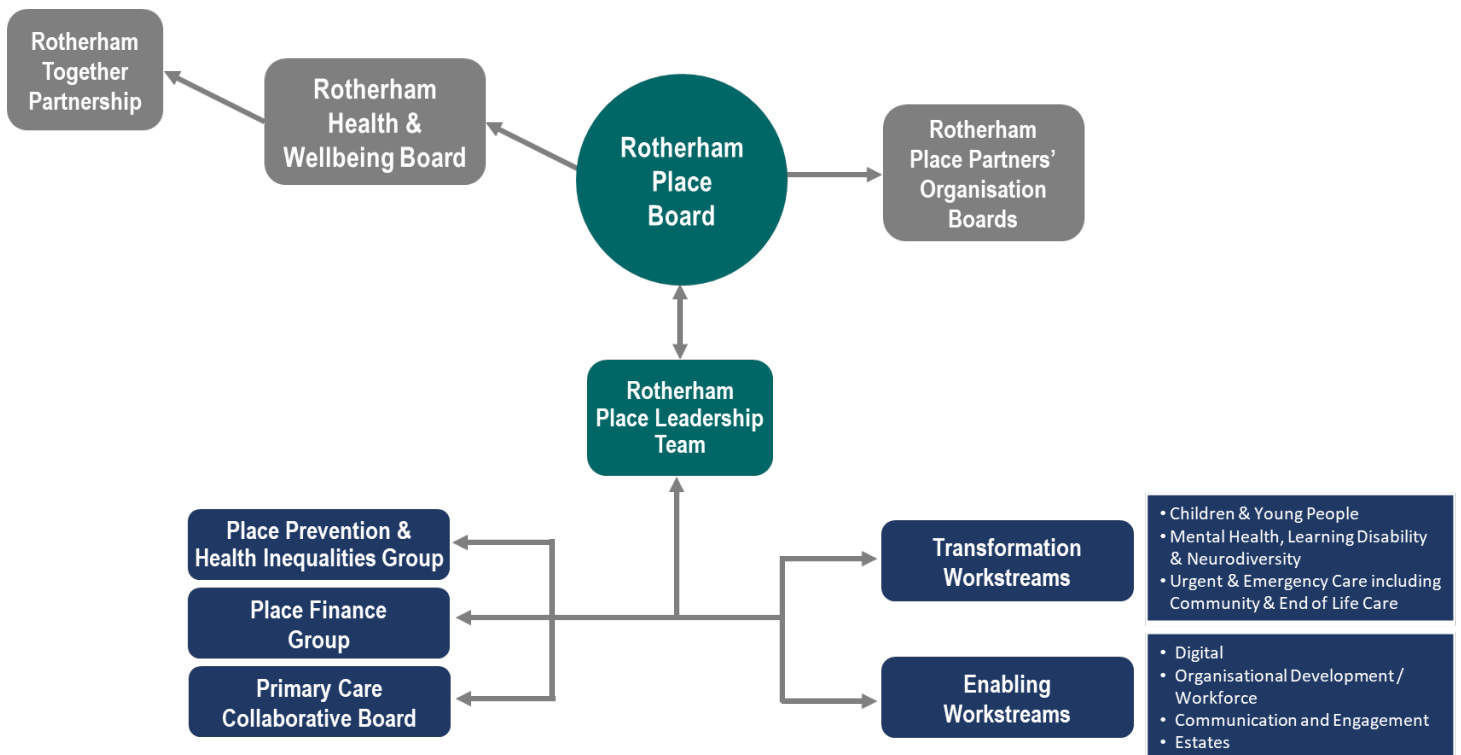
	Workstreams and references to a Contract include all or any one of those contracts as the context requires
Dispute	any dispute arising between two or more of the Partners in connection with this Agreement or their respective rights and obligations under it
Dispute Resolution Procedure	the procedure set out in Schedule 3 for the resolution of disputes which are not capable of resolution under Clause 7 (<i>Problem Resolution and Escalation</i>)
Enablers	the enabling workstreams as set out in the Place Plan
Further Extended Term	has the meaning set out in Clause 4.2
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Contracts), as appropriate
Insolvency	(as may be applicable to each Partner) a Partner taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world
Law	<ul style="list-style-type: none"> a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;

	<p>c) Guidance (as defined in the NHS Standard Contract);</p> <p>d) National Standards (as defined in the NHS Standard Contract); and</p> <p>e) any applicable code.</p>
Leadership Team	the Rotherham Place Leadership Team as described in clause 10.12
NHS Standard Contract	the NHS Standard Contract for NHS healthcare services as published by NHS England from time to time
Operational Days	a day other than a Saturday, Sunday or bank holiday in England
Place Board	the Rotherham Place Board
Place Plan	the Rotherham Integrated Health & Social Care Place Plan set out in Schedule 4 of this Agreement
Population	the geographical population group of Rotherham as covered by the ICB and Council
Principles	means the principles set out in Clause 6.2
Reserved Matters	the matters set out in Clause Error! Reference source not found.
Section 75 Agreement	the agreement entered into by the ICB and the Council under section 75 of the National Health Service Act 2006 to commission the services listed in the Schedules to that agreement
Service Users	people within the Rotherham population served by the Commissioners and who are in receipt of the Services
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Contract as set out in the Place Plan
Transformation Workstreams	the workstreams set out in the Place Plan.

SCHEDULE 2

Governance

- 1.1 This Schedule 2 sets out the governance arrangements for the Place Partnership under this Agreement.
- 1.2 The diagram below summarises the governance structure which the Partners have agreed to operate to provide oversight of the development and implementation of the Place Partnership approach and the arrangements under this Agreement.
- 1.3 This Schedule also contains the terms of reference for the Place Board and the Place Leadership Team.



Rotherham Place Board Terms of Reference (incorporating the Rotherham ICB Place Committee) [TO BE INSERTED]

Rotherham Place Leadership Team Terms of Reference [TO BE INSERTED]

SCHEDULE 3

Dispute Resolution Procedure

1 Avoiding and Solving Disputes

- 1.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Partners will look to collaborate and resolve differences under Clause 7 (*Problem Resolution and Escalation*) of this Agreement prior to commencing this procedure.
- 1.2 The Partners believe that by focusing on the delivery of the Place Plan and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the ICP.
- 1.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of the Place Partnership (each a "**Dispute**") when it arises.
- 1.4 In the first instance the Place Leadership Team shall seek to resolve any Dispute to the mutual satisfaction of the Partners. If the Dispute cannot be resolved by the Place Leadership Team within 10 Operational Days of the Dispute being referred to it, the Dispute shall be referred to the Place Board for resolution.
- 1.5 The Place Board shall deal proactively with any Dispute on a Best for Rotherham basis in accordance with this Agreement so as to seek to reach a unanimous decision. If the Place Board reaches a consensus that resolves, or otherwise concludes a Dispute, it will advise the Partners of its decision by written notice.
- 1.6 The Partners agree that the Place Board, on a Best for Rotherham basis, may determine whatever action it believes is necessary including the following:
 - (a) if the Place Board cannot resolve a Dispute within 20 Operational Days of referral, it may by consensus select an independent facilitator to assist with resolving the Dispute; and
 - (b) the independent facilitator shall:
 - (i) be provided with any information he or she requests about the Dispute;
 - (ii) assist the Place Board to work towards a consensus decision in respect of the Dispute;
 - (iii) regulate his or her own procedure and, subject to the terms of this Agreement, the procedure of the Place Board at such discussions;
 - (iv) determine the number of facilitated discussions, provided that there will be not less than three (3) and not more than six (6) facilitated discussions, which must take place within twenty (20) Operational Days of the independent facilitator being appointed; and
 - (v) have its costs and disbursements met by the Partners in Dispute equally.

- 1.7 If the independent facilitator cannot resolve the Dispute within 30 Operational Days of referral of the Dispute by the Place Board, the Dispute must be considered afresh in accordance with this Schedule 3 and only after such further consideration again fails to resolve the Dispute, the Place Board may decide to:
- (i) terminate this Agreement in accordance with Clause 15.4.1; or
 - (ii) agree that the Dispute need not be resolved.

SCHEDULE 4

Rotherham Place Plan



Rotherham Health
and Care Place Plan

ROTHERHAM PLACE PARTNERSHIP PLACE BOARD AND ICB COMMITTEE	
Terms of Reference	
Version	2.5
Implementation Date	1st July 2022, revised 10th April 2024
Review Date	17th April 2024
Approved By	ICB Board
Approval Date	3rd July 2024 (TBC)

VERSIONS			
Date	Version	Comments	Author
13 June 2022	1	Initial draft for feedback	Hill Dickinson
23 June 2022	2	Amendments following feedback from ICB on ICB committee element	Hill Dickinson
24 June 2022	2.1	Amendments to Place Board TORs re Participants	Hill Dickinson
6 July 2022	2.2	Amendments to ICB Committee TORs in Part 3 to reflect final TORs approved by ICB Board on 1/7/22 Amendments to job titles and membership/participation in Part 1 / Part 2	Hill Dickinson
15 July 2022	2.3	To add the list of participants in Part 3	LG
9 November 2022	2.3	To add final names to membership and to address RMBC comments	Hill Dickinson LG
11 February 2024	2.4	Review, dates updated and name of primary care collaborative board updated	LG
10 April 2024	2.5	Amendment to section 10 of Part 3 (Place Committee) in relation to Quoracy. Number of individuals increased from 3 to 4 to bring the number in line with the requirement that 60% of the membership is present for a meeting to be quorate	LG
10 April 2024	2.5	Amendment to section 18 of Part 3 (Place Committee) in relation to Reporting in that the ICB Place Committee's annual report, including a summary of attendance levels for members and attendees, will be submitted to both the ICB Audit Committee and ICB Board, timed to support finalisation of the ICB's annual report, accounts and Governance Statement.	LG
10 April 2024	2.5	Amendment of job titles for SY ICB staff	LG

1. Structure of these Terms of Reference

These terms of reference are divided into three sections:

- Part 1: Background;
- Part 2: Terms of reference for the Rotherham Place Board when carrying out Partnership Business (defined below); and
- Part 3: Terms of reference for the Rotherham Place Board when carrying out ICB Business (defined below) as a committee of NHS South Yorkshire Integrated Care Board.

PART 1: BACKGROUND

1. The organisations referred to in these terms of reference are Partners in the Rotherham Place Partnership ("**Place Partnership**"). Representatives of the Partners have come together as the Rotherham Place Board ("**Place Board**") to enable the delivery of integrated population health and care services in Rotherham, as set out in more detail below. The Partners have entered into a Place Agreement setting out their commitment to delivery of the Rotherham vision, objectives, and principles (as documented in the Place Agreement).
2. The Place Board in practice carries out two roles:
 - Firstly, the Place Board is responsible for aligning decisions on strategic policy matters made by Place Partners that are relevant to the achievement of the Rotherham Place Plan, in accordance with its terms of reference in Part 2. Where applicable, the Place Board may also make recommendations on matters that it has been asked to consider on behalf of a constituent Partner in the Place Partnership. Where the Place Board has been asked to consider matters on behalf of a Partner, the Partner organisation remains responsible for the exercise of its functions and nothing that the Place Board does shall restrict or undermine that responsibility. This work is referred to as "**Partnership Business**".
 - Secondly, the Place Board sits as the Rotherham ICB Committee ("**ICB Place Committee**"), which is a committee of the NHS South Yorkshire Integrated Care Board ("**ICB**"). The ICB Place Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation & Delegation. When the Place Board sits as the ICB Place Committee it has delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit, and otherwise support the ICB as set out in its terms of reference in Part 3 with the membership as set out in paragraph 7 below. The decisions reached by the ICB Place Committee are decisions of the ICB, in line with the ICB's Scheme of Reservation & Delegation "**ICB Business**". When sitting as the Rotherham ICB Committee, members must comply with ICB policies and procedures.
3. As far as possible in accordance with their organisation's governance arrangements, the Partners that are statutory bodies will seek to exercise their respective statutory functions within the Place Board governance structure insofar as such functions relate to Partnership Business (in the case of the other statutory Partners) or ICB Business (in the case of the ICB) and are within the scope of these arrangements. This will be enabled:
 - For other Partners that are statutory bodies, through those organisations (at their discretion) granting delegated authority for decision making to specific individuals (for example a Place Board member) or to specific committees or other structures established by Partner organisations meeting as part of, or in parallel with, the Place Board.
 - For the ICB, through the Place Board sitting as the ICB Place Committee, as outlined above
4. For Partners that are not statutory bodies, it is expected that as far as possible the individuals attending meetings of the Place Board will be authorised to take the decisions under consideration on behalf of their organisation.
5. It is expected that in many cases, ICB Business, or any other reserved statutory decisions taken by individuals on behalf of their statutory organisations, will be able to be conducted at meetings of the

Place Board, as a result of either individual Partner representatives exercising delegated authority or through the ICB Place Committee making the decision as a committee. Other representatives of Partner organisations will be attendees at the Place Board at such times subject to the management of any conflicts of interest.

