

# Public Agenda

Title of Meeting:	<b>Rotherham Place Board: Partnership Business</b>
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 19 February 2025
Venue:	<b>John Smith Room, Town Hall, Rotherham</b>
Chair:	<b>Ian Spicer/Chris Edwards</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

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

Item		Time	Pres By	Encs
1	<b>Public &amp; Patient Questions:</b> <i>The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.</i>		Chair	Verbal
<b>Business Items</b>				
2	Learning Disabilities and Autism Update	10 mins	Garry Parvin	Enc 2
3	Fostering Ambassador Update	10 mins	Laura Marshall	Enc 3
4	Place Plan Performance Report – Quarter 3	10 mins	Claire Smith	Enc 4
5	Feedback from SY Integrated Care Partnership Meeting – 30 January 2025	5 mins	Cllr Baker-Rodgers	Verbal
6	Achievements	5 mins	Claire Smith	Enc 6
<b>Standard Items</b>				
7	Communication to Partners/ Promoting Events & Consultations	5 mins	Chair	Verbal
8	Draft Minutes and Action Log from Public Place Board from 15 January 2025 – <i>for approval</i>	5 mins	Chair	Enc 8i & 8ii
9	Risks and Items for escalation to appropriate board ( <i>e.g. Health &amp; Wellbeing Board, ICB Board</i> )		Chair	Verbal
10	Standing Items: <ul style="list-style-type: none"> <li>• Updates from all Groups (as scheduled)</li> <li>• Achievements (as and when received)</li> <li>• Feedback from SY ICP Meeting – Bi-Monthly</li> <li>• Bi-Monthly Place Partnership Newsletter</li> </ul>			
11	Date of Next Meeting: Wednesday <b>19 March 2025</b> at 9.30am –10.30am – <b>John Smith Room, Rotherham Town Hall</b>			

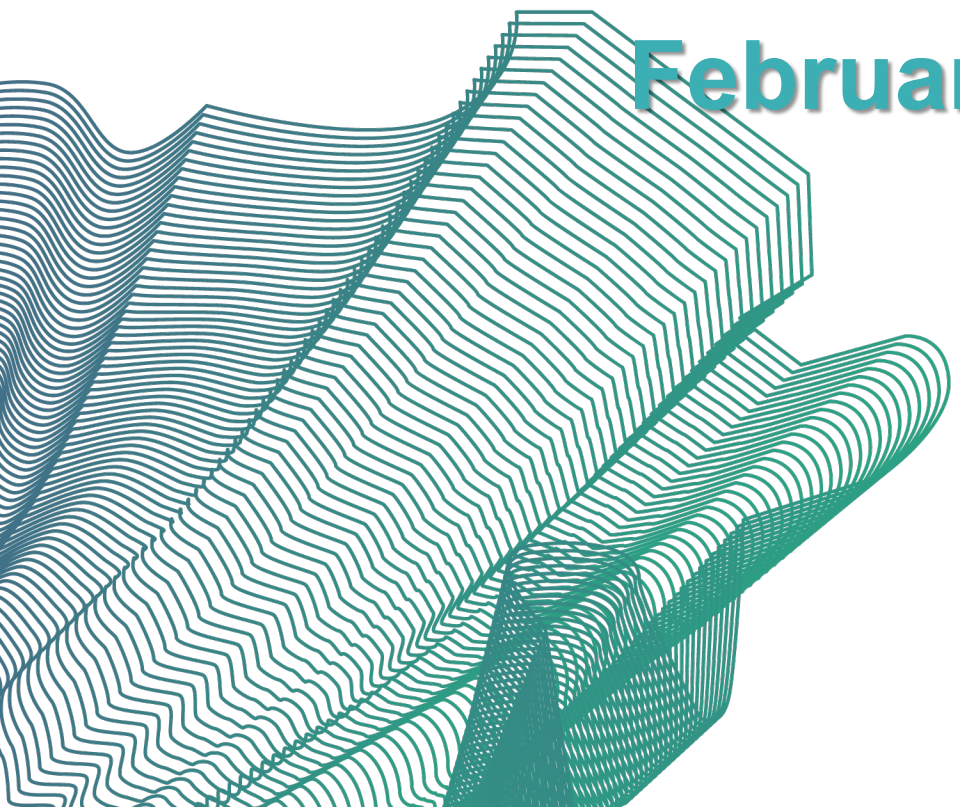
**GLOSSARY**

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

# Learning Disability and Autism

## Place Board Update

February 2025



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

# What's working well

## Strategic direction – Updates on:

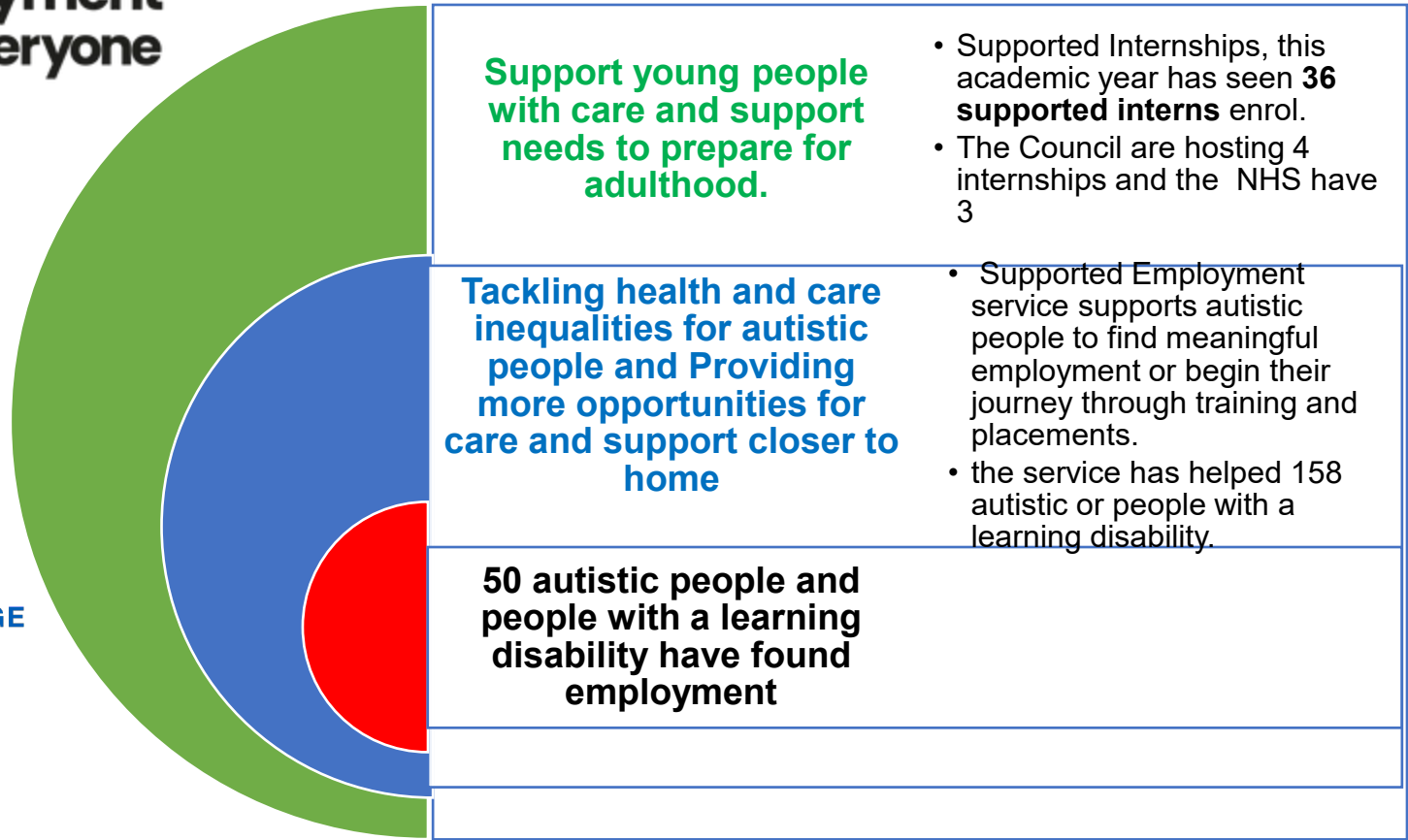
1. Learning disability strategy
2. All-age autism strategy

**Both were built on co-production and engagement. Since August 2024, there has been:**

- A one year review of progress on meeting the strategic aims of the all-age autism strategy - see next slide
- Ongoing consultation with networks and existing services using the four cornerstones (welcome and care, value and include, communication and partnership).



