Public Agenda

Title of Meeting:	**Rotherham Place Board: Partnership Business**
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 20 November 2024
Venue:	**John Smith Room, Rotherham Town Hall**
Chair:	**Chris Edwards**/Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

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

Item		Time	Pres By	Encs
1	Public & Patient Questions: *The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.*		*Chair*	*Verbal*
	Business Items			
2	Update from Director of Public Health	*5 mins*	*Ben Anderson*	*Verbal*
3	Prevention & Health Inequalities Update	*10 mins*	*Sally Jenks*	*Enc 3*
4	Mental Health Community Connector Service: Voluntary Action Rotherham	*10 mins*	*Hannah Thornton*	*Enc 4*
5	Place Plan Performance Report for Quarter 2	*5 mins*	*Claire Smith*	*Enc 5*
6	Darzi Report and National 10 Year Plan	*10 mins*	*Chris Edwards*	*Enc 6*
7	Place Partnership Update	*5 mins*	*Claire Smith*	*Enc 7*
	Standard Items			
8	Communication to Partners/ Promoting Events & Consultations	*5 mins*	*Chair*	*Verbal*
9	Draft Minutes and Action Log from Public Place Board from 16 October 2024 – *for approval*	*5 mins*	*Chair*	*Enc 9i & 9ii*
10	Risks and Items for escalation to appropriate board *(e.g. Health & Wellbeing Board, ICB Board)*		*Chair*	*Verbal*
11	Items for next meeting: • Public Health Annual Report • Palliative & End of Life Care Update • Rotherham Hospice Strategy Standing Items: ○ Updates from all Groups (as scheduled) ○ Achievements (as and when received) ○ Feedback from SY ICP Meeting – Bi-Monthly ○ Bi-Monthly Place Partnership Newsletter			
12	Date of Next Meeting: Wednesday **18 December 2024** at 9.30am –10.30am – **John Smith Room, Rotherham Town Hall**			

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

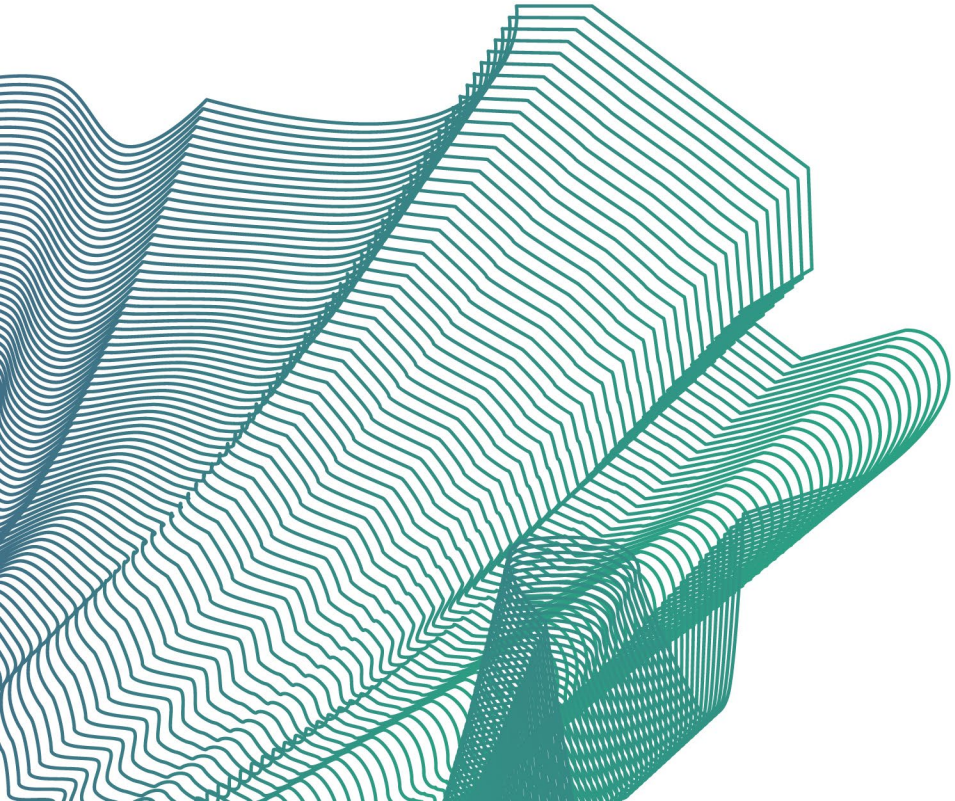
ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP I HEALTH AND SOCIAL CARE

Rotherham Place Board

Spotlight – Prevention & Health Inequalities

November 2024



NHS South Yorkshire Integrated Care Board

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

VoluntaryAction Rotherham

CONNECT HEALTHCARE ROTHERHAM CIC

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. Planning, Transport and Housing)
  - Upstream prevention messaging and outreach work

- Rotherham chosen for Sport England Place Expansion Programme, next steps and plans for recruitment awaiting bid approval
- Partnership working around social prescribing established, and work started to map and review pathways.
- Frontline staff MECC training on Damp and Mould, PH & Housing.
- Development of the Healthy Homes plan, PH & Housing.

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.
- Continuing impact of poverty including fuel costs and likely impact of rising water costs.
- Financial position across the system.

What needs to happen and by when

Review governance for the Core20Plus5 children and young people's framework. (Q4, 2024/25)

Deliver the three-year plan for maternity and neonatal services, with a focus on four high level themes:

- Listening to women with compassion which promotes safer care
- Supporting the workforce to build their skills and capacity to provide high quality care
- Developing and sustaining a culture of safety to benefit everyone
- Meeting and improving standards and structures that underpin the national ambition (Ongoing)

Engage wider stakeholders to inform proposals around exercise in clinical pathways programme. (Q3, 2024/25)

Build on targeted work around falls prevention to support wider priority around frailty. (Q4 2024/25)

Mental Health Community Connector Service & Rotherham VCS

Supporting people living with Severe Mental Illness

Hannah Thornton, Director of Services (Projects)

November 2024

Mental Health Community Connector Service

Mobilised April 2024, as part of the new **Primary Care Integrated Mental Health Hubs** - working alongside Mental Health Practitioners and Care Coordinators in Primary Care

What Matters to you? Holistic assessment and co-produced personalised care plan, supporting:

- Access to wider social need support & social networks
- Navigation of other services across health & social care
- Access to training, volunteering and employment support

- Engagement in physical health activities
- Take-up of physical health checks, medicine reviews, vaccinations and screening appointment

Voluntary Action Rotherham

Physical Health Care services commissioned at PCN-level

NHS England

Getting started

1. Partnership with the VCSE sector to commission specific outreach services, co-produced with people with SMI, to increase the uptake of physical health checks – with a focus on underserved communities, e.g. healthy eating support, team sports, gym memberships, home exercises.
2. Commission dedicated services to deliver SMI physical health checks and ensure access to follow-up interventions.
3. Joint approaches with the VCSE sector to commission holistic health and wellbeing services for people with SMI e.g. healthy eating support, team sports, gym memberships, home exercises.
4. Work with PCNs and primary care to ensure GP SMI registers are up to date.

Success

1. People with SMI are offered a comprehensive physical health check every year, with an increasing number taking up the offer (the core check being incentivised through QOF) and are able to access support for physical health needs as part of a holistic offer of care.
2. Physical and mental health services are aligned and working jointly to support people with SMI, e.g. linking up with specialist MH tobacco dependency services for people with SMI.
3. Local recording of SMI physical health checks demonstrate the outcome of the check (e.g. number of individuals identified with high blood pressure who were supported to access a GP appointment).
4. SNOMED and Read Codes are aligned across primary and secondary care to enable accurate reporting.

Resources and guidance

- Improving physical healthcare for people living with severe mental illness (SMI) in primary care: Guidance for CCGs
- Personal Health Budgets (PHBs) for mental health
- CORE20PLUS5 (NHSE approach to action on inequalities)
- Rethink physical health check toolkit
- Equally well guide on Covid-19 vaccinations

Service User Voice/Expectations

Physical health checks are holistic and include conversations about my mental health as well as my physical health

I am supported to access follow-up interventions after my physical health check

Relies upon delivery of:

Commissioning and partnership working with range of VCSE services	Record access data from new model (inc. primary, secondary and VCS orgs)
Support for co-occurring physical needs & substance use	Interoperability for activity from primary, secondary and VCSE services

Physical Health Checks for people with Severe Mental Illness

SMI PHCs in Primary Care:

- Height & Weight measurements
- Blood tests
- Medication review
- Alcohol consumption & Smoking status

As well as:

- Diet & exercise review
- Access to screening & vaccinations

Patient Voice Workshops have highlighted:

- **Lack of prior information and advice** leading to anxiety and lack of motivation to take-up appointments.
- **Experiencing difficulty making contact** & using appointment systems.
- **On-going mental and physical illness** impacting attendance and follow up.
- The need for a **slow and steady approach** to physical health improvements with ongoing support.

Voluntary Action Rotherham

Mental Health Community Connector Service & Rotherham VCS Support

- **Adapt** to individual need, engaging individuals in sustained, appropriate levels of activity through guided discovery.
- **Build trusting relationships,** empowering individuals to make informed decisions about the support and services they receive.
- **Raise awareness** of different aspects of health and wellbeing - nutrition, physical activity, oral health and lifestyle changes.
- **Up-skill** to embed healthy lifestyle behaviours and routines into everyday life.
- **Raise feelings of wellbeing,** through fostering connections with others, a welcoming environment and peer-support.

- **Enable individuals to attend and complete their physical health checks and attend any follow up interventions.**

Supported Referral to VCS provider by MH Community Connector

Information and Advice
Physical health awareness & insights
Lifestyle changes

Support & Encouragement
Enabling to participate
Personalised, supported activity programme
Goal setting and reviews

Participation
Welcoming
Connections
Appropriate activity

Health Check Appointments & Follow Up Interventions
Community Connector working with PCN Care Coordinators to prioritise, engage & support

MH Community Connector - 1:1 PHCs Preparation
Why a Physical Health Check, What and How?
Personal Health Check Appointment Planner & Record*

Progression
- Onward referral to other VCS
- Continued Participation
- Referral to weight management, Smoking cessation, Oral Health

* Rethink example

Mental Health Community Connector Service & Rotherham VCS Support

218 referrals into the service

Referrals	April	May	June	July	August	September	October	Total YTD
Health Village/Dearne PCN	7	8	3	5	7	7	10	47
Raven PCN	1	6	5	4	3	7	6	32
Rother Valley South PCN	3	3	0	7	4	5	7	29
Maltby Wickersley PCN	3	1	3	3	5	2	3	20
Rotherham Central North PCN	8	12	10	6	2	3	10	51
Wentworth 1 PCN	8	4	2	9	2	5	9	39
Total	**30**	**34**	**23**	**34**	**23**	**29**	**45**	**218**

69 people supported to access their physical health check
134 people supported to access physical activities
74 people supported to access smoking, alcohol & substance misuse support
45 people supported to access medication reviews and vaccinations
52 people supported to access volunteering or employment support
32 people referred into funded SMI physical health VCS provision

after 3 months 100% of service users have an improved ReQol™ score

Voluntary Action Rotherham

Patient Profile

‘A’ presented with social isolation, PTSD symptoms and a lack of self-care – stemming from his father's recent death by suicide and an ongoing relationship breakdown.
He has been diagnosed with autism which means for him, when he is faced with changes like his finances and benefits, he can become overwhelmed. His coping mechanism has been to isolate himself and forget to practice self-care techniques.

Parrish, a MH Community Connector supported A with gradual introduction to community settings - starting with a local coffee shop and Library for initial f2f sessions, gradually building up to appointments with Open Arms and Citizens Advice to discuss his finances and support at the local Library.
Parrish liaised with Dinnington Group Practice Care Coordinator to arrange a joint appointment for A to attend his physical health check.