6. Whether decisions are taken under Part 2 and Part 3, or only Part 2 or Part 3 of these terms of reference, the aim will be to ensure that decisions reflect applicable national and local priority objectives and strategies and are taken in accordance with the collaborative principles for the Place Partnership.
7. Membership and attendance at the Place Board differs according to whether or not the Place Board is undertaking Partnership Business or ICB Business in accordance with the relevant terms of reference. The table below sets out the status of individual representatives in each case for ease of reference:

Nominated Representative (Role/Title)	Organisation	Status for Partnership Business	Status for ICB Business
Executive Place Director / Deputy Chief Executive ICB	NHS South Yorkshire Integrated Care Board	Joint Chair	Chair
Chief Executive	Rotherham Metropolitan Borough Council	Joint Chair	Participant
Director of Public Health	Rotherham Metropolitan Borough Council	Member	Participant
Chief Executive	The Rotherham NHS Foundation Trust (TRFT)	Member	Participant
Deputy Chief Executive	The Rotherham NHS Foundation Trust (TRFT)	Member	Participant
Chief Executive	Voluntary Action Rotherham	Member	Participant
Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)	Member	Participant
Medical Director	Connect Healthcare Rotherham CIC	Member	Participant
Chair	Rotherham Health and Wellbeing Board	Participant	Participant
Director of Partnerships Rotherham Place	NHS South Yorkshire Integrated Care Board	Participant	Member
Director of Nursing for Doncaster and Rotherham Places	NHS South Yorkshire Integrated Care Board	Participant	Member
Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board, Chair of Rotherham Primary Care Collaborative Board and vice Chair of Rotherham Health and Wellbeing Board	Participant	Member
Director of Financial Transformation (Rotherham)	NHS South Yorkshire Integrated Care Board	Participant	Member
Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board	Participant	Member

ROTHERHAM PLACE BOARD

PART 2: PLACE BOARD – TERMS OF REFERENCE FOR PARTNERSHIP BUSINESS

1	Name of committee	The Rotherham Place Board (the “ Place Board ”).
2	General	<p>In these terms of reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board (“ICB”) Constitution as updated from time to time, unless the context otherwise requires:</p> <p>Constitution</p> <p>ICB</p> <p>Standing Order or Standing Orders</p> <hr/> <p>Other capitalised terms have the meaning set out below:</p> <p>“Chair” means the chair of the Place Board</p> <p>“Executive Place Director” means that individual appointed by the ICB to oversee and help develop the Place Partnership</p> <p>“ICB Business” has the meaning set out in Part 1</p> <p>“ICB Place Committee” means the committee of the ICB for the Rotherham Place</p> <p>“ICB Policies” means any policy, process or procedure formally adopted by the ICB</p> <p>“Member” refers to a member of the Place Board as listed in paragraph 6</p> <p>“Participant” refers to a participant of the Place Board as listed in paragraph 7</p> <p>“Partner” refers to a partner organisation in the Place Partnership which is also a party to the Place Agreement</p> <p>“Partnership Business” has the meaning set out in Part 1</p> <p>“Place Agreement” means the Place Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Rotherham</p> <p>“Place Board” means the Place Board as described in the Place Agreement that also sits as the ICB Place Committee as described in the ICB Constitution</p> <p>“Place Partnership” means the partnership of organisations described in the Place Agreement</p> <p>“Terms of Reference for ICB Business” means the terms of reference set out in Part 3</p> <p>“Working Days” means a weekday that is not a bank holiday in England.</p>

3	Reports to	The Place Board reports to the boards of the Partners in relation to Partnership Business. This is done through each Partner representative sitting on the Place Board reporting back to their respective employing/ host organisation.
4	Purpose	<p>In relation to Partnership Business, the Place Board provides the strategic and collective leadership for the Place Partnership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan. The Place Board is the forum where all Partners across health and care in Rotherham come together to formulate, agree and implement strategies for implementing the Rotherham Place Plan. The Place Board works across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and care organisations in the Rotherham health and care community.</p> <p>The Place Board shall operate in accordance with the vision, objectives and principles set out in the Place Agreement for the transformation and better integration of health, care, support and community services for the population of Rotherham.</p>
5	Remit and responsibilities	<p>When conducting Partnership Business, the Place Board has responsibility for:</p> <ul style="list-style-type: none"> • Leading the Rotherham Place Board. • Promoting and encouraging commitment to the Place Plan and “Place Board Principles” set out in the Place Agreement amongst all partner organisations; • Formulating, agreeing and implementing strategies for implementing the Place Plan; • Overseeing the implementation of the Place Agreement and all related contracts in terms of delivering the Rotherham Place Plan in line with the Place Board Principles. • Reviewing performance of the partners against the Rotherham Place Plan and determining strategies to improve performance or rectify poor performance. • Ensuring a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda. • Operating cost of care effectively in the context of the Rotherham health and social care financial circumstances. • Realising cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring impact assessments are completed where appropriate to assess any adverse impact in regard to patient safety and experience. • Providing a forum for parties to resolve disagreement relating to the Rotherham Place Plan. • In undertaking its role, considering recommendations from the Rotherham Place Leadership Team in respect of the operation of the Rotherham Place Board and the delivery of the services. • Reporting to the partner organisations and the Health and Wellbeing Board on progress against the Rotherham Place Plan. • Overseeing the development and implementation of the Place Plan, driving progress in implementation and seeking to overcome any barriers to implementation • Liaising where appropriate with national stakeholders (including NHS England) to communicate the views of the Place Board on matters relating to integrated care in Rotherham. • Operating as the key link between the Place Board and the ICB and work with the ICB to help shape its development, in conjunction with the Place Board’s development. This may include nominating Place Board representatives to sit on governance groups at ICB level, as necessary.

6	Members	<p>Members contribute to discussion, participate in aligned decision making and are accountable for decisions made.</p> <p>The Members of the Place Board are:</p> <p><u>NHS South Yorkshire ICB</u> Rotherham Executive Place Director / Deputy Chief Executive ICB (Joint Chair)</p> <p><u>Rotherham Metropolitan Borough Council (RMBC)</u> Chief Executive (Joint Chair) Director of Public Health</p> <p><u>The Rotherham NHS Foundation Trust (TRFT)</u> Chief Executive Deputy Chief Executive</p> <p><u>Voluntary Action Rotherham (VAR)</u> Chief Executive</p> <p><u>Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)</u> Chief Executive</p> <p><u>Connect Healthcare Rotherham CIC</u> Medical Director</p> <p>Each Partner will ensure that the Member from their organisation:</p> <ul style="list-style-type: none"> • Is appointed to attend and represent their organisation on the Place Board with such authority as is agreed to be necessary in order for the Place Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar); • Has equivalent delegated authority to the designated officers of all other member organisations comprising the Place Board (as confirmed in writing and agreed between the Partner organisations); and • Understands the dual role of the Place Board as described in Part 1 of these terms of reference, and the limits of their responsibilities and authority in respect of the Place Board when dealing with Partnership Business and ICB Business (to the extent they are a member of both).
7	Participants	<p>The following individuals will be invited to attend each meeting of the Place Board as Participants. Participants attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not participate in decision making.</p> <p>The Participants of the Place Board when discussing Partnership Business are:</p> <ul style="list-style-type: none"> • Chair Rotherham Health and Wellbeing Board • Director of Partnerships Rotherham Place, ICB • Strategic Director, Adult Care, Housing and Public Health, RMBC (as joint Urgent and Community Transformation Group Lead) • Director of Children's Services, RMBC (as Children and Young People's Transformation Group Lead) • Director of Nursing for Doncaster and Rotherham Places • Medical Director, Rotherham Place, ICB • Independent Non-Executive Member, ICB • Transformation and Partnerships Lead, Rotherham Place, ICB • Head of Communications, NHS ICB <p>The Chair may invite such other Participants to attend any meeting of the Place Board as the Chair considers appropriate.</p>

8	Deputies	With the permission of the Chair, Members of the Place Board may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.
9	Chair	The meetings will be run alternately by the Joint Chairs of the Place Board (as noted in paragraph 6 above). In the event of both of the Joint Chairs being unable to attend all or part of the meeting, another Member of the Partnership Board shall chair the meeting.
10	Quoracy	<p>No Partnership Business shall be transacted unless the following are present as a minimum:</p> <p>a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or Connect Healthcare Rotherham CIC.</p> <p>For the sake of clarity:</p> <p>a) No person can act in more than one capacity when determining the quorum. b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.</p> <p>Members of the Place Board may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.</p>
11	Conduct of meetings	The Place Board is not a separate legal entity or a committee of any of the Partners when considering Partnership Business, therefore it is unable to take decisions separately from its constituent Members or bind any one of them; nor can one Partner organisation 'overrule' another on any matter. The Place Board will operate as a place for discussion of Partnership Business with the aim of reaching consensus to make recommendations and proposals to the boards of Partner organisations, unless the Members have the requisite delegated authority from their Partner organisations to make the relevant decision.
12	Frequency of meetings	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Place Board determines otherwise and amends these terms of reference accordingly.
13	Urgent decisions	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Place Board determines otherwise and amends these terms of reference accordingly.
14	Admission of the press and public	The Place Board may meet in private to consider Partnership Business. However, if it is also considering ICB Business then press and public will be admitted in accordance with the terms of reference for ICB Business.
15	Declarations of interest	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Place Board determines otherwise and amends these terms of reference accordingly.
16	Support to the Place Board	The arrangements set out in the Terms of Reference for ICB Business shall apply unless the Place Board determines otherwise and amends these terms of reference accordingly.

17	Authority	<p>The arrangements set out in the Terms of Reference for ICB Business shall apply in relation to:</p> <ul style="list-style-type: none"> • investigations • commissioning of reports and surveys • obtaining legal or other independent professional advice <p>unless the Place Board determines otherwise and amends these terms of reference accordingly.</p> <p>In addition, if the Place Board agrees additional requirements regarding the above, those requirements must be complied with.</p> <p>The Place Board has the sub-committees set out in the Terms of Reference for ICB Business.</p> <p>The Place Board is authorised to create and dissolve permanent workstreams and time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, the Place Board must set a clear scope and where appropriate deadline for completion for the workstream or group.</p> <p>Such workstreams or groups shall not be able to take decisions on behalf of the Place Board and shall not be formal sub-committees of the Place Board.</p>
18	Reporting	<p>The Place Board shall report to the boards/ senior management of Partner organisations in respect of Partnership Business. It does this through Members reporting back to their organisations.</p> <p>The Place Board shall also report to the Health and Wellbeing Board for Rotherham.</p> <p>The Place Board will receive for information updates on the work of any of its task and finish groups or workstreams.</p>
19	Conduct of the Place Board	<p>Members of the Place Board will abide by the 'Principles of Public Life' (The Nolan Principles).</p> <p>The Place Board shall undertake an annual self-assessment of its own performance against these terms of reference. This self-assessment shall form the basis of an annual report from the Place Board to the Rotherham Health and Wellbeing Board.</p>
20	Amendments	<p>Any amendment to these terms of reference is Partnership Business. Any changes to these terms of reference must be approved by the Place Board.</p>
21	Review date	<p>These terms of reference shall be reviewed annually.</p>



ROTHERHAM PLACE BOARD

[Part 3 are to be reviewed at the ICB Business session](#)

PART 3: PLACE BOARD – TERMS OF REFERENCE FOR ICB PLACE COMMITTEE (ICB BUSINESS)

1	Name of committee	The Rotherham Place Board (the Place Board) is established as and operates as a committee of the NHS South Yorkshire Integrated Care Board (“ ICB ”), in accordance with the ICB’s Constitution, Standing Orders and Scheme of Reservation and Delegation when it is considering ICB Business (the “ ICB Place Committee ”).
2	General	<p>These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of the ICB Place Committee and may only be changed with the approval of the ICB Board. The ICB Place Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>In these Terms of Reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:</p> <ul style="list-style-type: none"> • Constitution • ICB • Standing Order or Standing Orders <p>Other capitalised terms have the meaning set out below:</p> <p>“Chair” means the chair of the ICB Place Committee</p> <p>“ICB Business” matters which are delegated to the ICB Place Committee in line with its purpose at paragraph 4 by the ICB for determination by the ICB Place Committee</p> <p>“ICB Policies” means any policy, process or procedure formally adopted by the ICB</p> <p>“Member” refers to a member of the ICB Place Committee as listed in paragraph 6</p> <p>“Participant” refers to a participant of the ICB Place Committee as listed in paragraph 7</p> <p>“Place Agreement” means the Rotherham Place Agreement entered into by the Partners (including the ICB) for the transformation and better integration of health and care services for the population of Rotherham</p> <p>“Place Board” means the place board as described in the Place Agreement that also sits as the ICB Place Committee when conducting ICB Business</p> <p>“Working Days” means a weekday that is not a bank holiday in England</p> <p>The ICB is part of the South Yorkshire Integrated Care System, which has four core purposes:</p> <ul style="list-style-type: none"> • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social and economic development.