Outcome: More autistic people and people with a learning disability will enjoy the benefits of work and employment



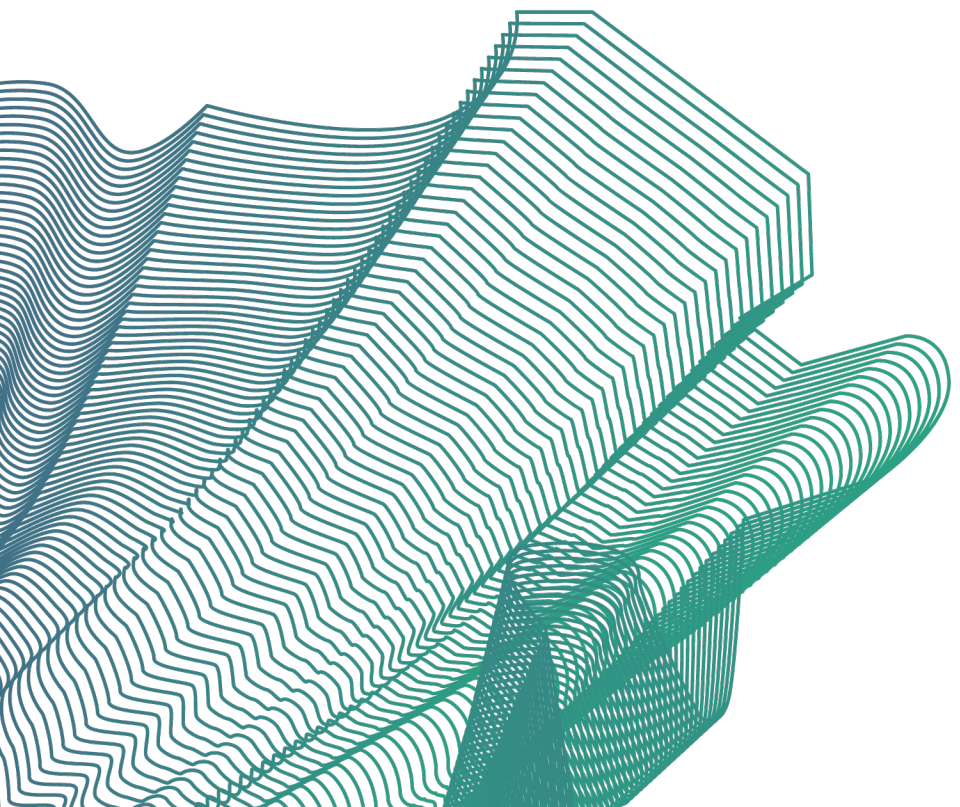
## Challenges and Risks

1. SY ICB report an increase in the number of: a. admissions of autistic people into mental health hospital beds and b. increase in demands for assessment.
  - Rotherham is supporting the SY ICB pathway review to ensure that regional and local resources/ pathways are best aligned to avoid inappropriate admissions.
2. Ensuring that people with a learning disability and autistic people are **visible** in data collected by all.
  - Discussions with partners are ongoing to ensure that data is shared across place and this informs strategic planning. For example: TRFT Reasonable Adjustments indicator is being implemented for electronic medical records.

# What needs to happen next

- Co- production to develop the actions - to support the development of the action plans is ongoing and will conclude in Spring 2025 and will inform the planned Cabinet update in July 2025.
- The development of SY pathways is ongoing to reduce the need for inappropriate admissions into mental health services. For example: SY safe space and the creation of a South Yorkshire Keyworker Service.

**Thank you.  
Any questions**



**South Yorkshire**  
Integrated Care Board

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

**The Rotherham**  
NHS Foundation Trust

**Rotherham**   
Metropolitan  
Borough Council



 **CONNECT  
HEALTHCARE**  
ROTHERHAM CIC



# F♥OSTERING

## ROTHERHAM

**Laura Marshall**  
**– Marketing**  
**Lead**



## A Quick Summary

- There are many different types of fostering, such as second home (respite), long term, short term, families together, parent and child and step down.
- Thank you for the support for Fostering Rotherham we have an excellent relationship with Rotherham District General Hospital, have featured in staff bulletins, and leaflets and posters up around the hospital settings.
- We have partnered up with the RDGH and the Looked After Children's nurse to do an information card for the foster carers to give to health professionals to support in keeping their details confidential.



# F♥OSTERING

## ROTHERHAM

- In Rotherham there are 496 children in care.
- There are 107 in-house fostering households.
- There are 114 children in in-house placements occupied.
- It is anticipated that we will have 13 foster care approvals to year end 31<sup>st</sup> March 2025, creating 18 placements.
- As of January 2025 there were \*176 children placed with foster carers who are employed by Independent Fostering Agencies (IFA's) commissioned by Rotherham Council to provide this service to our children in care.



### Our Ambition:

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



### Key Messages

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



### How you can help

- You can raise awareness within health settings about fostering (e.g. GP Surgeries etc), this could be in the form of playing our fostering film, sharing leaflets or displaying posters.
- Help us to identify potential foster carers within the health workforce or wider community.
- Become Fostering Friendly
- Have workplace ambassadors for fostering.
- An invite to any events, where we could give out leaflets.



### Next Steps

- We would welcome any further support or collaboration.
- Any Questions?

### Other ways you can help

Direct to our website: [www.fosteringrotherham.com](http://www.fosteringrotherham.com)

Share our phone number: 01709 357370

Share our Facebook posts

Share positive messages about fostering with RMBC



## Rotherham Public Place Board – 19 February 2025

### 2023-25 Health and Care Place Plan Performance Report

### Q3 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 3 2024/25 (end December) 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 4<sup>th</sup> 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 Q3, end December 2024.

#### Analysis of key issues and of risks

The Q4 2023/24 report received at Place Board in July 2024 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 3 position represents performance towards the end of the 2<sup>nd</sup> year of delivering on the 2023-25 Plan. The position in Q3 is 66% of milestones either complete or on track, which is a 16% deterioration compared to Q2 in terms of milestones slightly off track.

**Metrics:** The quarter 3 position represents performance towards the end of the 2<sup>nd</sup> year of delivering on the 2023-25 Plan, this shows 62% of metrics are on track, slightly above the Q2 position of 55%.

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

#### Approval history:

Rotherham Place Leadership Team – 19 February 2025

#### Recommendations:

Members are asked to receive and comment on the Place Plan Performance Report, noting the report provides a position as at Q3, end December 2025.