Parrish met A on the day of his appointment and supported him to attend.
As a result of A discussing that he would like to explore some historic trauma and the death of his father, Parrish was able to raise this at the next PCIMH MDT meeting, enabling his referral to a trauma resilience group.
A’s goal is to get involved with walking groups to improve his wellbeing and increase his activity levels once he has resolved his relationship and finance issues.

Next Steps

- Co-production of **physical health check resources** – materials to inform, guide and build understanding of checks and physical health
- Mapping of practice-level approaches and challenges to physical health checks
- Planning **new collaborative approaches** between PCNs & Rotherham Voluntary Sector. e.g. health check sessions in community venues involving wider services and support

Rotherham Public Place Board – 2o November 2024

2023-25 Health and Care Place Plan Performance Report

Q2 2024/25

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

Purpose:

To provide members with a performance report for the 2023-25 Health and Care Place Plan as at quarter 2 2024/25 (end September) reporting period.

Background:

The Place Board has received a quarterly performance report to show delivery against the Rotherham Place Plan since 2018. The report covers both metrics, milestones and timescales against priorities for each of the transformation workstreams.

The impact of the covid pandemic on metrics meant that it was either not possible or that the reporting was very skewed as performance had been severely impacted, therefore the reporting of metrics was stalled over that period.

The 4th Rotherham Health and Care Place Plan was agreed in July 2023. The attached Performance Report was produced to provide an overview of delivery against the plan and represents the position as at end Q2, end September 2024.

Analysis of key issues and of risks

The Q4 2023/24 report received at Place Board in July has been subject to review by lead officers. The review particularly looked at milestones, metrics and timescales to ensure they were fit for purpose. Milestones complete as at Q4 2023/24 report have been removed.

Officers also reviewed priorities to ensure they remained relevant, following this the priorities within the Urgent and Community workstream have been updated; partly as a result of year one delivery and also to bring them in line with the High Impact Priorities identified as a key focus this year.

An action for the year 2 report was to address the number of milestones and metrics with either no baseline, no data captured or still to be confirmed. The update has addressed that issue and there are now significantly less metrics still to be confirmed, those missing are due to reporting timescales impacting on the availability of data. There are no milestones to be confirmed.

Milestones: The quarter 2 position represents performance mid-way through the 2nd year of delivering on the 2023-25 Plan. The position is favourable with 82% of milestones either complete or on track, slightly down on Q1 but the proportion of those complete is higher (27% in Q2, 16% in Q1)

Metrics: The quarter 1 position represents performance mid-way through the 2nd year of delivering on the 2023-25 Plan, this shows 55% of metrics are on track, again slightly down on the Q1 position of 57%.

Further analysis can be seen at the beginning of the report. The report will be received quarterly.

Approval history:

Rotherham Place Leadership Team – 6 November 2024

Recommendations:

Members are asked to receive and comment on the Place Plan Performance Report, noting the report provides a position as at Q2, end September 2024.

Rotherham Partnership Health and Care Place Plan 2023-2025

Place Plan Performance Report for the period 2024-2025

Rotherham Place Partnership Public Board: November 2024

Reporting Period: Quarter 2, end September 2024

Key for Milestones

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

Key for Metrics

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

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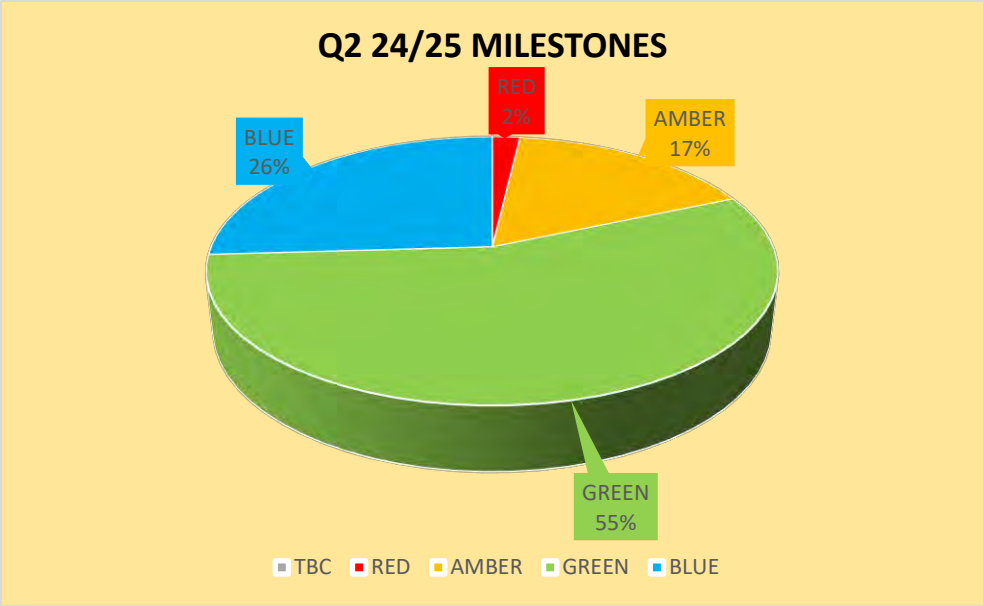
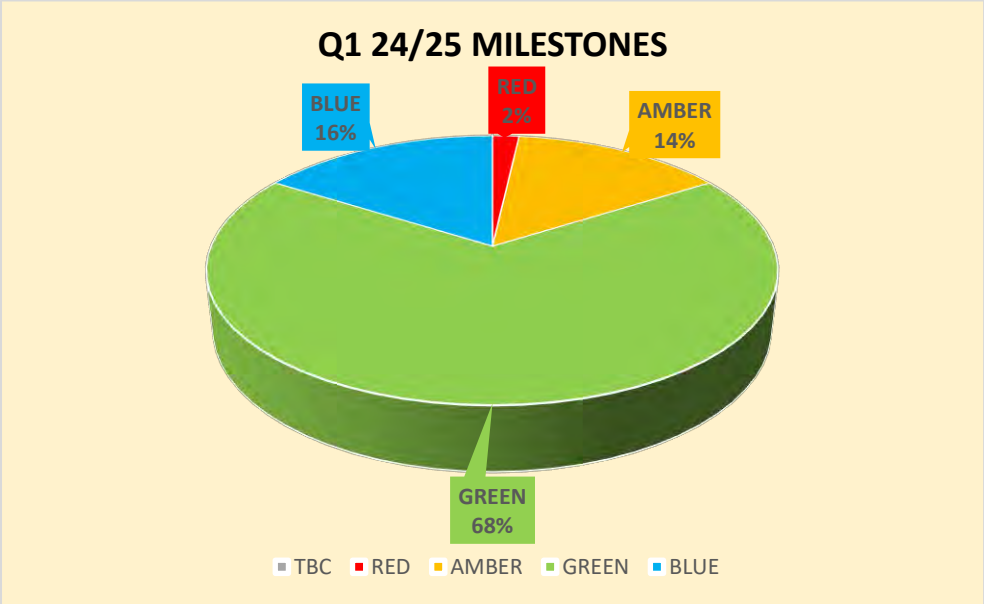
Contents

1 Overall Position for Milestones





All priorities and milestones have been reviewed for the 2024/25.

The priorities in Urgent and Emergency have been updated, partly as a result of positive delivery in 2023/24 and also to align to the chosen high impact priorities that have been identified in year. The remainder of the priorities are the same.

Milestones that were complete as at Q4 2023/24 have been removed. Some new milestones have been added and existing milestones rolled over. In reviewing the milestones some of the timescales have been amended to reflect the current position.

In the revised report for 2024/25 there are 54 milestones 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 54 milestones, there are:

RAG	Q1 Position		Q2 Position		Definition
	Number	%	Number	%	
TBC	0	0%	**0**	**0%**	Milestone not due/ not commenced
RED	1	2%	**1**	**2%**	Milestone significantly off target
AMBER	8	14%	**9**	**16%**	Milestone slightly off target
GREEN	38	68%	**30**	**55%**	Milestone on target
BLUE	9	16%	**14**	**27%**	Milestone complete

The one red milestone is below, this was also red in Q1:

CYP MS 7: Actively engage in recruitment activity to increase the number of foster carers: Actions: The Fostering Action Plan continues to progress to support the recruitment of more foster carers and retain existing foster carers. The BrightSparks and Place Based marketing and recruitment campaigns are regularly reviewed and strengthened, and the recruitment and retention strategy has been updated.

Overall the number of milestones complete or on track is very similar to the Q1 position. The RAG rate for 6 milestones has deteriorated, and has improved for 9.

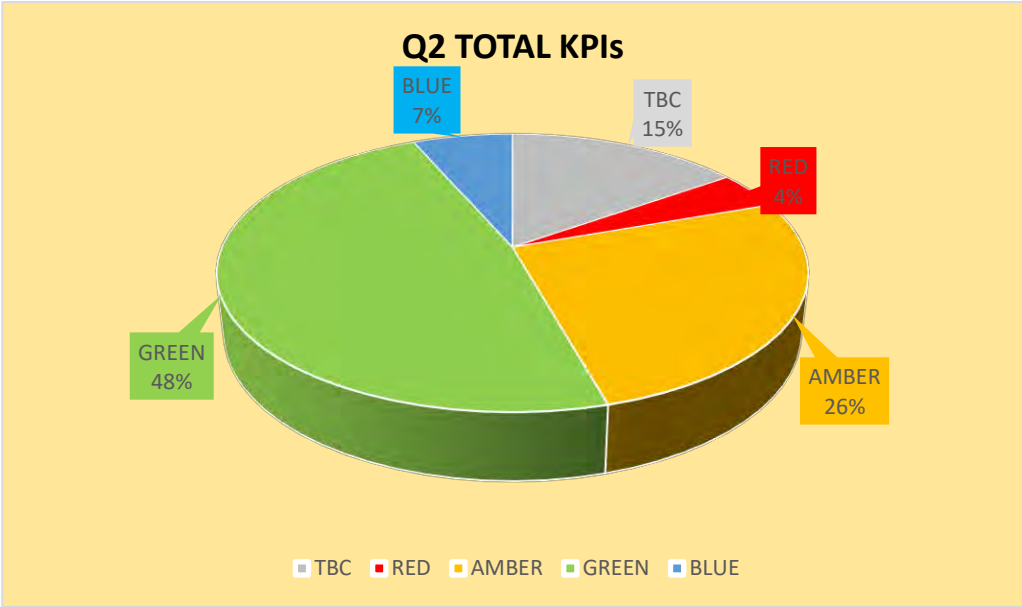
Summary of Performance against milestones

Workstream	Priority Area	No. of Milestones	Red	Amber	Green	Blue	TBC/Not started
Best start in Life - Maternity, Children & Young People	Best Start for Life	3	0	1	0	2	0
	Children and young people's mental health and emotional wellbeing	2	0	1	1	0	0
	Looked After Children	2	1	1	0	0	0
	Children and Young People with Special Educational Needs and/ or Disabilities	0	0	0	0	0	0
	Preparation for Adulthood	2	0	0	2	0	0
		9	1	3	3	2	0
Enjoying the best possible mental health and wellbeing	Delivery of the Adult Severe Mental Illness in Community Health Transformation Plan	6	0	0	3	3	0
	Delivery of the Mental Health Crisis & Liaison	6	0	0	1	5	0
	Suicide Prevention Programme	2	0	0	2	0	0
	Dementia pathway transformation	3	0	0	2	1	0
	Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan	2	0	0	2	0	0
		19	0	0	10	9	0
Supporting People with Learning Disability and Autism	Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards	2	0	1	1	0	0
	Support development of SY Pathways to reduce the need for inappropriate admissions into mental health services	1	0	0	1	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	0	0	0	0	0	0
		6	0	1	5	0	0
Urgent, Emergency and Community Care	Frailty	4	0	0	3	1	0
	Ambulatory Care	3	0	2	0	1	0
	Integrated Discharge to Assess	5	0	1	4	0	0
	Cross cutting workstreams	3	0	1	1	1	0
		15	0	4	8	3	0
Palliative and End of Life Care	• Enhance personalised palliative and end of life care • Implementation of ReSPECT across Rotherham • Benchmark against the Ambitions Framework • Inform future commissioning through patient and Carer experience	5	0	1	4	0	0
		5	0	1	4	0	0
Overall Totals		54	1	9	30	14	0