		<p>The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:</p> <ul style="list-style-type: none"> • improving the health of children and young people • supporting people to stay well and independent • acting sooner to help those with preventable conditions • supporting those with long-term conditions or mental health issues • caring for those with multiple needs as populations age • getting the best from collective resources so people get care as quickly as possible.
3	Reports to	The ICB Board
4	Purpose	The ICB Place Committee will support the ICB in delivering its statutory and/or corporate functions as set out in paragraph 5.
5	Remit and responsibilities	<p>The role of the ICB Place Committee will be to actively participate in the Rotherham Place Partnership in accordance with the Place Agreement, and in accordance with the Constitution of the ICB.</p> <p>The ICB Place Committee is responsible for the following:</p> <p>Regulation and Control</p> <ul style="list-style-type: none"> • Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations. <p>Strategy and Planning</p> <ul style="list-style-type: none"> • Agree a plan to meet the health and healthcare needs of the Rotherham population, having regard to the ICS integrated care strategy and Rotherham health and wellbeing strategies. • Ensure consultation, involvement and engagement on place plans is undertaken where appropriate • Engagement with Health Overview and Scrutiny Committee. • Develop Annual Plan for Delivery of Place Health & Wellbeing Strategy and ICP Strategy • Ensure provision of Health Care Services for Place Population. • Agree Place-based delivery plans. • Allocate resources to deliver the plan in Rotherham, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital). • Approve the operating structure in Rotherham. • Develop joint working arrangements with partners in place that embed collaboration and integration as the basis for delivery within the ICB plan.

		<ul style="list-style-type: none"> • Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including: <ul style="list-style-type: none"> ○ convening and supporting providers at Place to lead major service transformation programmes to achieve agreed outcomes. ○ support the development of primary care networks (PCNs) as the foundations of out-of- hospital care and building blocks of place-based partnerships. Including through investment in PCN management support, data and digital capabilities, workforce development and estates. ○ working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care. • Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care. • Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability. <p>Partnership working</p> <ul style="list-style-type: none"> • Agree joint working arrangements at Place that embed collaboration and integration as the basis for delivery of the Place Plan. <p>Staffing and human resources</p> <ul style="list-style-type: none"> • Delivery of implementation in Rotherham of people priorities. <p>Risk management</p> <p>Make arrangements to implement in place ICB risk management arrangements.</p>
6	Members	<p>The Members of the ICB Place Committee when undertaking ICB Business are:</p> <ul style="list-style-type: none"> • Executive Place Director, ICB (Chair) • Director of Partnerships Rotherham Place, ICB • Director of Nursing for Doncaster and Rotherham Places • Medical Director, Rotherham Place, ICB • Director of Financial Transformation (Rotherham) • Independent Non-Executive Member, ICB <p>The Chair of the ICB must approve the appointment of any Member of the ICB Place Committee and may remove any Member of the ICB Place Committee, acting always in accordance with the ICB Constitution.</p>

7	Participants	<p>The following individuals will be invited to attend each meeting of the ICB Place Committee as Participants. Participants attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote. The Participants of the ICB Place Committee when undertaking ICB Business are:</p> <ul style="list-style-type: none"> • Rotherham Metropolitan Borough Council (RMBC) - Chief Executive • Rotherham Metropolitan Borough Council (RMBC) - Director of Public Health • The Rotherham NHS Foundation Trust (TRFT) - Chief Executive • Voluntary Action Rotherham (VAR) - Chief Executive • Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) - Chief Executive • Connect Healthcare Rotherham CIC - Medical Director • Rotherham Health and Wellbeing Board (RH&WBB) - Chair • The Rotherham NHS Foundation Trust (TRFT) - Deputy Chief Executive <p>ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper. The Chair may invite such other Participants to attend any meeting of the ICB Place Committee as the Chair considers appropriate.</p>
8	Deputies	<p>With the permission of the Chair, Members of the ICB Place Committee may nominate a deputy to attend a meeting that they are unable to attend. Members should inform the Chair of their intention to nominate a deputy and should ensure that any such deputy is suitably briefed and qualified to act in that capacity. The deputy may speak on their behalf but may not vote.</p> <p>The decision of the Chair regarding authorisation of nominated deputies is final.</p>
9	Chair	<p>The meetings will be run by the Chair of the ICB Place Committee (as noted in paragraph 6 above). If the Chair is absent or is disqualified from participating by a conflict of interest, a member of the ICB shall be chosen by the members present, or by a majority of them, and shall preside. In the event of the Chair being unable to attend all or part of the meeting, another Member of the ICB Place Committee shall chair the meeting.</p>
10	Quoracy	<p>No business shall be transacted unless at least 60% of the membership (which equates to a minimum of 4 individuals) and including the following are present:</p> <p>(1) Executive Place Director and (2) Independent Non-Executive Member</p> <p>For the sake of clarity:</p> <ul style="list-style-type: none"> a) No person can act in more than one capacity when determining the quorum. b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum. <p>Members of the ICB Place Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year</p>

11	Conduct meetings of	<p>In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the ICB Place Committee will have one vote, the process for which is set out below:</p> <ol style="list-style-type: none"> a. All members of the ICB Place Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, Members of the ICB Place Committee are set out at paragraph 6; Participants and observers do not have voting rights.) b. Absent Members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so. c. For the sake of clarity, any additional Participants and Observers (as detailed within Section 5.6. of the Constitution) will not have voting rights. A resolution will be passed if more votes are cast for the resolution than against it. d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote. e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
12	Frequency of meetings	<p>The ICB Place Committee will meet monthly in common with the Place Board. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the ICB Place Committee.</p> <p>One third of the members of the ICB Place Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the ICB Place Committee Members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all Members of the ICB Place Committee specifying the matters to be considered at the meeting.</p> <p>In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.</p>
13	Urgent decisions	<p>In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the ICB Place Committee to meet virtually. Where this is not possible the following will apply:</p> <ol style="list-style-type: none"> a) The powers which are delegated to the ICB Place Committee may allow for an urgent decision be exercised by the Chair subject to every effort having made to consult to consult with as many members as possible in the given circumstances. b) The exercise of such powers shall be reported to the next formal meeting of the ICB Place Committee for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.

14	Admission of the press and public	<p>In accordance with Public Bodies (Admission to Meetings) Act 1960 all meetings of the ICB at which public functions are exercised will be open to the public. This includes the Place Board where it is discussing ICB Business as the ICB Place Committee.</p> <p>The ICB Place Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.</p> <p>The chair of the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the ICB Place Committee's business shall be conducted without interruption and disruption.</p> <p>As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.</p> <p>Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the ICB Place Committee.</p> <p>A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.</p> <p>The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.</p>
15	Declarations of interest	<p>If any Member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.</p>
16	Support to the ICB Place Committee	<p>Administrative support will be provided to the ICB Place Committee by officers of the ICB. This will include:</p> <ul style="list-style-type: none"> • Agreement of the agenda with the Chair, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward; • Maintaining an on-going list of actions, specifying Members responsible, due dates and keeping track of these actions; • Sending out agendas and supporting papers to Members five working days before the meeting. • Drafting minutes for approval by the Chair within five working days of the meeting and then distribute to all attendees following this approval within 10 working days; and • An annual work plan to be updated and maintained on a quarterly basis.

17	Authority	<p>The ICB Place Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the ICB Place Committee.</p> <p>The ICB Place Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.</p> <p>The ICB Place Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the ICB Place Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.</p> <p>The ICB Place Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The ICB Place Committee may not delegate powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.</p>
18	Reporting	<p>The ICB Place Committee shall submit its minutes to each formal ICB Board meeting.</p> <p>The Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.</p> <p>The ICB Place Committee's minutes will be published on the ICB website once ratified.</p> <p>The ICB Place Committee shall submit an annual report, including a summary of attendance levels for members and attendees, to both the ICB Audit Committee and the ICB Board, timed to support finalisation of the ICB's annual report, accounts and Governance Statement.</p> <p>The ICB Place Committee will receive for information the minutes of other meetings which are captured in the ICB Place Committee work plan e.g. sub-committees.</p>
19	Conduct of the ICB Place Committee	<p>All Members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.</p> <p>Members of the ICB Place Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.</p> <p>The Place Board (including the ICB Place Committee) shall agree an annual delivery plan with the ICB Board.</p> <p>The ICB Place Committee shall undertake an annual self-assessment of its own performance against the annual work plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the ICB Place Committee.</p> <p>Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.</p>
20	Amendments	<p>These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of the ICB Place Committee and may only be changed with the approval of the ICB Board.</p>
21	Review date	<p>These terms of reference shall be reviewed annually.</p>

Rotherham Public Place Board – 17 April 2024

2023-25 Health and Care Place Plan Draft Performance Report

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

Purpose:

To provide members with quarter 3 performance report for the 2023-25 Health and Care Place Plan.

Background:

Pre-pandemic the Place Board received a quarterly performance report covering both key performance indicators and milestones/timescales against priorities for each of the transformation workstreams.

During and post pandemic the 2020-22 Place Plan was reported upon in terms of milestones only. The impact of the pandemic on key performance indicators had meant that it was either not possible or that the reporting was very skewed as performance had been severely impacted. As a result, reports focussed on only the milestones element of the performance report, which became the 'Update of Priorities' document.

The 4th Rotherham Health and Care Place Plan was agreed in July 2023. This Performance Report has been produced to provide an overview of delivery against the plan and represents the position as at end Q3, December 2023.

Analysis of key issues and of risks

Milestones: The quarter 3 position is similar to that reported in quarter 2, overall change is very small. The number of milestones:

- Complete has increased by 3
- On track has declined by 4
- Slightly off track remains the same
- Off track has increased by 1

Metrics: The quarter 3 position is similar to that reported in quarter 2, overall change is very small. The number of metrics:

- On track or achieved remains the same
- Slightly off track has increased by 3, to note that 2 of these are new in quarter 3
- Off track remains the same

Members are asked to note that there are a small number of metrics still to be confirmed as and when data is available.

Approval history:

Rotherham Place Board – confidential March 2024

Recommendations:

Members are asked to:

- Note that this Performance Report provides a position as at Q3, December 2024.
- Note that overall the position for both milestones and metrics is very similar to the position reported for quarter 2.

