Rotherham Integrated Care Partnership

Public Agenda	
Title of Meeting:	**Rotherham Integrated Care Partnership Place Board**
Time of Meeting:	9am – 10am
Date of Meeting:	Wednesday 4 December 2019
Venue:	Elm Room (G.04), Oak House, Bramley, S66 1YY
Chair:	Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net Tel: 01709 302116

Apologies:	
Conflicts of Interest:	
Quoracy:	One member from each of RCCG and RMBC and one provider

Item			Encs
1	Public & Patient Questions: *The Chair will listen to the points made and will attempt to respond at the time. However, there may be occasions when a response has to be issued in writing after the meeting. Should this occur the response will be published as an item for information at the next meeting.*	*Chair*	*Verbal*
	Business Items		
2	Transformation Groups Updates: • Children and Young People: Child and Adolescent Mental Health Services • Urgent and Community Care: Integrated Single Point of Contact • Mental Health and Learning Disability: Community Crisis and Home Treatment	*J Lingrell* *C Preston* *I Atkinson*	*Enc 2*
3	Enabling Group Update: Digital	*A Clayton*	*Enc 3*
4	Rotherham ICP Place Plan – Progress Update	*I Atkinson/ L George*	*Verbal*
5	Rotherham ICP Performance Report – Quarter 2	*L George*	*Enc 5*
6	Winter Plan & Preparedness Update	*All partners*	*Verbal*
	Standard Items		
7	Draft Minutes from Public ICP Place Board – 6 November 2019	*Chair*	*Enc 7*
8	Communication to Partners	*All partners*	*Verbal*
9	Risks and Items for escalation	*Chair*	*Verbal*
10	Future Agenda Items: • Rotherham ICP Place Plan (Feb) • Rotherham ICP Communications & Engagement Strategy (Feb) • Provider Alliance Update (Feb) Standard Agenda Items: • Provider Alliance Update • Impact of Brexit Update (re-commence from mid Jan 2020) ICP Performance Framework (Quarterly) Winter Plan and Preparedness Verbal Updates (winter period only)		
11	Date of Next Meeting: Wednesday 5 February 2020, 9am – 10am in **Elm Room, Oak House, Moorhead Way, Rotherham S66 1YY** *NB – No January Meeting*		

2020 Future PUBLIC Meeting Dates:

Date	Venue	Time
Wednesday 5 February 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 4 March 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 1 April 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 6 May 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 3 June 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 1 July 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 5 August 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 2 September 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 7 October 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 4 November 2020	Elm Room (G.04) Oak House	9-10am
Wednesday 2 December 2020	Elm Room (G.04) Oak House	9-10am

Scheduled Transformation & Enabling Group Spotlight Updates:

PB Meeting Date	Children & Young People	Urgent & Care Community Care	Mental Health & Learning Disability	Enabling Group Updates	Other
8 Jan 2020	None factored in				
5 Feb 2020	Children's Acute and Community Integration	Integrated Discharge Team	Improving Access to Psychological Therapies	Finance	
4 Mar 2020	Maternity and Better Births/ Signs of Safety	Intermediate Care & Re-ablement	Dementia	Comms	Performance Report Q3
1 Apr 2020	Transitions	Integrate Rapid Response	Core 24	OD & Workforce	
6 May 2020	0-19 Healthy Child Pathway	Support to Care Homes	Rotherham's Strategy to promote Mental Health and Wellbeing	Estates	
3 Jun 2020	Special Educational Needs and Disability	Implementation of Integrated Working (inc PCNs)	Learning Disability (Transforming Care, My Front Door Strategy and Autism)	Tbc	Performance Report Q4
1 Jul 2020	Child and Adolescent Mental Health Services	Integrated Single Point of Contact	Community Crisis and Home Treatment (Core Fidelity)	Tbc	
5 Aug 2020	Children's Acute and Community Integration	Integrated Discharge Team	Improving Access to Psychological Therapies	Tbc	
2 Sep 2020	Maternity and Better Births/Signs of Safety	Intermediate Care & Re-ablement	Dementia	Tbc	Performance Report Q1
7 Oct 2020	Transitions	Integrate Rapid Response	Core 24	Tbc	
4 Nov 2020	0-19 Healthy Child Pathway	Support to Care Homes	Rotherham's Strategy to promote Mental Health and Wellbeing	Tbc	
2 Dec 2020	Special Educational Needs and Disability	Implementation of Integrated Working (inc PCNs)	Learning Disability (Transforming Care, My Front Door Strategy and Autism)	Tbc	Performance Report Q2

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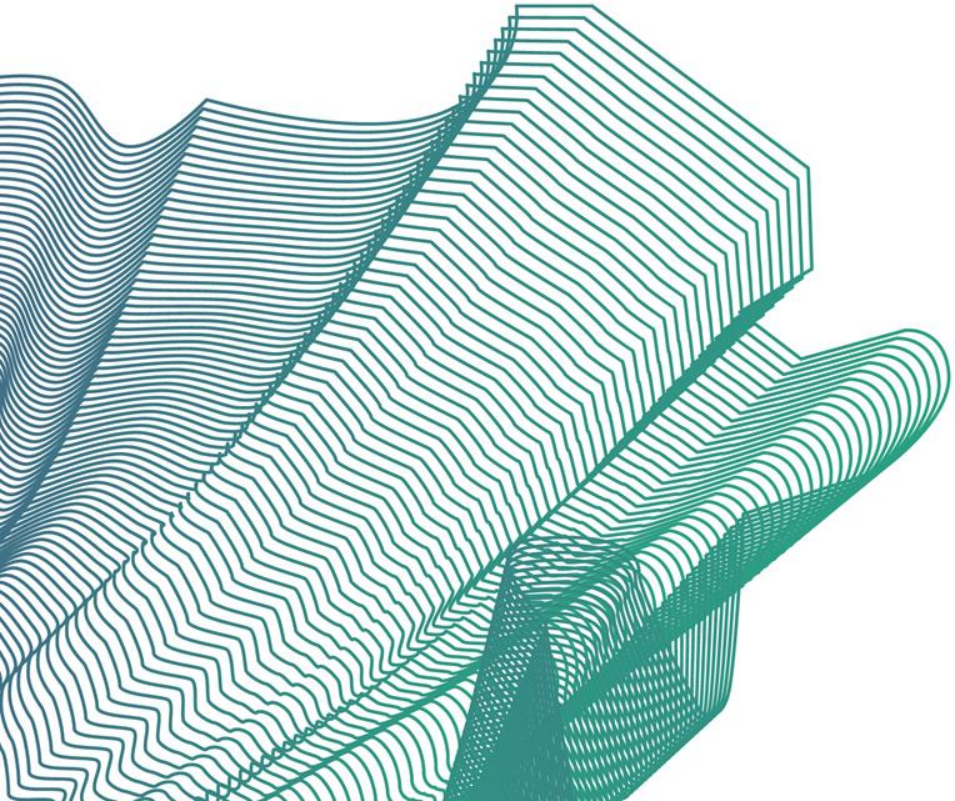
INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham ICP Spotlight Presentations

4 December 2019



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Children & Young People's Transformation Group Update

Child & Adolescent Mental Health Services (CAMHS)/Autism

What's working well

- **CQC visited Rotherham CAMHS and feedback was positive**
  - Highly skilled, compassionate staff focused on patient needs
  - Strong partnership working with other partner organisations
  - Transition worker role
  - Patients and carers report staff are responsive and flexible
- **The System Improvement Team Visit as part of the 4 week wait trailblazer pilot was positive**
  - Intellectual Disability (ID) pathway ensures equity of access to those without ID
  - 'Safety Nets' group supports reduction in stigma, engaging young people creatively
  - Multi-disciplinary working of the Eating Disorders pathway
  - Peer support workers employed in service
- **The Mental Health Schools Team Trailblazer Pilot is progressing well towards full implementation**
  - Fully staffed group
  - Barnardos strategic lead in place
  - Launch with the identified schools in December 2019
  - Good engagement with the schools involved
- **The 4 Week Wait Trailblazer Pilot is progressing well**
  - Meeting 2 contacts for 89% of cases referred in timescale
  - Additional Children's Well-being Practitioners in training posts
  - Systemic Family Practitioner trainee nearing completion