2 Overall position for KPIs for Q4

The position for the 46 KPIs is very similar to that in Q1:

RAG	Q1 Position		Q1 Position		Definition
	Number	%	Number	%	
TBC	6	14%	7	15%	Metric not due/ not commenced
RED	2	4%	2	4%	Metric significantly off target
AMBER	11	25%	12	26%	Metric slightly off target
GREEN	25	57%	22	48%	Metric on target
BLUE	-		3	7%	*NOTE TARGET WAS FOR 23/24 AND WAS ACHIEBED



Red Metrics: there are two **red** metrics in Q1:

- ***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*** – this is below target at 48.6%, however, the target of 65% is for the full year (Apr-24 to Mar-25), therefore the percentage gradually increases throughout the quarters

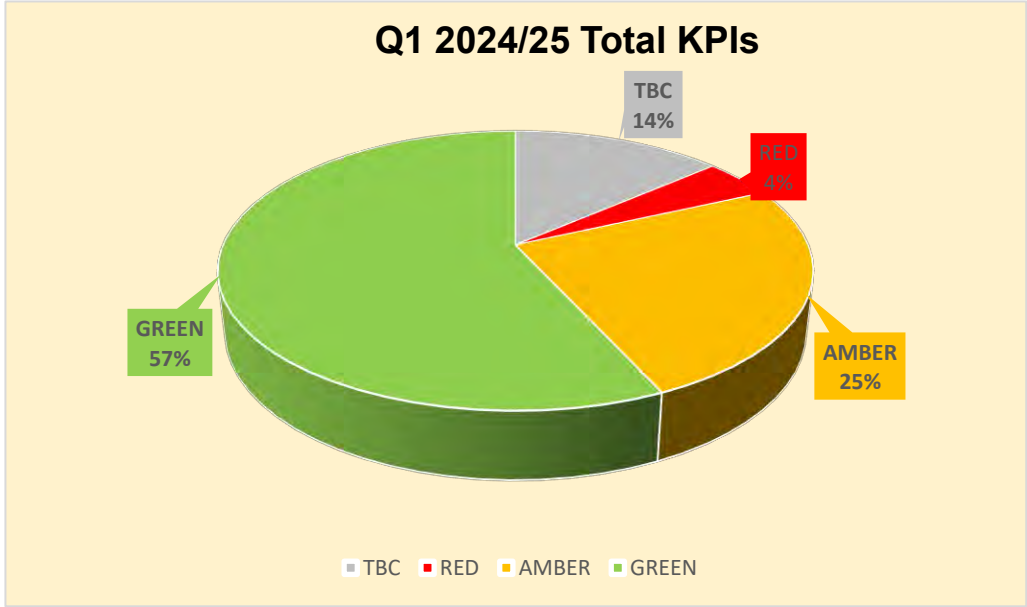
- **CYP KPI 7*: Increase the % of Children in Care living in a family-based setting*** - slight decrease to 75.1% at end of June 2024 against a target of 86%

There has been **deterioration** in the following 2 metrics:

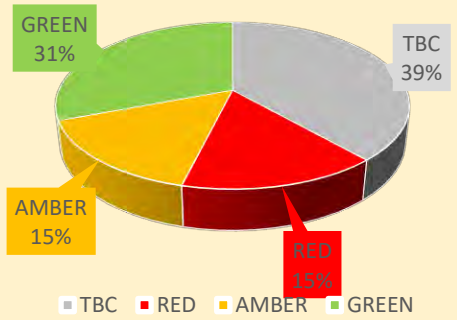
- CYP KPI 5: Increase the number of early help assessments completed by partners
- LDA KPI 2: 75% of people with a learning disability in Rotherham will have access to GP enhanced health check.
- UEC KPI 5: Ambulance handover times

There has been an **improvement** in the following 3 metrics:

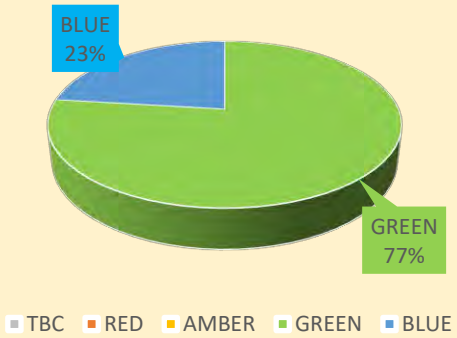
- C&YP KPI 2 % of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have accessed Children's Centre (within the Family Hub) activities
- MH KPI 10: Improved access to support for people with dementia and their Carers.
- UEC KPI 4: Improve ambulance response times



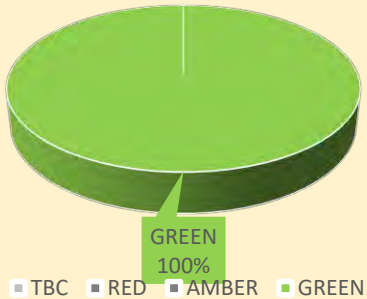
Children and Young People



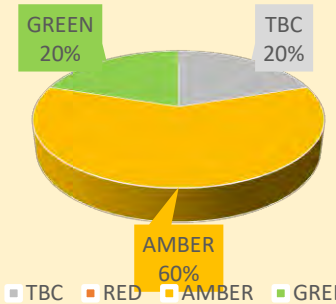
Mental Health & Wellbeing



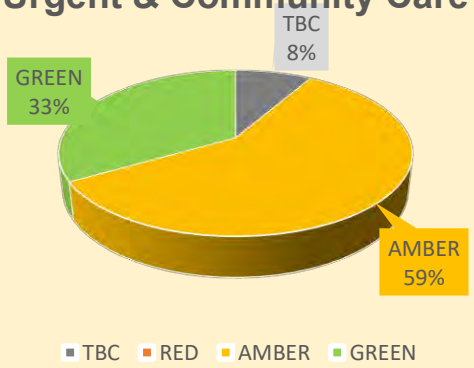
Palliative & End of Life Care



Supporting People with Learning Disabilities and/or Autism



Urgent & Community Care



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

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

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 1	Develop and implement the "Start for Life Pack" for all families taking a proportionate universalism approach to targeted engagement.	Q2 2024/25						Q2: The hard copy of the Family Hubs guide has been produced and is now being provided in 'The personal child health record' (red book). There has been a targeted launch event celebrating this with the Parent Carer Panel.	
CYP MS 2	Embed the Breastfeeding friendly Borough Declaration through the delivery of Breastfeeding Friendly initiatives.	Q4 2023/24	16 breastfeeding peer support workers trained	20	30			Q2: The training courses in September took place with a further 10 peer support workers trained. Children's centres are working towards stage 1 of BFI accreditation and are hoping to have this by the end of Q4 24/25.	
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.	Q3 24/25						Q2 - A task and finish group is now working on an improved cross agency graduated response for pre-school children with SEND and their families. A cross agency CPD offer for practitioners is also being developed to support this. Work on waiting time trajectories at the CDC has been completed and discussions about the additional resource required to clear the backlog at the CDC, and ensure future sustainability, will need to be undertaken.	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. The transfer of older children from the CDC to the CAMHS assessment waiting list has still not happened. This is because CAMHS are waiting to sign a contract with Healios to support with screening of the transferred cases. There is no planned transfer date currently, pending the contract being signed.

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

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	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						Q2 – The streamlined assessment process has now been embedded including a standardised report template which has reduced the time spent on report writing and more concise for families to read. Q2 has seen the longest waits continued to reduce and more completed assessments month on month.	Children are waiting for assessment. The trajectory does not reflect increased demand previously. RDaSH are revising the trajectory and awaiting sign off by the CEO.
CYP MS 5	Re-develop, implement, and embed a tiered sleep pathway.	Q3 2024/25						Q1 - The ICB has identified £45k funding and is working with TRFT to mobilise the service with an expected launch date in Q3. Q2 - The Q1 update still stands as TRFT is still working with the ICB to mobilise the service with an expected launch date in Q3.	Gap analysis has identified a lack of capacity to deliver targeted interventions. An invest to save business case is being prepared. Q1 - It should be noted that there is currently a shortfall of £23k in the budget. ICB is aware of the shortfall and will review it in month 6 of service delivery.

Priority 3: Looked After Children	Lead Officer: Helen Sweaton

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 6	Re-development and implementation of our therapeutic offer to looked after children, in-house foster carers/ residential care providers.	Q2 2024/25						Q2 - Review completed outlining future specification of Support for Change offer and report considered by DLT. Further discussion taking place with HR to finalise future service. Consultation will take place with Support for Change staff in respect to new specification and offer. Upon completion of consultation and new service offer, Service Manager and Clinical Psychologist will attend CAMHS meetings to be clear on pathways and remit of the team, also sharing our new TOR/practice standards etc to embed this.	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. Some challenge in CAMHS not accepting referrals due to RMBC having an in-house therapeutic team. Clinical Psychologist will continue to liaise with CAMHS, as employed by RDASH, attend meetings and provide an interim between the services. An escalation process alongside CAMHS to be completed.
CYP MS 7	Actively engage in recruitment activity to increase the number of foster carers.	25 new foster families during 2024/25	17	2	2 (4 ytd)			Two foster families were recruited in Q1 and a further two during this quarter (Q2), equating to four in total during the 2024/25 financial year to date. There were nine prospective foster families active in the recruitment process at the end of September 2024, 8 of which have foster panel dates scheduled.	We continue to progress the Fostering Action Plan to support the recruitment of more foster carers and retain existing foster carers. We regularly review and strengthen the BrightSparks and Place Based marketing and recruitment campaign at the Fostering Operational and Strategic Board. The recruitment and retention strategy has been updated by the Communications Team and the Marketing Manager.

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

All milestones were complete this remains a priority and will be assured via the metrics

Priority 5:	Preparation for Adulthood	Lead Officer: Helen Sweaton

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
CYP MS 8	Work to provide a 'health passport' to support transition from paediatric to adult services.	Q4 2024/25						Q2 – Rotherham Health Record has been developed to provide summary information to GPs. Further development of the summary information agreed to include key flagged indicators from system one (in addition to those already included from meditech). Engagement with GPs planned to promote the use of Rotherham health record. Engagement with parent carers and young people to be planned to raise awareness of summary information available on Rotherham health record. Work underway to consider whether summary pdf document can be provided to young people and parent/ carers. A range of health passports (to suit individual need) are now being promoted. There is a section on health passports in the draft transition to adulthood guide. Further work is needed to raise awareness with practitioners and young people to further spread use.	
CYP MS 9	Implement and embed preparation for adulthood guidance, including involving families in transition planning.	Q3 2024/25						Q1 - First draft of the Transitions/ Preparation for Adulthood guidance was shared at the PfA strategic Board on 17th June 24. Further work is planned based on feedback from the multi-agency group and parent/ carers, young people and young adults. Q2 - Further workshop held 4th October 2024 to agree final content and structure.	