Rotherham Partnership Place Plan 2023-2025

Performance Report

Public Placed Board: 17 April 2024

Reporting Period: Quarter 3, End December 2023

Key for Milestones

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

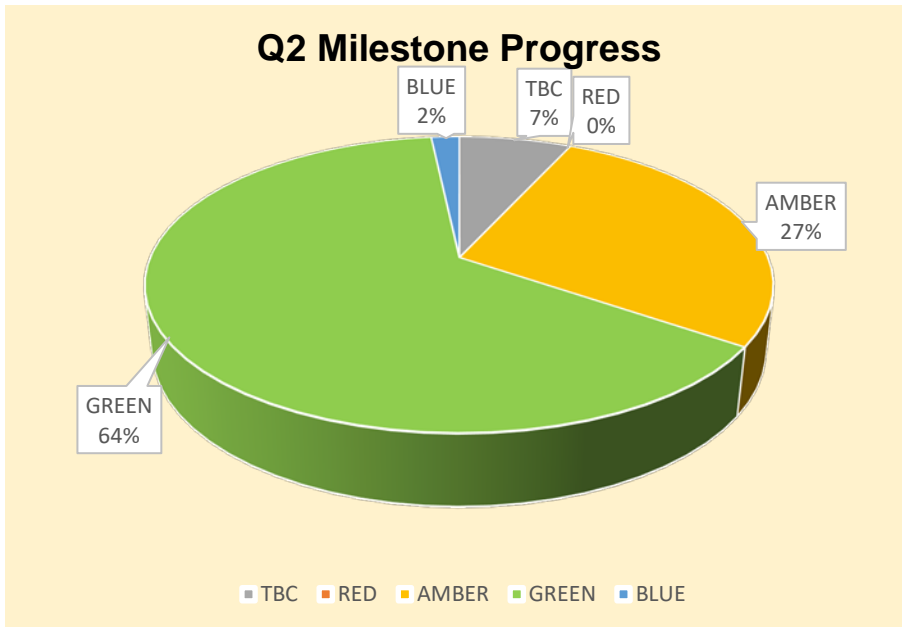
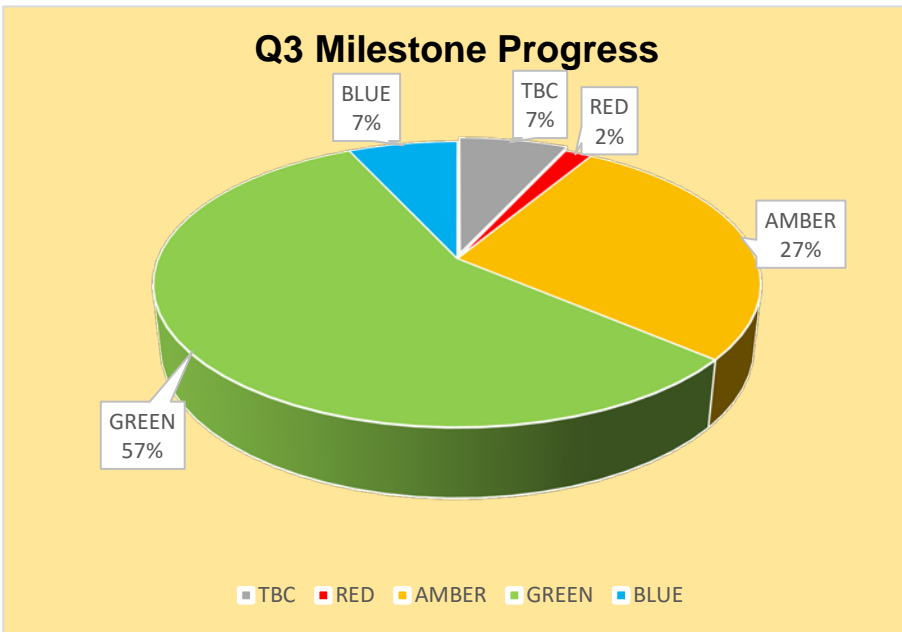
Key for Metrics

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

Contents

1	Overall Position for Milestones	3
2	Overall position for KPIs for Q3	5
3	Transformation Workstream: Best start in Life - Maternity, Children & Young People	7
	Priority 1: Best Start for Life	
	Priority 2: Children and young people’s mental health and emotional wellbeing	
	Priority 3: Looked After Children	
	Priority 4: Children and Young People with Special Educational Needs and/ or Disabilities	
	Priority 5: Preparation for Adulthood	
4	Transformation Workstream: Enjoying the best possible mental health and wellbeing	13
	Priority 1: Delivery of the Adult Severe Mental Illness (SMI) in Community Health Transformation Plan	
	Priority 2: Delivery of the Mental Health Crisis & Liaison programme	
	Priority 3: Suicide-prevention programme	
	Priority 4: Dementia pathway transformation	
	Priority 5: Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan	
5	Transformation Workstream: Supporting People with Learning Disability and Autism.....	18
	Priority 1: Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards	
	Priority 3: Ensure people with a learning disability and autistic people have better access to employment opportunities	
	Priority 4: To further develop accommodation with support options	
	Priority 5: Refresh the Vision and Strategy for people with a learning disability through coproduction and codesign	
	Priority 5: Develop a new service model for day opportunities for people with high support needs	
6	Transformation Workstream: Urgent, Emergency and Community Care	22
	Priority 1: Prevention and alternative pathways to admission	
	Priority 2: Children and young people’s mental health and emotional wellbeing	
	Priority 3: Whole System Command Centre	
7	Transformation Workstream: Palliative and End of Life Care.....	26
	Priority 1: Complete a review of PEOLC Medicine	
	Priority 2: Enhance personalised palliative and end of life care	
	Priority 3: Implementation of ReSPECT across Rotherham	
	Priority 4: Benchmark against the Ambitions Framework	
	Priority 5: Inform future commissioning through patient and Carer experience	

1 Overall Position for Milestones



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

Of the 58 milestones, there are:

RAG	Q2 Position		Q3 Position		Direction	Definition
	Number	%	Number	%		
TBC	4	7%	4	7%	–	Milestone not due/ not commenced
RED	0	0%	1	2%	↓	Milestone significantly off target
AMBER	16	27%	16	27%	–	Milestone slightly off target
GREEN	37	64%	33	57%	↓	Milestone on target
BLUE	1	2%	4	7%	↑	Milestone complete

The position in Q3 compared to Q2 for milestones **still to be confirmed** and milestones rated **Amber** did not change, 7% and 27% respectively.

There were no milestones rated **red** in Q2, however there is 1 (2%) in Q3, these is:

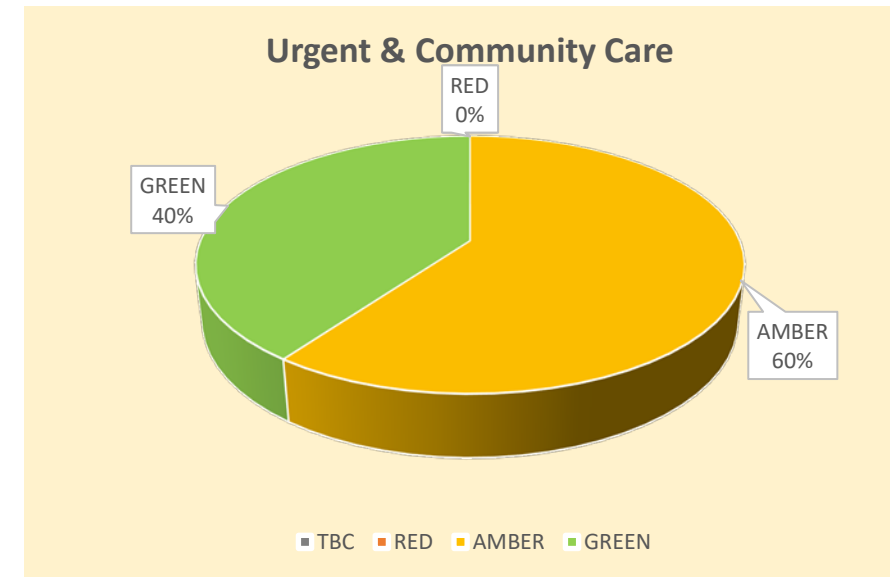
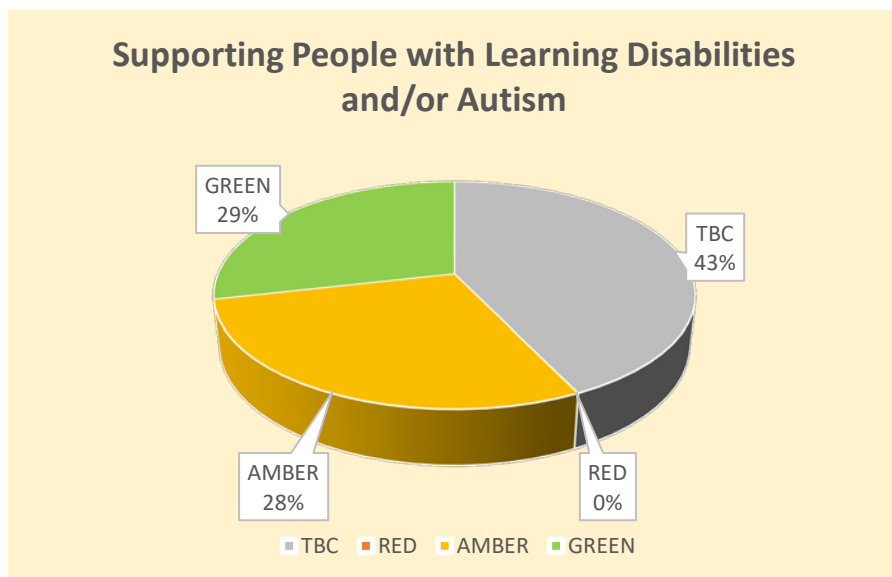
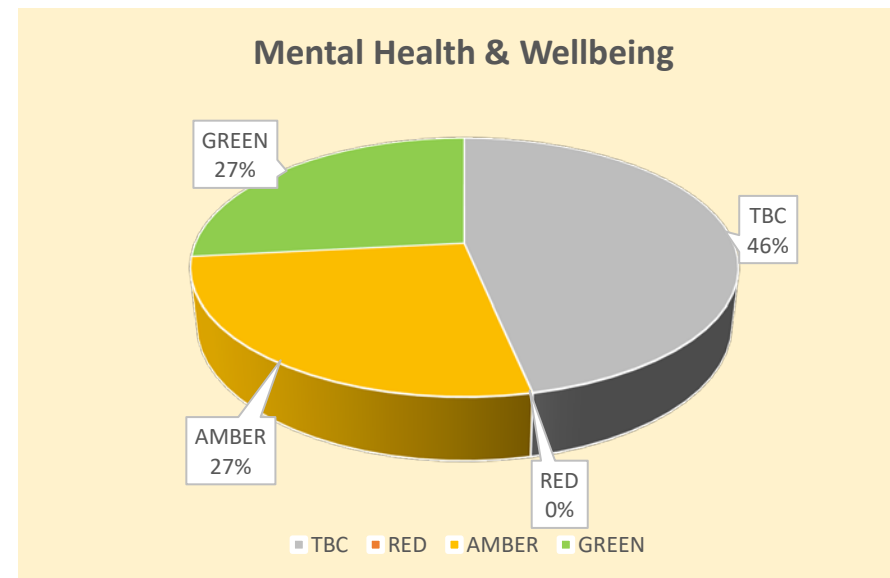
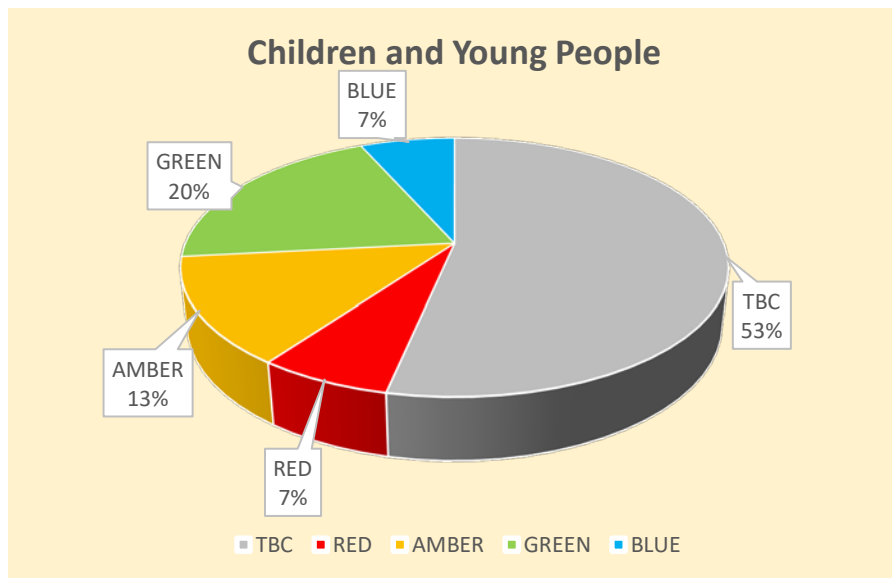
- **LDA 4:** SY ICB to source a suitable LDA safe space provider who has the skills, knowledge and values to provide this Service. The procurement was deemed commercially unviable within the existing financial envelope. Plan for recovery includes revised service specification and Market Engagement Event (see page 18)

For milestones rated **green** the position was 64% in Q2 and reduced to 57% in Q3, however the position improved for the number of **blue**, completed milestones, from 2% in Q2 to 7% in Q3.