What we are worried about

- Waiting times for ASD and ADHD diagnosis is unacceptably high
- CAMHS pathways across the wider children's workforce (especially Early Help, Social Care and schools) is not always well understood
- Co-production and user engagement is established but not strategically embedded

What needs to happen next

- Development of a strategic engagement and participation plan
- A clear action plan is in place to reduce waiting times for ASD and ADHD diagnosis
  - This is structured into three key areas:
- Ensuring the current referral pathway works efficiently
  - The pathway has been reviewed to reduce inefficiency and ensure that the right support is in place (e.g. admin support)
  - Cases are no longer being expedited by exception (this was detracting from the main pathway and potentially leading to inequality in the offer
  - The pathway is fully staffed
  - A turnaround team is being put in place by RDaSH; RMBC are supporting where possible
- Add capacity to the current pathway
  - The CCG has commissioned Healios to provide additional capacity
  - A joint implementation plan has been developed by the CCG and RDaSH CAMHS
  - Parent Carer Forum have been involved with development of the action plan
  - The first cohort of patients who are waiting will be contacted this month
  - Healios will offer an online diagnosis facility to children and families; this has been well received in other areas
- Taking a whole system approach to reducing the number of referrals
  - The SEMH Delivery Group was well attended and partners engaged with the process to understand referral processes
  - Task and finish groups will review how cases are referred and commence work to develop a general development pathway
- There is an opportunity to review co-production and user engagement across the system to ensure that it is effective and efficient

Mental Health & Learning Disability Transformation Group Update

Community Crisis & Home Treatment (Core Fidelity)

What's working well

- Self-harm training completed (Psychodynamic Interpersonal Therapy and Self-harm train the trainer)
- Increased capacity commissioned by the CCG to enhance delivery by the Crisis / Home Treatment Teams. This has released social worker capacity, such as new social worker ward post and freed Crisis team to focus on Community Urgent Interventions.
- Community Crisis Transformation Fund
- Inclusion in the Urgent and Crisis Mental Health Care National Pilot and joint work with TRFT on this

What we are worried about

- Workforce retention and recruitment:
  - Both RDaSH & RMBC (social workers) are experiencing challenges in recruiting to vacancies
  - Police Street Triage over winter period – RDaSH are unable to recruit to support delivery
- The number of suicides and drug related deaths / impact of these on the workforce
- Both Swallownest and Woodlands continue to experience DTOCs. RDaSH are currently reporting 17 DTOCs
- Increased activity - Section 136 activity / Out of area placements
- Further work is required to enhance the Crisis Helpline
- The future working arrangements between Social Workers / RDaSH (Crisis / Home Treatment Teams) is still unclear
- The future working arrangements between Rotherham and SY & B ICS partners, such the AMHP Cross Boundary Working Agreement

What needs to happen next

- Vacancy recruitment
- Recruitment of the additional 3 clinical staff to support the enhanced Crisis Helpline
- Continued delivery of the suicide-prevention action plan (includes enhanced support to workforce)
- New Ward Social Worker post to support the DTOC reduction work – post recruitment, agree standing operating procedure between RDaSH /RMBC
- Social care / health crisis pathway analysis work to be completed. This will inform the development of the new social care/ health model of delivery
- Winter pressures funding application submitted – increase social worker capacity / Samaritans
- Work with SY&B ICS partners to agree joint policies

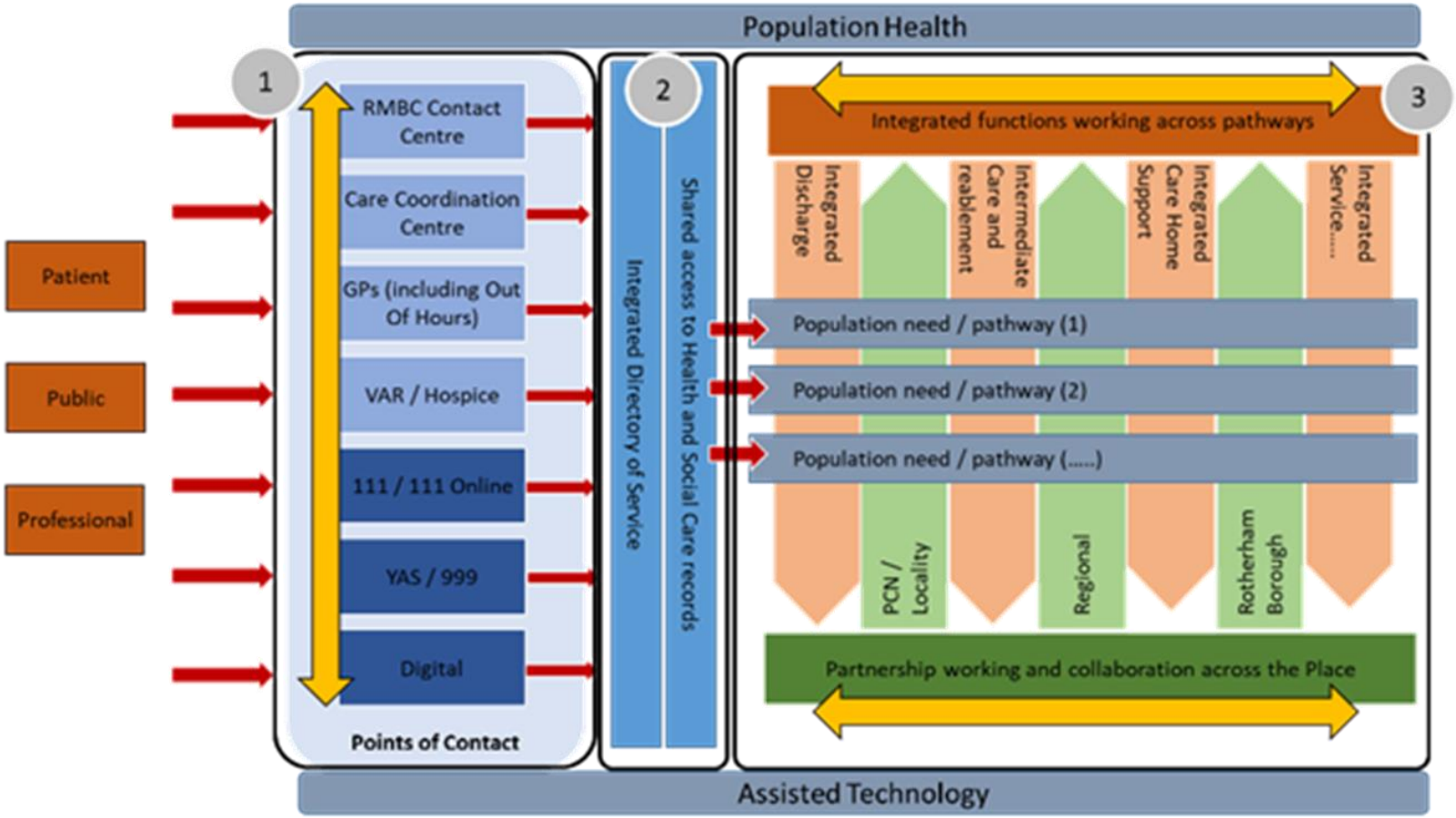
Urgent and Community Transformation Group Update

Integrated Points of Contact

What's working well?

- Integrated Points of Contact re-affirmed as a key theme
- Focus moved from structural change to integrated ways of working
- To be progressed through the Intermediate Care and Reablement health and social care MDT community hub as a test bed
- Underpinned by integrated directory of services and Rotherham Care Record

Integrating Points of Contact in relation to the wider system



What we are worried about?

