

# Public Agenda

Title of Meeting:	<b>Rotherham Place Board: Partnership Business</b>
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 17 July 2024
Venue:	<b>Rotherham Hospice, S60 2SW</b>
Chair:	<b>Chris Edwards</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust B. Anderson, Director of Public Health, Rotherham Council A. Barmade, Medical Director, Connect Healthcare Rotherham
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	<b>Public &amp; Patient Questions:</b> <i>The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.</i>		Chair	Verbal
<b>Business Items</b>				
2	Prevention and Health Inequalities Update	10 Mins	Ben Anderson/ Becky Woolley	Enc 2
3	Fostering Presentation	10 mins	Laura Marshall/ Toni Traynor	Enc 3
4	SEND Joint Commissioning Strategy	10 mins	Helen Sweaton	Enc 4i & 4ii
5	Place Plan Performance Report – Quarter 4	10 mins	Claire Smith/ Lydia George	Enc 5
6	Place Partnership Update	5 mins	Claire Smith	Enc 6
<b>Standard Items</b>				
7	Communication to Partners	5 mins	Chair	Verbal
8	Draft Minutes and Action Log from Public Place Board from 19 June 2024 – <i>for approval</i>	5 mins	Chair	Enc 8i & 8ii
9	Risks and Items for escalation to appropriate board (e.g. <i>Health &amp; Wellbeing Board, ICB Board</i> )		Chair	Verbal
10	Future Items: <ul style="list-style-type: none"> <li>• Public Health Annual Report (Sept/Oct)</li> <li>• Maternity, Children &amp; Young People Update (Aug)</li> <li>• Mental Health Needs Assessment (Aug)</li> </ul> Standing Items: <ul style="list-style-type: none"> <li>• Updates from all Groups (as scheduled)</li> <li>• Achievements (as and when received)</li> <li>• Feedback from SY ICP Meeting – Bi-Monthly</li> <li>• Bi-Monthly Place Partnership Newsletter (Aug)</li> </ul>			
11	Date of Next Meeting: Wednesday <b>21 August 2024</b> at 9.30am –10.30am – <b>John Smiths Room, Rotherham Town Hall</b>			

**GLOSSARY**

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

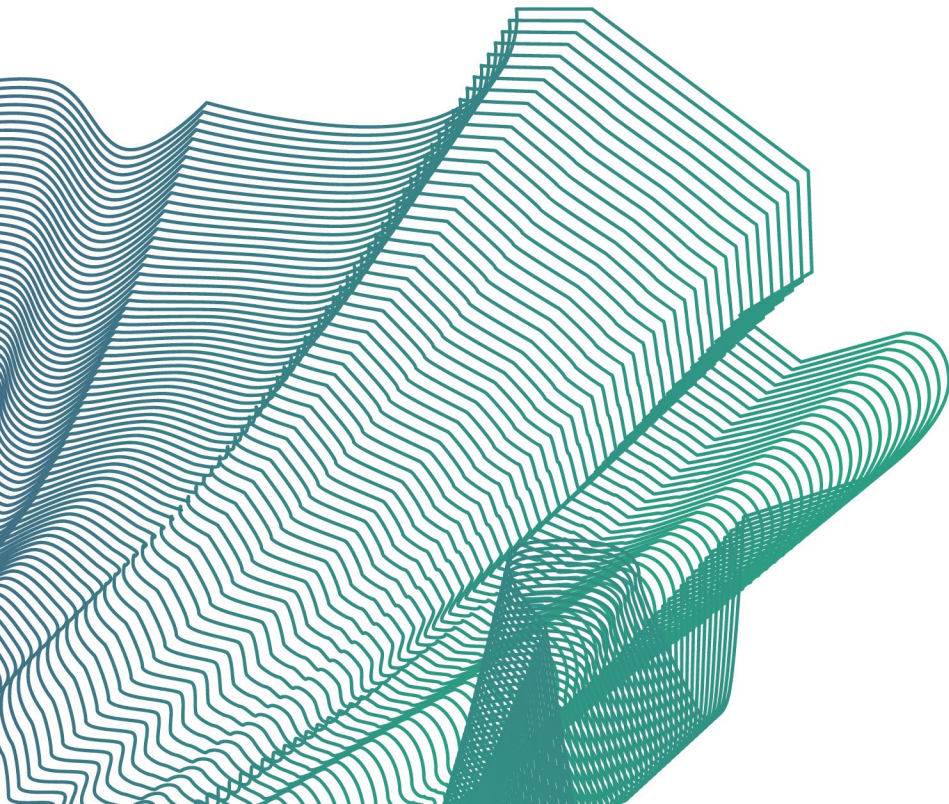
# ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

## Rotherham Place Board

### Spotlight – Prevention & Health Inequalities

**Wednesday 17<sup>th</sup> July**



**South Yorkshire**  
Integrated Care Board

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

**The Rotherham**  
NHS Foundation Trust

**Rotherham**  
Metropolitan  
Borough Council 



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# What's working well

- Prevention embedded within Rotherham's high priority programmes, with focus including:
  - Peer support
  - Physical activity
  - Smoking cessation
  - Links with the wider determinants (e.g. Housing)
  - Upstream prevention messaging and outreach work
- Rotherham chosen for Sport England Place Expansion Programme – significant work underway in partnership to develop proposals to take this work forward.
- Partnership working around social prescribing established, and work started to map and review pathways.
- Prevention Team established within Adult Social Care.
- Extensive analysis has been completed around the Maltby and Dinnington engagement project, which is already being used to inform activity.
- The Mental Health Community Connector Service went live in May.
- Stronger links being established between this programme and wider prevention offer (e.g. housing, neighbourhoods.)

# Challenges and Risks

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

# What needs to happen and by when

- Explore opportunities through Marmot health inequalities funding. *(Dependent on national timescales)*
- Finalise profile around ethnic minority communities as part of the health inequalities tool and assurance framework and agree timeframe for developing profiles on other inclusion groups. (Q2, 2024/25)
- Engage wider stakeholders to inform proposals around exercise in clinical pathways programme. (Q3, 2024/25)
- Review and refresh the offer around Making Every Contact Count – including engagement of frontline staff to support this process. (Q3, 2024/25)
- Build on the Healthy Places Workshop to strengthen links between the Prevention workstream and Housing, building on successes such as work to address damp and mould. (Q4, 2024/25)
- Build on targeted work around falls prevention to support wider priority around frailty. (Q4, 2024/25)

# A Fostering Presentation to Public Place Board

# Purpose of RMBC Fostering attending today:

- To share information on the need for foster carers and the positive impact they can have.
- To address any questions regarding fostering and the assessment process.
- To establish connections between the NHS and Fostering Rotherham.



# The National Picture

- There is a national shortage of foster carers in England.
- Rotherham Fostering are currently competing with other local authorities and independent fostering agencies.

# The Fostering Rotherham Picture

## Our Ambition:

- Our current main priority is to recruit, retain and grow the best in-house foster carers locally.
- We know that our children's needs are best met in a family setting, with high quality care and support.
- In house foster placements provide the best value to the Council and its residents.
- We want our children to live in stable, enduring placements which are local to their family, friends, schools and communities.

# What is Fostering?

Fostering is caring for a child or a young person who can't live with their family.

They may need a home until they become adults, or only for a little while.

There are different types of fostering.

Fostering Rotherham are looking for short term, long term, second home carers, step-down, emergency, parent and child and Families Together care.

# Different Types of Foster Care

Second home – to offer short, planned overnight stays or day care to support the primary placement.

Emergency – unplanned, usually time limited placements.

Short Term – placements offered usually for up to two years, during this time the LA will be undertaking assessments to determine future permanency of the child of young person

Step-Down – placements for children with complex needs who are ready to move from residential care to foster care.

Families Together – bespoke short breaks for children and young people who have disabilities to support the care they receive at home.

Parent and Child – specialist placements for parent and child

# Key Messages

- Ideally need one spare bedroom
- Fostering for RMBC offers a rewarding and competitive financial package
- Fostering helps change the lives of local children
- Our foster carers tell us that we provide high quality support and training
- When you become a foster carer, you become part of our fostering community

# What can you do?

- Rotherham Fostering and the NHS can work collaboratively. Joint initiatives can leverage the expertise and resources of both sectors to identify and support potential foster carers, especially among health care professionals who will have the skills and compassion needed for the fostering task.
- The NHS can support Fostering Rotherham in running awareness campaigns within your health facilities. This is currently working well in Rotherham District General Hospital, Breathing Space and Kimberworth Place. Using hospitals, clinics and other health settings to disseminate information about fostering can reach a wide and diverse audience. This could include posters, flyers and information stands in waiting areas and include fostering information in newsletters or intranet communications.
- Establish Fostering Ambassadors or a referral system where health professionals can identify and refer suitable candidates. Many health professionals might be interested in fostering but unaware of how to get involved. A referral system can streamline this process and ensure potential carers are connected with Fostering Rotherham.