# Place Plan Performance Report for the period 2024-2025

**Rotherham Place Partnership Public Board: 19 February 2025**

**Reporting Period: Quarter 3, end December 2024**

**Key for Milestones**

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

**Key for Metrics**

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

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    Priority 1: Best Start for Life

    Priority 2: Children and young people’s mental health and emotional wellbeing

    Priority 3: Looked After Children

    Priority 4: Children and Young People with Special Educational Needs and/ or Disabilities

    Priority 5: Preparation for Adulthood

**4 Transformation Workstream: Enjoying the best possible mental health and wellbeing ..... 14**

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

    Priority 2: Delivery of the Mental Health Crisis & Liaison programme

    Priority 3: Suicide-prevention programme

    Priority 4: Dementia pathway transformation

    Priority 5: Delivery of the Better Mental Health for all Plan, also includes the loneliness delivery plan

**5 Transformation Workstream: Supporting People with Learning Disability and Autism..... 20**

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

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

    Priority 4: To further develop accommodation with support options

    Priority 5: Refresh the Vision and Strategy for people with a learning disability through coproduction and codesign

    Priority 5: Develop a new service model for day opportunities for people with high support needs

**6 Transformation Workstream: Urgent, Emergency and Community Care..... 23**

    Priority 1: Frailty

    Priority 2: Ambulatory Care

    Priority 3: Integrated Discharge to Assess

    Priority 4: Cross cutting workstreams

**7 Transformation Workstream: Palliative and End of Life Care..... 30**

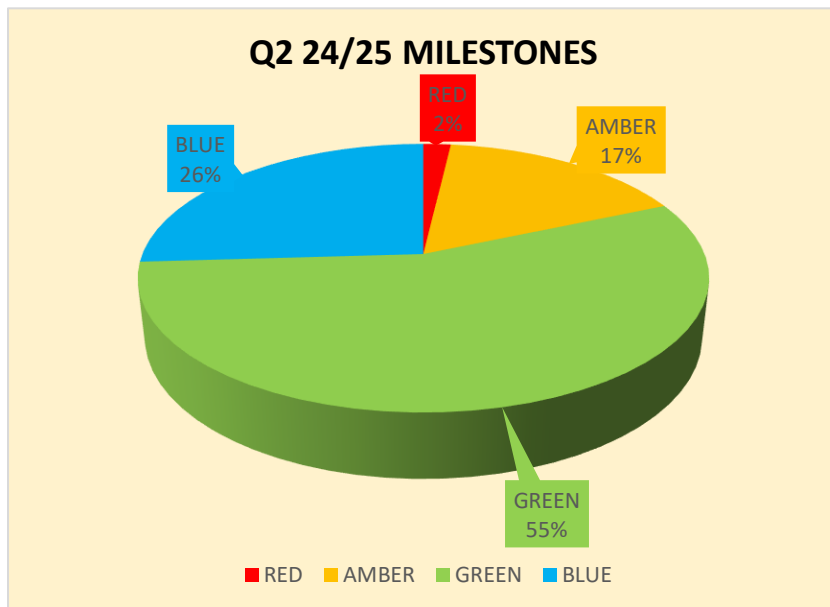
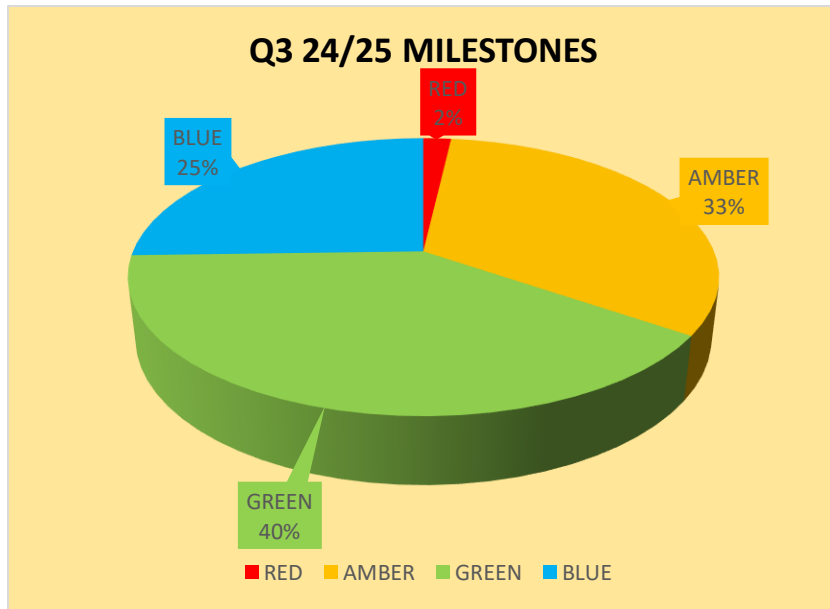
    Priority 1: Enhance personalised palliative and end of life care

    Priority 2: Implementation of ReSPECT across Rotherham

    Priority 3: Benchmark against the Ambitions Framework

    Priority 4: Inform future commissioning through patient and Carer experience

## 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.

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 55 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. As at Q3, of the 55 milestones, there are:

RAG	Q2 Position		Q3 Position		Definition
	Number	%	Number	%	
TBC	0	0%	0	0%	Milestone not due/ not commenced
RED	1	2%	1	2%	Milestone significantly off target
AMBER	9	16%	18	32%	Milestone slightly off target
GREEN	30	55%	22	39%	Milestone on target
BLUE	14	27%	14	27%	Milestone complete

Overall the number of milestones complete is the same as Q2, but there has been a 16% shift from milestones on track to milestones slightly off track. The milestones that have deteriorated from **Green** to **Amber** are:

<b>CYP 5</b>	Re-develop, implement, and embed a tiered sleep pathway
<b>CYP 9</b>	Implement and embed preparation for adulthood guidance
<b>MH 4</b>	Finalise outcomes and performance metrics for the Rotherham CMHT
<b>MH 15</b>	Dementia Partnership Plan to be developed and approved
<b>UEC 2</b>	Community frailty model - review and streamline the current frailty and falls offer
<b>UEC 4</b>	Develop an integrated MDT offer to support acute frailty
<b>UEC 9</b>	Agree and implement escalation process for place and out of area
<b>UEC 13</b>	Develop and embed the TOCH D2A model

There is one **Red** milestone which was also red in Q1 and Q2:

**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.

## Summary of Performance against milestones

Workstream	Priority Area	No. of Milestones	Red	Amber	Green	Blue	TBC/Not started
<b>Best start in Life - Maternity, Children &amp; Young People</b>	Best Start for Life	3	0	1	0	2	0
	Children and young people's mental health and emotional wellbeing	2	0	2	0	0	0
	Looked After Children	3	1	2	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	1	1	0	0
		10	1	6	1	2	0
<b>Enjoying the best possible mental health and wellbeing</b>	Delivery of the Adult Severe Mental Illness in Community Health Transformation Plan	6	0	1	2	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	1	1	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	2	8	9	0
<b>Supporting People with Learning Disability and Autism</b>	Increase the uptake of enhanced health checks for people with a learning disability aged 14 upwards	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
<b>Urgent, Emergency and Community Care</b>	Frailty	4	0	2	1	1	0
	Ambulatory Care	3	0	2	0	1	0
	Integrated Discharge to Assess	5	0	2	3	0	0
	Cross cutting workstreams	3	0	2	0	1	0
		15	0	8	4	3	0
<b>Palliative and End of Life Care</b>	<ul style="list-style-type: none"> <li>Enhance personalised palliative and end of life care</li> <li>Implementation of ReSPECT across Rotherham</li> <li>Benchmark against the Ambitions Framework</li> <li>Inform future commissioning through patient and Carer experience</li> </ul>	5	0	1	4	0	0
		5	0	1	4	0	0
<b>Overall Totals</b>		55	1	18	22	14	0

## 2 Overall position for KPIs for Q4

The position for the 46 KPIs is very similar to that in Q2:

RAG	Q2 Position		Q3 Position		Definition
	Number	%	Number	%	
TBC	7	15%	7	15%	Metric not due/ not commenced
RED	2	4%	2	4%	Metric significantly off target
AMBER	12	26%	9	19%	Metric slightly off target
GREEN	22	48%	25	55%	Metric on target
BLUE	3	7%	3	7%	*NOTE, target was for 23/24 and was achieved

**Red Metrics:** there are two **red** metrics in Q1, Q2 and Q3:

- **CYP KPI 7: Increase the % of Children in Care living in a family-based setting** – 74% as at end December 2024 against a target of 85%, This remains a key area of focus for the service and will throughout 2024-2025.
- **CYP KPI 9: Increase the number of CYP in a Rotherham fostering placement by March 2025 (to reach 151 by year end)** - Continue to progress the Fostering Action Plan to support the recruitment of more foster carers and to retain existing foster carers