Metric		2024/25 arget	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	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%	94.5%	92.0%	93.4%			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. Q1 – slight decrease from 94.5% at end of March 2024, to 92.0% at end of June 2024.	There is a risk that this target won't be achieved. The continued development of Family Hubs will help with registration rates moving forwards as well as the universal roll-out of baby packs over the next 2 years.
CYP KPI 2	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have accessed Children's Centre (within the Family Hub) activities.	65%	80.6%	48.6%	68.7%			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. Q1 – Below target at 48.6%. However, the target of 65% is for the full year (Apr-24 to Mar-25), therefore the percentage gradually increases throughout the quarters.	
CYP KPI 3	Increase breastfeeding continuation status at 6-8 weeks.	62%	78%	77%	Not currently available			Q2 update: Data for Q1 24/25 show 77% for breastfeeding continuation. Q4 has been updated to 78% following validation. Q2 position is expected early November 24.	
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 (by Mar-25)	84%	83%	Not currently available			Q2 update: Data for Q1 show that 83% of births received a face-to-face New Birth Visit within 14 days by a Health Visitor (Adjusted data - long stay hospital patients removed). Q2 position is expected early November.	
CYP KPI 5	Increase the number of early help assessments completed by partners.	Last year outturn (23/24) was 27.5%	27.5%	37.9%	27.2%			The ambition is to increase Early help assessments completed by partners. Q4 – outturn confirmed an increase on the previous quarter and last year's outturn on 25.6%. Q1 – outturn confirmed an increase on the previous quarter and last year's outturn on 27.5%. Q2 – Q4 data has been updated from 37.1% to 37.9% following validation.	
CYP KPI 6	Percentage of eligible children accessing their 2-2.5yr health visitor checks.	84% contractual target (93% RMBC Council Plan target)	88%	92%	Not currently available			Q2 update: Data for Q1 24/25 shows 92% of children received a 2-2.5 year review. Please note that the 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. Q2 position is expected early November.	

CYP KPI 7	Increase the % of Children in Care living in a family-based setting to 85% by March 2025 (CYPS scorecard measure).	8 5% by March 2025	75.3%	74.6%	75.0%			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. Q1 – slight decrease from 75.3% at end of March 2024, to 75.1% at end of June 2024. Q2 – Q4 data has been updated from 75.1% to 74.6% following validation.	
CYP KPI 8	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 average	88.4	88.0	87.1			Q4 – this target has been achieved for 2023/2024, with performance being well above statistical neighbour average, which is currently 103.1. Q1 – target remains well above statistical neighbour average.	
CYP KPI 9	Increase the number of CYP in a Rotherham fostering placement by March 2025. (to surpass the net gain of 23 new placements in 2023/24)	Increase **by 6 per quarter** to reach a total of 151 by year end.	127	118	112			There were 118 children in care (CiC) placed in an in-house foster placement at the end of Q1 which reduced to 112 at the end of Q2.	
CYP KPI 10	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 Q4 5300	5100	5500			The number of overall visitors in Q2 has grown by 8% from Q1 which is mainly due to activity in September following a quiet Summer. There was an average of 1659 engaged sessions across the Quarter which is a small increase on March's data.	This data is better than expected as the Comms plan has been on hold for a few months due to unexpected staff absence. Recruitment is currently underway which should improve the resource situation, with interviews taking place week commencing 14th October 24.
CYP KPI 11	Number of requests for corrections (contacts/broken links etc) resolved within a 4 week timescale from the date the request was received.	100%	100%	17	100%			Q4 – all 34 received requested were resolved within 4 weeks. Over 70% (24) were resolved within 3 days. Q1 – 17 requests Q2 – 20 requests – all responded to within the timescale.	Currently, with unexpected staff absence, resourcing the Local Offer has been difficult. The Commissioning Team have however prioritised responding to feedback in the SEND Local Offer email inbox and also "you said we did" updates.

CYP KPI 12	Increase % of young people aged 14 or over with learning disabilities offered enhanced GP Annual Health Checks (this info runs over a Financial Year - April to March and is cumulative over this time).	In line with national – 68% March 24	69.7%	14.9%	Not currently available			This is a cumulative measure per financial year, so the % is always going to be lower in Q1, increasing throughout the year to Q4.	
CYP KPI 13	Increase % of Adults Transitions cases aged 17 and a half and over, who were referred to transitions prior to turning 18, who have a Care Act Assessment in place.	70%	69.9%	76.4%	Not currently available				

To note, no routine data for CYP Neuro waits/completed assessments. There is a possibility that reporting is moving to automated, but this has been paused until September for this pathway, the list of draft metrics they will be reporting against are:

- Number of children referred to the Mental Health Pathway
- Number discharged from service Mental Health Pathway
- Number of children referred for the Neuro-Developmental pathway
- Number of Neuro-Developmental assessments Completed
- Number of CYP seen for assessment within 4 Weeks
- Number of CYP discharged from the Neuro-Developmental pathway

New PfA metrics are currently being looked at by Adult Services – this is due for discussion at their PfA Board on 17/10/24.

5 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	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	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	Q1 24/25						MH ARRS roles are integrated within the Primary Care - ARRS Mental Health Primary Care Pathway in place. As with any workforce there is a certain amount of attrition	
MH MS 2	Primary care integrated Mental Health Hubs launched	Q1 24/25						Hubs went live 5 December 2023	
MH MS 3	Community Mental Health Transformation pathways in place (targeted work on Community rehab, complex needs/PD & eating disorders)	Q1 24/25						NHSE have established criteria for when services are deemed to be transformed. Rotherham MH services have now met these criteria. A number of milestones on the roadmap have been achieved and the roadmap may be closed down and a new programme plan devised in line with the MH Needs Assessment when available. Eating Disorders continues to be a risk. A Primary Care Education Session planned in Q4 regarding pathways and links between partners.	
MH MS 4	Finalisation of the outcomes and performance metrics for the Rotherham Community Mental Health transformation programme	Q3 24/25						Proposed metrics will be considered by the CMHT Steering Group and the MH, LD & ND Transformation Group in September 2024. Feedback has been shared to RDASH colleagues given the discussions at the Steering Group in Sept.	
MH MS 5 **New**	Increase access to Adult Community Mental Health Services	Q4 24/25						Mobilisation of the Mental Health for Peer Support service for people with severe and enduring mental health conditions. Community Connectors service went live in Q1. Further work undertaken in Q2 to embed the new Pathways for these two Servies. Within the Primary Care Mental Health Hubs there have been some staffing challenges. RDaSH are recruiting to 3 WTE positions.	

MH MS 6 **New**	Continue to monitor uptake of the SMI Annual Health checks	Q4 24/25						The Community Connectors are working with RDaSH to identify eligible patients coded within clinical systems who may benefit from a referral to the service. A conversation has commenced with partners to identify what else could be done to support/improve data quality and recording of SMI Annual Health Checks.	

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

Milestone		**Target for Delivery**	**Q4 Position (23/24)**	**Q1 Position (24/25)**	**Q2 Position (24/25)**	**Q3 Position (24/25)**	**Q4 Position (24/25)**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
MH MS 7	Rotherham Crisis Care Concordat established	Q4 23/24						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. A Crisis MOU across Place Partners has been agreed which will support the principles of working collaboratively across the pathway.	
MH MS 8	Place Crisis pathway Health and Social Care delivery action plan agreed and considered at RMBC Cabinet	Q3 23/24						New pathway went live 1 April 2024	
MH MS 9	Development of a Place Crisis Service specification	Q2 24/25						A document to describe the roles and responsibilities of RDaSH and RMBC in relation to the Place Crisis Pathway has been agreed.	
MH MS 10	Expansion of the alternative to crisis offer	Q2 24/25						Mental Health Matters is delivering Rotherham Safe Space four nights a week. Rotherham are Samaritans providing follow up calls for RDaSH adult services, Primary Care. The pathway has been expanded to enable the Rotherham Parent Carers Forum and Talking Therapies to be able to refer people.	
MH MS 11	Implementation of a new Health and Social Care Crisis Pathway	Q1 24/25						New pathway went live 1 April 2024	

MH MS 12 **New**	Embed the Rotherham Safe Space offer/service within wider system pathways.	Q3 24/25						As part of the mobilisation, the Service Provider will be connecting with key stakeholders across the system. An information event for key system partners was held by the Service Provider in June. Comms were widely circulated for the go-live of the Service in late July. An official launch event was held in September due to the General Election.	

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

Milestone		**Target for Delivery**	**Q4 Position (23/24)**	**Q1 Position (24/25)**	**Q2 Position (24/25)**	**Q3 Position (24/25)**	**Q4 Position (24/25)**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
MH MS 13	Procurement for Attempted Suicide Pilot	Q4 2024/25						Provider pulled out during mobilisation due to issues with recruitment. Need to now procure for a new provider Service spec reviewed; market engagement event planned to test for potential providers. Learning from last time incorporated. Final meeting due soon, award within the next few weeks.	
MH MS 14	Refresh of the suicide prevention and self-harm action plan in line with the National strategy	Q4 2024/2025						• The current action plan was refreshed and extended. A full refresh is planned by end of December 2024. • ONS data for 2020-2022 released end of December 2023. Local planning framework from OHID due end of 2024. • Symposium on the 2 December with partners to commence the refresh	

Priority 4: Dementia pathway transformation	**Lead Officer: Kate Tufnell**

Milestone		**Target for Delivery**	**Q4 Position (23/24)**	**Q1 Position (24/25)**	**Q2 Position (24/25)**	**Q3 Position (24/25)**	**Q4 Position (24/25)**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
MH MS 15	Dementia Partnership Plan to be developed and approved	Q3 2024/25						A Dementia Conference is being organised by Crossroads Care Rotherham and Alzheimer's Society in October. The conference will provide an opportunity to further develop partnership working and improve system understanding of current provision.	

MH MS 16 **New**	Review Admiral Nurse Service to understand effectiveness, impact and options for future model	Q2 2024/25						Sheffield Hallam have undertaken a review of the Admiral Nurse Service and the findings of the evaluation were presented to the Clinical Director's in August 2024. The GP Federation have considered all findings and agreed next steps for the service.	
MH MS 17 **New**	Dementia system mapping, undertaken jointly with RMBC of commissioned services, non-commissioned, gaps in service and possible duplication	Q4						It is anticipated that all initial mapping will be completed by Q3 with a final document to be available for Q4. The mapping work continues, and the same timescales apply to this area of work.	

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

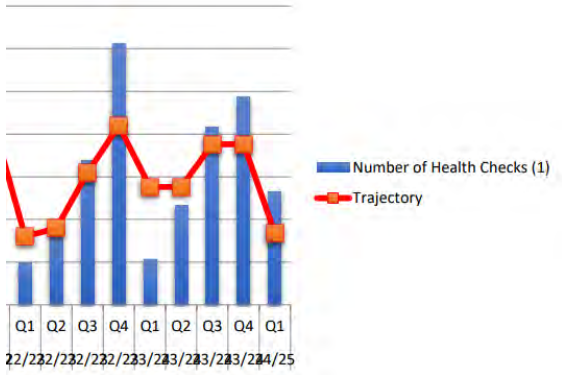
Milestone		**Target for Delivery**	**Q4 Position (23/24)**	**Q1 Position (24/25)**	**Q2 Position (24/25)**	**Q3 Position (24/25)**	**Q4 Position (24/25)**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
MH MS 18	Delivery of Action plan in response to the Prevention Concordat	Q4 24/25						Delivery of Action Plan by Partners of the Better Mental Health for All Group. Last update July 2024. An update went to H&WBB in September.	
MH MS 19	Delivery of the Rotherham Loneliness action plan	Q4 24/25						An update went to H&WBB in September.	

Metric		2024/25 Target	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	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)*							This relates to 2023/24 and was met.
MH KPI 2 Revised Metric	Access to transformed Community Mental Health Services for adults and older adults with SMI	12 month rolling basis. Rotherham target 2470						Data for this metric comes from MHMDS. The most recent data available is July 2024 (12 months rolling) 3185.	
MH KPI 3	People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end) 75% of those living with SMI (LTP ambition/Core20PLU5)	Q4 2023/24 60%							This metric relates to 2023/24
MH KPI 4 Revised Metric	Reduce inequalities by working towards 75% of people SMI receiving a full annual physical health check with at least 60% receiving one by March 25	Q4 2024/25						For Q1 the actual was 69% For Q2 the actual was 70%	
MH KPI 5	Increase in number of mental health ARRS workers in Primary Care (expected 6 per year, a total of 18 in year 3 = is 3 per PCN).	A total of 18 MH ARRS by March 2024						Workforce in place with associated funding. There will continue to be movement in and out of the roles as people leave and replaced.	
MH KPI 6	Increase in the number of people accessing alternative to Crisis provisions	By end of Q4 200 people						Safe Space – new provider has commenced a 4 night a week service. The service went live July 2024. At the end of Q2 49 people accessed the service. 194 support sessions were provided in total (face to face or telephone) Rotherham Samaritans - 64 referrals received for follow up mental health wellbeing calls.	