## Other ways you can help

- Direct to our website: [www.fosteringrotherham.com](http://www.fosteringrotherham.com)
- Share our phone number: 01709 357370
- Share our Facebook posts
- Share positive messages about fostering with RMBC

# Thank You

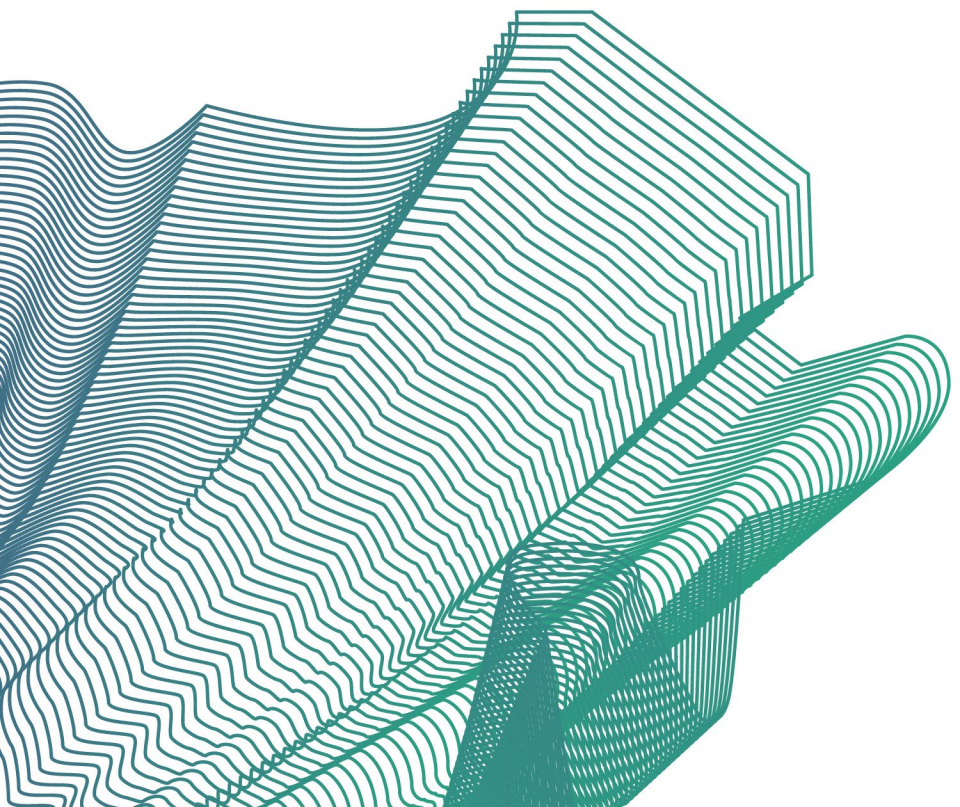
# Any Questions?

# ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

## *SEND Joint Commissioning Strategy 2024 – 2027*

### July 2024



**South Yorkshire**  
Integrated Care Board

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

**The Rotherham**  
NHS Foundation Trust

Rotherham   
Metropolitan  
Borough Council



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# What's working well

In September 2023 the Improving Lives Select Commission noted the progress made in the arrangements for children and young people with Special Educational Needs and Disabilities (SEND) and their families, following the final support and challenge meeting as part of the Joint Written Statement of Action. The Improving Lives Select Commission endorsed the planned activity and progress as part of the preparation for inspection under the new framework and SEND Development plan for Rotherham. This included the development of a new SEND Strategy and Joint Commissioning Strategy.

Rotherham Integrated Care Board (ICB) and Rotherham Council jointly commissioned consultation and engagement with key stakeholders.

The consultation has been used to inform the Joint Commissioning Strategy, (specifically the outcomes framework and obsessions)

# We will continue to embed the Four Cornerstones

We recognise that when these values are integrated into practice then trust is developed and progress in achieving outcomes for children and young people is made; without trust systems, partnerships, organisations and families cannot working together effectively and meaningful partnership work cannot be achieved.

**Welcome and Care**

**Value and Include**

**Communicate**

**Work in Partnership**

# Rotherham's New SEND Strategy

## My Life, My Rights 2024-2028



# Challenges and Risks

Section 26 of the Children and Families Act 2014 requires the local authority and its partner commissioning bodies to engage in joint commissioning arrangements.

The SEND Local Area Inspection Framework (updated 2023) stipulates joint commissioning arrangements should:

- enable partners to make best use of all the resources available to improve outcomes for children and young people
- meet the local area's statutory responsibilities for identifying, assessing and meeting needs.

Council for Disabled Children recommends that the Local Authority publish a joint commissioning strategy agreed by all partners which sets out the strategic ambition for children and young people with SEND, clear milestones for progression and a co-produced outcomes framework.

# What needs to happen and by when

The outcomes framework within the Joint Commissioning Strategy reflects the co-produced outcome statements and incorporates key performance indicators.

The key performance indicators have been developed to ensure all key partners are active participants in the delivery of the SEND Strategy.

# Commissioning Intentions

Outcomes	Place Priorities	Actions
<ul style="list-style-type: none"> <li>✓ I have a voice and this is listened to and respected</li> <li>✓ I am as healthy as possible</li> <li>✓ I feel safe</li> <li>✓ I have help and support in a way that suits me</li> <li>✓ I have adults in my life who are supported to help me</li> <li>✓ I am supported to be as independent as possible and have a purposeful life</li> <li>✓ I belong and feel valued</li> </ul>	1. Best Start in Life – Better Start Strategy Delivery Group	<p>Joint review and re-design of the pathway and specification for the Children’s Community Nursing and Community Paediatrics</p> <p><b>*Joint review and re-design of the pathway and specification for the Child Development Centre</b></p> <p>Information sharing – Develop and deliver shared information tool across health and care via wider use of the Rotherham Health Record.</p> <p><b>Develop an enhanced offer for babies and pre-schoolers with SEND or suspected SEND to ensure that families get the right support early on when issues first emerge. This will be through joint working between Family Hubs, the Child Development Centre, Portage</b></p>
	2. Children and Young People’s Mental Health and Emotional Wellbeing – Social, Emotional and Mental Health (SEMH) Strategic Group	<p>*Implement and Embed the SEMH Continuum of Need and Competency Framework, monitor impact via Inclusion Panel and SEMH Strategic Group.</p> <p><b>*Continuously improve Neuro developmental assessments waiting times for children in Rotherham.</b></p> <p>*Improve ADHD resources on the SEND online resource to help schools feel fully equipped.</p> <p><b>Re-develop, implement, and embed a tiered sleep pathway.</b></p> <p>Jointly commission Kooth (digital counselling service)</p>
	3. Special Educational Needs and Disabilities – SEND Executive Board	<p><b>*Jointly further develop and deliver Graduated Response training to multiagency audience to ensure awareness and advocating of support available via graduated response.</b></p> <p>*Strengthen multi-agency approach to Youth Justice; reducing the number of CYP with SEND in youth custody</p> <p><b>Develop and Deliver the SEND ‘Family’ Hub</b></p> <p>Update the Short Breaks Statement</p> <p><b>*Jointly commission the SENDIASS service and Parent/ Carer Participation and Peer Support</b></p>
	4. Looked After Children – Corporate Parenting Board	<p>Pathway re-design and review of Looked After Children and Care Leavers Health service specification (extending the age and improving impact measurement).</p> <p><b>Redevelop and implement our therapeutic offer to looked after children, in-house foster carers/ residential care providers.</b></p> <p>*Develop and Embed a joint Quality Assurance Process for children and young people in residential care, including capturing their voice.</p>
	5. Preparation for Adulthood – Preparation for Adulthood Board	<p><b>Develop and deliver a Health Passport for Transitions</b></p> <p>Complete a joint needs analysis to inform planning for all young people with long term/ chronic health conditions including diabetes, respiratory, complex care, therapies, epilepsy.</p> <p><b>*Provide a Local Offer and Guiding Voices ‘Futures Fair.’</b></p>

# Next steps

- July/ August 2024 – Launch the Strategy with Health, Education and Local Authority Commissioners, Providers and Responsible Officers. This will include presentation at Place Board and a report to Health and Wellbeing Board.
- November/ December 2024 – Launch the Strategy within communities alongside the SEND Strategy with children and young people, parents and carers, families, partners and stakeholders.
- Annually – Progress on delivering the priorities in the Joint Commissioning Strategy will be reported to Health and Wellbeing Board through Place Board reporting arrangements

**Committee Name and Date of Committee Meeting**

Cabinet – 10 June 2024

**Report Title**

SEND Joint Commissioning Strategy for Rotherham 2024 – 2027

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

Yes

**Strategic Director Approving Submission of the Report**

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

**Report Author(s)**

Helen Sweaton, Joint Assistant Director, Commissioning, Performance and Quality

**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report presents the Rotherham SEND Joint Commissioning Strategy (2024 – 2027) for approval (Appendix 1). If adopted, this strategy will underpin our shared vision and principles for joint commissioning to achieve our commitment to improving the outcomes and life chances of the children and young people with Special Educational Needs and Disabilities (SEND).

By adopting the strategy, the Council will emphasise the recognition that all children and young people have individual strengths and needs, and that services and provision need to be differentiated.

The SEND Code of Practise 2014 determines how local partners should work together to jointly commission services to meet local needs and support better outcomes. Joint commissioning is the process of meeting needs and improving outcomes through joint planning, agreeing and monitoring services across agencies.

The proposed strategy meets the legislative, policy and regulatory requirement to describe how the local authority and its partner commissioning bodies engage in joint commissioning arrangements and reflects the priorities defined in the draft outcomes framework.



## **Recommendations**

1. That Cabinet approve the Rotherham SEND Joint Commissioning Strategy (2024 – 2027).

## **List of Appendices Included**

Appendix 1 SEND Joint Commissioning Strategy (2024 – 2027)

Appendix 1a SEND Strategy

Appendix 1b Children's Work Order

Appendix 2 Place Plan

Appendix 3 Part A - Equality Analysis Screening

Appendix 4 Part B – Equality Analysis Form

Appendix 5 Carbon Impact Assessment

## **Background Papers**

Rotherham SEND Joint Commissioning Strategy 2020 - 2022

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

None

## **Council Approval Required**

No

## **Exempt from the Press and Public**

No

# **SEND Joint Commissioning Strategy for Rotherham 2024 – 2027**

## **1. Background**

- 1.1 In September 2023, following successful achievement of sustained and significant progress against the Written Statement of Action arising from the Ofsted and CQC SEND Inspection of July 2021, the Improving Lives Select Commission endorsed that the Local Area SEND Strategy and associated documents required for inspection including a SEND Joint Commissioning Strategy should be refreshed. In addition, the commissioning landscape has changed with the move from Clinical Commissioning Groups to Integrated Care Boards.
- 1.2 Rotherham Integrated Care Board (ICB) and Rotherham Council jointly commissioned consultation and engagement with key stakeholders to develop a shared outcomes framework and commitments for children and young people with SEND and their families. Regulators recommend a shared outcomes framework underpins joint commissioning for SEND.
- 1.3 This report presents the Rotherham SEND Joint Commissioning Strategy (2024 – 2027) for approval (Appendix 1).