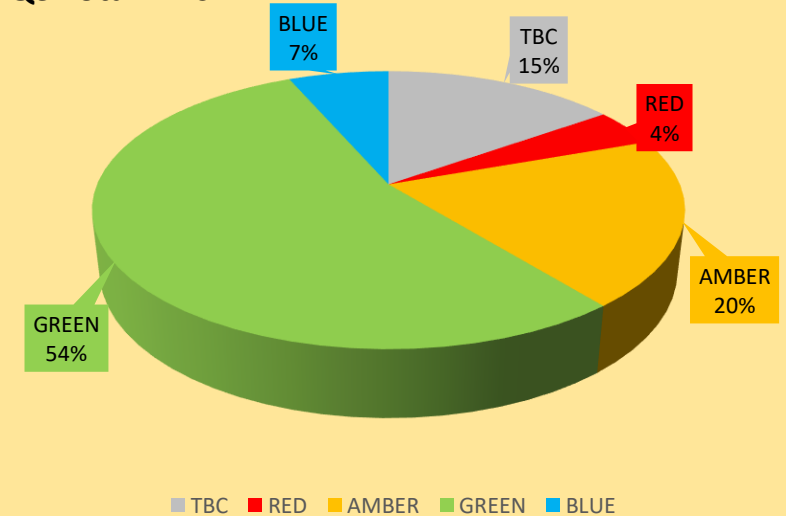
There has been **deterioration** in the following 2 metrics from **Green** to **Amber**:

<b>MH 5</b>	Increase in number of mental health ARRS workers in Primary Care
<b>UEC 4</b>	Improve ambulance response times

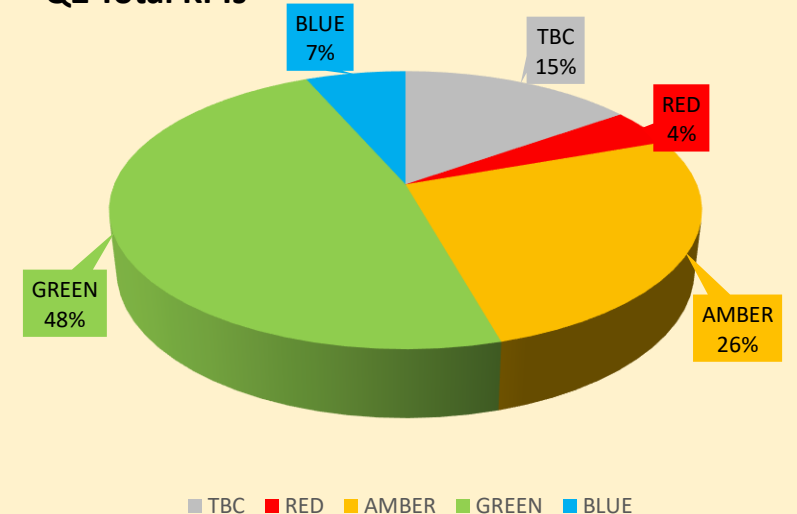
There has been an **improvement** in the following 5 metrics **Amber** to **Green**:

<b>CYP 1</b>	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre
<b>CYP 5</b>	Increase the number of early help assessments completed by partners
<b>LD 2</b>	75% of people with a learning disability in Rotherham will have access to GP enhanced health check
<b>LD 3</b>	Reduction in the numbers of people needing to be detained in mental health services
<b>UEC 9</b>	Reduction in long lengths of stay in Acute bed base 21 days % of acute bed occupancy for NCTR by LOS

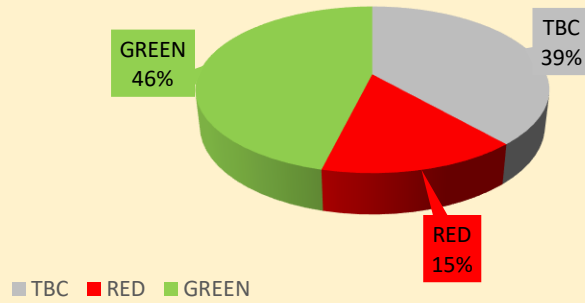
Q3 Total KPIs



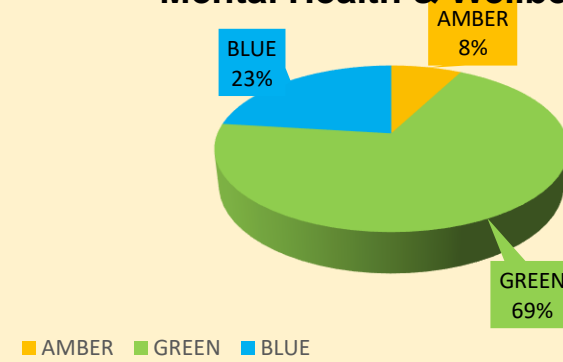
Q2 Total KPIs



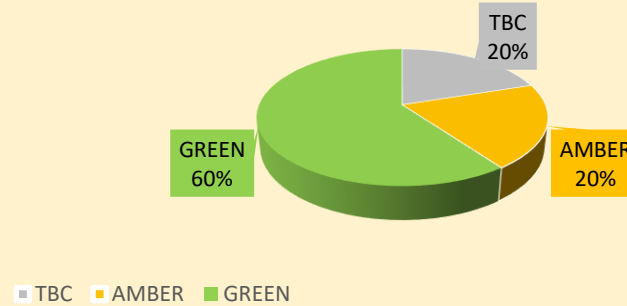
### Children and Young People



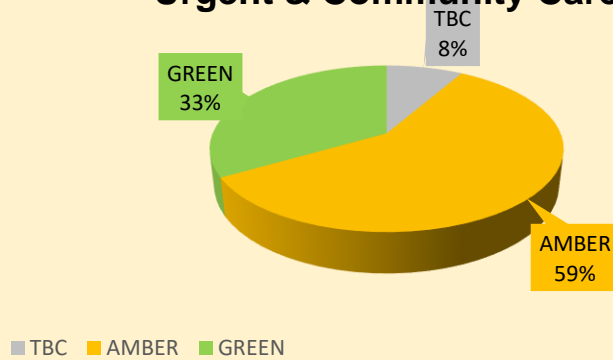
### Mental Health & Wellbeing



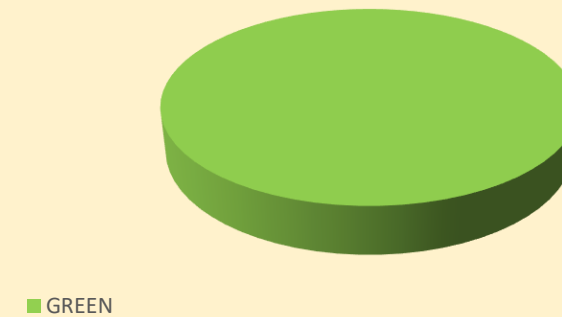
### Supporting People with Learning Disabilities and/or Autism



### Urgent & Community Care



### Palliative & End of Life Care



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

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

Milestone		Target for Delivery	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						<p>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.</p> <p>Q3: Work on the CPD offer and graduated response is progressing well. Agreed children are in the process of transferring to RDASH for assessment. A new, streamlined neurodevelopmental assessment pathway is being introduced at the CDC. A recovery plan to address the CDC backlog has been developed and non-recurrent funding has been agreed to support this.</p>	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. Q3 – Longest waits have continued to reduce with higher number of completed assessments and discharges, currently meeting the trajectory.	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. Q3 The trajectory has been reviewed to reflect increased demand and awaiting sign off by RDaSH 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. Q3 - TRFT is still working with the ICB to mobilise the service with an expected launch date now in Q4.	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						Consultation with the Support for Change staff team ended 17/01/25. The review and restructure implementation is underway, with a projected completion and transition date of 28th April. The proposals are linked directly to the therapeutic offer of intervention and support for children who are being supported to return home to family, or where there are concerns around placement stability. The proposals include a reduction in the length of intervention to ensure that the service can	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.