1 Summary of Performance against milestones

Workstream	Priority Area	No. of Milestones	Red	Amber	Green	Blue	TBC/Not started
Best start in Life - Maternity, Children & Young People	Best Start for Life	3	0	1	2	0	0
	Children and young people's mental health and emotional wellbeing	3	0	2	0	1	0
	Looked After Children	3	0	1	1	1	0
	Children and Young People with Special Educational Needs and/ or Disabilities	3	0	0	2	1	0
	Preparation for Adulthood	3	0	2	1	0	0
		15	0	6	6	3	0
Enjoying the best possible mental health and wellbeing	Delivery of the Adult Severe Mental Illness in Community Health Transformation Plan	3	0	1	2	0	0
	Delivery of the Mental Health Crisis & Liaison	7	0	1	6	0	0
	Suicide Prevention Programme	2	0	1	1	0	0
	Dementia pathway transformation	1	0	1	0	0	0
	Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan	3	0	0	3	0	0
		16	0	4	12	0	0
Supporting People with Learning Disability and Autism	Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards	3	0	2	1	0	0
	Support development of SY Pathways to reduce the need for inappropriate admissions into mental health services	1	1	0	0	0	0
	Ensure people with a learning disability and autistic people have better access to employment opportunities	1	0	0	1	0	0
	To further develop accommodation with support options	1	0	0	1	0	0
	Refresh the Vision and Strategy for people with a learning disability through coproduction and codesign	1	0	0	1	0	0
	Develop a new service model for day opportunities for people with high support needs	1	0	1	0	0	2
		10	1	3	4	0	2
Urgent, Emergency and Community Care	Prevention and alternative pathways to admission	5	0	1	4	0	
	Integrated Discharge to Assess	3	0	0	1	0	2
	Whole System Flow	3	0	1	1	1	
		11	0	2	6	1	2
Palliative and End of Life Care	<ul style="list-style-type: none"> • Complete a review of PEOLC Medicine • Enhance personalised palliative and end of life care • Implementation of ReSPECT across Rotherham • Benchmark against the Ambitions Framework • Inform commissioning through patient & Carer experience 	6	0	1	5	0	0
		6	0	1	5	0	0
Overall Totals		58	1	16	33	4	4

2 Overall position for KPIs for Q3



There are 50 KPIs, of which:

RAG	Q2		Q3		Direction	Definition
	Number	%	Number	%		
TBC	20	43%	20	40%	↓	To be confirmed
RED	1	2%	1	2%	–	Significantly off target
AMBER	11	23%	14	28%	↓	Slightly off target
GREEN	15	32%	14	28%	↓	On target
BLUE	0	0	1	2%	↑	Achieved
			*50			

*Note – there are 3 additional metrics from Q3 so this will slightly affect the %'s

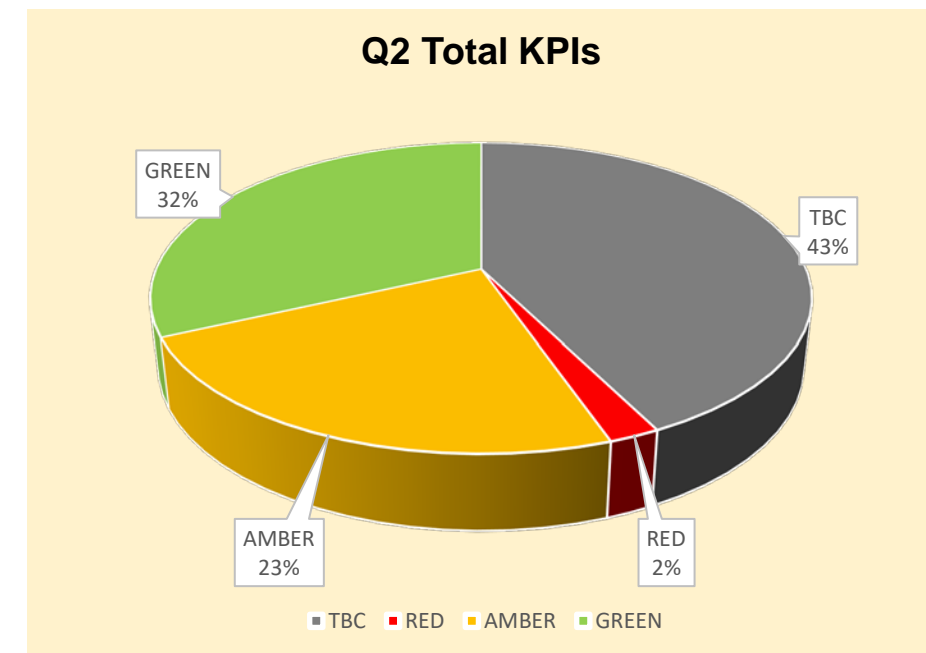
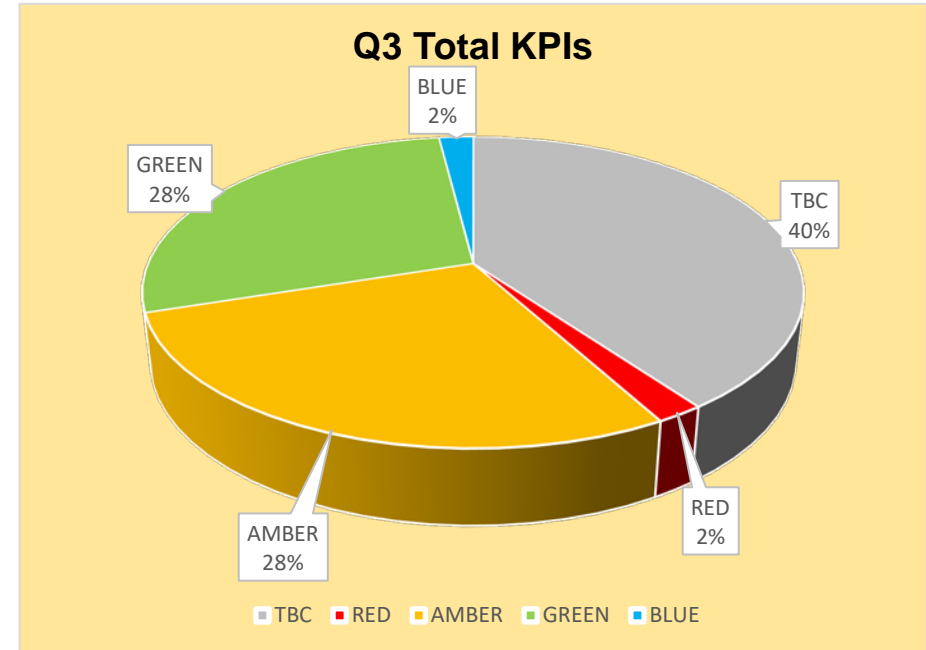
Red Metrics

There is one new **red** metric in Q3:

- **CYP KPI 13:** Number of requests for corrections (contacts/broken links etc) resolved within a 4 week timescale from the date the request was received.
The position has gone from 100% in Q2 to 95% in Q3. This relates to one request which was received during the summer holidays and was very slightly delayed (3 days over the timescale).
- **CYP 7:** % of children waiting more than 18 weeks for neurodevelopmental assessment – this was rated red in Q2, we are still awaiting data for Q3, so there is a potential for that to remain red.

There has been deterioration from **green to amber** in the following metrics:

- **CYP KPI 1:** % of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre (Family Hub)
- **LDN KPI 3:** Reduction in the numbers of people needing to be detained in mental health services
- **UEC KPI 3:** Improve A&E waiting times
- **UEC KPI 4:** Improve category 2 ambulance response times



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

Priority 1: Best Start for Life					Lead Officer: Helen Sweaton		
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 1	Develop and implement the “Start for Life Pack” for all families taking a proportionate universalism approach to targeted engagement	Q2 2024/25				Q2: The start for life pack is incorporated into digital offer for Family Hubs, as phase one, established additional material to add, which has been shared with comms lead. Commissioning of the appropriate interventions is underway. Q3: As Above. There is a plan for hard copy of the Start for Life offer to be published at the end of the Family Hub programme.	
CYP MS 2	Embed the Breastfeeding friendly Borough Declaration through the delivery of Breastfeeding Friendly initiatives	Q4 2023/24		10 breastfeeding peer support workers trained.		Q1: Breastfeeding friendly Borough Declaration endorsed by Place Board. Delivery of Breastfeeding Friendly initiatives is underway, including Community awareness building at Rotherham Show, 0-19 infant feeding lead working alongside Voluntary Action Rotherham to attempt to increase volunteer breastfeeding support workers. Q3: To date there are 10 peer support workers trained with a further 5 that have been identified to be trained in Q4.	
CYP MS 3	Review the Child Development Centre to ensure children in Rotherham will have timely access to an assessment and intervention when developmental needs are identified	Q4 2023/24				Multi-agency group of senior managers have agreed action plan, endorsed by Place Board, to improve quality of referrals and ensure age-appropriate assessment.	Children are waiting for assessment. Additional non-recurrent funding identified to create capacity to meet pandemic related increased demand.
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 1	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre (Family Hub)	95%	86%	88.2%		Q3 – This is a cumulative measure which increases each month during the year.	There is a risk that this target won't be achieved. The continued development of Family Hubs will help with registration rates moving forwards as well as the universal roll-out of baby packs over the next 2 years.

CYP KPI 2	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have accessed Children's Centre (Family Hub) activities	65%	61%	67%		Q3 - Target already achieved.
CYP KPI 3	Increase breastfeeding continuation status at 6-8 weeks	62%	Data awaiting validation	Data Awaiting validation		Q1 data for 2023/24 show 76.5% and is above (better) than the target. Q2 & Q3 data is awaiting validation.
CYP KPI 4	Increase the proportion of births that receive a face-to-face New Birth Visit within 14 days by a Health Visitor	89% by 2024/25	83.6%	Data Awaiting validation		Q1 data for 2023/24 show 85.9% however this will be updated once the new measure is confirmed (i.e. to consider those still in hospital). Q2 data shows 83.6%. Q3 data is awaiting validation.
CYP KPI 5	Early help assessments completed by partners	Last year outturn (22/23) was 25.6%	23.6% YTD	26.9%		The ambition is to increase Early help assessments completed by partners. Q3 – Sees a continued increase with November and December reaching 39.8% and 33% respectively.
CYP KPI 6	Percentage of eligible children accessing their 2-2.5yr health visitor checks	84% contractual target (93% RMBC Council Plan target)	92.8%	95.4%		Q1 data for 2023/24 show 91% of children received a 2-2.5 year review. This is above (better than) the commissioned service target of 84%. Q2 data shows 92.8% of children received 2-2.5 year review which is an increase from Q1. Further increase in Q3. RMBC Council Plan has an ambition to overperform on the contractual 84% due to the importance of checks for child development, achieving school readiness and reducing inequalities.