## **2. Key Issues**

- 2.1 Section 26 of the Children and Families Act 2014 requires the local authority and its partner commissioning bodies to engage in joint commissioning arrangements. The Act does not specify the form the arrangements should take.
- 2.2 To inspect the effectiveness of local areas in fulfilling their new duties in the ‘Special educational needs and disability code of practice: 0 to 25 years’ (the Code of Practice) Ofsted and the Care Quality Commission (CQC) jointly devised the SEND Local Area Inspection Framework which was updated in 2023. The inspection framework stipulates the requirement for a local area to be able to evidence:
  - joint commissioning arrangements enable partners to make best use of all the resources available to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way.
  - joint commissioning arrangements meet the local area’s statutory responsibilities for identifying, assessing, and meeting needs.
- 2.3 Guidance published by the Council for Disabled Children to support local areas with meeting legislative, policy and regulatory requirements, recommends that the Local Authority publish a SEND Joint Commissioning Strategy agreed by all partners which sets out the strategic ambition for children and young people with SEND, clear milestones for progression and a co-produced outcomes framework. This included arrangements for the agreement of packages of care for children with more complex needs; and arrangements for the joint commissioning of parent participation and SEND Information, Advice and Support Service (SENDIASS). The Local Authority health commissioning should also have a Section 75 or other agreement in place setting out which budgets are pooled and how resources and management structures are integrated.

2.4 During co-production workshops and engagement to develop the new SEND Strategy, key stakeholders including representatives of children, young people, parents/ carers, and families have agreed 7 outcome statements. The language used is reflective of feedback from young people that the description of outcomes needs to enable children and young people to see the impact on their lives. The key performance indicators have been developed to ensure all key partners are active participants in the delivery of the SEND Strategy. The outcomes framework within the SEND Joint Commissioning Strategy reflects these co-produced outcomes and key performance indicators (Appendix 1). Following Cabinet approval of the SEND Strategy in December it is proposed this Strategy will be updated to reflect any proposed changes to these sections and subsequently Cabinet approval will be requested for those amendments.

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

#### **Option 1: Retain the SEND Joint Commissioning Strategy**

3.1 This option would seek to retain the 2020-2022 Joint Commissioning Strategy. However, this option is not perceived to be viable as it does not consider the updated SEND Strategy or reflect the updated inspection framework and guidance.

#### **Option 2: Adopt the new SEND Joint Commissioning Strategy (2024 – 2028)**

3.2 It is recommended that Cabinet approve the new SEND Joint Commissioning Strategy for the subsequent 4-year term (2024 – 2028).

3.3 Approving the Strategy will provide clarity about the future priorities for joint commissioning which have been shaped by children, young people, parents and carers, families, and local partners. This option supports compliance with legislative and policy guidance and inspection preparedness.

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

4.1 Comprehensive engagement has taken place to co-produce the outcomes framework involving all key stakeholders, including Rotherham Parent Carer Forum who represent families with children and young people with SEND.

4.2 The Integrated Care Board has been engaged through Place Board and the proposed Strategy was endorsed by Rotherham Place Executive Team. Following approval at Cabinet the Strategy will be presented at Health and Wellbeing Board who will provide oversight of delivery.

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

5.1 July 2024 – Launch the Strategy with Health, Education and Local Authority Commissioners, Providers and Responsible Officers. This will include presentation at Place Board and a report to Health and Wellbeing Board.

- 5.2 December 2024 – Launch the Strategy within communities alongside the SEND Strategy with children and young people, parents and carers, families, partners, and stakeholders.
- 5.3 Annually – Progress on delivering the priorities in the SEND Joint Commissioning Strategy will be reported to Health and Wellbeing Board through Place Board reporting arrangements.

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

- 6.1 There are no direct financial implications on the Council from approving the Rotherham SEND Joint Commissioning Strategy (2024 – 2027) and the shared partnership priorities therein. In the main, service delivery costs associated with improving outcomes for children and young people would be managed within available resources across both CYPS and Health.
- 6.2 However, specifically, health funding has been set aside for the children and young people’s work order (sits under the Section 75 Partnership Framework Agreement) for the delivery of the CYP Place Plan Priorities. Therefore, any financial implications arising from delivering the SEND Joint Commissioning Strategy/ priorities would be contained within the set aside S75 partnership funding.
- 6.3 There are no direct procurement implications associated with the recommendations detailed in the report. Any activity procured via the Council with third party providers to deliver against the new Strategy will be subject to the Council’s Financial and Procurement Procedure Rules, and the relevant applicable legislation for the services being procured, namely the Public Contracts Regulations 2015 (as amended), Procurement Act 2023 or the Health Care Services (Provider Selection Regime) Regulations 2023.

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

- 7.1 The requirement of the Children and Families Act 2014 and the NHS Act 2006 regarding joint commissioning and the discharge of Council obligations on behalf of its residents with regard to Children and Young People’s Services are addressed in this report and its supplementary appendices.
- 7.2 The proposed provision for future years (as detailed at Appendix 1 of the Call off partnership work order) meets the requirements of s26 of the Children and Families Act 2014 and S75 of the NHS Act 2006 in terms of the services commissioned to meet the specific needs of RMBC residents and the manner of procuring the same.
- 7.3 The procurement amount is stated as £1,762,000 for the year 2024/5. This is made up of five tranches of spending, to which the procurement regulations regarding health and care provision (Health Care Services (Provider Selection Regime) Regulations 2023) will apply in relation to each individual contract or transaction, in addition to the procurement itself satisfying the requirements for joint commissioning.

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

- 8.1 There are no direct Human Resources implications.

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

9.1 Effective joint commissioning arrangements enable partners to make best use of all the resources available to improve outcomes for children and young people with Special Educational Needs and Disability (SEND) in the most efficient, effective, equitable and sustainable way.

9.2 Key considerations are referenced within the report.

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

10.1 The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and
- Equality Act (2010) to legally protect people from discrimination in the wider society.

10.2 The Equality Analysis (Appendix 3 and 4) provides further detail.

## **11. Implications for CO2 Emissions and Climate Change**

11.1 A Carbon Impact Assessment form has been completed (Appendix 5).

## **12. Implications for Partners**

12.1 The Strategy has been designed to complement wider strategic plans for Rotherham including the Health and Wellbeing Strategy and the Rotherham Place Plan. This approach ensures opportunities to align and harness existing strategic approaches through a system-wide partnership response.

## **13. Risks and Mitigation**

13.1 Whilst the vision and Strategy do not present any risks, there are risks associated with not having a strategy.

13.2 Clearly articulated strategic intentions for joint commissioning will support the service in managing risks associated with compliance with legislative, statutory frameworks and regulatory frameworks.

## **14. Accountable Officers**

Nicola Curley, Strategic Director of Children & Young Peoples Service  
[Nicola.curley@rotherham.gov.uk](mailto:Nicola.curley@rotherham.gov.uk)

Approvals obtained on behalf of Statutory Officers:

	<b>Named Officer</b>	<b>Date</b>
Chief Executive	Sharon Kemp	24/05/2024
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	15/04/2024
Assistant Director, Legal Services (Monitoring Officer)	Phil Horsfield	15/04/2024

*Report Author: Helen Sweaton, Assistant Director, Commissioning, Performance and Quality*

[helen.sweaton@rotherham.gov.uk](mailto:helen.sweaton@rotherham.gov.uk)

This report is published on the Council's [website](#).

## Rotherham Public Place Board – 17 July 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 the performance report for the 2023-25 Health and Care Place Plan as at quarter 4 2023/24 reporting period.

#### **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 4<sup>th</sup> 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 Q4, April 2024.

#### **Analysis of key issues and of risks**

**Milestones:** The quarter 4 position represents performance in the 1<sup>st</sup> year of delivering on the 2023-25 Place Plan. The position is favourable with 70% of milestones either complete or on track.

**Metrics:** The quarter 4 position represents performance in the 1<sup>st</sup> year of delivering on the 2023-25 Place Plan. Performance on metrics has increased from 30% on track in Q3 to 42% in Q4. The overall performance across the year has been steady, noting that there are monthly fluctuations.

A key action for the year 2 report will be to address the number of metrics with either no baseline, no data captured or still to be confirmed. If the chosen metrics cannot be confirmed, then we will seek alternatives.

The year 2 report will be received in August 2024

#### **Approval history:**

Rotherham Place Board – confidential June 2024

#### **Recommendations:**

Members are asked to:

- Note that this Performance Report provides a position as at Q4, end April 2024, which is year 1 of delivery of the 2023-25 Place Plan.
- Note that work on the year 2 report has commenced and will be received at the August Place Board.

# Rotherham Partnership Place Plan 2023-2025

## Place Plan Performance Report

**Public Placed Board: 17 July 2024**

**Reporting Period: Quarter 4, end March 2024**

### Key for Milestones

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

### Key for Metrics

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

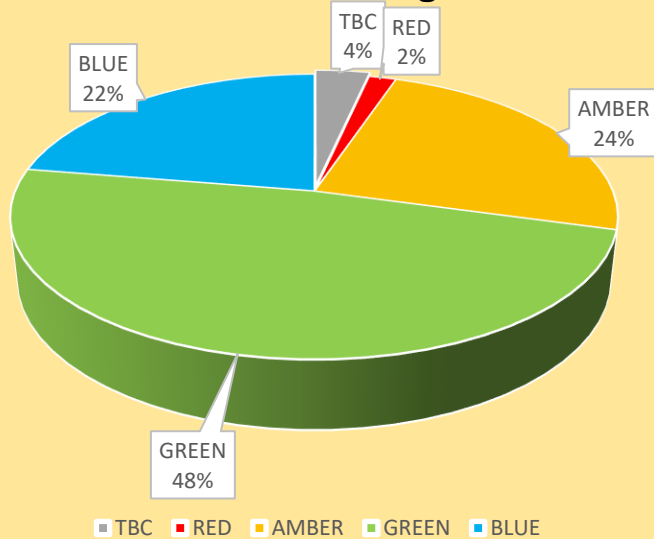


## Contents

<b>1</b>	<b>Overall Position for Milestones</b> .....	<b>3</b>
<b>2</b>	<b>Overall position for KPIs for Q4</b> .....	<b>5</b>
<b>3</b>	<b>Transformation Workstream: Best start in Life - Maternity, Children &amp; Young People</b> .....	<b>6</b>
	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	
<b>4</b>	<b>Transformation Workstream: Enjoying the best possible mental health and wellbeing</b> .....	<b>14</b>
	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	
<b>5</b>	<b>Transformation Workstream: Supporting People with Learning Disability and Autism</b> .....	<b>19</b>
	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	
<b>6</b>	<b>Transformation Workstream: Urgent, Emergency and Community Care</b> .....	<b>22</b>
	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	
<b>7</b>	<b>Transformation Workstream: Palliative and End of Life Care</b> .....	<b>28</b>
	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