							capture a wider audience and reduce drift and delay. CAMHS are as yet to be consulted with regarding the changes, and this will be undertaken once the formal and final restructure has been confirmed with RMBC staff due to posts being at risk within the service.	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)	3 (7 ytd)	Two foster families were recruited in both Q1 and Q2, with a further three in Q3, equating to seven in total during the 2024/25 financial year to date. There were ten prospective foster families active in the recruitment process at the end of December 2024.	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						<p>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.</p> <p>Q3 – Development work underway. Engagement activity planned once protocol developed.</p>	
CYP MS 9	Implement and embed preparation for adulthood guidance, including involving families in transition planning.	Q3 2024/25						<p>Q1 - First draft of the Transitions/ Preparation for Adulthood guidance was shared at the PfA strategic Board on 17<sup>th</sup> June 24. Further work is planned based on feedback from the multi-agency group and parent/ carers, young people and young adults.</p> <p>Q2 - Further workshop held 4<sup>th</sup> October 2024 to agree final content and structure.</p> <p>Q3 – Successful Futures Fair held at New York Stadium to share preparation for adulthood guidance with young people and families. Publication of parent guidance delayed, final draft being developed with comms.</p>	

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
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%	96.0%		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.  Q3 – performance is now above target with an increase from 93.4% at end of September 2024, to 96.0% at end of December 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%	75.1%		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.  Q3 – performance well above target at 75.1%.	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%	78%	78%	Not currently available		Q3 update: Data for Q2 24/25 show 78% for breastfeeding continuation. Q1 has been updated to 78% following validation. Q3 position is expected February 2025.	
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%	85%	Not currently available		Q3 update: Data for Q2 show that 85% of births received a face-to-face New Birth Visit within 14 days by a Health Visitor (Adjusted data - long stay hospital patients removed). Q3 position is expected February 2025.	
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%	29.2%		The ambition is to increase Early help assessments completed by partners.  Q3 – outturn confirmed an increase on the previous quarter and last year's outturn of 27.5%.	
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%	92%	Not currently available		Q3 update: Data for Q2 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. Q3 position is expected February.	
CYP KPI 7	Increase the % of Children in Care living in a family-based setting to 85% by March 2025 (CYPS scorecard measure).	85% by March 2025	75.3%	73.6%	74.0%	74.0%		Q3 – Q1 data has been updated from 74.6% to 73.6% and Q2 data has been updated from 75.0% to 74.0% following validation.	This remains a key area of focus for the service and will throughout 2024-2025.

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
CYP KPI 8	Ensure the number of Children in Care (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	87.3	86.6		Q3 – target remains well above statistical neighbour average, which is currently 100.9. Q2 data has been updated from 87.1% to 87.3% following validation.	
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	113		There were 113 children in care (CiC) placed in an in-house foster placement at the end of Q3.	We continue to progress the Fostering Action Plan to support the recruitment of more foster carers and to retain existing foster carers.
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	7215		Number of overall visitors have increased over the quarter. This probably reflects the increase in interest in the Local Offer following the Ofsted SEND inspection.  Numbers increased significantly in September and have largely been maintained.	Increase in spam/bot activity on the website which may artificially inflate figures. Stand Out Media are investigating possible mitigation. Periods of time when the website is down. This happened over the Christmas period for up to 6 days in total. Reasons for this have been investigated and a plan is place to avoid a repeat.
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%	100% *91%	100%		100% has been restored now that the team is back to full strength *Figures for the previous quarters have been corrected. The number of requests resolved within the timescale fell slightly in Q2 during a period of staff absences after 2 out of 22 requests were not resolved within 4 weeks. The issues were resolved in November when staff were available.	
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%	14.1%	26.3%	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.	

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
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%	78.2%	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. See metrics CYP KPI 12 and CYP KPI 13.

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

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

Milestone		Target for Delivery	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.	
MH MS 2	Primary care integrated Mental Health Hubs launched	Q1 24/25						Achieved in 23/24. Primary Care Mental Health 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 were considered by the CMHT Steering Group and the MH, LD & ND Transformation Group in September 2024. Feedback on the metrics was shared to RDASH in Sept.	Raised at MH & LDA Transformation Group January 25.
MH MS 5 <b>New</b>	Increase access to Adult Community Mental Health Services	Q4 24/25						See CMH Access metric below for positive performance. Over Q3 Rotherham provided assurance to NHS England on progress against the national Community Mental Health Transformation Roadmap (key milestones and deliverables).	
MH MS 6 <b>New</b>	Continue to monitor uptake of the SMI Annual Health checks	Q4 24/25						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						Achieved in 23/24.	
MH MS 9	Development of a Place Crisis Service specification	Q2 24/25						Achieved. 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						Achieved. 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						Achieved. The new pathway went live 1 April 2024	
MH MS 12 <b>New</b>	Embed the Rotherham Safe Space offer/service within wider system pathways.	Q3 24/25						The Service is continuing to develop links across Rotherham. Over Q3 the Service has become part of the Rotherham Humanitarian and Community Group and joined the Advice in Rotherham (AIR) partnership. In addition, the Service has presented to the citizens Advice Bureau and were given permission to have a stall at a Rotherham United Football match in November 2024.	

**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						New provider appointed. In the mobilisation phase with service due to launch on the 1 April	
MH MS 14	Refresh of the suicide prevention and self-harm action plan in line with the National strategy	Q4 2024/2025						<ul style="list-style-type: none"> <li>Held symposium on 2 December to shape the refreshed suicide action Plan</li> <li>A draft is currently in progress with feedback from partners and local data</li> </ul>	

**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  Revised date for delivery Q3 2025/26						A Dementia Conference was held in October 24 (Q3) organised by Crossroads Care Rotherham and the Alzheimer's Society. The conference provided an opportunity to further develop partnership working and improve system understanding of current provision.	The Dementia Partnership continues to be at the development stage and is not yet sufficiently mature to identify and agree the key priorities and actions for a Dementia Partnership plan. In light of this the timescale for delivery of the Dementia Plan/Strategy has been revised.
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.	Possible risk of impact from the end of the pilot, to understand the flow.
MH MS 17 New	Dementia system mapping, undertaken jointly with RMBC of commissioned services, non-commissioned, gaps in service and possible duplication	Q4 2024/25						The mapping work continues, and the same timescales apply to this area of work. The initial mapping work has been completed and service reviews will continue to be explored with partners including the Rotherham Dementia Network.	



**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. Progress is measured through the BMH for all group but majority of actions are on target	
MH MS 19	Delivery of the Rotherham Loneliness action plan	Q4 24/25						An update went to H&WBB in September. Progress is measured through the BMH for all group but majority of actions are on target	

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 metric relates to 2023/24. See revised MH KPI 2 below.	
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 the National Mental Health Services Standard Data Set (MHSDS). The most recent national data available is for September 2024 (12 months rolling) 3240.  RDaSH are reporting a position of 3379 for November 2024. December data not yet available.	
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. See revised MH KPI 4 below.	

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 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% For Q3 the actual was 72.5%	
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						There is a level of instability within the MH ARRS workforce with recruitment and retention challenges being experienced in some but not all PCNs. This has been raised at the CMHT Steering Group in Q3 as an issue that requires further discussion and a partnership response.	A meeting is due to take place in Q4 between partners to identify solutions.
MH KPI 6	Increase in the number of people accessing alternative to Crisis provisions	By end of Q4 200 people						Rotherham Safe Space – the Service transferred to a new provider (Mental Health matters) in Q1 following a procurement exercise. The new provider commenced a 4 night a week service in July 2024.  At the end of Q2 49 people accessed the service. 194 support sessions were provided in total (face to face or telephone)  At the end of Q3 87 people accessed the service. 242 support sessions were provided in total (face to face or telephone)  Rotherham Samaritans mental health wellbeing pathway:  Q1 - 71 referrals received. Q2 - 64 referrals Q3 - 63 referrals	
MH KPI 7	Increase in referrals to amparo	Increase on 23/24 (2023/24 was 37)						6 referrals in Q1 10 referrals in Q2 19 referrals in Q3. Note: These figures are Rotherham referrals into a South Yorkshire wide service.	