Concern	Mitigation
Capacity to deliver: winter	• Back fill arrangements being put in place to release specialist resource • New Attain resource
Pace and scale of change	Phased implementation to realise early benefits in manageable chunks
Up skilling staff	Co-location is facilitating: • Knowledge transfer • Increased levels of risk tolerance by acute decision makers in relation to the community setting

What needs to happen next?

Community Hub

- Defining how the Hub will work in practice
- Scoping co-location of a reablement team
- Requirements gathering and development of Rotherham Health Record

Scoping of Directory of Services

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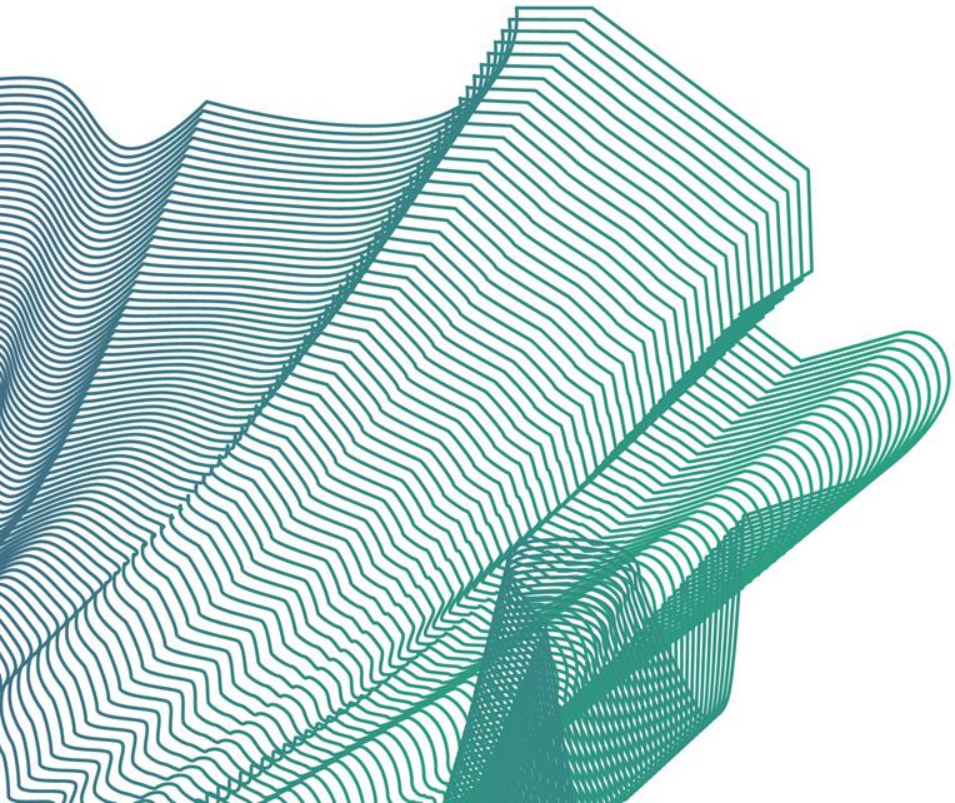
Rotherham ICP Place Board

Digital Enabling Group Update

Wednesday 4 December 2019



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What's Working Well

- Rotherham ICP Digital Strategy is completed and was approved in November 2019
  - The strategy sets out a three year roadmap for digital services
  - Delivery programmes will be monitored by the Digital Group
- Implementation programme for wider use of the Rotherham Health Record (RHR) is underway
  - The RHR system is being used to support delivery of the revised Intermediate Care and Reablement transformation programme
- Rotherham Health App uptake continues to grow (3.55% population/9387 users at 25.11.19)
  - Further functionality for use of the app beyond general practice is being scoped for implementation during 2019/20
  - The agreed use of a common app platform is helping to mitigate against the proliferation of health and care apps across the ICP
- Population Health Management tool is developed and currently being released to the first wave of users
- Digital inclusion programme has started

What are we worried about

- Conflicting local and ICP programmes impact resource availability
- Commitment from partners to programme delivery
- There are still some general practices to sign up to using the Rotherham Health Record
- Delays to the introduction of Mental Health and Local Authority Children's data into the Rotherham Health Record
- There are delays to the integration of the Rotherham Health App to the TRFT Electronic Patient Record

What Needs to Happen

- Escalation to address delays
- The priority use cases for the Population Health Management (PHM) tool need to be identified
- The approach to delivery of an analytics service for the PHM tool needs to be agreed
- IT Services Review needs to be initiated (TRFT Delivery Partner)
- Infrastructure Optimisation will follow the Review
- Continued comms and working with service representatives to determine digital requirements and validate work and progress so far

Rotherham Integrated Care Partnership

Rotherham ICP Place Board – 4 December 2019

Quarter 2 Performance Report for ICP Place Plan

Lead Executive	**Ian Atkinson** Deputy Chief Officer, NHS Rotherham CCG
Lead Officer	**Lydia George** Strategy and Delivery Lead, NHS Rotherham CCG/Rotherham Integrated Care Partnership

Purpose

For members to note progress with the delivery of the ICP Place Plan as at the end of Quarter 2 2019/20.

Background

A performance report for the ICP Place Plan has been developed so that ICP Place Board members can assess progress against the key priorities and on implementation of the plan.

The performance report includes a small set of milestones and key performance indicators for each of the priorities beneath the three transformational areas.

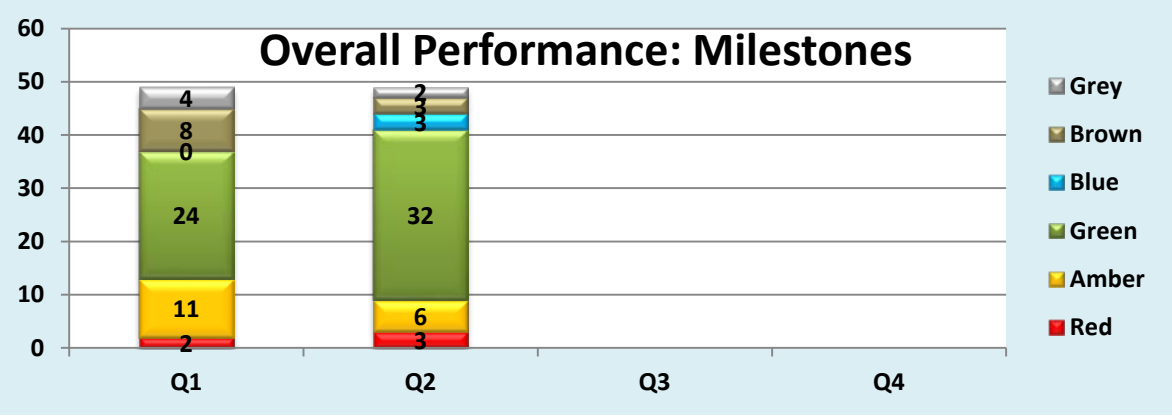
The performance report will be reported 4 times a year and received at ICP Place Board in September, December, March and June.

The performance report will also be received at the Health and Wellbeing Board.