Any further comments:

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

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 4	Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. (Transforming health care)	Q2 2024/25				Successful implementation of revised pathway has improved the quality of referrals and reduced inappropriate referrals bringing demand in line with the trajectory.	Children are waiting for assessment. The trajectory does not reflect increased demand previously. RDaSH are revising the trajectory based on actual demand and numbers waiting.
CYP MS 5	Development of a framework to support consistent aspirations for children and young people’s SEMH across the continuum with appropriate support identified, a workforce competency and workforce development framework and a communications plan	Q3 2023/24				Multi-agency SEMH Strategic Group have overseen development of a continuum of mental health and emotional wellbeing needs and associated supported, this alongside the workforce competency framework will be approved in December. Q3 – SEMH Strategic Group approved the continuum. A soft launch has taken place with schools in January, with a formal launch planned for all partners in June.	
CYP MS 6	Re-develop, implement, and embed a tiered sleep pathway	Q4 2023/24				Public Health have led on redeveloping a multi-agency sleep pathway.	Gap analysis has identified a lack of capacity to deliver targeted interventions. An invest to save business case is being prepared.
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 7	% of children waiting more than 18 weeks for neurodevelopmental assessment	Lower is better	93% (11/23)	Awaiting data		Significantly increased demand than that forecast in the trajectory has impacted on the time children wait for assessment. Work to address the quality and appropriateness of referrals has improved capacity for assessment. Q3 – Awaiting data	Children are waiting for assessment. The trajectory does not reflect increased demand previously. RDaSH are revising the trajectory based on actual demand and numbers waiting.
CYP KPI 8	% of children waiting more than 2 years for neurodevelopmental assessment	Lower is better	31% (11/23)	Awaiting data		Q3 – Awaiting data	

Any further comments:

Priority 3: Looked After Children **Lead Officer: Helen Sweaton**

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 7	Embed the Looked After Children pathway into CAMHS	Q3 2023/24				Pathway is established. Work is underway to ensure it is delivered and embed.	Impact for children and young people is not clear. Further work to review CiC specification and CAMHS specification underway.
CYP MS 8	Re-development and implementation of our therapeutic offer to looked after children, in-house foster carers/ residential care providers	Q2 2024/25 Timescale revised for Q3 final report Q3 2023/24				RMBC are reviewing the in-house therapeutic offer to looked after children, in-house foster carers/ residential care providers. Q3 – Revised offer in development, led by multi-agency group including the RMBC in-house therapeutic services and RDaSH CAMHS. Implementation of new offer is ongoing as developed. Revised timescale for publication is Q2 24/25	Delayed due to requirement to end contracted agreement with Sheffield Health and Social Care and establish new arrangements with Rotherham CAMHS to inform the development of the new offer inclusive of CAMHS delivery. Rotherham CAMHS now engaged ensuring children in care and carers access appropriate support.
CYP MS 9	Actively engage in recruitment activity to increase the number of foster carers	Q4 2023/24				Q2 - A combination of activity associated with the digital marketing and local marketing strategies is successfully generating interest from perspective foster carers. Since April 2023 8 new foster carers have been recruited. Q3 –A total of 15 new foster carers were recruited between April – December 2023.	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 9	Increase the % of Children in Care living in a family-based setting to 85% by March 2025 (CYPS scorecard measure)	80% by March 2025	77% as at September	75.7%		Q3 – Has seen a slight drop in performance, permanence planning remains a key area of focus for the service with weekly panels convening to discuss individual CYP.	
CYP KPI 10	Ensure the number of Looked After Children (rate per 10k population 0-17) remains better than or in line with statistical neighbours (sn)	In line or better than stat neighbour ave	Currently 93.9 June – sn's 102.4	88.6			
CYP KPI 11	Increase the number CYP in a Rotherham fostering placement by March 2024.	Increase the no available by end March 24 (118 at end March 23)	As at end Q2 - 120	122			

Any further comments:							
Priority 4: Children and Young People with Special Educational Needs and/ or Disabilities					Lead Officer: Helen Sweaton		
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 10	Ensure children and young people with SEND and their families have access to accurate and relevant information on the Local Offer (strengthening our foundations)	Q4 2023/24				An updated and improved co-produced webpage was launched in 2022. The Local Offer continues to be updated regularly to provide accurate and relevant information.	
CYP MS 11	Develop, implement, and embed the accessibility strategy including the policy for funding equipment	Q3 2023/24				Q3 - 7 Mainstream Accessibility projects now implemented with grant agreements in place and work commencing.	
CYP MS 12	Review joint decision making for children with complex needs, including those with complex health and medical needs	Q3 2023/24				Arrangements for joint decision making reviewed and action plan based on recommendations agreed by RMBC and Rotherham ICB. Joint working in early years and with children's social care is improving early identification and quality of checklist submissions. Q3 – Review completed and paper presented at Place Executive Team (PET) in October 23.	Areas for development identified associated with transition. Preparation for Adulthood Board are meeting to develop the work programme to address issues.
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI 12	Increase the number of overall visitors to the Local Offer website.	Launched in May 2023. Baseline to be set during 23/24. Target increase to be agreed for 24/25	Baseline being established Q1 May-June only – TBC Q2 - 5643	5643			
CYP KPI 13	Number of requests for corrections (contacts/broken links etc) resolved within a 4 week timescale from the date the request was received.	100%	100%	95%		Q3 - This relates to one request which was received during the summer holidays and was very slightly delayed (3 days over the timescale).	
Any further comments:							

Priority 5: Preparation for Adulthood					Lead Officer: Helen Sweaton		
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 13	Produce a mental health transition pathway to support effective transition for looked after children and care leavers with SEMH needs	Q4 2023/24				As is transition pathway shared and understood. Work is underway to explore how this can be strengthened.	
CYP MS 14	Maximise the use of the Rotherham Health Record to provide a 'health passport' to support transition from paediatric to adult services	Q4 2023/24				Joint working with the digital enabling workstream has informed the development of a prototype. Prototype due to be presented at December's SEND Health focus group. Q3 – Prototype presented. Significant amends required, delaying progress.	
CYP MS 15	Implement and embed preparation for adulthood guidance, including involving families in transition planning	Q4 2023/24				Activity to co-produce preparation for adulthood guidance is on the guiding voices work programme.	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
CYP KPI	Metrics and targets TBC						
CYP KPI	Metrics and targets TBC						
Any further comments:							

4 Transformation Workstream: Enjoying the best possible mental health and wellbeing

Priority 1: Delivery of the Adult Severe Mental Illness (SMI) in Community Health Transformation Plan						Lead Officer: Kate Tufnell
Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 1	Implementation of Mental health ARRs roles in Primary Care in line with year 3 ambition	Q2 2023/24				MH ARRS roles are integrated within the Primary Care - ARRS Mental Health Primary Care Pathway in place. Risk: • Workforce retention.
MH MS 2	Primary care integrated Mental Health Hubs launched	Q3 2023/24			<ul style="list-style-type: none"> Hubs went live 5 December 2023 Digital Task and Finish Group continues to meet 	Risks: • Hub estates not identified. • IT infrastructure needs to be confirmed (mitigation partnership group established to progress).
MH MS 3	Community Mental Health Transformation pathways in place (targeted work on Community rehab, complex needs/PD & eating disorders)	Q4 2023/24			<ul style="list-style-type: none"> Task and Finish groups in place SY Collaborative are leading on Eating Disorders Pathway model development. Outline proposals anticipated in March. Community Rehab initial pathway development sessions to be held within RDaSH during Jan/Feb 	
Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 1	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Rotherham 2900 on a rolling 12-month basis (NHS National Objective)			The figure for Q3 is 2042. Work underway to capture access figures for (non-trust) activity such as IPS for SMI/Good Work Service.	
MH KPI 2	People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end) 60% of those living with SMI (LTP ambition/Core20PLU5)	Q4 2023/24 60%			There is a general trend for an increase in % of annual health checks undertaken in the 12-month period. LTP ambition/Core20PLU5 – 60% (actual reported 51.7%).	Risk: All six physical health check areas must be completed. Mitigation: Work to be undertaken with practices to target those areas that are below required target.
MH KPI 3	Increase in number of mental health ARRS workers in Primary Care (expected 6 per year, a total of 18 in year 3 = is 3 per PCN).	A total of 18 MH ARRS by March 2024			8.40wte Band 7 MH Practitioners in post. 8wte Triage Coaches in post.	Risk: Workforce retention.
Any further comments:						

Priority 2: Delivery of the Mental Health Crisis & Liaison programme					Lead Officer: Kate Tufnell		
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 4	Rotherham Crisis Care Concordat established	Q4 2023/24				Work has commenced on reviewing previous document and to reassess the way forward and potential links with 'right care/right person'. Target moved from Q3 to Q4 to allow time for work to progress.	
MH MS 5	Place Crisis pathway Health and Social Care delivery action plan agreed and considered at RMBC Cabinet	Q3 2023/24				The review was approved by RMBC Cabinet 18 December 2023. Andrew Wells has taken to Place Board. Staff consultation has begun with engagement sessions booked in. There will be no staff displaced and vacancies will be available	
MH MS 6	Development of a Place Crisis Service specification	Q3 2023/24				A Place based Crisis Service Specification has been shared with RMBC colleagues for further development. On track for final documents in April. The Health and Social Care Crisis Pathway document is nearly completed.	
MH MS 7	Expansion of the alternative to crisis offer	Q4 2023/24				Rotherham Safe Space alternative to crisis service was expanded to 4 evenings a week on Monday 23 October 2023.	Not applicable
MH MS 8	Implementation of a new Health and Social Care Crisis Pathway	Q1 2024/25				Regular meetings in place between RMBC and RDaSH to ensure smooth transition to new pathway. Exact date to go live of the new pathway under discussion but on track for completion first week in April.	
MH MS 9	111 'option 2' live for patients to have the option to press 2 for mental health in Rotherham	Q3 2023/24				All Rotherham calls have been routed to Doncaster SPA since 1 December 2023	
MH MS 10	111 option 2 reporting in place via SDCS	Q1 2024/25				Expect to flow minimum data by Q1 24/25	

Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 4	Increase in the number of people accessing alternative to Crisis provisions	150 people				Reporting from QWELL (322 service users), Safe Space (367 visitors) and Samaritans (46 referrals) show that more people are accessing alternatives to crisis provision.	
MH KPI 5	Proportion of calls abandoned	Mandatory from Q1 2024/25					
MH KPI 6	Average speed to answer calls	Mandatory from Q1 2024/25					
MH KPI 7	95 th centile call answer time	Mandatory from Q1 2024/25					

Any further comments:

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

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 11	Mobilisation and launch of the attempted suicide Prevention Pilot	Q3 2023/24				Regular mobilisation meetings have been held with the Provider. However there are delays re recruitment.	
MH MS 12	Refresh of the suicide prevention and self-harm action plan in line with the National strategy	Q4 2023/24				<ul style="list-style-type: none"> The current action plan will be refreshed and extended. A full refresh is planned by end of December 2024. ONS data for 2020-2022 released end of December 2023. Local planning framework from OHID due end of 2024. Brief update of existing plan to go to March 2025 HWB. 	

Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 8	Increase in the number of people who have attempted suicide receiving follow up support	Launch is likely to be January 2024				<ul style="list-style-type: none"> This service is yet to launch. Score card for evaluation and monitoring has been agreed with the Strategic Suicide Prevention Group. Note, this service is for people who have had their mental and physical health needs met where the attempt was a life event. If they still require mental health support then this will be provided through RDASH. There may also be a reduction in re-presentation to Crisis and HTL. Well-being measures are being looked at also. 	

Any further comments:

Priority 4: Dementia pathway transformation					Lead Officer: Kate Tufnell		
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 13	Dementia Partnership Plan to be developed and approved	Q4 2023/24				Partnership Group continuing to meet.	Risk: Partnership group to establish clear ownership Mitigation: further discussion to identify organisation to lead this piece of work
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 9	Recover Dementia Diagnosis rate for people with dementia to 66.7%	Above 67% (NHS National Objective)				Current diagnosis rate 84.5%	
MH KPI 10	Increase the number of people receiving a diagnosis within 6 weeks (Referral to treatment)	Not yet agreed				Currently data on <12 weeks is provided. September 2023 61% of people seen. November 2023 this had increased to 97%	Risk: performance data does not report against the RTT 6-week target. Contract discussion on going.
MH KPI 11	Improved access to support for people with dementia and their Carers.	500 per year				159 people have accessed services during Quarter 3.	
MH KPI 12	Reduction in dementia waiting list	92% seen within 12 weeks				Average 4 weeks for baseline assessment	
Any further comments:							

Priority 5: Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan | Lead Officer: Ruth Fletcher-Brown

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
MH MS 14	Health and Wellbeing Board to sign up to Prevention Concordat for Mental Health	Q3 2023/24				Board application was approved at the Sept OHID Prevention Concordat Panel meeting attended by Cllr Roche, Ben Anderson, Kelsey Broomhead and Ruth Fletcher-Brown.	
MH MS 15	Develop and mobilise action plan in response to application	Q4 2023/24				Action Plan to be developed with Partners of the Better Mental Health for All Group.	
MH MS 16	To increase the number of practitioners receiving MECC training	Q4 2023/24				Updating the MECC course content ready for a launch early 2024.	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
MH KPI 13	The number of MECC sessions delivered in the quarter	TBC	TBC	TBC		No baseline to record for the September update, sessions will start in Q4.	
MH KPI 14	The number of people attending a MECC session in the quarter	TBC	TBC	TBC		No baseline to record for the September update, sessions will start in Q4.	
MH KPI 15	The number of MECC sessions delivered in the quarter	TBC	TBC	TBC		No baseline to record for the September update, sessions will start in Q4.	