Metric		2024/25 Target	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Comments if off track	Any risk, including mitigation
MH KPI 7	Increase in referrals to amparo	*Increase on 23/24 (2023/24 was 37)*						6 in Q2	
MH KPI 8	Improve quality of life, effectiveness of treatment and care for people with Dementia by increasing the Dementia diagnosis rate to 66.7% by March 2025	Above 67% *(NHS National Objective)*						Current diagnosis rate 90.1%	
MH KPI 9	**New** Improve the timeliness of Dementia diagnosis (Referral to Treatment Time).	Q4 2024/25						18 weeks is the national RTT target. Rotherham RDaSH are reporting 99%	.
MH KPI 10	Improved access to support for people with dementia and their Carers.	500 per year						Achieved for 2023/24.	
MH KPI 11	Reduction in dementia waiting list	92% seen within 12 weeks						The waiting list has reduced significantly following the transfer of patients to Primary Care for ongoing monitoring	
MH KPI 12	The number of MECC sessions delivered in the quarter	4 sessions per quarter, 12 sessions in total.	*2 courses Feb and March*		4			Q2 (Mental Health awareness 1, Loneliness 3)	
MH KPI 13	The number of people attending a MECC session in the quarter	Minimum of 120 staff and volunteers trained across Place in 24/25.	*17 sessions held*		60			Q2 (Mental health awareness 20, Loneliness 40)	

6 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	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	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	Q4 24/25						265 health checks have been completed in Q1. This puts Rotherham above the planned trajectory – see below 	NHSE have indicated that are wishing to stretch the 75% target. Further guidance is awaited.
LDN MS 2	Focus on increasing the numbers of eligible young people to access GP enhanced health checks	Q4 24/25						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. SYICB discussions have occurred to increase uptake	NHSE have indicated that are wishing to stretch the 75% target. Further guidance is awaited.

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	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 3	SY ICB to source a suitable provider who has the skills, knowledge and values who can provide this Service	Q2 24/25 (SYICB led)						Kelly Glover (SY ICB Lead) has stated that the tender has been awarded to Voyage. Voyage are in the process of finding a suitable property	Questions

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	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 4	Monitor SEND Supported Internships action plan	Q4 2024/25						This plan has been approved. The Rotherham SEND Employment sub group are tracking the plan.	

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

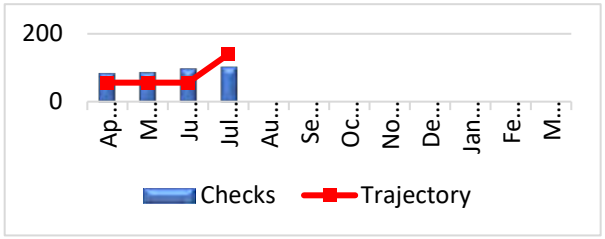
Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 5	To expand the number of providers on the Rotherham FPS	Q3 24/25						The supported living FPS has increased to now include 12 providers	

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	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 6	Embed the Vision and Strategy for people with a learning disability and the Autism Strategy.	Q4 24/25						Coproduction has completed. Refreshed strategy presented to cabinet in February 2023 and approved Coproduction to develop an action plan is train	

Priority 6: Develop a new service model for day opportunities for people with high support needs	Lead Officer: Garry Parvin/Debbie Ramskill

Actions completed for this period, building due to be complete 2026

Metric		2024/25 Target	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	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 24/25	66.7%					The position is comparable with previous years; Rotherham GPs complete most health checks in the last quarter A task and finish group has been convened to review NHSE diagnostic codes, which may indicate that a young person has a learning disability and eligible for a health check	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 24/25 *(NHS National Objective)*		Apr health checks 83, Trajectory 56	July health checks 101 Trajectory 140			The position is comparable with previous years, 	NHSE have indicated that are wishing to stretch the 75% target
LDN KPI 3	Reduction in the numbers of people needing to be detained in mental health services	8 people by Q2		Increase to 9	Maintain at 9			The demography of the transforming care cohort has shifted. Most admissions to mental health services are autistic people without a learning disability. This a pattern repeated across the SY ICS footprint.	The proposed SY safe space pilot will offer some mitigation. However, there is an emerging issue of sufficiency. This is being mitigated by a review of the emergency respite bed in Rotherham
LDN KPI 4	An increase in the number of young people accessing supported internships by 2025.	TBC	TBC	TBC	TBC			The supported internships delivery plan is being review and Delivery partners are being consulted. Currently 31 young people access supported internships. The Supported Employment Team further expanded in early 2024, to deliver our Council-led Supported Internship Programme which ensures a structured, work-based study programme for 16 to 24-year-olds with SEND, who have an Education, Health and Care plan. Supported internships are a great opportunity to improve the life chances of young people with SEND by supporting them into sustained, paid employment. Achieving paid employment not only brings young people financial independence, but it can be key to:	

								Building confidence and self-esteem Increasing health and well-being Gaining friendships and a social life There are also benefits for the economy, employers, families, the local community and wider society. The video shares the story of 4 Supported Interns working at the Council; Idrees Munir, Abeer Asad, Harry Taylor and Ben Twynham. Supported Internships (youtube.com)	
LDN KPI 5	12 units of supported living are created every year	12 per year To maintain						New capacity opening in Thrybergh	Out of borough providers creating services without appropriate consultation

7 Transformation Workstream: Urgent, Emergency and Community Care

Priority 1: Frailty	Lead Officer: Steph Watt \ SROs: Dr Rod Kersh, Jodie Roberts, Kirsty Littlewood

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 1	Review and delivery of a revised falls offer	Q4 23/24						This scope has been expanded to support 2 out of 4 of Rotherham's high impact projects including frailty and ambulatory care. Cross system MDT workshops have been held. Outputs include a directory of services created along with identifying what is working well, challenges, opportunities and risks. To be sessions held to inform 24/25 priorities. Developing and delivering the model has been incorporated into the frailty workstream in order to provide an integrated offer	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 2	Community frailty model: Review and streamline the current frailty and falls offer to provide a more holistic and integrated approach within an affordable resource envelope, including enhanced access to physical activity, self help, signposting, and self referral to appropriate pathways	Q4 24/25						A tiered pyramid model has been developed with prevention at the base, progressing to proactive care for those at the risk of admission through to acute level care where needed to improve prompt access to the right level of inpatient care, reducing admission waits and length of stay As part of the prevention agenda a bid for external funding has been submitted to support access to physical activity and assist with signposting and navigating the current offers. The care homes falls pathway developed during Covid is being reviewed and aligned to safeguarding processes and actions to ensure quality standards in care homes and reduce avoidable conveyance/admissions.	
UEC MS 3	Implement proactive care	Q3 24/25						Primary care led MDT approach developed and tested with community health, social care and VCS to support frail people who have had multiple admissions to develop a care plan to improve quality of life and reduce avoidable admissions. Roll out from November 2024. A proof of concept for the highest level of acuity, to support care at home through completion of a comprehensive geriatric assessment and onward care planning is currently being scoped.	There is a risk to timescales if collective action impacts on this work.

UEC MS 4	Develop an integrated MDT offer to support acute frailty	Q4 24/25						Development of an integrated acute frailty pathway to support frailty identification, intervention, admission avoidance and discharge, further strengthening the link between acute and community care. Benchmarked against the national frailty strategy as part of the TRFT quality initiative and ambulatory care workstream.	

Priority 2: Ambulatory Care	**Lead Officer: Steph Watt \ SROs: Kirsty Littlewood & Jodie Roberts**

Milestone		**Target for Delivery**	**Q4 Position (23/24)**	**Q1 Position (24/25)**	**Q2 Position (24/25)**	**Q3 Position (24/25)**	**Q4 Position (24/25)**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
UEC MS 5	Ensure signposting and navigation directs to the most appropriate pathway according to need focusing on out of hospital pathways wherever possible	Q2 24/25						111/999 directory of services reviewed and updated as new work streams come on board.	
UEC MS 6	Enhance ambulatory care offer through focussed review of top presenting conditions and implementation of alternative pathways	Q4 24/25						Scoping for Surgical SDEC co-location on Medical SDEC to support with winter pressures is underway. Quality improvement events held to inform pathway development and direct access to Medical SDEC SDEC (Medical, Surgical & Gynae) feedback questionnaire conducted, reporting in October .	
UEC MS 7	Implementation of hot clinics	Q3 24/25						Scoping and establishing plans for hot clinics delayed to focus on other key developments.	

Priority 3: Integrated Discharge to Assess	**Lead Officer: Steph Watt \ SROs: Kirsty Littlewood & Jodie Roberts**

Milestone		**Target for Delivery**	**Q4 Position (23/24)**	**Q1 Position (24/25)**	**Q2 Position (24/25)**	**Q3 Position (24/25)**	**Q4 Position (24/25)**	**Key actions from the last period / identify achievements**	**Any risk, including mitigation**
UEC MS 8	Review and recommission community bed base	Q4 24/25						Extension of existing nursing intermediate community bed base contract in place to enable wider review of the commissioned bed base in 2024-5.	Dependency with the home based pathway review and discharge to assess model.

UEC MS 9	Agree and implement escalation process for place and out of area	Q3 24/25						Revised whole system escalation process established in Rotherham. Has enabled barriers to be addressed on a case by case basis and learning which has informed new ways of working to improve system flow. Work progressed with SY ICB to agree updated repatriation policy and streamlined out of area process for SY placements and the wider system	
UEC MS 10	Support for care homes: i. to reduce avoidable conveyances ii. support time discharge including Trusted Assessor pilot	Q4 24/25						Two new Care Home Trusted Assessors are now in post providing 7 day cover to carry out assessment of need on behalf of care homes. 68 patients have been assessed / supported from late July to September. Positive feedback continues to be received from patients, families, care homes and wards. Reducing long length of stay and supporting complex discharges which may have resulted in higher cost placements.	
UEC MS 11	Implement a community patient tracker and enhance visibility and oversight of community pathways	Q4 24/25						Work is under way to identify and rationalise existing reporting so information can be accessed by all partners in a single space for operational and strategic management. SY ICB are working with Place partners to identify a community solution for real time patient tracking.	To date there is no evidence that a real time community patient tracker is on the market. This is due to complexities arising from the need to draw on data sources from different record systems across multiple organisations and extracting real time data. Mitigation: reduce scope and build interim solutions that provide core information at snap shot times
UEC MS 12	Update capacity and demand tool	Q2 24/25						Delayed due to recruitment. Planned for completion in Q3.	

Priority 4. Cross cutting workstreams | **Lead Officer: Steph Watt SROs: Kirsty Littlewood & Jodie Roberts**

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
UEC MS 13	Develop and embed the TOCH D2A model	Q3 24/25						Building work due to commence to support expanded physical co-location. Enhanced virtual co-location, leadership support and MDT ways of working has released capacity reducing discharge delays and facilitating movement on and off service. This enables patients to receive more timely care in the right setting.	If an alternative space cannot be secured for the expanded team this may impact on the effectiveness of the service/staff morale Mitigation: a space has been identified and is being progressed.