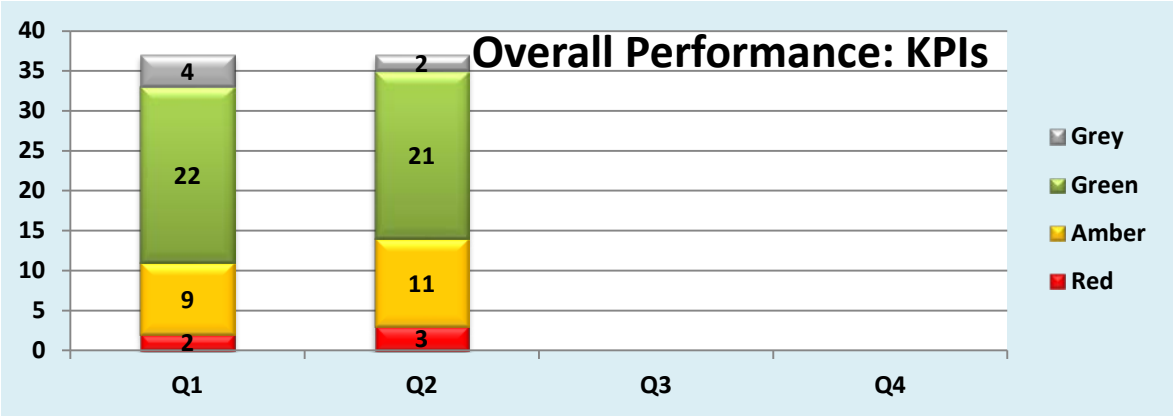
The performance report has been refreshed for 2019/20,however it should be noted that a further refresh will be necessary once the new ICP Place Plan has been produced and agreed (Rotherham response to the NHS Long Term Plan)

Analysis of key issues and of risks

The graph below shows overall performance for the 49 milestones:



The graph below shows overall performance for the 37 Key Performance Indicators:



Key to RAG rate:

Brown	Milestone	Not due to start
Red	KPI / Milestones	Not achieving target/Significant issues
Amber	KPI / Milestones	Almost achieving target/Started but not on track
Green	KPI / Milestones	Achieving Target/On track
Blue	Milestones	Complete
Grey	KPI / Milestones	To be confirmed

Further information and analysis can be seen in the attached Performance Report.

Approval history

ICP Delivery Team – 20/11/2019
ICP Place Board – 04/12/2019

Recommendations

Members are asked to note the performance for Q2 2019/20, comparisons to Q1and that overall the position has improved since Q1.

Rotherham Integrated Care Partnership

2019/20 Performance Report: Quarter 2

The **performance framework** will report against the agreed Milestones and Key Performance Indicators on a quarterly basis as follows:

	Delivery Team	Place Board
Q1	22 August 2019	4 September 2019
Q2	20 November 2019	4 December 2019
Q3	19 February 2020	4 March 2020
Q4	20 May 2020	3 June 2020

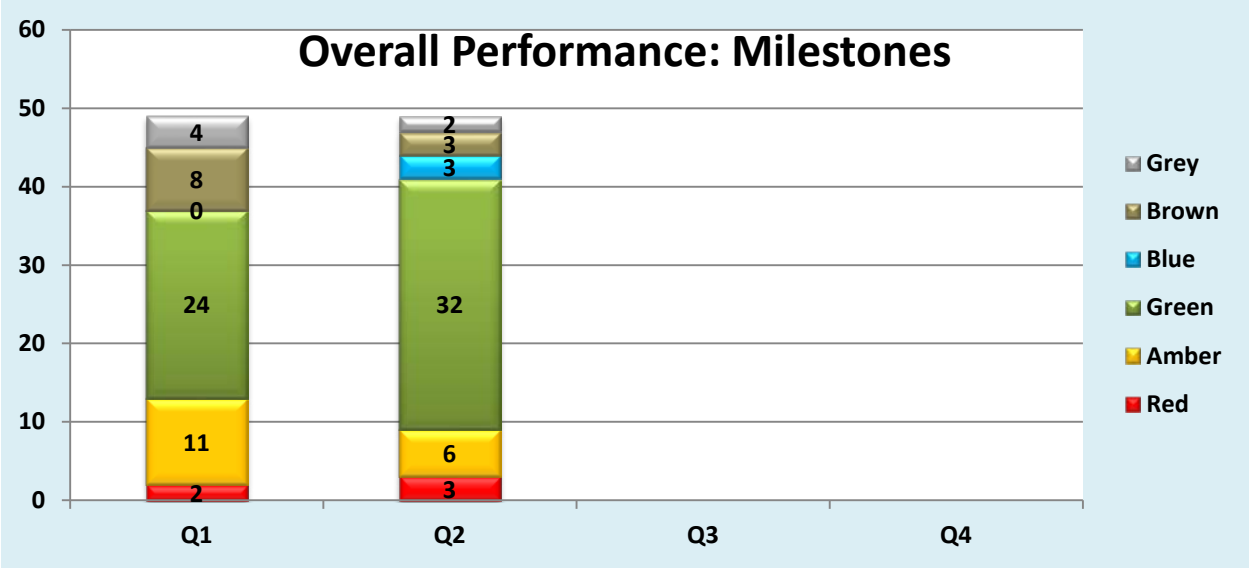
Key to ratings:

Brown	Milestone	Not due to start
Red	KPI Milestones	Not achieving target *(Tolerance = more than 2%)* Significant issues
Amber	KPI Milestones	Almost achieving target *(Tolerance = within 2%)* Started but not on track
Green	KPI Milestones	Achieving Target On track
Blue	Milestones	Complete
Grey	KPI Milestones	To be confirmed

There are five transformational workstreams, led by three Transformational Groups. All workstreams have key priorities as shown below (note that in 2019/20 some priorities are complete and have been removed):

	Children and Young People		Mental Health and Learning Disability		Acute and Community
C&YP 1	Implementation of Children and Young People Mental Health Services (CAMHS) Transformation Plan	LD&MH 1	Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service	UC&C 1	Creation of an integrated point of contact for care needs in Rotherham
C&YP 2	Maternity and Better Births	LD&MH 2	Improve dementia diagnosis and support	UC&C 3	Development of an integrated health and social care team to support the discharge of people out of hospital
C&YP 3	Oversee delivery of the 0-19 healthy child pathway services	LD&MH 5	Improve community crisis response and intervention for mental health.	UC&C 4	Implementation of integrated locality working across Rotherham
C&YP 4	Children's Acute and Community Integration	LD&MH 6	Implement Public Health 'Better Mental Health for All' Strategy	UC&C 5	Development of the re-ablement and intermediate care offer
C&YP 5	Special Educational Needs and Disability (SEND) – Journey to Excellence	LD&MH 7	Oversee delivery of Learning Disability Transforming Care	UC&C 6	Development of a coordinated approach to care home support.
C&YP 7	Transitions	LD&MH 8	Support the implementation of the 'my front door' Learning Disability Strategy		
		LD&MH 9	Support the development of the Autism Strategy		

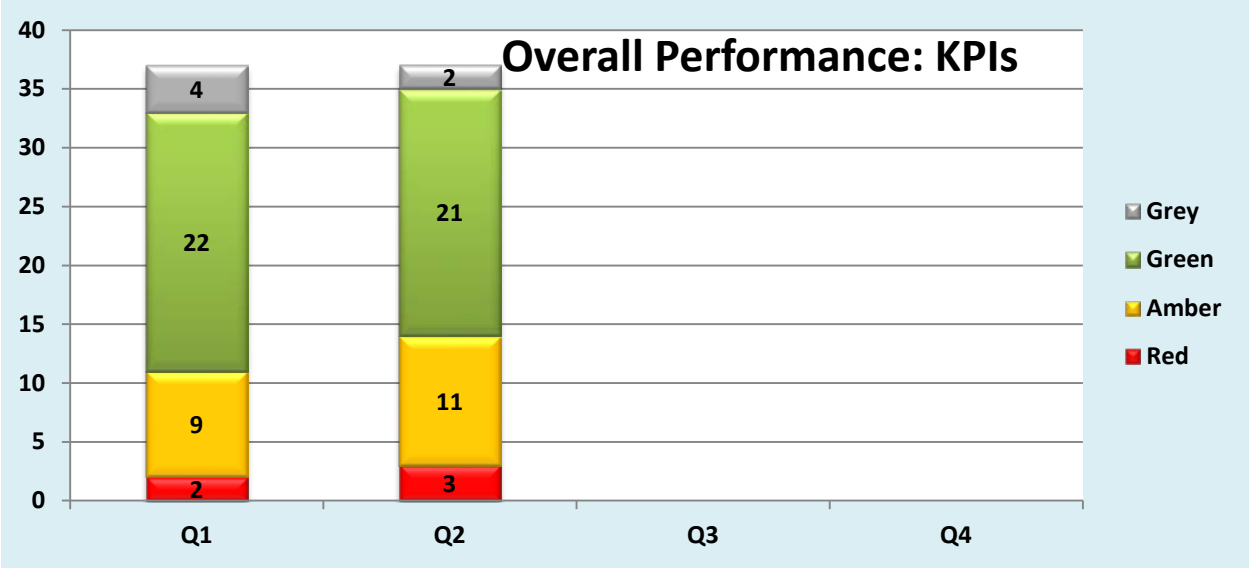
Summary of Performance Quarter 1 - 2



Of note:
The combined number of milestones either **on track or complete** has significantly **increased** in Q2.