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 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)						NHS England Data for November 24 shows that Rotherham has a Dementia Diagnosis rate of 89.7%  <a href="https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-dementia-data/november-2024">https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-dementia-data/november-2024</a>	
MH KPI 9	<b>New</b> Improve the timeliness of Dementia diagnosis (Referral to Treatment Time).	Q4 2024/25						Contract reporting from RDaSH shows the Referral to treatment target of 18 weeks has been met consistently from April 24 to Nov 24.  RDaSH Contract Performance reporting shows that most people waiting less than 8 weeks for treatment during October and November 24. Data not yet available for December 24.	
MH KPI 10	Improved access to support for people with dementia and their Carers.	500 per year						This metric relates to 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.  Contract reporting from RDaSH as at November 2024 (latest available data) shows that 98% of people were seen within 12 weeks.	
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	1		Q3 (Loneliness)	
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	14		Q3 (Loneliness)	

**5 Transformation Workstream: Supporting People with Learning Disability and Autism**

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

Milestone		Target for Delivery	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						<p>276 health checks have been completed in Q2. This puts Rotherham above the planned trajectory – see below</p>	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. Preferred option is located in Sheffield	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

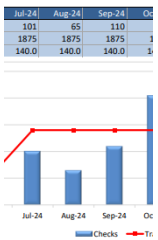
Milestone		Target for Delivery	Q4 Position (23/24)	Q1 Position (24/25)	Q2 Position (24/25)	Q3 Position (24/25)	Q4 Position (24/25)	Key actions from the last period / identify achievements	Any risk, including mitigation
LDN MS 5	To expand the number of providers on the Rotherham FPS	Q3 24/25						The 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 in train  A yr 1 review is being completed	

**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	In Oct 205 health checks were completed		 <p>The position is comparable with previous years,</p>	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	Decrease to 6		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.	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	36 supported internships have been created this year. This will be the baseline		<ul style="list-style-type: none"> <li>The supported internships delivery plan is being reviewed and Delivery partners are being consulted. Currently 31 young people access supported internships.</li> <li>The Supported Employment Team further expanded in early 2024, to deliver 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.</li> <li>Supported internships are a great opportunity to improve the life chances of young people with SEND by supporting them into sustained, paid employment.</li> <li>There are also benefits for the economy, employers, families, the local community and wider society.</li> </ul>	
LDN KPI 5	12 units of supported living are created every year	12 per year To maintain						New capacity opening in Thrybergh On track	Out of borough providers creating services without appropriate consultation

## 6 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 highest 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						A Primary care led cross system MDT launched in December 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. A highly complex frailty pathway has been developed for those in the last year of life which is being piloted Dec – March. The aim of both is to improve the experience of frail people living in the community and reduce avoidable conveyances and admissions.	There is a risk to timescales if collective action impacts on this work.

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 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. Additional resource to support Comprehensive Geriatric Assessment/ holistic approach in place which has increased the numbers being completed, particularly upstream in the pathway. TRFT have been successful in securing £7m capital funding to expand urgent and emergency capacity to facilitate flow. Service improvement plans and timescales have been aligned to this.	

**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						SDEC exclusion criteria (rather than inclusion criteria) under development to enhance access. Development of the Early Pregnancy Assessment Unit pathway underway.	
UEC MS 7	Implementation of hot clinics	Q3 24/25						Scoping and establishing plans for hot clinics delayed to focus on other key developments. Development of virtual fracture clinic underway.	



**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 care 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 with new national acute, community and mental health OPEL requirements being embedded. 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						An information pack for Care Homes concerned about a resident has been circulated to guide escalation to appropriate services and reduce avoidable conveyance/admissions. Care Home Falls pathway under development.	
UEC MS 11	Implement a community patient tracker and enhance visibility and oversight of community pathways	Q4 24/25						Work completed to identify and rationalise existing reporting so information can be accessed by all partners in a single space for operational and strategic management. This will be further developed for enhancing operational and strategic oversight. 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. Demand and Capacity modelling underway to inform future plans with anticipated completion Q4.	

**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 and changes to the IT infrastructure commenced to support expanded physical co-location.	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						Virtual ward heart failure pathway developed and is now live.  Push pathway to Community Respiratory Exacerbation service developed. This extends the push pathways from two to four, with 258 accepted referrals 1/04/23-29/1/24 and 469 referrals, 1/04/24- 29/1/25, representing an 82% percentage increase.	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  <i>Data from Care Group 4, TRFT</i>	70%	73% March (Validated position)	75% April	75% July	80% Oct		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 service has met or exceeded 70% threshold consistently since launch.	
UEC KPI 2	Virtual Ward trajectory and capacity (occupancy rate)  <i>Data from Care Group 4, TRFT</i>	Q4 100 beds with 80% occupancy	76% March	76.1% June	69% Sept	73% Dec		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 quality of service is high as validated by patient feedback and requests to speak at national conferences and hosting subsequent good practice meetings. Acuity levels are high reflecting genuine admission avoidance and early discharge. Capacity is on track but occupancy has been varied due to increased demand across all unplanned pathways, some staff sickness and vacancies resulting in some resourcing challenge.	
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  <i>Data from 6 key indicators – Source: NHS Digital</i>	78% of people treated, referred or admitted within 4 hours of arrival	63% March	68.7% June	68.6% August	62.1% Nov		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. Sustained record numbers of attendances have been seen in UECC which has resulted in not meeting the planned 4 hour trajectory. This has also 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 25/11/24 Rotherham ranked 50/126 for type 1 performance and 116/126 for all performance.	A rapid action plan has been developed with daily oversight and monitoring.

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 4	Improve ambulance response times <i>Data from 12 Additional Measures – Source: NHS Digital</i>	Cat 2 30 mins	29:28 March	30:43 June	26:11 August	37:18 Nov		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.	
UEC KPI 5	Ambulance handover times <i>Data from UEC Alliance report</i>	18:50 (SY target)		16:32 June	19:00 YTD to October	22:09 YTD to Dec		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 <i>Data from 6 key indicators – Source: NHS Digital</i>	NctR % occupancy of ≤10.8% Local target 10%		16.2% June	18% August	17.9% Nov		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.
UEC KPI 7	Reduction in long lengths of stay in Acute bed base at 7, 14 and 21 days % of acute bed	Acute: 7 days 40%	7 days 55%	45.6% June	46.5% August	45.9% Dec		As above Escalation meetings were increased including daily Executive escalations across Place at peak times.	As above
UEC KPI 8	occupancy for NCTR by LOS	Acute: 14 days 25%	14 days 27%	22.7% June	24.8% August	22.4% Dec		As above	As above
UEC KPI 9	<i>Data from UEC Performance Report – Source: TRFT</i>	Acute: 21 days 12%	21 days 16%	12.8% June	14.4% August	11.7% Dec		As above	As above
UEC KPI 10	Reduction in long length of stay for community beds	TBC	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.	

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 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	95.2% Nov		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, staff sickness and vacancies. 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	96.2% Nov		Unprecedented levels of attendance in UECC 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.
<p><b>Any further comments:</b> Operational pressures, including industrial action, and staffing (sickness and vacancies) poses a risk to engagement and successful delivery.</p>									

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

<b>Priorities covered by the milestones and metrics below are:</b> <ol style="list-style-type: none"> <li>1. Enhance personalised palliative and end of life care</li> <li>2. Implementation of ReSPECT across Rotherham</li> <li>3. Benchmark against the Ambitions Framework</li> <li>4. Inform future commissioning through patient and Carer experience</li> </ol>	<b>Lead Officer: Emma Royle</b>
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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 1 <sup>st</sup> October 2023. A multi-agency implementations meetings continue every 2 months. Level 1, 2 and 3 training videos, ECHO training sessions etc developed. Positive feedback re use from the 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. The repeat benchmarking has commenced, starting with Childrens PEoLC.	
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. The action plan is in place and the areas relating to Rotherham are to be discussed at the next Rotherham Place Group.	

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%	0.77%			
PEOLC KPI 2	Increase the number of ReSPECT plans in place.	1000 by March 25	485	626	792	919			
PEOLC KPI 3	Increase number of people who have completed training in end of life care	250	56	55	56	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.