UEC MS 14	Out of Hospital Pathways. Targeted community pathways to reduce avoidable conveyances/ admissions and in-reach to deflect from the front door. Including implementation of Virtual Ward remote monitoring, growing push pathways and reaching 80% virtual ward occupancy.	Q2 2024/25						The Contract, IT gateway and SOP have now been completed and all have governance approval. The clinical safety case for Rotherham is being finalised. Virtual ward heart failure pathway initiation and approval received with plan to go live mid-October. Push data analysis underway to support pathway development.	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 15	Review Falls offer Delivery of revised model incorporated into frailty work stream	Q4 2023/24						Review of falls offer complete and included in frailty directory of services. Strengths and opportunities of the offer have been identified through whole system workshops. Now incorporated into the wider high impact frailty and ambulatory care workstreams	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 /ambulatory care being identified as a high impact priority for 2024/25.

Metric		2024/25 Target	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Comments if off track	Any risk, including mitigation
UEC KPI 1	% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	70%	73% March (Validated position)	75% April	75% July			Project completed and work transitioned into business as usual. Performance continues to be monitored through the UEC meeting for benefits realisation/impact on whole system flow. Q2 position service has met or exceeded 70% threshold consistently since launch.	
UEC KPI 2	Virtual Ward trajectory and capacity (occupancy rate) Data from Care Group 4, TRFT	Q4 100 beds with 80% occupancy	76% March	76.1% June	69% Sept			Project completed and work transitioned into business as usual. Performance continues to be monitored through the UEC meeting for benefits realisation/impact on whole system flow. The ward has supported 3611 admissions since it opened in December 2022. This quarter (from 4/07/24-10/10/24) there have been 810 admissions, 55% of which have been step up which would equate to between 177 and 442 non elective hospital admissions avoided based on the findings of an independent evaluation of the South East's virtual wards https://www.england.nhs.uk/long-read/summary-of-south-east-region-virtual-wards-evaluation/).	

UEC KPI 3	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 Data from 6 key indicators – Source: NHS Digital	78% of people treated, referred or admitted within 4 hours of arrival	63% March	68.7% June	68.6% August			This standard is nationally challenged due to sustained increases in demand. 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 UECC which has masked the impact of some of the service improvements made to date. Activity includes 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. The four hour standard is measured and reported across all types of A&E department. When broken down by type 1, it is reflective of the performance comparison for services operating 24 hour consultant led care with full resuscitation capability. Rotherham continues to perform well for type 1 attendances when compared nationally. For week ending 25/09/24 Rotherham ranked 21/127 for type 1 performance and 85/127 for all performance.	A rapid action plan has been developed with daily oversight and monitoring.
UEC KPI 4	Improve ambulance response times Data from 12+ indicators – Source: NHS Digital	Cat 2 30 mins	29:28 March	30:43 June	26:11 August			A new single national target to improve category 2 ambulance response times to an average of 30 minutes across 2024/25 has been set. TRFT, YAS and Place partners are working together to reduce avoidable conveyances including Project Chronos to identify new ways of working. A new mental health PUSH model has been implemented and is continuing to grow.	
UEC KPI 5	Ambulance handover times	18:50 (SY target)		16:32 June	19:00 YTD to October			Year to date figures from SY Alliance show that the target is just off track, but Rotherham continues to perform well when compared across the region.	
UEC KPI 6	Reduction in people with no criteria to reside Data from 6 key indicators – Source: NHS Digital	NCtR % occupancy of ≤10.8% Local target 10%		16.2% June	18% August			Unprecedented levels of attendance in UECC/industrial action and impact on admissions has resulted in unplanned escalation beds being used in the acute in addition to planned escalation beds which impacts on demand for discharge pathways. Additional escalation meetings have been held to facilitate de-escalation of the unplanned beds which impacts / exceeds capacity in the discharge pathways.	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.

Metric		2024/25 Target	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Comments if off track	Any risk, including mitigation
UEC KPI 7	Reduction in long lengths of stay in Acute bed base at 7, 14 and 21 days % of acute bed occupancy for NCTR by LOS *Data from UEC Performance Report – Source: TRFT*	Acute: 7 days 40%	7 days 55%	45.6% June	46.5% August			As above Escalation meetings were increased including daily Executive escalations across Place at peak times.	As above
UEC KPI 8		Acute: 14 days 25%	14 days 27%	22.7% June	24.8% August			As above	As above
UEC KPI 9		Acute: 21 days 12%	21 days 16%	12.8% June	14.4% August			As above	As above
UEC KPI 10	Reduction in long length of stay for community beds	TBC	TBC	TBC	TBC			Baseline being established to set target reduction Additional escalation meeting added for commissioned beds and new review meeting for spot purchase beds. Successful go live of the updated Community Daily Discharge SitRep / Intermediate Care Data Collection. Working with business intelligence and applications team to support a system solution to enhance performance monitoring.	
UEC KPI 11	Proportion Discharged to Usual Place of Residence Data from 12+ indicators, Local data – Source: SUS	94%	95.5% March	96.1% June	94.9% August			The target continues to be met despite increased demand and complexity. Better care funding has been used to increase capacity to support more people to remain/return home. However capacity is challenged due to levels of demand. Service improvement work continues to grow capacity.	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 12	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)*	95.3% March	93.2% June	93% August			Unprecedented levels of attendance in UECC/industrial action and impact on admissions has resulted in unplanned escalation beds being used in addition to planned escalation beds which impacts on flow. Additional escalation meetings are stood up to facilitate de-escalation of the unplanned beds.	System pressures may be higher than impact of changes. A new escalation framework and operational /performance reports will help manage resource across pathways to maximise impact.

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

8 Transformation Workstream: Palliative and End of Life Care

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

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
PEOLC MS 1	Undertake work to identify Rotherham patients and carers experience to inform future commissioning	Q3 24/25						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.	
PEOLC MS 2	Implement ReSPECT across Rotherham, including relevant training	Q4 24/25						ReSPECT went live in Rotherham 1st 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 Training session to continue. Audit and evaluation is taking place and feedback from this will go to the UK Resuscitation Council.	
PEOLC MS 3	Repeat Benchmark against the ambitions for PEOLC framework annually (by March 2025)	Q4 24/25						The results from Rotherham, Sheffield, Barnsley and Doncaster to form a SY wide action plan. This will be monitored by the SY ICB PEoLC Board.	
PEOLC MS 4	Develop a Rotherham Place Action Plan working with the SY wide Implementation Group to respond to the SY PEoLC Strategy	Q3/4 24/5						This will take into account the actions within the new SY PEoLC Strategy and also the Rotherham Benchmarking against the national ambitions framework.	

Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
PEOLC MS 5	Develop Rotherham PEoLC Dashboard.	Q2 24/25						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. Rotherham Dashboard has been completed by Public Health as part of the JSNA work. It will be added to the RMBC website and discussed at the monthly Rotherham Place PEoLC meetings. (NB: Work is taking place with the SYICB Business Intelligence Team to develop a common activity and monitoring process to measure Rotherham performance against the SY PEoLC strategy.)	

Metric		2024/25 Target	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Comments if off track	Any risk, including mitigation
PEOLC KPI 1	Maintain the proportion of people on end of life care registers at 0.7%	0.7%	0.72%	0.71%	0.74%				
PEOLC KPI 2	Increase the number of ReSPECT plans in place.	1000 by March 25	485	626	792				
PEOLC KPI 3	Increase number of people who have completed training in end of life care	250	56	55	56				

Any further comments:
The South Yorkshire ICB Palliative and End of Life Care Board has been established and has met three times. There are 3 sub-groups under the Board – Children and Young People, Patient Engagement and Clinical Reference Group. A SY PEoLC Strategy is signed off in principle and is to go to the SY ICP board.

Darzi Report and the National 10 Year Health Plan

South Yorkshire Integrated Care Board – Board Meeting
Wednesday 6th November 2024

Independent Investigation of the NHS

by Professor Lord Darzi

[Independent investigation of the NHS in England - GOV.UK (www.gov.uk)]

Focused on performance of the NHS AND key drivers of performance:

- Funding, investment & technology
- The impact of COVID 19
- Patient voice & staff engagement
- NHS structures & systems

Declining nation's health

Increasing access & waiting list challenges

Spend/financial flows not enabling left shift policy

Lower levels of productivity

Yet to optimise contribution NHS can make to local economy

National 10 Year Health Plan – expected May 2025

Vision/goals

- **An NHS & social care that is there when people need it.**
  - including access to high quality health and care
- **Fewer lives lost to the big killers**
  - including early deaths from major conditions
- **Fairer Britain where everyone lives well for longer**
  – including the number of years spent in ill health

Mission – 'A focus on health' – Split into…

- Areas that largely sit in health and care system
- Areas that require significant input across government – wider determinants. Increasing focus on air quality.

Three shifts

- **Hospital to home** – Change so that more people get care in the community closer to home
- **Analogue to digital** – Change so that we have the workforce we need with the technology to deliver the best care
- **Treatment to prevention** – Change so that we focus on prevention

Five deliverables

- Vision and actions to deliver governments manifesto
- Public confidence and staff moral
- Shared ownership – Public / Staff / Leadership
- Future facing plan
- Local implementation to suit context

10 Year Health Plan

National 10 Year Health Plan – Engagement / Involvement approach

NHS South Yorkshire Integrated Care Board

National Engagement / Involvement

- The *Change NHS: help build a health service fit for the future:* a national conversation to develop the 10-Year Health Plan launched on 21st October.
- **Phase 1** includes the launch of a national portal - www.change.nhs.uk It invites views from members of the public, staff and organisations.
- **Phase 2** is local involvement with national resources 'Workshop in a Box' to be provided
- Regional deliberative events. Collaborating with NEY ICBs to bring together an early input.

South Yorkshire Engagement / Involvement

- Feed in existing insight and use national workshop in a box to hold sessions with some citizens and staff.
- Securing funding to work with Healthwatch and voluntary sector and social enterprise partners (VCSE) to hear from seldom heard communities.
- Plans to enable partner engagement:
  - South Yorkshire System Leaders – Plans for South Yorkshire Strategy Session 19/11
  - Place Partnerships, Health and Wellbeing Boards, Overview and Scrutiny Committees
  - Provider Collaboratives, Primary Care, Alliances
  - Integrated Care Partnership commencing 28/11
  - Integrated Care Board Members / NEDs

Recommendations

The Board is asked to:

- Consider and support the proposed local involvement approach to inform the 10 Year Health Plan, including working with Healthwatch and VCSE sector to target areas of focus and hear from our seldom heard communities.
- Note the plan to enable partners to engage and to commence a strategic South Yorkshire discussion to collectively consider our future direction in response to Darzi and the three shifts in the National Health Plan.
- Note the work with NEY Integrated Care Boards to collectively submit an early input to inform the 10 Year Health Plan.

Rotherham Place Partnership Update: September/October 2024

Sustainable Food Bronze Award

Rotherham Food Network has won a prestigious award for tackling the food challenges that are faced by communities and making local, healthy, and sustainable food available to all residents across the borough.

The Sustainable Food Place award recognises the holistic approach taken towards food and honours the positive changes made towards food issues ranging from healthy food for all to reducing food waste.

Rotherham Food Network was formed in 2022 and is a partnership made up of 26 organisations including Rotherham Council, Voluntary Action Rotherham, Rotherfed, and many more.

Achieving the bronze award recognises the steps that Rotherham has taken to raise awareness of food challenges, promote and produce locally sourced produce, tackle food poverty, and more. As well as celebrating the success of the network and its members who are actively making positive changes to Rotherham's food sector, system, and to the way food is viewed as a society.

Rotherham Food Network is at the very beginning of their journey and welcome others to join to help improve the food system. Find out more about the Rotherham Food Network and how you can get involved **here**.

Winter Plan and Winter Vaccinations

The Rotherham Place Winter Plan was developed in collaboration with all partners, aligned to Urgent and Emergency Care priorities and based on learning from previous years. It includes strong relationships with agreed escalation to executive level for assurance. The plan was signed off at both the Urgent and Emergency Care Group and Place Board in October.