The number of milestones either **TBC or Not Started** has **decreased** in Q2.

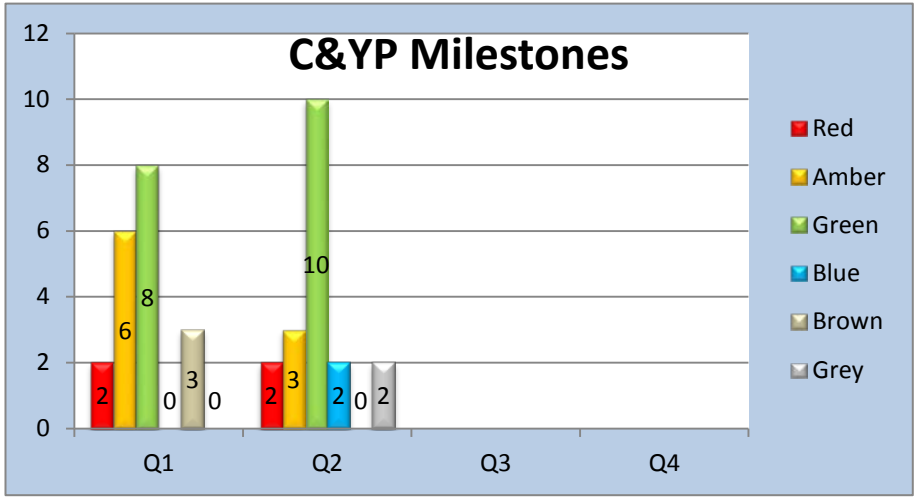
There is one **additional** milestone of **concern** in Q2



Of note:
The overall figures show that there has been **little fluctuation** in performance over Quarters 1 – 2 for **any** of the RAG ratings.

Summary of Children and Young People Performance

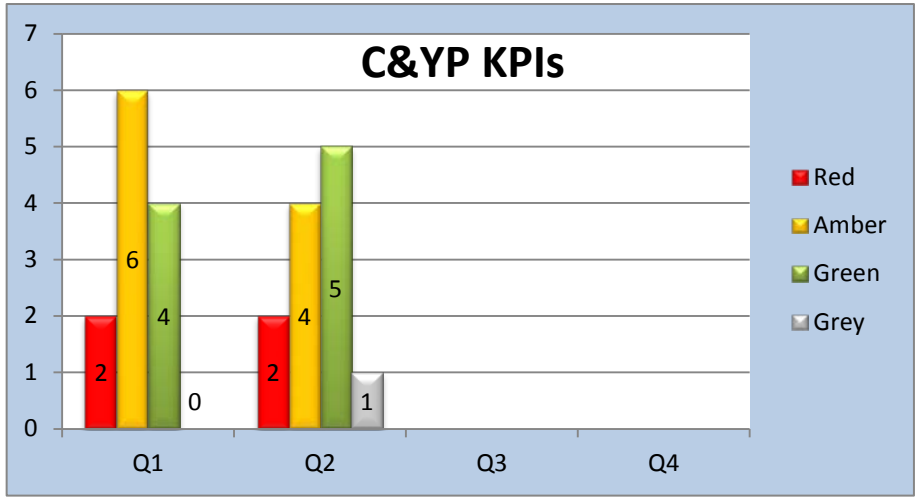
Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	2	10.5	2	10.5				
Amber	Slightly off track	6	31.6	3	15.8				
Green	On track	8	42.1	10	52.6				
Blue	Complete	0	0.0	2	10.5				
Brown	Not due to start	3	15.8	0	0.0				
Grey	Still to be confirmed	0	0.0	2	10.5				
Totals		19	100	19	100				



Of note:

- The number of milestones in Q2 complete or on track increased from 42.1%, to 63.1%
- In Q2, the number of red milestones remained the same as in Q1 at 10.5%

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	2	16.7	2	16.7				
Amber	Slightly off track	6	50.0	4	33.3				
Green	On track	4	33.3	5	41.7				
Grey	Still to be confirmed	0	0.0	1	8.3				
Totals		12	100	12	100				



Of note:

- The number of KPIs on track in Q2 has improved to 41.7% from 33.3% in Q1
- Although based on provisional data there has been an improvement in the reduction in the percentage of women smoking at time of delivery
- Also CAMHS referrals assessed within 6 weeks is back on track
- In Q2 the number of red KPIs remained the same as in Q1 at 16.7%

Children and Young People

Milestones

Chairs: Councillor Gordon Watson, RMBC/ Vice Chair, Dr Jason Page, CCG

Please note, the Signs of Safety Priority is under review with a view to being transferred to the Workforce and OD Enabling Group:

As at November 2019, no training has been delivered in the last quarter due to changes in staffing so the position remains the same, however, wider partnership advanced training is due to be delivered in the next three months.

Priority 1 C&YP – CAMHS Transformation Plan								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
CH1.1	Work with all stakeholders to review the RDaSH CAMHS ASD/ADHD diagnosis pathway.	Q4 19/20	G	R	R			This has been rated 'red' due to the unacceptable waiting times for ASD / ADHD diagnosis. However progress is being made to deliver the whole system action plan in place to reduce waiting times.
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 19/20	A	A	A			The CAMHS locality model is now embedded. Early Help and CAMHS work together. CAMHS is co-located within the Special Educational Needs and Disabilities (SEND) hub at Kimberworth Place. Partners will adopt the principle of "no wrong door" rather than the physical integration of the two services points of access – which could potentially de-stabilise the strong links already working with SEND services. Trailblazer work will strengthen links between CAMHS and schools.
CH1.3	Improved CAMHS Crisis service out of hours.	Q4 19/20	A	A	A			This is a long term area of work. RDaSH are working with TRFT as part of a national pilot for Urgent and Emergency Care Access Standard. RDaSH are focusing on young people who present at Rotherham general
CH1.4	Clarification of the pathways between the CAMHS service and Youth Offending Team (YOT) and 'Liaison & Diversion' service.	Q4 19/20	A	A	A			This action has been incorporated into the SEMH Strategy/Action Plan to progress
CH1.5	Scoping out of a Schools 'CAMHS' service in line with the government 'Green Paper' recommendations	Q3 19/20	G	G	G			Mobilisation Of the CAMHS Trailblazer is on-going. A soft launch is planned for December ahead of the staff completing training.

Priority 2 C&YP – Maternity and Better Births								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
CH2.1	To reduce stillbirths and neonatal deaths	Q4 2021	1.61%	1.61%	N/A until Dec 2019			The Q2 2019/2020 data will be published by NHS England in late December 2019.
CH2.2	For all women to have a Personalised Care Plan (PCP)	Q4 2021	100%	100%	100%			All women are now provided with a Personalised Care Plan and work is on-going with a review to ensure the plan meets the needs of the women.
CH2.3	To reduce the number of women smoking in pregnancy	Q3 2022	19.6%	20.2%	16.4% (prov)			The percentage of women in Rotherham smoking at time of delivery decreased from 20.2% to 16.4%between Quarter 1 and Quarter 2 2019/20 (lower is better) and is below the target of 18%. Therefore,overall status is green and direction of travel is improving. This is the lowest rate of smoking at time of delivery achieved to date.

Priority 3 C&YP – 0-19 Healthy Child Pathway								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
CH3.1	To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.	Q4 19/20	A	R	R			There has been an increase in number of EHA assessments completed in the last Quarter. Q2 – 18 for 0 -19 service
CH3.2	All 0-19 Practitioners will have completed Signs of Safety training by the end of 2018/19.	Q4 19/20	A	A	G			SOS to be included for this financial year : 70 % of staff attended this training, awaiting new dates.