## Rotherham Place Board – 19 February 2025

### *Rotherham Place Achievements*

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

#### **Purpose:**

To provide members with examples of successes and achievements across the Rotherham Place.

#### **Background:**

Rotherham Place Partnership has **many examples of its achievements** which have been enabled through clear leadership, outstanding relationships, wider partnership engagement and strong governance.

The Rotherham Health and Care Community have been working in collaboration for many years to transform the way it cares for and achieves a positive change for its population. Rotherham Place has a strong, experienced and cohesive executive leadership team who have set clear expectations and the spirit of collaboration and inclusiveness with the key aim of driving forward transformation set out in the Place Plan.

Partners are fully committed to working together to make decisions on a best for Rotherham basis to achieve the transformations set out in the Place Plan. Our first Place Plan was published in November 2016, the second was published in October 2018 and the third was published in March 2020. All plans have continued to build on previous successes, aiming to be a catalyst to deliver sustainable, efficient health and care, with prevention at its heart.

We are clear that by working together can we transform the way we work and improve the health and wellbeing of our population, further and at pace.

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

In the past we captured our achievements through the regular spotlight presentations and updates on our priorities provided to Place Board. To make this more inclusive we produced a simple template and introduced a process which we shared across our transformation and enabling workstreams inviting colleagues to tell us about good practice/achievements in their areas of work.

We are confident that the process is capturing examples that we would not have easily identified previously and it seems to be well received across Place.

We will continue to welcome further contributions, as and when, from across the place groups and will continue to share at Place Board.

#### **Recommendations:**

Place Board members are asked to note the achievements received and share within their own organisation as appropriate.



# **Achievements across the Rotherham Place Partnership**

**Rotherham Partnership Place Board:**

**19 February 2025**

1. Domestic Abuse and Suicide Awareness Training – [Page 3](#)

<b>Name of Project/Scheme/Development</b>	<b>Domestic Abuse &amp; Suicide Awareness Training</b>
<b>Contact for Project/Scheme/Development</b>	Julie Thornton, RDASH Care Group Director
<b>Form completed by (if different to above)</b>	Julie Thornton, RDASH Care Group Director
<b>Which 'Place' Group does this come under</b>	
<b>Approximate time period that the Project/Scheme/ Development was delivered / implemented</b>	December 2024
<b>Description</b> <i>(just a few sentences to explain about the Project/Scheme/Development)</i>	
<p>Following a Domestic Homicide Review in 2024, The Crisis Team Service Manager and Clinical Lead considered how they could enhance understanding and learning internally around domestic abuse and suicide. They subsequently developed a training session around suicide and domestic abuse and invited a Senior Project Worker from Hopian to join this session to provide an overview of domestic abuse services in Rotherham. The session was attended by 18 members across our teams and was well received by the attendees.</p> <p>Following the initial session, Hopian requested delivery of the same session - adapted to provide an overview of the Rotherham Crisis Team to improve their understanding of what we do. There was a real sense that Hopian were confident in contacting the Rotherham Crisis Team if they have concerns for the people who access their service and understand how working in a collaborative way, providing wrap around support to individuals in crisis can enhance care. Staff mentioned that they felt reassured following speaking to members of the team.</p>	
<b>Outcomes</b> <i>(briefly explain the benefits, for example, what difference it has made to patients and public or to the way we work i.e. try to explain the 'so what' question)</i>	
<p>Suicide and domestic abuse are not easy matters to talk about, many of the people who experience this adversity are equally vulnerable to health inequalities and find it difficult to access or receive the support they need. I remain hopeful that ongoing collaborative pieces of work such as this with our third sector partner agencies will seek to improve the care for those that require it here in Rotherham.</p>	
<b>Anything else you would like to tell?</b> <i>(is there anything else you want to tell us e.g. who/what team (s) were involved, what the next steps might be etc)</i>	

<b>Minutes</b>	
<b>Title of Meeting:</b>	<b>PUBLIC</b> Rotherham Place Board: Partnership Business
<b>Time of Meeting:</b>	9.30am – 10.30am
<b>Date of Meeting:</b>	Wednesday 15 January 2025
<b>Venue:</b>	Conference Suite, Voluntary Action Rotherham
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Richard Jenkins, The Rotherham NHS Foundation Trust Sharon Kemp, Rotherham Metropolitan Borough Council Gordon Laidlaw, NHS SY Integrated Care Board Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, RMBC Anand Barmade, Connect Healthcare Rotherham
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
<b>Quoracy:</b>	Confirmed as quorate.

### Members:

Chris Edwards (**CE**), Chair, Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB)

Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB

Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council (deputising)

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

Andrew Russell (**AR**), Director of Nursing, Doncaster & Rotherham Places, NHS SY ICB

Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust (deputising)

### Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair

Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice

Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham

Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB

Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB

Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB

Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

### In attendance:

Emily Ball, Graduate Management Trainee, NHS SY ICB

Andrew Clayton (**AC**), Head of Digital, NHS SY ICB

Helen Sweaton (**HS**), Assistant Director – Children's, RMBC/NHS SY ICB

Usman Niazi, Client Manager, 360 Assurance

### Minute Taker:

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

Item Number	Discussion Items
101/01/25	<b>Public &amp; Patient Questions</b>
<p>There were no questions from members of the public.</p>	
102/01/25	<b>Public Health Director's Annual Report</b>
<p>BA presented his annual report which this year focuses specifically on the role of general practice, looking at the importance of high quality management of long term conditions within the community.</p> <p>Ben explained that health inequalities in Rotherham means that our population experience more ill health earlier in life and too many suffer multi-morbidity or the impact of more than one health condition at once which is bad for Rotherham people and families and bad for Rotherham's economy. General practices are uniquely place to impact on inequalities in health with their mix of health professionals and position in the heart of the community, giving them the opportunity to support people to stay health, identify risk factors and conditions early and support the good management of ill health to reduce the impacts they can have on people's quality of life and the contribution they can make to our communities.</p> <p>The population change expected over next 10 years will mean we see an increase in the oldest age groups, mainly those aged 75+. The key will be to look at current levels of disease to try to reduce rising demand.</p> <p>All diseases are expected to rise but data showed that by focussing on an area of opportunity we can made real difference. Since 2015/16 with additional and enhanced service payments, additional roles reimbursements schemes and Quality Outcome frameworks funding, the overall rise in spend in general practice was 58.9%, an additional 25.1% above general inflation levels</p> <p>BA outlined a number of recommendations for Place Board to consider that highlighted that if we don't change, demand will continue to rise and be unsustainable. It is therefore important that we use the opportunities we have and Rotherham Place decides what its needs are for primary care networks (PCN) to focus on where it will make the most difference for primary care and PCNs.</p> <p>JP advised that although an inflationary lift is good, general practices have seen an increase in the number of patients on their lists coupled with an increase in the complexity of conditions patients present with which creates a difficult choice between providing access vs quality.</p> <p>Place Board thanked the Director of Public Health for his annual report. The report will inform the development of the revised version of our place plan.</p>	
103/01/25	<b>Maternity, Children and Young People's Update</b>
<p>HS commenced by reminding members of the groups key priorities for giving all children the best start in life so they go on to achieve their potential. Generally good progress is being made and there are no actions/concerns to raise with Place Board.</p> <p>HS gave a few highlights from the presentation including:</p> <ul style="list-style-type: none"> <li>- Rotherham has achieved the highest possible rating in the local area SEND inspection and is being cited as an example of good practice for schools.</li> <li>- The Smoking at Time of Delivery risk has been mitigated and continues to be monitored to make sure there is no significant impact, however it was noted that it remains on the risk register for the time being.</li> <li>- The work on waiting time trajectories in CAMHs is moving forward and in line with the trajectory in December but increased demand is still being seen.</li> <li>- Health passports continue to be a challenge to 'go live' and the timeframe has been revised to allow a solution to be implemented.</li> </ul>	

In relation to the 0-19 service commencing new 3-4 month visits to all families, JBR was reassured by this proactive approach and the added benefit of developing better relationships with parents. HS advised that NIHR will be undertaking an independent evaluation, the results from which will be shared with JBR.