### Q4 Milestone Progress



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		Q4 Position		Direction	Definition
	Number	%	Number	%	Number	%		
TBC	4	7%	4	7%	2	4%	↓	Milestone not due/ not commenced
RED	0	0%	1	2%	1	2%	—	Milestone significantly off target
AMBER	16	27%	16	27%	14	24%	↓	Milestone slightly off target
GREEN	37	64%	33	57%	28	48%	↓	Milestone on target
BLUE	1	2%	4	7%	13	22%	↑	Milestone complete

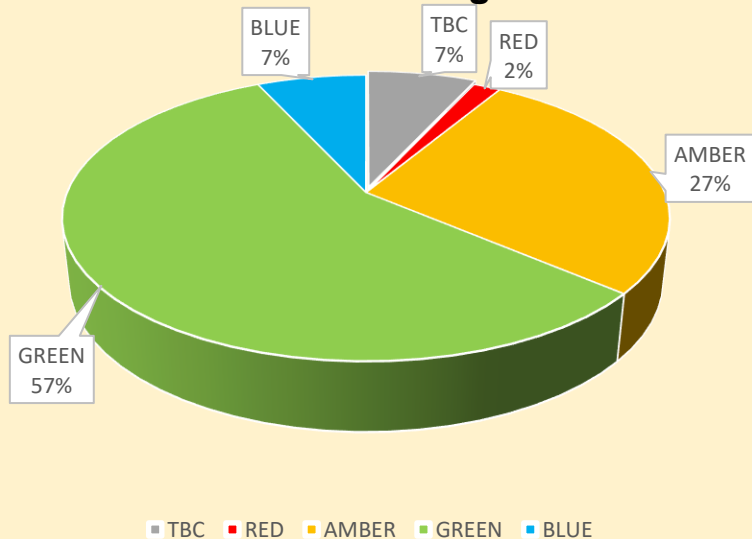
The position in Q4 compared to Q3 for milestones **still to be confirmed**, and those rated **amber** and **red** remained very similar.

The one red milestone in Q4 is:

- **CYP MS 6: Re-develop, implement, and embed a tiered sleep pathway** - gap analysis has identified a lack of capacity to deliver targeted interventions. An invest to save business case is being prepared and the ICB have identified a pot of funding for a pilot and the 0-19 service is working with the ICB to develop an offer.

For milestones rated **green** the position was 57% in Q3 and reduced to 48% in Q4, however the position improved for the number of **blue**, completed milestones, from 7% in Q3 to 22% in Q4.

### Q3 Milestone Progress



**Summary of Performance against milestones**

Workstream	Priority Area	No. of Milestones	Red	Amber	Green	Blue	TBC/Not started
<b>Best start in Life - Maternity, Children &amp; Young People</b>	Best Start for Life	3	0	2	1	0	0
	Children and young people's mental health and emotional wellbeing	3	1	1	0	1	0
	Looked After Children	3	0	0	2	1	0
	Children and Young People with Special Educational Needs and/ or Disabilities	3	0	0	0	3	0
	Preparation for Adulthood	3	0	1	1	1	0
		<b>15</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>0</b>
<b>Enjoying the best possible mental health and wellbeing</b>	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	0	7	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
		<b>16</b>	<b>0</b>	<b>3</b>	<b>13</b>	<b>0</b>	<b>0</b>
<b>Supporting People with Learning Disability and Autism</b>	Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards	3	0	2	1	0	0
	Support development of SY Pathways to reduce the need for inappropriate admissions into mental health services	1	0	1	0	0	0
	Ensure people with a learning disability and autistic people have better access to employment opportunities	1	0	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
		<b>10</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>2</b>
<b>Urgent, Emergency and Community Care</b>	Prevention and alternative pathways to admission	4	0	1	1	2	0
	Integrated Discharge to Assess	3	0	0	1	2	0
	Whole System Flow	4	0	1	0	3	0
		<b>11</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>0</b>
<b>Palliative and End of Life Care</b>	<ul style="list-style-type: none"> <li>• Complete a review of PEOLC Medicine</li> <li>• Enhance personalised palliative and end of life care</li> <li>• Implementation of ReSPECT across Rotherham</li> <li>• Benchmark against the Ambitions Framework</li> <li>• Inform commissioning through patient &amp; Carer experience</li> </ul>	6	0	1	5	0	0
		<b>6</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>Overall Totals</b>		<b>58</b>	<b>1</b>	<b>14</b>	<b>28</b>	<b>13</b>	<b>2</b>

## 2 Overall position for KPIs for Q4

There are 48 KPIs, of which:

RAG	Q2 Position		Q3 Position		Q4 Position		Direction	Definition
	Number	%	Number	%	Number	%		
TBC	20	43%	20	40%	18	37%	↓	Milestone not due/ not commenced
RED	1	2%	1	2%	1	2%	—	Milestone significantly off target
AMBER	11	23%	14	28%	9	19%	↓	Milestone slightly off target
GREEN	15	32%	14	28%	18	38%	↑	Milestone on target
BLUE	0	0	1	2%	2	4%	↑	Milestone complete

**Red Metrics:** there is one new red metric in Q4:

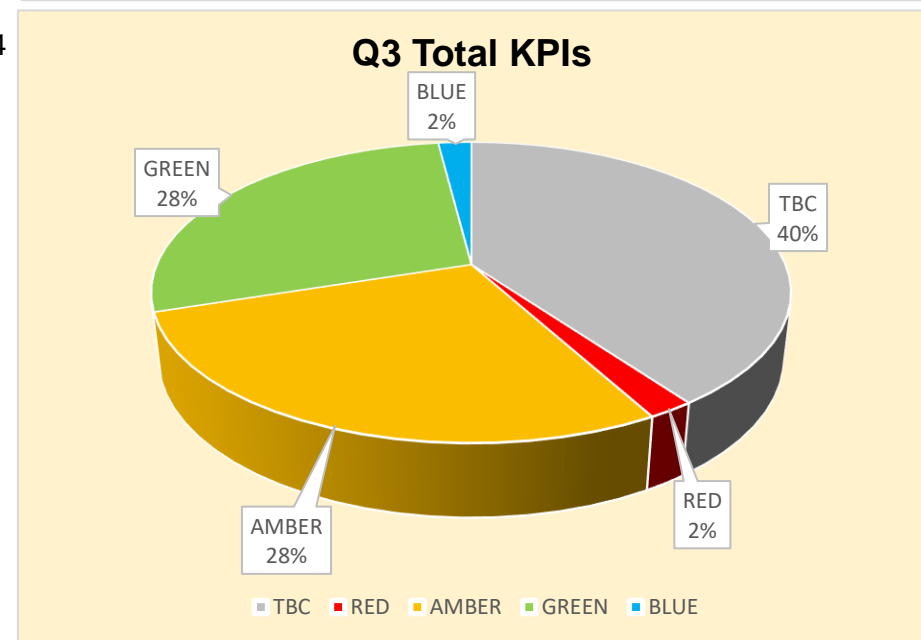
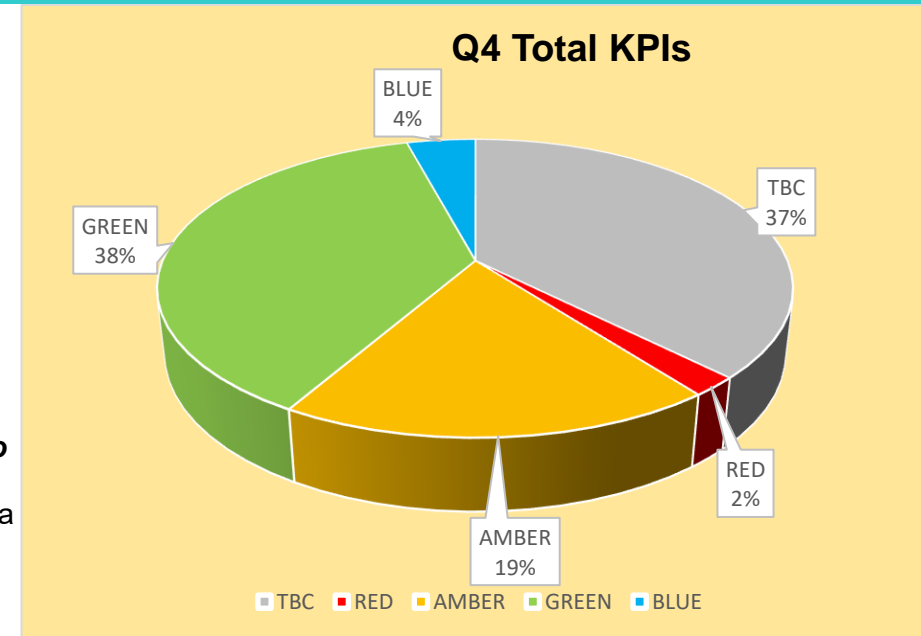
**CYP 1: % of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre** - At the end of Q4 and the reporting year, 94.5% of children aged 0-5 (living in the 30% most deprived SOAs in Rotherham) were registered with a Children's Centre. Just short of the 95.1% target, this performance shows a significant increase on the last two years (2021/22 – 87% and 2022/23 – 92%).