Priority 4 C&YP – Acute and Community Integration								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
CH4.1	Embed the work of the rapid response team with referral routes established across the system Work with GPs and test direct referrals from General Practice to the Rapid Response Team	Q4 18/19	G	G	G			The work is now embedded across the children's ward, children's CAU and UECC. This work is going to move forward to G.P's. Further discussions need to be had with the CCG regarding funding.
CH4.2	Establish links between Rapid Response Team & Early Help	Q3 18/19	G	G	G			The CCN /PARROT team have links with early help. The teams are both based at Kimberworth and are aware of the process for referral.
CH4.3	Pilot a direct link between Children's Ward and Children's Service to support timely discharge plans	Q3 18/19	G	G	G			There is a direct link between the Rapid response Team (PARROT)

Priority 5 C&YP – SEND								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
CH5.1	Undertake the following in respect of **Joint Commissioning:** • Implement the **joint financial protocol** and service specifications • Implement the **Special School Funding Model** • Review of **SEMH Support Centres (PRUs)** • Review of **Traded Models** • Review of service provision within the **High Needs Budget**	Q4 19/20	G	G	B			• Joint Resourcing Panel in place • SEND Sufficiency Strategy approved • SEND Health Sufficiency Strategy approved and at implementation phase • Review of SEMH Support Centres complete; focused work to commence in September 2019 • Strategic Inclusion Steering Group in place to review traded models • High Needs Budget Recovery Plan submitted to DfE
CH5.2	Create a plan to reduce placements outside Rotherham (including **residential provision** offer, Reduce **OOA provision** arrangements	Q2 19/20	G	G	B			SEND Sufficiency Strategy approved by RMBC Cabinet SEND Sufficiency proposals agreed with schools

Priority 7 C&YP – Transitions								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
CH7.1	Develop an operational transition pathway based on Preparing for Adulthood model and publish the transition pathway on the Council website (local offer).	Q2 19/20	A	A	A			The transitional pathway has been developed and will be published as part of the Adult Care Pathway transformation. This has been published internally: see http://rmbcintranet/Directorates/ACH/Pages/Adult-Social-Care-Pathways.aspx A date for public publication will be confirmed with comms.
CH7.2	Hold an engagement event to ensure young people, families and schools are aware of the employment and skills strategy	Q3 19/20	N/A	BR	G			The E&S strategy is featured on the RiDO website and will be promoted to residents and young people at the LEAF Job and Careers Fair on Monday 11th. A scoping meeting to discuss a careers' fair and event aimed at young people with SEND will be discussed with special school representatives on 28th Nov. The E&S strategy will be promoted at these events and Rotherham Show in Sept 20
CH7.3	Producing a video for schools / colleges setting out local job market information, including educational routes and career progression opportunities for the preparing for Adulthood Cohort	Q4 19/20	N/A	BR	G			A local labour market video is planned as part of the ESF Business Education Alliance project. However delays to funding by DWP have resulted in delays beyond our control. We will be looking at planning for this Dec/Jan.
CH7.4	Transition pathways for long-term health conditions to be developed	Q3 19/20	N/A	BR	G			A plan is being prepared as part of the Preparing for Adulthood Board. This is to be shared in late November.

Children and Young People

KPIs

No.	Description	Trajectory	Target 1920	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH/KPI 1	Percentage of referrals assessed within 6 weeks	Increase	95%	CH1 - CAMHS	A 84%	A 89.5%	G 100%			As at 30 September 2019 excluding ASD/ADHD (in line with the Contract Reporting).
CH/KPI 2	Percentage of referrals receiving treatment within 18 weeks	Increase	95%	CH1 - CAMHS	A 87%	A 93%	A 97.4%			As at 30 September 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/KPI 3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%	G 100%			As at 30 September 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/KPI 4	Percentage of all appropriate urgent referrals assessed within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%	G 100%			As at 30 September 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/KPI 5	A reduction in the rate of stillbirths and neonatal deaths	Reduce	3.76%	CH2 – Maternity	G 1.61	G 1.61%	Not available until Dec 19			The Q1 2019/20 rate is 1.6%, a slight reduction on the previous quarterly figure. The Q2 2019/2020 data will be published by NHS England in late December 2019.
CH/KPI 6	All pregnant women have a Personalised Care Plan by March 21	Increase	70%	CH2 – Maternity	G 100%	G 100%	G 100%			All women are now provided with a Personalised Care Plan and work is on-going in relation to review to ensure the plan meets the needs of the women.
CH/KPI 7	A reduction in the percentage of women smoking at time of delivery	Reduce	5% reduction	CH2 – Maternity	R 19.6%	A 17.8%	16.4% (prov)			The percentage of women in Rotherham smoking at time of delivery decreased from 20.2% to 16.4%between Quarter 1 and Quarter 2 2019/20 (lower is better) and is below the target of 18%. Therefore,overall status is green and direction of travel is improving.
CH/KPI 8	Increased Early Help Assessments completed by 0- 19 practitioners to a min 10 per month	Increase	10 per month	CH 3 - 0-19	A 8	R 13	R 19			Another increase between quarter one and quarter two, although this is still behind the target of completing 10 per month.
CH/KPI 9	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 5 - SEND	R 19	R 15	R 12			Q2 – 9 registered with SEN Support and 3 registered with no specialist provision. This measure is a subset of the Council Plan measure and is now monitored as part of the Inclusion Scorecard and Performance meetings. This measure will be reviewed as part of the wider work for the 19/20 performance reporting.
CH/KPI 10	Increased number of Children in Local Provision (reduced OOA)	Increase	17/18 – 93.5%	CH 5 - SEND	A 88.9%	A 89.1%	A 85.2%			End of Q2 (Sept 19) there were 225 CYP in an OOA provision out of 2235 CYP who have a EHCP in place (This is 122 Post -16 CYP and 103 statutory school age CYP). Whilst more provision is being developed this is not currently keeping pace with demand. It is a priority to develop more post 16 provision in the borough.
CH/KPI 13	Numbers of SEND Tier 1 tribunal applications	Reduce	8 plus 1 in court	CH 7 - Transitions	G 3	A 3	A 3			
CH/KPI 14	Proportion of young people with SEND needs in paid employment (Working Age Adults)	To base line	TBC	CH 7 Transition	N/A	A	A			This baselining is still ongoing. It is planned to use the national defined ASCOF measure – we are already monitoring this on a monthly basis, there is benchmarking available and the service have started improvement work as part of My Front door and the adult care pathway