Any further comments:

5 Transformation Workstream: Supporting People with Learning Disability and Autism

Priority 1: Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards						Lead Officer: Garry Parvin
Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 1	Additional support will be offered to GP Practices to undertake enhanced health checks	Q2 2023/24.			<p>Rotherham's GPs have delivered 819 (41.5%) health checks to date. The current register is 1,739 (an agreed increase to reflect Rotherham's population). There has been an increase in the number of the health checks completed in Q3. See below</p>	NHSE have indicated that are wishing to stretch the 75% target
LDN MS 2	Peer Support offered to people with a learning disability to access enhanced health checks	Q2 2023/24			Support is offered by Rotherham's Community Learning Disability Team. This includes peer support	
LDN MS 3	Focus on increasing the numbers of eligible young people to access GP enhanced health checks	Q2 2023/24			Work is ongoing to support GP's to promote the uptake of enhanced health checks in the 14 -17 cohort of young people. Increase in uptake is being reported	NHSE have indicated that are wishing to stretch the 75% target
Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 1	Rising numbers of young people aged 14-25 accessing enhanced Health checks. 60% Q4 2023/24	August 17.2% (August 22 was 10.1%)	27.2%		<p>Position is comparable with previous years, Rotherham GPs complete most health checks in Q4</p> <p>There has been a month by month increase. Currently 27.2%. Meetings occurring to promote enhanced health checks linking with schools and colleges.</p>	Not all practices conduct health checks each month for 14 to 17 year olds. If no checks were conducted for a practice the national data excludes that practice's data.
LDN KPI 2	75% of people with a learning disability in Rotherham will have access to GP enhanced health check. 75% Q4 2023/24 (NHS National Objective)	August 23 15% (August 22 was 10.1%)			Position is comparable with previous years, Rotherham GPs complete most health checks in Q4	NHSE have indicated that are wishing to stretch the 75% target
Any further comments:						

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

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 4	SY ICB to source a suitable provider who has the skills, knowledge and values who can provide this Service	Q2 2024/25 (SYICB led)				<p>Kelly Glover (SY ICB Lead) has stated that the tender to seek a provider has been published</p> <p>Update: LDA Safe Space. Despite efforts to secure a suitable provider, the procurement was deemed commercially unviable within the existing financial envelope. Economic shifts, market challenges, and the outcome of the procurement evaluation necessitate a revised approach to the next procurement round.</p> <p>Plan for recovery:</p> <ul style="list-style-type: none"> • Revised Service Specification: Modify the service requirements to reduce the number of units from four to three to better align with budget constraints, making the tender more commercially viable, while still achieving service objectives. • Market Engagement Event: Organise a market engagement event to facilitate targeted marketing and engagement with potential providers. This event will enable a better understanding of existing providers' capabilities and capacity to deliver the required services. 	

Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 3	Reduction in the numbers of people needing to be detained in mental health services	8 people by Q2	8 people reported as detained	9 people reported as detained		<p>The demography of the transforming care cohort has shifted. Most admissions to mental health services are autistic people without a learning disability. This a pattern repeated across the SY ICS footprint.</p> <p>2 people are due to be discharged which will see a recovery in Rotherham's position.</p>	The proposed SY safe space pilot will offer some mitigation. However, there is an emerging issue of sufficiency. This is being mitigated by a review of the emergency respite bed in Rotherham

Any further comments:

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

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 5	Develop SEND Supported Internships action plan	Q4 2023/24				Draft plan has been developed and circulated. Final approval is required. This is expected by late November 2023	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 4	An increase in the numbers of young people accessing supported internships by 2025.	TBC	TBC	TBC		The supported internships delivery plan is being review and Delivery partners are being consulted. Currently 31 young people access supported internships.	

Any further comments:

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

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 6	Launch Rotherham's supporting living Flexible Purchase Scheme	Q3 2023/24				FPS has been published. Evaluation is in progress.	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 5	12 units of supported living are created every year	12 per year	6 units created				

Any further comments:

Priority 5: Refresh the Vision and Strategy for people with a learning disability through coproduction and codesign | Lead Officer: Garry Parvin

Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 7	Refresh the Vision and Strategy for people with a learning disability and the Autism Strategy.	Q4 2023/24				Coproduction has completed. Refreshed strategy presented to cabinet in February 2023 and approved	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
	NA						

Any further comments:

Priority 5: Develop a new service model for day opportunities for people with high support needs						Lead Officer: Garry Parvin	
Milestone		Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 8	Submit final planning applications for approval	Q4 2023/24					
LDN MS 9	Construction of new building at Canklow 'Castle View' Complete	TBC	TBC	TBC		A decision in relation to full planning permission is due on 2 nd April	
LDN MS 10	For the new service to be operational	2025/26				Service specification is being refreshed	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
LDN KPI 6	Metrics to be identified when service is operational						
Any further comments:							

6 Transformation Workstream: Urgent, Emergency and Community Care

Priority 1: Prevention and alternative pathways to admission					Lead Officer: Steph Watt \ SRO: Jodie Roberts	
Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 1	Grow the Virtual Ward and Urgent Community response according to agreed trajectories	Q4 2023/24			1295 patients supported on Virtual Ward from Dec 22-23 to avoid unnecessary admissions and support early discharge. For the highest acuity patients this is through face to face interventions. Telephone support has been added to support where in person visits are not needed. Process and system changes have been introduced to increase clinical time and flexibility.	As the growth trajectory increases it may become more challenging to meet capacity and occupancy targets. The mitigation in place for this includes, capacity and demand modelling, use of the Transfer of Care Hub to manage competing priorities and a single urgent team – which has now been introduced.
UEC MS 2	Implement Virtual Ward remote monitoring.	Q3 2023/24			There has been a joint procurement with SY ICB and Rotherham, Barnsley and Doncaster partners to enable economies of scale. Although there has been a delay in on boarding of VW remote tech the Contract, SOP IG and Informatics information has been progressed.	Remote technology may not be appropriate to support all pathways. Mitigation: The technology will only be applied where appropriate to support care according to the individual's needs.
UEC MS 3	Review Falls offer and deliver revised model	Q4 2023/24			This scope has been expanded to support 2 out of 4 of Rotherham's high impact projects including frailty and ambulatory care. Cross system MDT workshops have been held. Outputs include a directory of services created along with identifying what is working well, challenges, opportunities and risks. To be sessions being held.	Risk in developing, delivering and embedding sustainable change due to the size and complexity of the offer. Mitigation: Partnership and programme approach, supported by Frailty being identified as a high impact priority for 2024/25.
UEC MS 4	Scope and develop the anticipatory care model with phased implementation including delivery of a risk stratification tool	Q4 2023/24			Scoping has been completed. This work will be progressed as part of the frailty high impact work.	
UEC MS 5	Review Services which deflect admission at the front door	Q4 2023/24			SDEC- Acute care tracker is now in place. A further extension to opening hours will commence from January meaning medical SDEC will be open until 10pm. TRFT Community team working with YAS to grow referrals/increase acceptances including revising SOP, briefing YAS to improve suitability of referrals and developing clinical system structures and processes to improve data quality.	

Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
UEC KPI 1	% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	70% (Dec 2022) (NHS National Objective)		76%		70% standard continues to be met each month following data validation.	
UEC KPI 2	Virtual Ward trajectory and capacity (Occupancy rate)	Q4 100 beds with 80% occupancy		59%		A revised trajectory has been agreed and is on track. Ongoing variation in meeting occupancy rates. Communication rolled out across TRFT and RMBC and planned with Primary Care. Work continues to understand capacity and demand and verify data quality. 326 patients accepted on to the ward in December utilising frailty and respiratory wards alongside the new remote step-down VW pathway.	
UEC KPI 3	Improve A&E waiting times (further improvement in 2024/25)	76% of patients seen within 4 hours by March 2024 (NHS National Objective)	61.4% in September	59% in December against national target of 65%		Rotherham is moving from a national field site pilot to implementing the now nationally required 4 hour A&E response target. Whilst Rotherham is the second highest performer of the field sites in meeting the 4 hour standard the performance does not yet meet the national target in Q3. Extensive changes are taking place through the TRFT Acute Care Transformation (ACT) programme including streaming at the front door, development of Same Day Emergency Care and alternative pathways to ED, workforce	A rapid action plan has been developed with daily oversight and monitoring
UEC KPI 4	Improve category 2 ambulance response times (further improvement towards pre-pandemic levels 2024/2)	30 minute average across 2023/24 (NHS National Objective)		45:46 December		The latest figure for ambulance handover delays within 30 minutes for the quarter (to 3/12/23) was 88.7% against the metric of 90%. Significant improvement work is ongoing with Yorkshire Ambulance Service and the TRFT ACT programme and the community 'PUSH' model to improve response times to patients whilst reducing avoidable trips to ED	

Any further comments:

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

Priority 2: Integrated Discharge to Assess					Lead Officer: Steph Watt \ SRO: Kirsty Littlewood	
Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 6	Implement integrated transfer of care hub and discharge to assess model	Q4 2023/24			Home from Hospital bridging social care service launched November 2023 to facilitate timely discharge where demand for reablement support exceeds capacity. New referral form agreed, which will pull key data from patient record systems reducing the need for manual input. The UEC programme manager has trialed a whole system flow co- role to improve co-ordination, escalation and forecasting. Particular focus on TOCH MDT and no criteria to reside in community beds. Alternative community beds sourced on a spot purchase basis to increase discharge capacity	
UEC MS 7	Review and streamline discharge pathways	Q4 2023/24	Not yet due to start	Not yet due to start		
UEC MS 8	Review community home and bed base care in line with demand	Q1 2024/25	Not yet due to start	Not yet due to start		
Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
UEC KPI 5	Reduction in people with no criteria to reside NCTR percentage occupancy of ≤10%	12.2%	15.6% December		Ongoing work to support patient flow through the integrated discharge to assess work stream. Industrial action and system pressures have also impacted on flow.	System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact
UEC KPI 6	Reduction in long lengths of stay in Acute and Community bed base.	7 days 40%	23.6% Oct average	7 days 48%	The Medical Director now conducts a weekly length of stay review on each ward in the acute setting. A follow up virtual meeting is held. A second long length of stay community bed base meeting has been added.	System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact
	% of acute bed occupancy for NCTR by LOS	14 days 25%		14 days 23%		
		21 days 12%		21 days 13%		
UEC KPI 7	Proportion Discharged to Usual Place of Residence	94%	95.2% Sept	95.7% December		Due to the aging population there is greater complexity of requirements which cannot always be supported at home Mitigation: Rotherham has prioritised and invested in supporting people at home

						wherever possible. The majority of people receive a period of rehab/recovery before final decisions are made
UEC KPI 8	Reduce adult general and acute (G&A) bed occupancy to 92% or below.	92% (NHS National Objective)	92.4% Sept	91.6% December		System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact

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

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

Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 9	Capacity and demand modelling of intermediate care and discharge provision					
UEC MS 10	Development of a whole system digitised Command Centre and performance dashboard: <ul style="list-style-type: none"> Community escalation wheel 				A new Place escalation wheel is being developed to give a visual overview of all services provided by Place partners which contribute to system flow including acute, community and mental health, social care and the voluntary sector as well as acute and community bedded care. Currently being tested	Where manual interventions are required information may not be sufficiently up to date to inform decision making Mitigation: automate where possible
UEC MS 11	Development of operational and performance dashboard				Performance dashboard under development TOCH dashboard TRFT allocated	TOCH dashboard requiring IT development resource, agreed through programme governance framework and escalated.
Metric	2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
	This workstream contributes to providing data to monitor KPIs for priority 1 and 2 above.	N/A	N/A			

Any further comments:
Operational pressures, including industrial action, and staffing (sickness and vacancies) has impacted on planning and delivery. Data quality and completeness could impact on outcomes of the whole system flow project.