There has been **deterioration** in the following 3 metrics:

- CYP 13: Number of requests for corrections (contacts/broken links etc) resolved within a 4 week timescale from the date the request was received.
- UEC 8: Reduce adult general and acute (G&A) bed occupancy to 92% or below.
- UEC 16: Reduction in long lengths of stay in Acute and Community bed base (14 days)

There has been an **improvement** in the following 8 metrics:

- MH 1: Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
- MH 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)
- MH 10: Increase the number of people receiving a diagnosis within 6 weeks (Referral to treatment)
- LDN 1: Rising numbers of young people aged 14-25 accessing enhanced Health checks
- LDN 3: Reduction in the numbers of people needing to be detained in mental health services
- UEC 1: % of 2-hour UCR referrals that achieved the 2-hour standard
- UEC 2: Virtual Ward trajectory and capacity (Occupancy rate)
- UEC 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				<p>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.</p> <p>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.</p> <p>Q4: Hard copy of the Start for Life Pack is currently being developed. It is planned that these will be published and included in the Baby Packs. Digital offer is available on Family Hub website.</p>	
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.	16 breastfeeding peer support workers trained.	<p>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.</p> <p>Q3: To date there are 10 peer support workers trained with a further 5 that have been identified to be trained in Q4.</p> <p>Q4: To date there are 16 peer support workers trained. The target for peer supporters is 20, however this was not achieved by the end of Q4 due to only 3 of the 4 planned training courses taking place due to resource availability (low staff numbers) in the Infant Feeding Team. The infant feeding team and VAR are working closely together to recruit more peer supporters.</p>	

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				Work in line with the action plan to improve quality of referrals has taken place and new process introduced. The agreement of the trajectory towards timely assessment, endorsed by Place Board – has been delayed. Expected to be complete by end of Q2 (September 2024). This is because further work is needed to ensure age-appropriate assessments take place with agreed roles between CDC, CAMHS and Healios, to ensure assessments take place appropriate to individual need.	Children are waiting for assessment. Additional non-recurrent funding identified to create capacity to meet pandemic related (and the notable year on year increased) demand on service.
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 (within the Family Hub.)	95%	86%	88.2%	94.5%	Q3 – This is a cumulative measure which increases each month during the year. Q4 - at the end of Q4 and the reporting year, 94.5% of children aged 0-5 (living in the 30% most deprived SOAs in Rotherham) were registered with a Children's Centre. Just short of the 95.1% target, this performance shows a significant increase on the last two years (2021/22 – 87% and 2022/23 – 92%). N.B. this data currently relates to children's centres (0-5) and not the wider Family Hub. Work is ongoing to develop reporting as part of the Family Hub programme.	Work towards this indicator is having a positive impact with an improving trajectory. 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 (within the Family Hub) activities.	65%	61%	67%	80.6%	Q3 - Target already achieved. Q4 – performance well above target. NB this data currently relates to children's centres (0-5) and not the wider Family Hub. Work is ongoing to develop reporting as part of the Family Hub programme.	
CYP KPI 3	Increase breastfeeding continuation status at 6-8 weeks.	62%	74%	76%	78%	Q1 data for 2023/24 show 76.5% and is above (better) than the target. Q4 update: The data provided is the percentage breastfeeding at 6-8 weeks (of the group recorded as breastfeeding status at 14-day visit). Q1 data for 23/24 has changed slightly following data validation. The current figure is 77%.	

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%	77.5%	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 shows 77.5%. Q4 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%	27.5%	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. Q4 – outturn confirmed an increase on the previous quarter and last year's outturn on 25.6 %.
CYP KPI 6	Percentage of eligible children accessing their 2-2.5yr health visitor checks.	84% contractual target (93% RMBC Council Plan target)	<del>92.8%</del> 94.5% post validation	95.4% 96.1% post validation	Data awaiting validation	Q1 data for 2023/24 show 91% of children received a 2-2.5 year review. This is above (better than) the commissioned service target of 84%. Q2 data shows 92.8% of children received 2-2.5 year review which is an increase from Q1. Further increase in Q3. Q4 data is awaiting validation. Please note that Q2 and Q3 figures have changed post data validation with current figures at 94.5% for Q2 and 96.1% for 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. Q4 - action completed and plans in Q4 were being developed to streamline the assessment process to increase capacity and throughput of assessments to reduce waiting times.	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				ICB have led on redeveloping a multi-agency sleep pathway. Q4 - ICB have identified a pot of funding for a pilot and the 0-19 service working with the ICB to develop an offer for a launch.	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	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 Q4 – Awaiting data. RDaSH are working on moving reporting to Power BI.	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	Awaiting data	Q3 – Awaiting data Q4 – Awaiting data. RDaSH are working on moving reporting to Power BI.	

**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. Q4 - a total of 20 new foster carers were recruited between April 2023 and March 24.	
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%	75.3%	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. Q4 - performance is 75.3%. Although performance remains just over 75%, this remains a key area of focus for the service, and will throughout 2024-2025.	
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	88.4%	Q4 – this target has been achieved for 2023/2024, with performance being well above statistical neighbour average, which is currently 103.1.	

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	127	Q4 - there has been an increase from 118 at the end of March 2023, to 127 at the end of March 2024.	
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**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. Q4 – future application dates and funding rounds have now been identified for Academic year 23/24. Progress monitoring is in place for projects that are in the delivery phase with performance measures identified specific to each project type.	
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	5300	The number of both overall visitors and new visitors to the site has declined slightly since January, although the figures for March were still higher than those for November and December. The number of engaged sessions, defined as users on the site for more than 10 seconds, has steadily increased since December (1214 engaged sessions in December to 1647 in March). This indicates that users are spending more time on the site when they do access it. The average engagement time has remained fairly constant at around 2 minutes per visit.	The number of users on the site can only increase if people know about the Local Offer, so comms activity around the Local Offer is critical. There are plans to work with libraries to help library staff, and hence library users, know about the Local Offer and how to use it.
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%	100%	Q3 - This relates to one request which was received during the summer holidays and was very slightly delayed (3 days over the timescale). Q4 – all 34 received requested were resolved within 4 weeks. Over 70% (24) were resolved within 3 days.	Currently, with only one part-time Local Offer Co-ordinator, there is a greater risk that requests cannot be resolved in a timely manner, especially around school holiday periods.

**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. Q4 – A Transition Policy is in place, and a Peer Support worker is now in post to support with this work. The vacant Transition Worker post has also been recruited to. Discussions are being held with Talking Therapies to formalise a transition pathway to (and from) that service.	

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 2024/25 revised timescale  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. Q4 – Further meeting with stakeholders and consideration of health passport used by parents/carers. Requirement for document to incorporate information from other SY trusts agreed. Revised timeframe of Q4 2024/25 to align with timeframe for development of technology to reach into multiple systems.	
CYP MS 15	Implement and embed preparation for adulthood guidance, including involving families in transition planning.	Q3 2024/25 revised timescale  Q4 2023/24				Activity to co-produce preparation for adulthood guidance is on the guiding voices work programme. Q4 - Co-production activity requires further engagement, preference of young people is for a live event. Revised timeframe agreed Q3 2024/25.	
<b>Metric</b>		<b>2023/24 Target</b>	<b>Q2 Position</b>	<b>Q3 Position</b>	<b>Q4 Position</b>	<b>Comments if off track</b>	<b>Any risk, including mitigation</b>
CYP KPI	Metrics and targets TBC						
CYP KPI	Metrics and targets TBC						
<b>Any further comments:</b>							

## 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.	<b>Risk:</b> • Workforce retention.
MH MS 2	Primary care integrated Mental Health Hubs launched	Q3 2023/24				<ul style="list-style-type: none"> <li>Hubs went live 5 December 2023</li> <li>Digital Task and Finish Group continues to meet. Moving to optimisation phase</li> </ul>	
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"> <li>Task and Finish groups in place</li> <li>SY Collaborative are leading on Eating Disorders Pathway model development.</li> <li>The CMHT Roadmap sets out the key milestones for the programme.                             <ul style="list-style-type: none"> <li>Model Development 1 amber</li> <li>Care Provision 2 amber</li> <li>Workforce 2 amber</li> <li>Data and outcomes 4 amber</li> <li>CEN/Personality Disorder green</li> <li>Community Rehab 1 amber</li> <li>Eating Disorders 2 amber, 1 red</li> </ul> </li> </ul>	
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 Q4 is 3176.	
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 71%).	<b>Risk:</b> All 6 physical health check areas must be completed. Mitigation: Work undertaken with practices to target those areas 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 = 3 per PCN).	A total of 18 MH ARRS by March 2024				8.40wte Band 7 MH Practitioners in post. 6wte Band 6 Triage Coaches in post.	<b>Risk:</b> Workforce retention.
<b>Any further comments:</b>							

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				<p>Having reviewed the Crisis Concordat the key areas of the Concordat around Earlier Support, Alternative to Crisis, Better Integration and Prevention area being progressed at either Place or South Yorkshire level through a variety of workstreams. As such it is proposed that this action is closed.</p> <p>A Crisis MOU across Place Partners is in development which will support the principles of working collaboratively across the pathway.</p>	
MH MS 5	Place Crisis pathway Health and Social Care delivery action plan agreed and considered at RMBC Cabinet	Q3 2023/24				New pathway went live 1 April 2024	
MH MS 6	Development of a Place Crisis Service specification	Q3 2023/24				A document to describe the roles and responsibilities of RDaSH ad RMBC in relation to the Place Crisis Pathway has been developed and is with RDaSH for comments	
MH MS 7	Expansion of the alternative to crisis offer	Q4 2023/24					
MH MS 8	Implementation of a new Health and Social Care Crisis Pathway	Q1 2024/25				New pathway went live 1 April 2024	
MH MS 9	111 'option 2' live for patients to have the option to press 2 for mental health in Rotherham	Q3 2023/24				All Rotherham calls 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 (485 service users), Safe Space (80 visitors) and Samaritans (36 referrals) show that more people are accessing alternatives to crisis provision.	
MH KPI 5	<i>Proportion of calls abandoned</i>	<i>Mandatory from Q1 2024/25</i>					
MH KPI 6	<i>Average speed to answer calls</i>	<i>Mandatory from Q1 2024/25</i>					
MH KPI 7	<i>95<sup>th</sup> centile call answer time</i>	<i>Mandatory from Q1 2024/25</i>					

**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 held with the Provider. Provider pulled out during mobilisation due to issues with recruitment. Need to now procure for a new provider	
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"> <li>The current action plan was refreshed and extended. A full refresh is planned by end of December 2024.</li> <li>ONS data for 2020-2022 released end of December 2023. Local planning framework from OHID due end of 2024.</li> <li>Update of existing plan at March 24 HWB.</li> </ul>	

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	<i>Launch is likely to be January 2024</i>				<ul style="list-style-type: none"> <li>This service is yet to launch. Score card for evaluation and monitoring has been agreed with the Strategic Suicide Prevention Group.</li> <li>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.</li> <li>Metric toolkit done but need to work with new provider</li> </ul>	

**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.	<b>Risk:</b> 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. The <12 weeks figure is 100%	<b>Risk:</b> 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				198 people have accessed services during Quarter 4. Total for the year 785	
MH KPI 12	Reduction in dementia waiting list	92% seen within 12 weeks				Average 9 weeks for baseline assessment	
<b>Any further comments:</b>							