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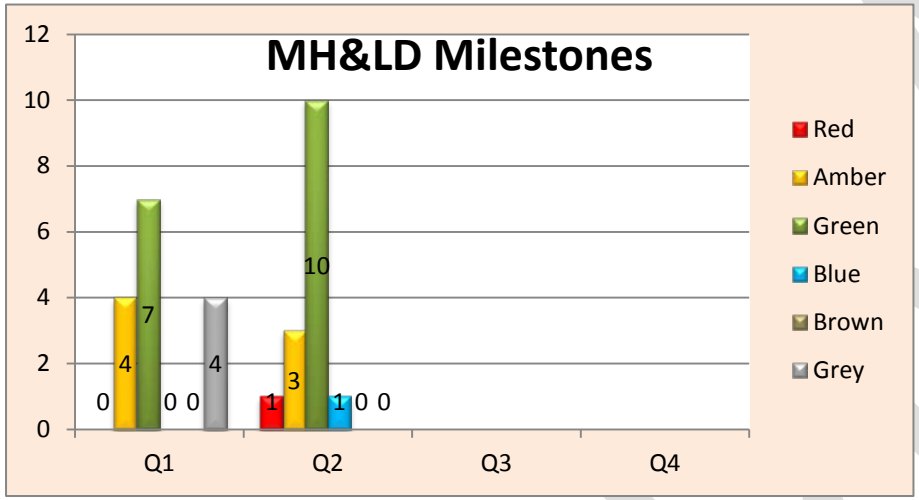
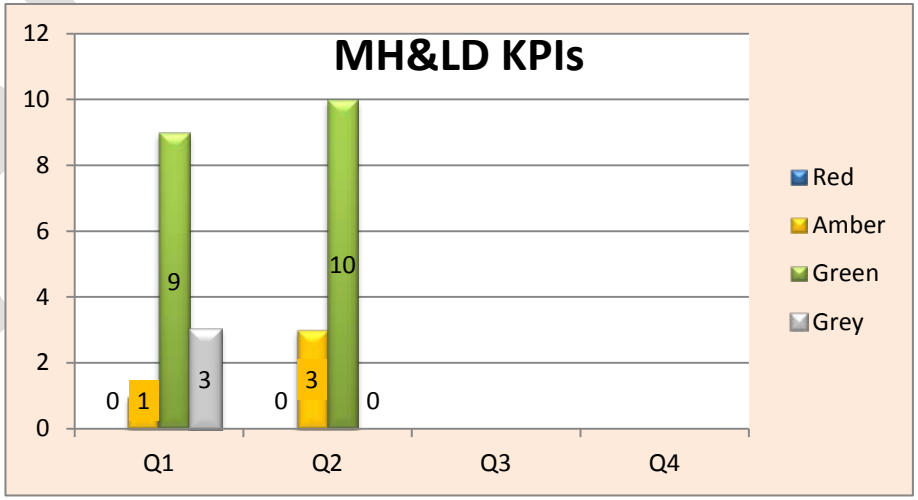
Summary of Mental Health and Learning Disabilities Performance

Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	1	6.7				
Amber	Slightly off track	4	26.7	3	20.0				
Green	On track	7	46.7	10	66.7				
Blue	Complete	0	0.0	1	6.7				
Brown	Not due to start	0	0.0	0	0.0				
Grey	Still to be confirmed	4	26.7	0	0.0				
Totals		15	100	15	100				

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	0	0				
Amber	Slightly off track	1	7.7	3	23.1				
Green	On track	9	69.2	10	76.9				
Grey	Still to be confirmed	3	23.1	0	0				
Totals		13	100	13	100				





Of note:

- In Q1 the number of red milestones has increase to 6.7% from 0 in Q1
- The number of milestones on track or complete has increased to 73.7% from 46.7% in Q1
- All milestones are confirmed in Q2, compared to 26.7% that were not in Q1

Of note:

- The number of KPIs on track has increased to 76.9% in Q2, compared to 69.2% in Q1

Mental Health and Learning Disability

Milestones

Chair: Ian Atkinson, RCCG

Priority 1 MH - IAPT								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
MH1.1	Identify and agree workforce development and training requirements (LTC & Core) – IAPT	Q1- Q4 19/20	G	G	G			On target, staff recruited
MH1.2	All GP practice review support visits completed – IAPT	Q1-Q4 19/20	A	Tbc	R			To date only 2 GP visits have taken place in 2019/20. Further work planned in Winter 1920.
MH1.3	Delivery of 5 year forward IAPT 18/19 plan – IAPT	Q4 19/20	G	G	G			

Priority 2 MH - Dementia Diagnosis and Support								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
MH2.1	Develop new dementia pathway for post diagnostic care	Q4 19/20	G	G	G			New pathway developed with Partners. Report being prepared to go through CCG governance processes.
MH2.2	Review dementia diagnosis pathway	Q4 19/20	A	A	G			As above

Priority 5 MH - Improve Community Crisis Response (including Core Fidelity, suicide-prevention)								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
MH5.1	Complete CORE Fidelity review, recommendations and action plan for improvement (inc investment requirements)	Q4 19/20	A	G	G			Model for ICS crisis investment agreed with RDaSH and TRFT
MH5.2	SY&B ICS NHS England Suicide-prevention – delivery of Rotherham element of the plan (year 2)	Q4 19/20	G	G	G			The second round of small grants has been advertised and the panel met in October to award the grants. 11 practitioners from across the partnership were trained in September as part of the Train the Trainer Self Harm project (Y1 identified activity). Progress is underway to commission another course as part of the year 2 activity. Discussions are being held with SY &B colleagues re the joint commissioning across the area of a suicide listening service.
MH5.3	Refresh of the Rotherham suicide prevention and self-harm action plan	Q3 19/20	A	Tbc	G			The refreshed action plan has been out for consultation and will be signed off by the H&WB at the November meeting.

Priority 6 MH – Public Health: Better Mental Health for All Strategy								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
MH6.1	Evidence of integration of Five Ways messages within provider and commissioned services	Q1-Q4 19/20	A	Tbc	A			Better Mental health for All Action is currently being refreshed and will look at all opportunities to promote this H&WB campaign. Five Ways was promoted at the Rotherham Show with the general public being asked to share how they looked after their health and wellbeing in relation to one or more of the five principles.

Priority 7 LD – Oversee Delivery of Transforming Care								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
LD7.1	RMBC and CCG to agree process for funding learning disability joint placements	Q2 19/20	A	A	A			This work is now incorporated into: 1)the section 117 aftercare work, 2)CHC funding working – to commence
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 19/20	G	G	B			Complete
LD7.3	Commissioning solutions to be in place to meet individual trajectories	Q4 19/20	G	A	G			Close partnership working across the system has taken place to identify possible placement opportunities for identified transforming care caseload. To continue into 2019/20

Priority 8 LD – Support the Implementation of the My Front Door – Learning Disability Strategy								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
LD8.1	Delivery of joint Learning Disability transformation strategy	Q4 19/20	A	G	G			The My Front Door strategy has been adopted as part of the Place Plan for LD and is the delivery vehicle for transformation of the LD service offer.

Priority 9 LD – Support the development of an Autism Strategy								
No.	**Description**	**Target 1920**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
LD9.1	Complete the development of the Autism Strategy (including Action Plan)	Q3 19/20	A	A	A			The pathway is in development and on track. However, in dialogue with RDaSH, it is clear the risks in relation to recruitment are still evident and this reflects the change from green to amber. Mitigation: regular meetings occur to ensure that the risks are reviewed and appropriate action is taken to reduce this risk
LD9.2	Development of Rotherham based Autism and ADHD diagnostic pathway	Q4 18/19	G	Tbc	G			Initial clinically led dialogue undertaken to scope opportunities for development of pathway. Looking at options. This is on track.

Mental Health and Learning Disaiblities

KPIs

					Performance					
No.	**Description**	**Trajectory**	**Target 1920**	**Priority**	**Q4 1819**	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	**Comments**
MH/KPI 1	Percentage of people referred to IAPT commencing treatment within 6 weeks of referral.	Maintain	75%	MH 1 - IAPT	G 91.8%	G 84.4%	G 97.8%			On track
MH/KPI 2	% Compliance of those who have entered (i.e. received) treatment as a proportion of people entering treatment with anxiety or depression	Increase	19% Accumulative total of population with depression -reported to NHSE	MH 1 - IAPT	G 4.77%	G 4.36%	G 4.58%			On track
MH/KPI 3	% of people who have completed treatment having attended at least 2 treatment contacts and are moving to recovery	Increase	≥ 50%	MH 1 - IAPT	G 55.6%	G 54%	G 53.6%			On track
MH/KPI 4	Dementia diagnosis rates (%)	Maintain	National = 67% Local = ≥80%	MH 2 - Dementia	G 86.4%	G 85.2%	G 84.4%			National target is 67%. Local target set to maintain or improve on 80%.
MH/KPI 5	50% of GP practices achieving 62% of Post diagnostic support plan recorded in last 12 months	Increase	50% of practices achieving 62 % (in year 1)	MH 2 - Dementia	G 97%	tbc	G 60%			
MH/KPI 6	Urgent and emergency MH response within 1 hour of receiving an urgent referral (Core 24 liaison)	Increase	95%	MH 3 – Core 24	A 84%	G 100%	G 89%			
MH/KPI 7	To reduce the suicide rate by 10% from the 2013-15 baseline (14.2 per 100,000)	Decrease	10% reduction against the 2013-2015 baseline by 2019-2021	MH 5 - Crisis	A	tbc	A			**Fingertips Profiles (PHOF and Suicide Prevention Profiles) Rotherham - September 2019 Update** The latest update to 2016-18 shows a decrease to 13.1 deaths per 100,000 reducing the gap with England which remained at 9.6 per 100,000.
MH/KPI 8	Referrals who require a Face to Face assessment who were seen within 4 Hours % Compliance (crisis)	Increase	≥95%	MH 5 - Crisis	G 97.6%	G 98.2%	G 100%			On track
LD/KPI 9	Ensure that patients receive a CTR prior to a planned admission to an Assessment and Treatment Unit or mental health inpatients: adults.	Increase	95%	LD 7 - Transforming Care	G 100%	G 100%	G 100%			On track
LD/KPI 11	Ensure that patients in an Assessment and Treatment Unit receive a Care and Treatment Review (CTR) every 6 months.	Increase	100%	LD 7 - Transforming Care	G 100%	G 100%	G 100%			On track