HS gave assurance to SS that despite the changes made, delivery will be as previously provided in terms of checks and to address any cultural inequalities. The vulnerability pathway refers into the service and therefore so monitoring will take place to identify any unintended consequences and if so, these will be reported to Place Board.

Members thanked HS and noted the update.

**104/01/25    Digital Update**

AC updated on progress with work being undertaken across including:

- ICS Digital Transformation Strategy discovery workshops commenced (January 25)
- ICS Digital Workforce and Skills Strategy discovery sessions completed (November 24)
- Continued growth in usage of shared care records in RMBC and care homes
- Migration planning from local Rotherham Health Record platform to strategic Yorkshire and Humber Care Record Platform commenced
- Rotherham Digital Programme: in 2024 1500+ free mobile data contracts were distributed and 2751 people actively supported in the community
- Successful SY wide digital inclusion event held on 9th October in Rotherham at New York Stadium
- Citizens Advice led SY Digital Inclusion Programme offering comprehensive support via 7 workstreams commenced operation in Rotherham in August 2024. Activity is meeting and exceeding targets in Rotherham.
- Eclipse Tool successfully adopted to support the Proactive Care workstream
- GP Online Registration - 100% rollout across South Yorkshire completed
- NHS App usage = 58% GP patients registered (highest in SY, up 3% since June 2024)
- Digitising Social Care Records = 86% of eligible Adult Social Care Providers digitised (highest in SY)
- Four care home sites participating in the Nobi remote monitoring programme

Members heard that at Rotherham hospital over 1000 patients a day use NHS App to access online surveys, correspondence and health forms, there has been very positive feedback from RMBC/Care Home and GP staff in relation to RHR.CARE and hospital electronic patient records are directly interfaced with GP records.

Work with Rotherham, Doncaster and South Humber NHS Trust has resulted in the implementation of capturing mental health patient feedback through Care Opinion, exploration with CAB opportunities to upcycle devices to prevent digital exclusion and the rollout of IT smart lockers for RDASH staff following successful evaluation of Swallownest Court pilot.

Working with RMBC has improved efficiency for social workers through AI summaries of care act assessments, engagement with Microsoft has seen the production of AI for education and health care plan and a digital front door chatbot pilot for social care has been created.

There were three challenges and risks facing the group which were noted around digital workforce resourcing, digital programme funding and the digital pathway framework.

In the coming months, work will continue on developing the SY ICS Digital Transformation Strategy and digital workforce and skill strategy, developing plans for full migrations to the Yorkshire & Humber Care Record system by March 2026, driving up shared care record usage, particularly in primary care and RDASH and the finalise the implementation of digital social care record systems and Nobi remote monitoring solution and assess the benefits.

Following an enquiry from SS around public perceptions of information sharing with digital solutions and AI, AC gave reassurance that governance is in place and partners use for patient care only, not for research purposes.

It was agreed that MCS will contact AC to discuss Hospice representation on digital groups.  
**Action: MCS**  
CE thanked AC for the update on digital developments and AC left the meeting.

**105/01/25    Primary Care Update**

JP advised that there had been as many general practice appointments in 2024/5 as there were in 2016. 38% of these had been provided by a GP with the rest carried out by other professionals at the practice.

There are also 266 hours of enhanced access appointments offered each week across Rotherham. There are available 7 days a week and delivered across several sites and are available to book on the NHS App, patients' online services and through GP practices. This service is managed by PCNs and works well with good appointments utilisation. Any unused appointments are offered to the Trust to be used for UECC patients.

In relation to Capacity and Access Improvement (CAIP), six specific targets had been agreed locally. In order for PCNs to be guaranteed payment for achievement, each member practice had to deliver on a specific selection of care navigation, friends and family test, telephony, GP Patient Survey, Online consultation, and appointment numbers. Across 28 criteria achievement was agreed for 18 indicators, with 10 agreed following submission of further evidence.

A number of issues were highlighted including:

- GP collective action,
- Increased demand across all areas
- Recruitment of key areas of clinical staffing
- Retention of non-clinical staffing
- Complex patients being moved back to primary care sooner
- Digital inclusion for all groups
- Continuing challenges to morale and mental wellbeing of all staff groups
- Uncertainty of funding

JP advised that despite the financial uncertainties and challenging discussions, GPs are working with the ICB on moving to delivery of proactive care, supporting winter pressures and building resilience. A review of all enhanced services is taking place across South Yorkshire and principles are being agreed but it is more difficult with the impact from GP collective action.

CE thanked JP for the update.

KG asked about the withdrawal of the admiral nursing service and whether there would be reassurance for the public around what it will be replaced with.

CE advised that the decision not fund admiral nurses had been made by the Primary Care Networks (PCNs). However as part of contract discussions, the ICB will be working with RDaSH to identify other similar provision is available and will also discuss the decision with PCNs.

**106/01/25    Place Partnership Update and Place Achievements**

The update informed Members that the NHS SY ICB Medicines Management Team and the Rotherham NHS Foundation Trust Nutrition and Dietetics Team had been given top honours at the HSJ Awards for the Care homes Hydration Project in the Place-based Partnership and Integrated Care Award Category.

The update also contained data showing a breakdown of the hits on the RotherHive mental health page and signposted to a new report by the National Academy for Social Prescribing which highlighted the benefits of social prescribing as well as profiling the Rotherham service.

An achievement has also been received from members of the Trauma Resilience Service who had received individual awards from the National Crime Agency to recognise their outstanding contributions to Operation Stovewood in Rotherham.

Place Board noted the Place Update and achievement and congratulated teams on their awards.

**107/01/25 Health Watch Presentation and Quarter 3 Report**

KG had provided two presentations for Place Board, one that was an introduction to Healthwatch, its statutory duties, role and functions as well as some of the priority topics for 2024-25. The other was a report produced on a quarterly basis by Healthwatch that gave a summary of the work they have undertaken and issues addressed.

KG raised a couple of areas that Healthwatch has been working on during quarter 3 including issues people were experiencing with audiology services around waiting times and access to hearing aid batteries, as well as a wait of 12 months for a full hearing test.

KG also mentioned that there have been some reports that accessing contraception is not easy. Following discussion, it was agreed that KG will provide further details to BA so that he/HS can review and work with Healthwatch to address.

**Action: KG**

BK will also ask the hospital older people's lead to link with KG on the audiology issues.

**Action: BK**

Members agreed that the Healthwatch Quarterly report was useful and it will be added to future Place Board agendas as a standing item.

**Action: LG**

**108/01/25 Communications to Partners/Promoting Events & Consultations**

None.

**109/01/25 Draft Minutes and Action Log from Public Place Board**

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

The action log was reviewed and noted as all completed.

**110/01/25 Risks and Items for Escalation to Appropriate Board**

There were no new risks to note.

**111/01/25 Future Agenda Items:**

**Standing Items**

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

**112/01/25 Date of Next Meeting**

The next meeting will take place on **Wednesday 19 February 2025** in the John Smith Room, Town Hall, Rotherham.

**Members**

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council

(Joint Chair) Quarterly attendance)		
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
Bob Kirton	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
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



PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - 01 April 2024 - 31 March 2025

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion	Lead Officer	Action Status	Date Completed	Comments
15.01.25	104/01/25	Digital Update	MCS to contact Andrew Clayton to discuss Hospice representation on digital groups.	19.02.25	MCS	Green	16.01.25	MCS confirmed discussion with AC and contacts exchanged.
15.01.25	107/01/25	Health Watch Quarter 3 Report	KG to provide detail around difficulty of access to contraception to BA/HS	19.02.25	KG	Green	07.02.25	KG confirmed information had been shared
15.01.25	107/01/25	Health Watch Quarter 3 Report	BK to ask the hospital older people's lead to link with KG on audiology issues.	19.02.25	BK	Green	24.01.25	BK confirmed meeting being scheduled.
15.01.25	107/01/25	Health Watch Quarter 3 Report	Health Watch quarterly report to be added as a standing item going forward.	19.02.25	LG	Green	20.01.25	Added to Public Place Board forward agenda