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 first draft went to the Better Mental Health for All Group. An update is going to H&WBB in the Autumn.	
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. 6 MECC and loneliness sessions undertaken	



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	<i>2 courses Feb and March</i>	No baseline to record, sessions commenced Q4. Establish a target in Q1 24/25	
MH KPI 14	The number of people attending a MECC session in the quarter	TBC	TBC	TBC	<i>17 sessions held</i>	No baseline to record, sessions commenced Q4. Establish a target in Q1 24/25	
<b>Any further comments:</b>							

## 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 1241 (69.7%) 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 Q4. 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%	66.7%	<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 66.7%. 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%)			<p>Position is comparable with previous years, Rotherham GPs complete most health checks in Q4</p> <p>Awaiting final outturn from NHSE</p>	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><b>Update:</b></p> <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> round of procurement has now closed</li> <li>• Multiple tenders have submitted</li> <li>• Project team has reviewed milestones/risks/issues and project in Aspyre (NHS project management tool)</li> </ul> <p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Evaluation of tenders ends 21<sup>st</sup> June</li> <li>• Moderation 24<sup>th</sup> June – 4<sup>th</sup> July</li> <li>• Notification of contract award decision 5/7</li> </ul>		
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	8 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>1 person was discharged</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
<b>Any further comments:</b>							

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. This plan has been approved		
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	TBC	<p>The supported internships delivery plan is being review and Delivery partners are being consulted. Currently 31 young people access supported internships. New post created to develop aspiration. This is a new post</p>	
<b>Any further comments:</b>							

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	Q4 Position	Comments if off track
LDN KPI 5	12 units of supported living are created every year	12 per year	6 units created				Out of borough providers creating services without appropriate consultation
<b>Any further comments:</b>							

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	
<b>Any further comments:</b>							

Priority 6: 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	TBC	A decision in relation to full planning permission is due on 2 <sup>nd</sup> April	
LDN MS 10	For the new service to be operational	2025/26	TBC	TBC	TBC	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						
<b>Any further comments:</b>							

## 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				2002 patients supported on the VW from Dec 22-March 24 through delivery of a 'hospital at home' service which brings acute care to patients' home settings and provides support to people with complex medical needs, avoiding unnecessary hospital admissions and supporting early discharge. Work has been undertaken to integrate the urgent, unplanned teams into a single team to enable the flexible allocation of resource across admission avoidance and discharge pathways according to demand/individual need. This will be underpinned by a single SystemOne unit to enable greater governance and transparency of capacity. VW is proactively reaching into UECC to support patients home without admission.	
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, IT gateway and SOP have been completed. Go live dependent on hazard log, meetings underway to progress. This will be taken forwards to the 24/25 priorities	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				Scope has been expanded to support 2 out of 4 of Rotherham's high impact projects including frailty & ambulatory care. Cross system MDT workshops have been held. Outputs include a directory of services created along with identifying what's working well, challenges, opportunities, risks. Sessions held to inform 24/25 priorities.	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 high impact work. Eclipse has been rolled out.	
UEC MS 5	Review Services which deflect admission at the front door	Q4 2023/24				The PUSH model has been implemented with Rothercare and Urgent Community Response. PUSH to mental health has gone live, with high acceptance rates. Pathways will continue to be added as part of business as usual including community respiratory.	

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%	72% (in March – note is provisional)	70% standard continues to be met each month following data validation. YTD 75.7% of 2 UCR referrals meet the standard.	
UEC KPI 2	Virtual Ward trajectory and capacity (Occupancy rate)	Q4 100 beds with 80% occupancy		59%	76% in March	Capacity has been met. Occupancy has continued to be challenging but is now on an upward trajectory with a positive improvement seen in relation to occupancy rates with March falling just short of the 80% target. It is anticipated that the introduction of remote technology and a new heart failure pathway will enable the trajectory to be met. Benefits realisation will be monitored through business as usual with assurance through the Urgent & Emergency Care Group.	
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%	63% in March	Rotherham moved from a national field site pilot to implementing the now nationally required 4 hour A&E response target. Record numbers of attendances have been seen in quarter 4 which has masked some of the changes made to date; Including streaming at the front door, development of Same Day Emergency Care, alternative pathways to ED including virtual ward and 2 hour urgent response and workforce/cultural change. A challenging target of 80% has been agreed for 2024-5 which is a key pillar of the UEC plan.	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)  Data from 12+ indicators – Source: NHS Digital	30 minute average across 2023/24 (NHS National Objective)		45:46 December	29:28 March	Positive improvement seen at year end, testament to the significant improvement work which 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			<p>Phase 1 of The Transfer of Care Hub has been established for MDT referral, triage, assessment and resource allocation including Advanced Clinical Practitioners, nurses, therapists, reablement, discharge health and social care and voluntary and community sector to support admission avoidance and discharge. Pathway 1 and 2 community partners are now joining discharge board rounds to identify capacity and allocate discharges earlier in the day. An MDT is held daily for complex cases.</p> <p>The community escalation / long length of stay / MDT meeting is now community led and held twice weekly to improve flow</p> <p>A new electronic discharge referral form is being implemented providing a more coherent and comprehensive summary of individual need which can be used for all discharge pathways.</p> <p>Community nursing in-reach to the acute trust has supported 530 patients through admission avoidance and discharge from 27/03/2023 to 9/02/24.</p> <p>Therapy discharge to assess has supported 322 patients from initial pilot in mid May 2023 to early March, providing holistic assessment in the patient's own home and facilitating timely hospital discharge.</p>	Contingency plans activated for pathway 2 community beds due to closures resulting from safe staffing levels and infection control. This deflected resource away from planned change and diluted support.

UEC MS 7	Review and streamline discharge pathways	Q4 2023/24	Not yet due to start	Not yet due to start		D2A model and pathways defined with enhanced understanding and collaboration between discharge pathways for home and bed based reablement and therapy, including acute and community therapy to therapy discussions to facilitate right level of care. Streamlined communication routes agreed with Sheffield to facilitate out of area transfers. 7 day care home trusted assessor roles recruited which will facilitate safe and timely discharge to care homes including weekend discharge.	
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		Extensive service improvement has been carried out across the intermediate care residential bed base. Review of nursing intermediate bed base initiated.	
<b>Metric</b>		<b>2023/24 Target</b>	<b>Q2 Position</b>	<b>Q3 Position</b>	<b>Q4 Position</b>	<b>Comments if off track</b>	<b>Any risk, including mitigation</b>
UEC KPI 5	Reduction in people with no criteria to reside  Data from 6 key indicators – Source: NHS England	NcTr percentage occupancy of ≤10%	12.2% in September	15.6% in December	16.8% in March	The NcTr percentage occupancy for 2023-4 was 13.3%, the lowest in South Yorkshire ICB. Ongoing work to support patient flow through the integrated discharge to assess work stream. Industrial action, unprecedented levels of attendances in UECC in Q3 (national trend) has resulted in increased admissions with increased escalation beds open above planned seasonal increases has put pressure on discharge pathways. 72 hour delay performance measures suggests flow has been maintained, but volume of discharges has meant the target has not been met.	System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports helped manage resource across pathways to maximise impact.
UEC KPI 6	Reduction in long lengths of stay in Acute and Community bed base.  % of acute bed occupancy for NCTR by LOS  Data Q3 (December) and Q4 (March) from UEC Performance Report – Source: TRFT	7 days 40% 14 days 25% 21 days 12%	23.6% Oct average	7 days 48% 14 days 23% 21 days 13%	7 days 55% 14 days 27% 21 days 16%	The Medical Director 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. A daily review of pathway 0 no criteria to reside patients is now in place. As per above volume of activity in the system has impacted on performance	System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports helped manage resource across pathways to maximise impact. Escalation meetings were increased including daily Executive escalations across Place at peak times.



UEC KPI 7	Proportion Discharged to Usual Place of Residence  Data from 12+ indicators, Local data – Source: SUS	94%	95.2% Sept	95.7% December	95.5% March	Achieving this target reflects the impact of the Transfer of Care hub and Rotherham’s strategic approach to supporting more people to be cared for at home.	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.  Data from 6 key indicators – Source NHS digital	92% (NHS National Objective)	92.4% Sept	91.6% December	95.3% March	Unprecedented levels of attendance in UECC and impact on admissions has resulted in 18 additional escalation beds and a further 24 in SDEC (with a reduced alternative SDEC offer in the fracture clinic). This has impacted on acute staffing, discharge processing and capacity in community discharge pathways.	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.
<p><b>Any further comments:</b> Operational pressures, including industrial action, and staffing (sickness and vacancies) poses a risk to engagement and successful delivery.</p>							

Priority 3: Whole System Flow						Lead Officer: Steph Watt \ SRO: Scott Matthewman	
	Milestone	Target for Delivery	Q2 Position	Q3 Position	Q4 Position	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 9	Capacity and demand modelling of intermediate care and discharge provision	Q2 2023/24					
UEC MS 10	Development of a whole system digitised Command Centre and performance dashboard: <ul style="list-style-type: none"> <li>Community escalation wheel</li> </ul>	Q3 2023/24				Place Community Escalation Wheel is live and validated by stakeholders, now providing a whole system view of system flow and OPEL escalation levels with agreed action cards for each escalation level. Stakeholders include TRFT, the Integrated Discharge Team, the Council’s reablement and home care provision, commissioned community bed base, commissioned VCS urgent response	Where manual interventions are required information may not be sufficiently up to date to inform decision making Mitigation: automate where possible.

						services and the GP Fed. There are separate reports for YAS and primary care. Performance dashboard complete.	
UEC MS 11	Development of operational and performance dashboard	Q4 2023/24				TOCH Operational Dashboard in house feasibility study has identified an issue with real time system integration which is far more complex for community services as there are multiple systems at play. A number of external systems have been reviewed but none can offer this. An alternative approach is being developed. Discussions are taking place at SY level to consider options/a joint approach. Progressing this work will be taken forwards to the 2024/25 priorities.	
	<b>Metric</b>	<b>2023/24 Target</b>	<b>Q2 Position</b>	<b>Q3 Position</b>	<b>Q4 Position</b>	<b>Comments if off track</b>	<b>Any risk, including mitigation</b>
	This workstream contributes to providing data to monitor KPIs for priority 1 and 2 above.		N/A	N/A	N/A		
<p><b>Any further comments:</b> 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.</p>							

## 7 Transformation Workstream: Palliative and End of Life Care

<b>Priorities covered by the milestones and metrics below are:</b>						<b>Lead Officer: Emma Royle</b>	
<ol style="list-style-type: none"> <li>1. Complete a review of PEOLC Medicine</li> <li>2. Enhance personalised palliative and end of life care</li> <li>3. Implementation of ReSPECT across Rotherham</li> <li>4. Benchmark against the Ambitions Framework</li> <li>5. Inform future commissioning through patient and Carer experience</li> </ol>							
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 <sup>st</sup> 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.	
<b>Metric</b>		<b>2023/24 Target</b>	<b>Q2 Position</b>	<b>Q3 Position</b>	<b>Q4 Position</b>	<b>Comments if off track</b>	<b>Any risk, including mitigation</b>
PEO LC KPI 1	Increase the proportion of people on end of life care registers	TBC	TBC	TBC	TBC		
PEO LC KPI 2	Increase the number of people able to die in their place of choice.	TBC	TBC	TBC	TBC		
PEO LC KPI 3	Increase number of people who have completed training in end of life care	TBC	TBC	TBC	TBC		
<b>Any further comments:</b>							
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.							