7 Transformation Workstream: Palliative and End of Life Care

Priorities covered by the milestones and metrics below are:						Lead Officer: Emma Royle
<ol style="list-style-type: none"> 1. Complete a review of PEOLC Medicine 2. Enhance personalised palliative and end of life care 3. Implementation of ReSPECT across Rotherham 4. Benchmark against the Ambitions Framework 5. Inform future commissioning through patient and Carer experience 						
Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
PEO LC MS 1	Review of PEoLC Medicine across Rotherham	Q4 2023/24			The Strategic Clinical Network have carried out a review of the Specialist Palliative Medicine Workforce across the Northeast and Yorkshire. Rotherham Place will use this to help inform a paper regarding the implications and suggested actions needed. Rotherham Hospice working with consultants on an appraisal of alternative roles and suitability for PEoLC. Dr Kyeremateng will present a paper to the SY ICB PEoLC Board meeting in May 2024.	The SCN work highlighted a risk in Rotherham in the coming years with regards to palliative care consultant. Rotherham Place to produce a paper regarding the implications and suggested actions needed.
PEO LC MS 2	Undertake work to identify Rotherham patients and carers experience to inform future commissioning	Q4 2023/24			Engagement sessions have taken place with Speak-up (Self Advocacy for people with LD and autism), The Rainbow Project (LGBT), and The One Voice & Life Groups (run by and for BAME women). Healthwatch have also carried out SY wide consultation work with patients, families, and carers. Next steps – to undertake engagement sessions focused specifically on Rotherham.	
PEO LC MS 3	Implement ReSPECT across Rotherham, including relevant training	Q4 2023/24			ReSPECT went live in Rotherham 1 st October 2023. A multi-agency implementations meetings continue every 2 months. Level 1, 2 and 3 training videos, ECHO training sessions etc developed. Positive feedback re use from the Resuscitation Officer, TRFT. Next steps – continued training and comms and evaluation of use.	

PEO LC MS 4	Benchmark against the ambitions for PEOLC framework	Q3 2023/24				TRFT have completed a gap analysis against the Ambitions and developed an action plan in response to the findings. A further gap analysis across Rotherham Place partners has been completed. This will be collated with the results from Sheffield, Barnsley and Doncaster to form a SY wide action plan. This will be monitored by the SY ICB PEoLC Board.	
PEO LC MS 5	Develop a Rotherham Place action plan to address the outcomes from the gap analysis work against the ambitions	Q4 2023/24				The action plan will be developed during end Q3 / start Q4 once the gap analysis against the Ambitions Framework has been completed. Work is taking place to complete the same gap analysis for PEoLC services for children and young people.	
PEO LC MS 6	Develop Rotherham PEOLC Dashboard.	Q4 2023/24				This has been completed on a SY wide basis and is available on the SY ICB intranet. Information from this is exportable and is shared with Partners at the Rotherham Place PEoLC Group for discussion. Further discussion is taking place regarding SY wide trajectories.	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
PEO LC KPI 1	Increase the proportion of people on end of life care registers	TBC	TBC				
PEO LC KPI 2	Increase the number of people able to die in their place of choice.	TBC	TBC				
PEO LC KPI 3	Increase number of people who have completed training in end of life care	TBC	TBC				

Any further comments:

The South Yorkshire ICB Palliative and End of Life Care Board has been established and has met twice. There are 3 sub groups under the Board – Children and Young People, Patient Engagement and Clinical Reference Group. A SY PEoLC Strategy is currently in draft form and is being updated following consultation.

PEO LC MS 4	Benchmark against the ambitions for PEOLC framework	Q3 2023/24				TRFT have completed a gap analysis against the Ambitions and developed an action plan in response to the findings. A further gap analysis across Rotherham Place partners is currently underway. This will be collated with the results from Sheffield, Barnsley and Doncaster to form a SY wide action plan.	
PEO LC MS 5	Develop a Rotherham Place action plan to address the outcomes from the gap analysis work against the ambitions	Q4 2023/24				The action plan will be developed during end Q3 / start Q4 once the gap analysis against the Ambitions Framework has been completed.	
PEO LC MS 6	Develop Rotherham PEOLC Dashboard.	Q4 2023/24				This has been completed on a SY wide basis and is available on the SY ICB intranet. Information from this is exportable and will be shared with Partners at the Rotherham Place PEoLC Group for discussion.	
Metric		2023/24 Target	Q2 Position	Q3 Position	Q4 Position	Comments if off track	Any risk, including mitigation
PEO LC KPI 1	Increase the proportion of people on end of life care registers	TBC	TBC				
PEO LC KPI 2	Increase the number of people able to die in their place of choice.	TBC	TBC				
PEO LC KPI 3	Increase number of people who have completed training in end of life care	TBC	TBC				

Any further comments:

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

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.15am
Date of Meeting:	Wednesday 20 March 2024
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Richard Jenkins, Chief Executive, TRFT Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCG Ben Anderson, Director of Public Health, RMBC Dr Jason Page, Medical Director, NHS SY ICB Andrew Russell, Chief Nurse, NHS SY ICB Shafiq Hussain, Chief Executive, Voluntary Action Rotherham Gordon Laidlaw, Head of Communications, NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members Present:

Chris Edwards (**CE**), Executive Place Director, NHS SY ICB
 Sharon Kemp (**SK**), Charing, Chief Executive, Rotherham Council
 Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare
 Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster and South Humber NHS Foundation Trust
 Michael Wright (**MW**), Deputy Chief Executive, TRFT

Participants:

Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB
 Lydia George (**LG**), Strategy & Delivery Lead (Roth), NHS SY ICB
 Cllr David Roche (**DR**), H&WB Board Chair, RMBC
 Shahida Siddique (**SS**), Independent Non-Exec Member, NHS SY ICB
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS SY ICB
 Ian Spicer (**IS**), Strategic Director, Adult Care, Housing & Public Health, RMBC
 Steph Watt (**SW**), Joint Head of Adult Commissioning (Roth), NHS SY ICB/RMBC

In Attendance:

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

Item Number	Discussion Items
98/3/24	Public & Patient Questions
There were no questions from members of the public.	
99/3/24	Public Health Director's Update
<p>Apologies had been received from BA this month. An update will be on the agenda for next month.</p> <p>It was noted that one case of legionnaires disease and the first case of measles had been reported in Rotherham.</p> <p>In the confidential session Members had also heard how an increase in D&V cases was impacting on discharges and creating system pressure. BA will be asked to give an update on work with infection prevention and control colleagues to address this.</p>	
100/3/24	Urgent & Community Transformation Update
<p>Steph Watt highlighted some of the areas working well:</p> <p>On out of hospital pathways the virtual ward had 1567 people on it in December 2022 for avoidable admission and early discharge.</p> <p>The urgent community response had met the 70% 2-hour response target all year</p> <p>The self-referral wheelchair service had gone live and had saved around 156 GP appointments between November – March.</p> <p>With care co-ordination, the transfer of care hub is supporting the right level of care, time and place and the discharge to assess model had 322 people for home between March 2023 – February 2024.</p> <p>On the acute front door/discharge priority, Yorkshire Ambulance service and the urgent emergency care centre have been working to reduce lost hour, although December proved challenging due to system pressure, 530 people had been supported by community in-reach to the front since March 2023, there had been an increase in the number of general and acute beds and an extension of opening hours with same day emergency care to include the senior reviewer available later in the day and providing direct access for YAS.</p> <p>Challenges and risks were highlighted around ongoing industrial action, demand in primary care due to the Rotherham demographic, increased acuity and the on-going impact of delays to treatment caused by Covid. Meeting the 4-hour response standard is challenging, although Rotherham is performing second best of the previous alternative pilot sites.</p> <p>Recruitment and cost of living pressures are impacting on care homes and the discharge pathways as well as an increase in D&V cases and flu/Covid and funding challenges being faced across health and social care.</p> <p>Going forward, the group's focus will be on achieving the 4-hour response standard, the 4 high impact areas of frailty, ambulatory care, diabetes and respiratory, developing the transfer of care hub, reflecting on the lessons learned from winter/industrial action and embedding good practice and a review and prioritisation of the Better Care Fund (BCF).</p>	

Following a query from DR about what was meant by reviewing the BCF, CE advised that it was important to evaluate to challenge ourselves and to make adjustments so that we continue to invest where needed most.

SK welcomed this opportunity and recognised the need to do something differently using the BCF for short term transformational monies that may have impact and resolve issues so that hospital benefits and is able to addresses demand issues. She also said that it would be helpful to create more space so that staff have time to review and reflect, to build supporting evidence to challenge the status quo and national asks.

SS agreed that it would show the strength of partnership working and our model will provide infrastructure to build on and support the approach to prevention work going forward.

CE thanked SW for the updated noting progress and the good working taking place. At next stage of the high impact priorities project, we will need to look at key metrics and which will be used to show effectiveness across all 4 workstreams.

101/3/24 Rotherham All Age Autism Strategy 2024-2027

CS presented the strategy, a refresh of the original 2020-23 strategy, which builds on the progress made and sets strategic direction for the next three years.

It has been informed by and co-produced with input from Rotherham Parents Carers Forum.

To ensure it remains reflective of the needs of autistic people the following changes have been made:

1. The restructuring of the priorities to the Rotherham Four Cornerstones: Welcome and Care, Value and Include, Communicate, and Work in Partnership. This will ensure a golden thread between Children and Young Peoples Services and Adult Services, as well as Housing.
2. The plan is to co-produce a detailed action plan to address the priorities in 2024. The rationale is to ensure that autistic children, young people and adults with families and professionals, work together on the strategic priorities important to them and can demonstrate delivery and impact.

Place Board noted that the foreword had been written by Councillor Roche who said he welcomed and supported the strategy and thanked all those involved in the refresh.

Following a short discussion it was agreed that the strategy should be placed on the Health & Wellbeing Board agenda but for information only, as it had already been approved by Council Cabinet on 12 February 2024.

Action: DR

Place Board supported the refresh noting that an action plan is to be produced and Place Board will receive updates on progress.

102/3/24 Rotherham Place Partnership Update

CS presented Issue 10 of the newsletter, highlighting that Rotherham had been best performer nationally in December for diagnostic waits out of the 106 areas.

There was also positive partnership working taking place on finances and estates including the creation of diagnostic and clinical spaces in the town centre, shared use of RMBC office accommodation, asset availability in Wickersley for a new surgery and the completion of Olive Lane by the end of 2024.

Information and leaflets have been shared widely with patients and clinicians about key services along with communications to share the number for the transfer of care hub and the care co-ordination centre. These show how services and staff work well together to avoid admission and attendance at the Urgent Emergency Care Centre.

MW was delighted to report from the results of the 2023 NHS staff survey which had just been released into the public domain. Rotherham NHS Foundation Trust is the second most improved Trust in the country with a 67% response rate – the highest ever received and well above the 45% national average.

Place Board Members congratulated the Trust on this achievement which is to be celebrated and acknowledged that improvements made will contribute towards becoming an employer of choice in Rotherham.

CE encouraged colleagues to share this latest update across their own organisations and Boards.

103/3/24 Communications to Partners

None.

104/3/24 Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 21 February 2024 meeting were agreed as a true and accurate record.

The action log was reviewed and on track.

105/3/24 Risks and Items for Escalation to Health and Wellbeing Board

Rotherham All Age Autism Strategy 2024-27 – for information.

106/3/24 Future Agenda Items:

- Proactive Care Update – JM/CS - (April)
- Place Board Terms of Reference – for approval (April)
- Neurodevelopment Childrens update – Christina Harrison - (April?)
- Advice on Choice for GPs and Rotherham Pathway – (tbc)

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)

107/3/24 Date of Next Meeting

The next meeting will take place on **Wednesday 17 April 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
Andrew Russell	Chief Nurse, Roth & Donc 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
20.3.24	101/3/24	Rotherham All Age Autism Strategy	Strategy to be placed on H&WBB agenda for information only.	DR	Green

Comments