Rotherham Vaccination Plan
As at mid-October Rotherham had the highest uptake rate in South Yorkshire at 23.6%

Our plans include:

- All Primary Care Networks (PCNs) and GP practices are signed up to the Covid and Flu programme
- Working closely with ICB Communications team to promote vaccinations
- Proposed pop-ups at:
    - Breathing space to increase respiratory patient uptake
    - Riverside for Rotherham front line health and care staff
- Discussions are also taking place across the Rotherham system to address other at risk groups

Update from the Rotherham Place Workforce Lead

The Strategic Steering Group is well established in Rotherham and has representation from each organisation to ensure the workforce objectives for Rotherham are met. The objectives were signed off by the Place Board in April, and are now being implemented.

The Recruitment and Employability Group is established and working very effectively. Partners across place regularly attend the monthly meetings and we have representation from all employers in the partnership network including the Rotherham NHS Foundation Trust (TRFT), Rotherham Doncaster and South Humber NHS Trust (RDASH), Rotherham Council (Social Care), Voluntary Action Rotherham (VAR) and the Primary Care Networks.

Workforce Development Objectives 2024-25

1	2	3	4	5
Develop a Place Employer's Brand	Build Effective Partnerships	Employability Programmes	Embed Equality, Diversity and Inclusion	Develop Education and Careers offer

The well-established **Ambassador Programme** has 16 ambassadors signed up who will go into schools to promote the sector, ensuring we have a wide range of partners across health and social care to promote the sector to the next generation of workforce.

We are aiming to develop **Work Experience** opportunities for the sector. A new programme "Experiences of the Workplace" offers group sessions for students in a particular job role. This will give students an immersive experience of a particular job role, the model has been used successfully in other parts of South Yorkshire.

There are 7 colleagues across partner organisations who will become **Training for Careers Advisors** by completing the Level 6 Apprenticeship in Advice and Guidance. This will enable staff to upskill or train to become a careers adviser and we are using the levy to fund this training so there will be no cost to providers.

Work continues with schools and colleges to support **T-level placements**. So far four placements have been secured at TRFT for Rotherham College, and two students are going to RDASH on placement. An event is being held in November with social care providers to promote work experience and T-Level placements. Our aim is to provide placements across all partners at place to maximise students' placements as T-Level numbers increase.

Social Care Development connections established with key strategic leaders across RMBC who deliver social care. Moving forward, we will focus on key pieces of work that need progressing to support the workforce. A Social Care Recruitment Event is taking place 13th November where a bespoke recruitment model will be used to match candidates directly into vacancies and so removing the barriers to employment in the process. This is part of the widening participation strategy to recruit candidates from all parts of society.

Secondary Care work with TRFT and RDASH is well underway, and we are working in partnership with the lead at TRFT to help fill vacancies. Candidates identified by partners are now guaranteed interviews under the widening participation agenda and we have had several candidates that have successfully secured positions via the project. This model will be rolled out to other departments.

Working closely with VAR to support the **Volunteering Programmes** for TRFT and RDASH to help recruit volunteers for any vacant positions at the trusts.

Good connections made with **Primary Care and PCN managers** in Rotherham, moving forward we will work to support their recruitment programme. We are also developing local partnerships between GP practices and schools to support work experience and recruitment into the sector. Maltby Academy Trust are now connected with their local GP practice and are developing the partnership.

Working closely with colleagues to increase the number of **SEND/Supported Internship** places in Rotherham. We have had some success over the last few months supporting this agenda with RMBC departments taking on more placements. We now have 39 placements across place secured which has almost doubled from last year.

Skills Street is an immersive careers experience for children aged between 5 and 18 based at Gulliver's Kingdom in Rotherham. The Health and Social Care pod at Skills Street will enable children to gain a better understanding of the sector through a range of interactive activities for all age groups. Skills Street is due to open in March 2025. The project is funded jointly by RMBC and TRFT.

Satisfaction with NHS inpatient care

The CQC's 2023 inpatient survey covered 63,500 patients who stayed in acute or specialist hospitals for at least one night in November last year.

The **CQC singled out eight trusts** which it determined had significantly improved their scores, this included the **Rotherham NHS Foundation Trust** who have demonstrated an increase over the last three years.

Nursing Times Awards 2024 Shortlist

The Rotherham NHS Foundation Trust have been shortlisted for 3 awards at the prestigious Nursing Times Awards for 2024:

- Best UK Employer of the Year for Nursing Staff
- Best Employer for Diversity and Inclusion
- Best Employer for Staff Recognition and Engagement

Congratulations to everyone! 👏👏👏👏👏👏

Congratulations to **Adult Care and Integration and Children and Young People's Service colleagues**, who were successful again at the **South Yorkshire Teaching Partnership Awards** which were held on the 10 October 2024.

The awards are about recognising and rewarding the contributions of Social Workers, Social Care Assessors, Occupational Therapists, Managers and Teams. We are delighted that several of our staff won or were runners-up and well done also to those who were shortlisted.

Winners

- Cath Jay – Student Learner of the Year (OT)
- Localities – Team of the Year

Runners-Up

- Sophie Smith - Student Learner of the Year
- Peter Swainston – Practice Educator of the Year
- Patricia Muflihi – Approved Mental Health Professional of the Year
- Nikki Russell – Social Care Practitioner of the Year

Rotherham's biggest **free** cultural festival, **the Rotherham Show**, returned to the stunning surroundings of Clifton Park in September.

The two-day event was delivered by Rotherham Council and partners and offered visitors the opportunity to celebrate the borough and the people who call it home with an inspiring programme including outdoor theatre, live music, horticultural, sport activities, circus delights, pop-up performances, comedy and fairground thrills.

The Children's Capital of Culture Area included talented young people, workshops, live music performances and a pop-up adventure playground. Rotherham organisations such as Grimm and Co., Wentworth Woodhouse provided taster sessions of things to expect from their festival year, which kicks off on 1 January 2025.

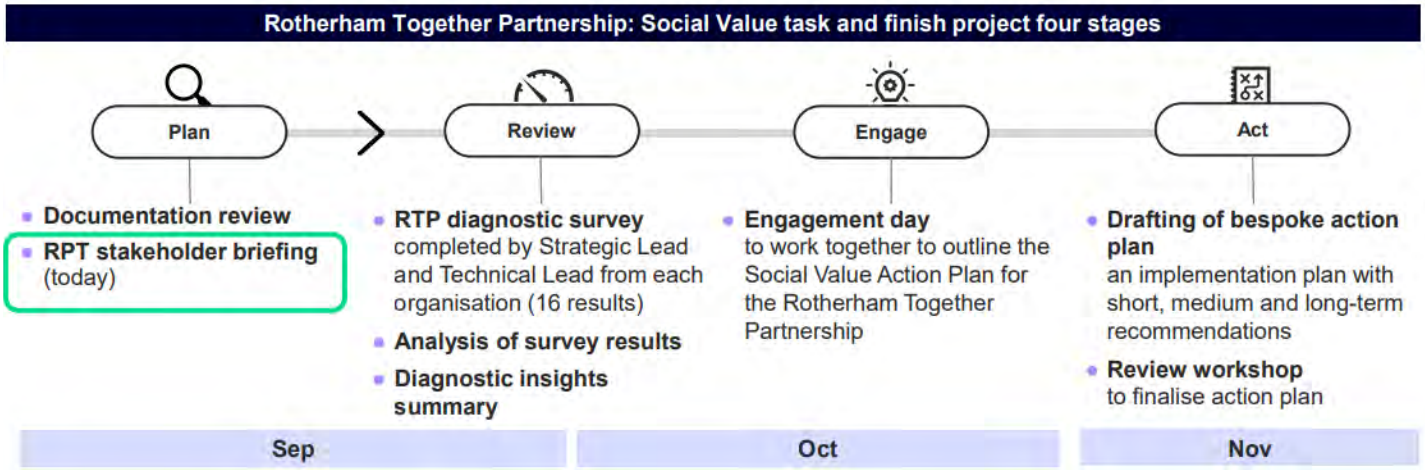
Attendees were able to chat to the Councils Climate team in the new Eco Village and were asked for their views to help shape the refresh of the Health and Wellbeing Strategy.

Alongside all of that were stalls to browse, food and drink and show favourites including Strongmen Competitions, Companion Dog Show, Vintage Vehicle Display, roaming performances and more.

Rotherham Show offers a wide range of entertainment for the whole family to enjoy, celebrating the uniqueness and spirit of the borough and giving people the chance to make lasting memories together.

Maximising Social Value in Rotherham

The Rotherham Together Partnership is undertaking a collaborative task and finish project to agree a shared plan of action that embeds and operationalises Social Value across the partnership, building on the shared commitment set out in the Social Value Charter. The first session in September brought colleagues together for the first of four stages to align on the project aims and opportunities.



Session two will build on that work to explore how Social Value outcomes can be maximised for our communities, focussing on co-creating an action plan to operationalise Social Value, including:

- Exploring the key Social Value outcomes partners could most effectively work together to unlock
- Digesting the results of the Social Value Maturity Diagnostic survey each member has taken
- Identifying key actions partners can commit to, which addresses gaps highlighted in the survey - including organisationally and together as a partnership

> ***Rotherham is a great place to live:*** *leading the way on equal pay, volunteering opportunities, staff wellbeing and local supply chain!*

> ***Happier, Healthier and Aspiring Population:*** *Social Value boosts educational attainment, skills, training and employment opportunities and reduces NHS pressure*

> ***Rotherham Residents Awarded with Great Opportunities for All:*** *realising public benefit on all contracts helps Rotherham eradicate child poverty and achieve unemployment all time low*

All 8 Rotherham Together Partners organisations are engaged in the work. They explored the process, common myths around social value and the benefits and challenges from the process

Colleagues created a newspaper front page for September 2030, the articles set out the key outcomes Social Value has the power to transform over the next 6 years.

Since our Social Value policy was adopted in late 2019, local spend through contracts has increased by 72%, from £44.8m in 2019/20 to £77.2m in 2022/23. This represents nearly 30% of our contracted spend and the ambition is to see another significant increase when we get the latest year's figures next month.

In the last reporting year, both the social value commitments delivered through our contracts doubled, from £4 million to £8 million, and the commitments secured on new contracts, from £13.6m to £27.8m.

That's an extra £8 million of value, and a further £27.8m of committed value to directly benefit people and places in Rotherham.

There are commitments to deliver over 1,500 training weeks – that's around 30 years' worth of training.

There'll be £1.8 million of dedicated hours to support young people into work and the equivalent of 19 full-time long-term unemployed people hired on contracts.

£135,000 will be donated to local voluntary and community organisations, in money, equipment and resources.

And commitments to save over 4,300 tonnes of carbon emissions have been secured, helping us work towards our ambitious but vital net zero targets.