## Rotherham Place Partnership Update: May and June 2024

**Rotherham Family Hubs and Best Start in Life programme – A spotlight on the Parent and Carer Panel** - The Family Hubs and Best Start in Life programme brings services together, to work with families from pregnancy and through childhood to 19 years old and up to 25 with special educational needs and disabilities.

Work is being delivered by a range of organisations including the Council, Voluntary Action Rotherham and NHS.

A key focus of the programme is to put the needs of local babies and families at the centre of service design and delivery. A Parent and Carer Panel has been established to achieve this and enable continuous improvement across services. The Parent and Carer Panel meets every 8 weeks across the Borough and online. The meetings are family-focused and designed to gain feedback on experiences in the Start for Life period from conception to age two.

The Parent and Carer Panel has been developed to ensure that everyone's views are heard. Feedback from different communities and with different needs is essential. Focus groups take place monthly at various Voluntary and Community Sector (VCS) sites that are part of the Family Hubs network. An online survey is published monthly providing parents and carers with the opportunity to feedback and help shape the services and support that is available for families in Rotherham.

A number of achievements have been delivered so far. The Panel is fully established with 14 active members and will soon celebrate its one-year anniversary. The Rotherham Start for Life Offer has been developed through co-production with the Panel. A weekly parent and toddler group takes place at Rotherham Ethnic Minority Alliance (REMA) following feedback from focus groups. A progression pathway is available for Panel members who wish to volunteer across the wider Family Hub network, and this has been taken up by 7 parents so far, who have moved into roles including Family Hub Group Support volunteer, Family Hub Champion and Breastfeeding Peer Support volunteer.

Lucy, mum to Orson 6 months, Clementine and Camilla (both 3 years) shared: *“Joining the Parent and Carer Panel has allowed me to get my voice heard in order to try and make change to improve services for all families in Rotherham. As an added bonus it’s allowed me to feel involved in my community and meet likeminded parents and carers.”*



You can learn more about the Family Hubs and Best Start in Life programme at: <https://www.rotherham.gov.uk/family-hubs>



## Action on Prevention and Health Inequalities - Holding diabetes swap shops

In April 2023, NHS England published new commissioning recommendations for patients using blood glucose and ketone meters, testing strips and lancets. This followed a national assessment which aimed to support the delivery of the NHS Long-Term Plan for diabetes management through the following key objectives:

- Equitable access to the same products for all eligible people, no matter where they live
- Minimum quality standards established in a fair and transparent way to better address the needs of all people living with diabetes
- Prescribing practices aligned across primary and secondary care; and
- Making best use of NHS Resources, whilst ensuring that the price paid is commensurate to the quality offered.

To aid with the adoption of these new commissioning recommendations and align with both the Rotherham Place High Impact Transformation project in Diabetes and the Medicines Optimisation (MO) agenda, the Rotherham Place Medicines Optimisation (MO) team have undertaken several 'Swap Shops'.

At a Swap Shop, diabetic patients from a particular practice whose blood glucose meter no longer meet the standards set out in the new NHS England recommendations are invited to a local venue. Here they meet the MO team and have their current outdated blood glucose meter swapped to one of a range of new NHS England compliant blood glucose meters with the corresponding test strips and lancets. During their visit, the patients can choose and ask any questions about their new meter, ask questions about their diabetic medications, and receive dietary advice from a secondary care Dietician specialising in diabetes. The patients GP record is updated during their visit to reflect any changes and reduce any additional workload to the GP practice.

Diabetic patients from five GP practices have been invited to a Swap Shop so far with 192 patients attending. Patient feedback has been positive and further Swap Shops are planned throughout the year. There has also been strong interest to replicate this model across the wider South Yorkshire footprint.

Continued funding of the Paediatric Diabetes Family Support Worker and Dietician who are supporting

### Equitable Provision of Diabetes Treatment Technology.

The project is supporting some of our most vulnerable families to access technology to support the management of their child's diabetes.

This has shown to have a significant impact on diabetes management and health and wellbeing outcomes.

### Feedback on Quality of Life/Reduction in Diabetes Burden

'It's amazing – it really is. Just to have my little girl back'

'It's a bit scary as your not as in control – but the difference/change in her is lovely'

'I feel lighter – I used to be sluggish and droopy'

'A game changer – it's made life'



Double thumbs up from one of the children with neurodiversity

'It's great – I love it. It's just easier'

'The difference in her is just amazing'

## RDASH statutory annual members meeting with a difference



- The Trust are holding their statutory annual members meeting, but with a change to make it a community event for staff, partners, and the public.
- There's no need to book, unless colleagues want to compete in the 'It's a Knockout' or the 'rounders' contests.
- RDASH would love to see partners join them for ice cream, games and a bit of a laugh

### In addition:

- The Older Adult Hospital Liaison Team have worked with The Rotherham Foundation Trust (TRFT) and are providing a dementia advice and carers support table in TRFT reception area on a monthly basis
- The Psychiatric Intensive Care Unit Team (PICU) have been shortlisted for the HSJ Patient Safety Pilot Project of the Year Award with Improving patient safety through an organisational culture intervention on a PICU: A controlled pilot project

- The older adult wards have introduced a new carers care plan to improve engagement techniques for families and to enhance the communication they receive
- RDASH colleagues supported carers week by attending various events in liaison with RMBC and Rotherham the Borough that Cares network. This included attendance and stalls at TRFT, Riverside café and Crossroads. It was a great opportunity to network with other carer support charities and initiatives.

## Special Educational Needs and Disabilities (SEND) Education Health and Care Plans

- Massive shout out to our Designated Clinical Officer Vicky and all our colleagues across The Rotherham Foundation NHS Trust and Rotherham, Doncaster and South Humber NHS Trust for their hard work, commitment, and determination to improve the timeliness of advice for Education, Health and Care Plans (EHCP). This quarter there were 1523 EHCP requests for general health advice and 78.4% were returned within 6 weeks, only 5% remain outstanding. In addition, there were 199 EHCP requests for CAMHs advice and 88.4% were returned within 6 weeks, only 6% remain outstanding.

This is a phenomenal achievement, and has really made a difference to Rotherham children, the overall timeliness of EHCPs has significantly improved which is now ensuring that children are getting the right educational provision much earlier.

For more information about Special Educational Needs and/ or Disabilities please look on the local offer. [Rotherham SEND Local Offer – Here you will find help, advice and information about the services available for your child or young person from birth to 25 years with a Special Educational Need or Disability \(SEND\).](#)





**The Waverley build** is progressing well, as you can see from the photo. The new health centre is the two-storey roofed structure at the back of the site and is expected to be completed by the end of 2024, providing primary health services for the people of the new Waverley estate on the border with Sheffield.

## The Rotherham VAR Cancer Timely Presentation Project

are providing education sessions to Black and Minority Ethnic (BAME) and seldom heard groups across Rotherham. The sessions are providing some great insights into how we may want to adapt services and target education messages for campaigns and improve uptake of cancer screening.

Sessions have shed light on the cultural stigma surrounding breast cancer in BAME households and provided information on the options available and how women can access culturally sensitive screening services.

Sessions have also included information about cervical screening, menopause and lung health checks.



After attending one lady commented: *"I felt much more relaxed after the session on Breast Awareness, I immediately booked my mammogram which I had been putting off for several months"*

**Sharon Kemp**, Chief Executive of Rotherham Council has been **awarded an OBE** in the King's Birthday Honours list, for her services to business and to the community in Rotherham and South Yorkshire.

The honour comes following 30 years of public service across community safety, neighbourhood management, community cohesion, performance management, and partnerships.

Joining the council in 2016, she has been central to their improvement journey which saw Children and Young People's Services rated as 'Good' by Ofsted in 2017 and the organisation come out of special measures and intervention in 2018.

The Council was recognised as the 'Most Improved Council' in the country at the Local Government Chronicle (LGC) Awards in 2022, followed by an LGA peer review which described the Council as 'an impressive organisation which serves the town well' in 2023.

Sharon said: *"This is an incredible honour, and I will be accepting in recognition of the Council, the borough, and all councillors, colleagues, partners and communities that work together to make Rotherham the amazing place it is"*.





<b>Minutes</b>	
<b>Title of Meeting:</b>	<b>PUBLIC</b> Rotherham Place Board: Partnership Business
<b>Time of Meeting:</b>	9.30am – 10.30am
<b>Date of Meeting:</b>	Wednesday 19 June 2024
<b>Venue:</b>	The John Smith Room, Rotherham Town Hall
<b>Chair:</b>	<b>Chris Edwards</b>
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Richard Jenkins, Chief Executive, TRFT Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCG Sharon Kemp, Chief Executive, Rotherham Council Michael Wright, Deputy Chief Executive, TRFT Dr Anand Barmade, Medical Director, Connect Healthcare
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
<b>Quoracy:</b>	Confirmed as quorate.