Health Inequalities Strategy Update

People in Rotherham live well for longer

↓ Priorities and Actions ↓

Strengthen our understanding of health inequalities	Develop the prevention pathway	Support the prevention and early diagnosis of chronic conditions	Tackle clinical variation and promote equity of access and care	**Harness partners'** roles as anchor institutions
• Improve the understanding of health inequalities in Rotherham • Ensure that partners have access to bespoke data products • Ensure that data around health inequalities informs commissioning, decision-making and service-delivery	• Reduce the prevalence of smoking in Rotherham and narrow the gap between our most and least deprived communities • Increase the proportion of people in Rotherham who are a healthy weight • Reduce alcohol-related harm for people in Rotherham • Support older people in Rotherham to retain their independence and age well	• Reduce the health burden of cardiovascular disease in Rotherham • Improve the management of diabetes • Reduce the health burden of chronic respiratory disease in Rotherham • Increase the proportion of cancer diagnoses made at stage 1 or 2 • Ensure people get support with their mental health at the earliest possible stage	• Narrow the gap in maternity outcomes for ethnic minority women and women from deprived communities • Reduce premature mortality for people with learning disabilities, autistic people and those with severe mental illnesses • Improve access to social prescribing for ethnic minority communities • Mitigate against digital exclusion	• Improve the health and wellbeing of our workforce across the place • Employ people from deprived communities and inclusion groups in Rotherham • Increase our local spend to support Rotherham's economy • Reduce our environmental impact

Advocate for prevention across the wider system

↓ Progress ↓

• Publication of Rotherham's Health Inequalities Framework, with quarterly updates to Place Board • JSNA updated to include Ward Profiles • Delivery of JSNA workshops for staff across the system • RODA delivering bespoke intelligence products with support from Rotherham's Population Health Management Operational Group	• Smoking prevalence continues to reduce • Recruitment of Public Health funded Trading Standards post focus on illicit tobacco & vapes • Community Smoking Cessation service focus on inequalities - most deprived communities & manual occupations • Rotherham Healthwave mobilised, delivering a compassionate approach to weight management / access to physical activity • Bid to Sport England's Expansion Programme • Significant investment in Rotherham Alcohol and Drug Treatment Service to deliver harm reduction &treatment • Adult Social Care Prevention Team established	• Successful medicines management programmes delivered on hypertension and diabetes delivering reductions in clinical variation • Transformation programmes focus on Respiratory, Frailty, Diabetes and Ambulatory Care • Roll out of Targeted Lung Health Checks focused on areas of high smoking prevalence • Continued focus on early intervention for Mental Health with the Rotherhive website, Rotherham's Be The One suicide prevention programme and the Mental Health Community Connector Programme	• Health Inequalities Framework helped to identify the need to focus on BAME communities in the roll out of the Continuity of Care model in Maternity • Significant improvements in the proportion of patients with SMIs receiving all 6 physical health checks • Significant improvements in the number of health checks delivered to those on the Learning Disability Register • Data Bank initiative set up with the Good Things Foundation • RDaSH initiated a 2 year programme to poverty proof all services • Social Prescribing review underway	• RMBC Social Value programme recognised at 2023 Public Sector Leadership Awards and 2024 Social Value Awards • Employment Fayre approach reducing barriers to local jobs • Rotherham Food Network achieved Sustainable Food Places Bronze Award • Workplace Health Checks Programme being rolled out

The Challenges

- People in Rotherham are living shorter lives and living in poorer health for longer than they should.
  - Life expectancy at birth for men is 77.5 years and for women is 81.0 years compared with 79.4 years and 83.1 years for England.
  - Within Rotherham there is a 9.2 year gap in male life expectancy and a 10.0 year gap in female life expectancy between the most and least deprived communities.
  - Healthy Life expectancy at birth is 58.7 years for men and 56.5 years for women, compared to 63.1 years and 63.9 years respectively for England.
- 36% of Rotherham residents live within the 20% most deprived communities of England.
- Rotherham has a high prevalence of behaviours likely to cause harm.
  - Smoking prevalence is 14.5% compared with 11.6% for England
  - 73.7% of the population are overweight or obese (64% for England)
  - and the borough sees 624 alcohol related admissions per 100,000 residents (475/100,000 for England)

Minutes	
Title of Meeting:	**PUBLIC** Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 16 October 2024
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Kym Gleeson, Healthwatch Manager, Rotherham Healthwatch Richard Jenkins, Chief Executive, Rotherham NHS Foundation Trust Sharon Kemp, Chair, Chief Executive, Rotherham Council Toby Lewis, Chief Executive, RDaSH Ben Anderson, Director of Public Health, RMBC Anand Barmade, Medical Director, Connect Healthcare Rotherham Gordon Laidlaw, Head of Communications Rotherham, NHS SY ICB Michael Wright, Managing Director, TRFT Wendy Allott, Director of Financial Transformation (Rotherham), NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members:

Chris Edwards (Chair), Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB)
Chris Barnes, Chief Operating Officer, Connect Healthcare Rotherham (deputising)
Shafiq Hussain, Chief Executive, Voluntary Action Rotherham
Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, RMBC (deputising)
Julie Thornton, Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) (deputising)

Participants:

Cllr Joanna Baker-Rogers, Health and Wellbeing Board Chair, RMBC
Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice
Dr Jason Page, Medical Director, Rotherham Place, NHS SY ICB
Andrew Russell, Director of Nursing for Doncaster and Rotherham Places, NHS SY ICB
Shahida Siddique, Independent Non-Executive Member, NHS SY ICB
Claire Smith, Director of Partnerships Rotherham Place, NHS SY ICB
Lydia George, Transformation & partnership Portfolio Manager, NHS SY ICB
Jude Wildgoose, Assistant Director of Transformation, Rotherham Place, NHS SY ICB
Lisa Cork, Finance Lead, Connect Healthcare Rotherham

Minute Taker:

Wendy Commons, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
66/10/24	**Public & Patient Questions**
There were no questions from members of the public.	
67/10/24	**Urgent and Emergency Care Workstream Update**
SW gave an overview of the urgent and emergency care group's priorities of frailty, ambulatory care and sustainable discharge which are supported by three workstreams, as part of the high impact work. A frailty pyramid of care had been developed to provide an integrated approach to delay frailty, maintain independence, improve quality of life and reduce avoidable conveyances and admission. A number of alternative pathways to the emergency department had been identified including the virtual ward with over 2800 patients treated and occupancy levels increasing. Yesterday had seen 93 patients admitted to the virtual ward including its first heart failure patient. The challenges continue to be on-going system pressures in ED, increased demand on discharge pathways, increased complexity and acuity levels, resources including recruitment. Going forward the group will continue with implementation of frailty, Same Day Emergency Care and discharge planned improvements. MCS queried whether the hospice should be involved with heart failure patients as part of the virtual ward model. SW will investigate and discuss with MCS by the end of October. ***Action: SW***	
68/10/24	**Rotherham Winter Plan Update**
SW highlighted what had worked well in last winter and summarised the challenges facing us this winter, including high incidences of acute respiratory infections, increased demand for primary care appointments, unprecedented growth in attendances at UEC, additional escalation beds opened, increased complexity, acuity, end of life care and out of area placements, workforce challenges across health and care, impact of workforce and cost of living pressures reducing the options for managing surge and placement of mental health patient out of area. These were also impacted by external factors of junior doctor industrial action, potential impact of GP collective action, the reintroduction of the A&E 4-hour standard and increased admissions to Rotherham hospital by out of area residents. Steph outlined the key plans for Winter 2024/5 for primary care, alternative pathways to emergency department, acute care, discharge, children's services and mental health. Members noted the Rotherham Plan for winter vaccinations which all Primary Care networks and Practices signing up to delivery the covid and flu programme and proposed pop ups at Breathing Space for respiratory patients and Riverside for RMBC front line health and care staff. Discussions are still underway to address other risk groups with good progress being made. All partners confirmed their vaccination plans for their staff.	

The final slide provided a summary of the cost of living support that is in place for Rotherham residents including the Warm Welcome campaign, Money Matters and Open Arms Community Support Hubs.

CE thanked SW for the update and asked that thanks are conveyed to all those involved.

Members felt it was very comprehensive and formally endorsed the plan.

69/10/24	**Workforce and OD Plan Update**

Members welcomed Lily Hall (Head of OD and Change) and Michael Draffan (Place Based Workforce Lead) who are lead officers for Place Workforce and OD Group.

MD reminded members of the groups key objectives and outlined that the group has strategic governance now in place and is working effectively with collaboration with place partners and networks well established. Both pipeline and employability programmes are making progress in widening participation and links are being developed with primary care.

Michael highlighted some of the challenges and opportunities being worked through including:

- Establishing a NEET Inclusion Group, which needs further development
- Assisting colleges and sixth forms to place students directly into health and social care
- Supporting partners to develop more apprenticeship opportunities
- Support retention for Place employers using the careers coach model
- Recruiting into social care position
- Developing an employability programme for unpaid carers

Going forward the group is planning work on developing an ambassador programme for schools and colleges, developing more internship placements for SEND young people, securing a Princes Trust Adviser for Rotherham Place, developing work experience or experience of the workplace for schools and colleges and work on a 'Skills Street' Zone.

Discussion followed. It was agreed that MD will:

- connect with the Hospice to discuss what help he can offer
- Work with SS to develop a Rotherham case study to spotlight at SY Integrated Care Board
- Discuss SEND and NEET with JBR and invite her to join the NEET Inclusion Group
- Forward items of interest to LG for inclusion in Rotherham Place Newsletter.

CE thanked LH & MD for attending and asked that they re-visit Place Board with an update in February 2025 and challenge partners on what they could be doing in relation to workforce.

Action: LG for forward agenda

70/10/24	**Rotherham Place Achievements**

JT updated on two RDaSH achievements, one was HSJ nomination and shortlisting for the Restraint Reduction Pilot and the second was National Clinical Audit of Psychosis – Early Intervention in Psychosis Audit Programme. The Trust has gone from Level 2 – needs improvement at the last audit to Level 4 – top performing for the improvements made in the family intervention approach.

Place Board noted the achievements and congratulated the teams at RDaSH.

71/10/24	Communications to Partners/Promoting Events & Consultations

SS gave a brief update from the NHS SY ICB Annual General Meeting.

Shahida said that the meeting commenced with an anti-racist statement. The ICB has adopted an anti-racist framework which is being led by RDaSH and is being recognised regionally. The review also acknowledged the excellent work being undertaken by the voluntary sector.

There was also an update on the progress made in the first six months of 2024/25:

- Elective waits are steadily reducing with small numbers waiting over 65 weeks, mainly in specialties like neurology or ENT.
- Urgent and Emergency care demand throughout the year continues to be above pre-pandemic levels, impacting both A&E waiting times and ambulance response times.
- South Yorkshire achieved all three of the Improving Access to Psychological Therapies waiting times targets and is working to meet the overall demand across the area.
- Available number of GP and dentistry appointments is growing, with a 5.9% growth in GP appointments over the last year.

SS felt it had provided the opportunity to review the great work that continues to be delivered in Rotherham.

There had also been two questions from members of the public, one from a carer looking after husband who reminded us about choice and that people are still at the heart of what we deliver and a second challenging us on how we will continue to deliver over and above given the financial restraints facing us.

CE thanked SS for the summary of the AGM.

In terms of events, it was noted that following the success of the one held in September, a further recruitment and networking event is being planned for November in Riverside Café. All partners will be informed of the details.

72/10/24	Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 18 September 2024 were agreed as a true and accurate record.

The action log was reviewed and on track.

73/10/24	Risks and Items for Escalation to Health and Wellbeing Board

None to note.

74/10/24	Future Agenda Items:

Items for November:

- Public Health Annual Report – BA
- Mental Health Community Connector Service – VAR
- Hospice Strategy – MCS Update

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)

75/10/24	Date of Next Meeting
The next meeting will take place on ***Wednesday 20 November 2024*** in the John Smith Room, at Rotherham Town Hall.	

Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Michael Wright	Managing Director	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)

Participants

Cllr Joanna Baker-Rogers	Chair of H&WB Board	Rotherham Health and Wellbeing Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster 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
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Matt Cottle-Shaw	Chief Executive	Rotherham Hospice
Kym Gleeson	Service Manager	Healthwatch Rotherham
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
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion	Lead Officer	Action Status	Date Completed	Comments
18.9.24	59/09/24	Comms & Engagement Update	Schedule discussion about longer term comms and engagement plan for Jan/Feb 2025	November meeting	GL/LG	Green	05.11.24	GL confirmed attendance at January 2025 meeting
16 10.24	67/10/24	Urgent & Emergency Care Workstream Update	SW to enquire whether the hospice should be involved in the care of heart failure patients as part of the virtual ward model and discuss with MCS.	End of November 24	SW(CS)	Amber		Discussed with TRFT - meeting being set up for post annual leave. Completion date adjusted from 31 Oct to 30 Nov to allow for.
16.10.24	69/10/24	Workforce and OD Update	Schedule Lily Hall & Michael Draffan to re-visit Place Board in February/March 2025 to update and challenge partners on what they could be doing in relation to workforce.	End of October 24	LG	Green	13.11.24	Scheduled on forward agenda for March 2025 Place Board.