**Members Present:**

Chris Edwards (**CE**), Executive Place Director, NHS SY ICB  
Ben Anderson (**BA**), Director of Public Health, RMBC  
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
Penny Fisher (**PF**), General Manager – Community, The Rotherham Foundation Trust  
Lydia George (**LG**), Transformation and Partnership Portfolio Manager, NHS SY ICB  
Gordon Laidlaw (**GL**), Head of Communications, NHS SY ICB  
Dr Jason Page (**JP**), Medical Director (Rotherham) NHS SY ICB  
Ian Spicer (**IS**), Strategic Director, Adult Care, Housing & Public Health, RMBC  
Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster and South Humber NHS Foundation Trust

**Participants:**

Wendy Allott (**WA**), Director of Financial Transformation (Roth), NHS SY ICB  
Andrew Russell (**AR**), Chief Nurse, NHS SY ICB  
Shahida Siddique (**SS**), Independent Non-Exec Member, NHS SY ICB  
Claire Smith (**CS**), Director of Partnerships (Roth), NHS SY ICB  
Lily Hall (**LH**), Head of OD & Change, Rotherham MBC  
Andrew Clayton (**AC**), Digital Transformation Programme Director, NHS SY ICB  
Jude Wildgoose (**JW**), Asst Director of Transformation & Delivery, NHS SY ICB

**In Attendance:**

Wendy Commons, Business Support Officer, Rotherham Place, NHS SY ICB

Item Number	Discussion Items
<b>24/6/24</b>	<b>Public &amp; Patient Questions</b>
<p>There were no questions from members of the public.</p>	
<b>25/6/24</b>	<b>Update from the Director of Public Health</b>
<p>BA reported that due the cases of whooping cough (pertussis) continuing to rise a national incident has been declared. There have so far been eight infant deaths reported nationally this year. Pertussis is not a notifiable disease to be reported.</p> <p>The vaccination of pregnant mothers helps with protection of their babies but work is being done to increase the uptake. Overall vaccination uptake locally has been good locally, however during the pandemic there was a drop in maternal vaccinations.</p> <p>GL will work with public health colleagues on key messages to pregnant women about vaccinations.</p> <p>Clinical guidance has been reviewed and circulated by the UK Health Security Agency outlining changes to prenatal pertussis vaccination programmes.</p> <p>There has been a slight reduction in the figures of measles cases indicating that the outbreak may be abating.</p> <p>BA announced that a housing and health session is being planned for September. NHS colleagues will receive invitations to attend.</p> <p>Place Board noted the update.</p>	
<b>26/6/24</b>	<b>Workforce and Organisational Development Update</b>
<p>Lily Hall outlined the draft workforce development objectives of which there were five:</p> <ol style="list-style-type: none"> <li>1. Develop a Place Employer's Brand</li> <li>2. Build effective partnerships</li> <li>3. Employability programmes</li> <li>4. Embed equality, diversity and inclusion</li> <li>5. Develop education and careers offer</li> </ol> <p>She went on to outline the governance/leadership group and members noted that there is representation across the Place partnership. Following a suggestion that there should be links into the SY ICB Workforce Leadership Committee, it was noted that Michael Draffan, the Rotherham Workforce Lead, provides a quarterly update for the SY wide committee to keep them informed on developments.</p> <p>LH summarised the intended approach to developing branding with a strong Rotherham story and a video that will capture attention on social media and promote Rotherham Place to attract candidates.</p> <p>The Group will also look to build effective partnerships across Place, bringing together leaders with a shared plan and cross place networks to support bespoke, innovative employability programmes that attract local people, reduce barriers to employment and can focus on hard to fill roles with different, targeted approaches.</p> <p>LH also highlighted that, in order to raise awareness of health and care roles and careers earlier, it is intended to develop an Ambassador Programme for local schools and colleges working closely with James Short, Transforming Learning Lead for Rotherham Place who is on secondment via SY ICB. A skills street proposal is also</p>	

being developed to inspire young people and develop a health and social care workforce for the future.

Members noted the proposed next steps and discussion followed with comments and suggestions below:

JT explained that part of the RDaSH promise is to increase volunteers and she would welcome linking in to assist with improving uptake.

BA said advice on how to best to engage with local economically inactive people would be useful and suggested a representative from the DWP on the group could be beneficial.

PF said she would like to see links to younger children perhaps using social media more to highlight the roles available and some measures introduced around the level of experience (as opposed to qualifications) required to transition into a career to further encourage existing staff progression.

GL asked how the group links into communications governance/leadership. He also explained that he chairs the disability staff network in NHS SY ICB who could work with the OD and Workforce group on how to encourage people with a disability into the sector.

Discussion continued around branding and CE explained that the partnership has tried to jointly approach branding previously with mixed success but welcomed the new approach. Place Board recognises the importance of doing something different to brand itself to attract and retain people to continue delivery, particularly in these difficult times, to showcase Rotherham at its best.

LH thanked Members for their suggestions and advised that the group will look to develop the branding collaboratively across Place with input from all partners.

CE asked LH to come back to Place Board in October to give an update on progress against the Workforce and OD Plan.

**Action: LH/LG for agenda**

**27/6/24 | Digital Update**

AC advised that good progress has been made with 12 digital initiatives and went on to highlight:

- The Rotherham Health Record is growing consistently
- All used and practices have now migrated from the Rotherham Health App onto the NHS App with most of the functionality still available. 55% of Rotherham patients are registered to use it.
- Support is being given to practices to meet their primary care access and recovery plan by supporting online consultations through Accurx, phone enhancements, access to records. Only 32.1% of practices in Rotherham offer the GP online registration service but working towards 100% target by December 2024.
- A budget has been secured and a 2 year plan costed for the Yorkshire and Humber care record so data providers outside of Rotherham will grow and encourage adoption by Rotherham partners.
- This three year programme has a significant budget to digitise social care records. 56% have been completed and work is currently underway with the council to better engage to achieve the target of 80% by 31 March 2025.

- GP connect is live and the first of its type in the UK that allows pharmacists and other clinicians within Rotherham Hospital to draw pharmacy data such as medications and allergies directly into the hospital record giving higher quality medicines reconciliation process.
- The Rotherham Place escalation wheel is providing a near real-time picture of all health and care community services activity.
- The Radiology chatbot went live in April, the first in the UK where patients can book their own appointments directly within minutes of being referred by their GP.
- RDaSH/NHSE Mental Health patient portal pilot provided an application for two way messaging, booking and management of appointments, medication requests and sending letters via SMS links. The pilot grew and is being evaluated and is being rolled out more widely.
- Smart lockers have been introduced to provide staff with IT equipment at a convenient collection point and improving response to IT requests. Positive feedback showed this introduction has been a good experience for staff.
- Two digital support officers have been recruited to support the Rotherham digital inclusion programme. A website has been launched and is being well used with plenty of requests coming through and active media sites on Facebook and Twitter. The databank has been very successful and continues to grow.
- With the South Yorkshire digital inclusion programme, the ICB has commissioned Doncaster Citizens Advice Bureau (CAB) to lead on provision of a range of digital services supported by a managed referral process. These may include training, accessing essential online services, managing online health and finance, device banks and free digital data etc which will be available through local branches of CAB.

AC went on to highlight the uncertainty around funding for some plans including:

- local digital inclusion beyond March 2025
- the digital pathways framework including wider digital primary care
- convergence between the Rotherham Health Record and the Yorkshire & Humber Care record beyond this financial year.

Other risks were noted around the delivery of shared care plans and adult social care provider engagement to meet the digitising social care records target.

The final slide highlighted the next steps in the Rotherham Health Record, digital inclusion and digitising social care projects.

Noting the recurring theme of funding challenges outlined and that inclusion and creating equality is key to our Plan, Place Board acknowledged the potential difficult choices ahead given the current financial position.

The Chair thanked AC for the update. He will return in November to appraise Place Board of progress.

**28/6/24 Primary Care Update**

JW gave an update on primary care. The availability of extended access appointments in April was 2,932, 93% of which were utilised. These services are delivered by GPs, advanced nurse practitioners, first contact practitioners, nurses and nurse associates and health care assistants and are available seven days a week across several sites. The appointments can be booked online or through GP Practices. The focus and

priority for primary care is delivering the recovery plan with a series of national requirements on an upward trajectory as well as moving towards digital technology.

However, there are a number of risks and challenges, including:

- potential action from practices in the form of adhering to BMA safe working in general practice guidance with implications at local level which we will need to understand and mitigate for.
- recruitment of key clinical staff and retention of non-clinical staff
- increased demand due to waits in secondary care
- increasingly complex patient going back to primary care sooner,
- digital inclusion for all
- wider challenges and mental wellbeing of staff.

CE thanked JW for the update and acknowledged overall good performance by primary care, despite the operational issues.

JP highlighted that there were over 20% more appointments being offered by practices than pre-covid. However, as these are not always with the GP, they are not appreciated by patients in the same way. Changing this perception by informing patients that they are getting good care and advice from other practitioners who are experts in their field, rather than a 'general' practitioner would be beneficial all round.

**29/6/24    Communications to Partners**

GL to:

- liaise with public health colleagues on prenatal pertussis vaccination information
- work with LH on comms around workforce and OD developments
- Include digital transformation work in future communications updates
- Commence early messaging on staff vaccinations to raise awareness and increase uptake on flu vaccinations this year.

**30/6/24    Draft Minutes and Action Log from Public Place Board**

The minutes from the meeting held on 15 May 2024 were agreed as a true and accurate record.

The action log was reviewed and on track.

**31/6/24    Risks and Items for Escalation to Health and Wellbeing Board**

JP to give context around the plans in place for the junior doctors' strike.

**32/6/24    Future Agenda Items:**

***Items for July***

- Public Health Annual Report (*deferred to Oct*)
- Maternity, Children & Young People Update
- Fostering Presentation
- Joint C&YP Commissioning Strategy

***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)

<b>33/6/24</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 17 July 2024</b> at Rotherham Hospice from 9.30am – 10.30am.	

### **Members**

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 Joanna Baker- Rogers	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	Director of Financial Transformation 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/Deputy CE	Rotherham Metropolitan Borough Council
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Lydia George	Transformation and Partnership Portfolio Manager (Rotherham)	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 2024 - 31 March 2025

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
19 .6.24	26/06/2024	Workforce and OD Update	LH to give further update on progress with WF & OD Plan in October.	LH/LG	Green	Scheduled on Fwd agenda