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					Performance					
No.	**Description**	**Trajectory**	**Target 1920**	**Priority**	**Q4 1819**	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	**Comments**
LD/KPI 12	Reduce the number of people admitted in line with the South Yorkshire and North Lincolnshire LD TCP trajectory – *Local Reporting*	Reduce	Target = 3 – CCG funded LD beds /5 – NHSE funded secure LD beds tbc	LD 7 - Transforming Care	G 3 = CCG 4=NHSE	G	G 3 = CCG 4=NHSE			An admission was required in April 2019. The person is scheduled to be discharged in July 2019. This will return Rotherham to Green
LD/KPI 13	Proportion of eligible adults with a learning disability having a GP health check	Increase	1058	LD 8 - LD Strategy	A	A	A			An increase in completed GP health checks is reported. Waiting confirmed number.
LDKPI/ 15	The numbers of people receiving a diagnosis of autism within 18 weeks *(55 assessments completed in 2017/18)*	Increase	5% increase on 2017/18 performance = 58	LD9 – Autism	G 15	Tbc	A			As part of the neurological pathway work the CCG has identified that the current provider has a developed a waiting list. Work is being undertaken to clarify the length of time people are waiting to receive a diagnosis. Moved to amber while this work is completed. This is work is due by the end of Q3.

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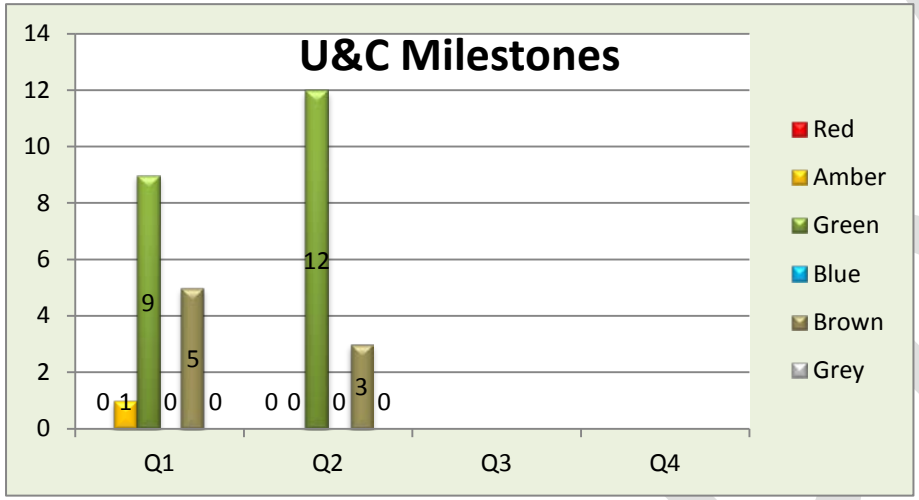
Summary of Urgent and Community Performance

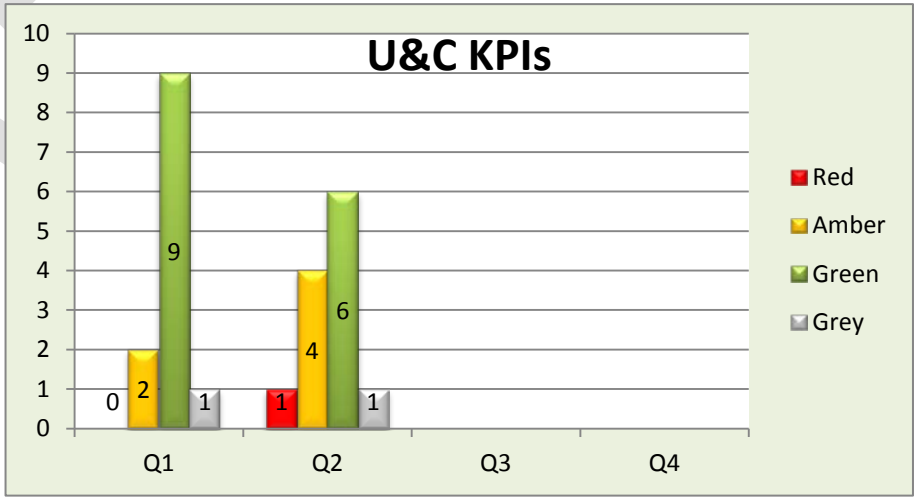
Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	0	0.0				
Amber	Slightly off track	1	6.7	0	0.0				
Green	On track	9	60.0	12	80.0				
Blue	Complete	0	0.0	0	0.0				
Brown	Not due to start	5	33.3	3	20.0				
Grey	Still to be confirmed	0	0	0	0.0				
Totals		15	100	15	100				

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	1	8.3				
Amber	Slightly off track	2	16.7	4	33.3				
Green	On track	9	75.0	6	50.0				
Grey	Still to be confirmed	1	8.3	1	8.3				
Totals		12	100	12	100				



Of note:

- The number of milestones in Q2 has increased to 80%, compared to 60% in Q1



Of note:

- The number of red KPIs has increased in Q2 to 8.3%, compare to 0 in Q1, this is for new permanent admissions to residential nursing care for adults
- The number of KPIs on track has decreased in Q2 to 50%, compared to 75% in Q1

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Urgent and Community

Milestones

Chairs: Chris Preston, TRFT and Anne Marie Lubanski RMBC

Priority 1 UC&C - Integrated Point of Contract								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
1.1	Develop and implement integrated intermediate care and reablement pathways into points of contact	Q4 19/20	NEW	G	G			A pathway design and implementation group has been established including representation from the core points of contact. An integrated multi-disciplinary health and social care triage hub with nursing, therapies and reablement is a core element of the new model. Draft pathways will be tested with stakeholder groups in November.
1.2	Identify further opportunities for integrated working into points of contact	Q4 19/20	NEW	G	G			The Care Co-ordination Centre are working more closely with the Unplanned Hub and Community Therapies now they are co-located. This will be further developed through the Intermediate Care and Reablement Project. The RMBC SPA is being re-developed as part of the Target Operating Model to be implemented in October. Links across health and social care are being explored in relation to this.

Priority 3 UC&C - Integrated Discharge (Phase 2)								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
UC 3.1	Complete review of Integrated Discharge Team	Q3 19/20	NEW	G	G			On track to deliver in Q3
UC 3.2	Service re-design for 7 day working with nursing	Q4 19/20	NEW	BR	G			All vacancies have now been recruited to. Once the post holders are in place the team will be able to provide 7 day cover.

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Priority 4 UC&C - I Integrated Working into Localities								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
4.1	Implement social care locality framework in response to Primary Care Networks (PCNs)	Q3 19-20	NEW	G	G			This work is being progressed through the RMBC Target Operating Model which is due to launch on 21 October 2019
4.2	Develop integrated intermediate care and reablement pathways as a platform for integrated working into PCNs/localities	Q4 19-20	NEW	G	G			Integrated working into localities is being progressed through the integrated intermediate care and reablement project in 2019/20. The learning and successful outcomes will be used as a platform for future development.
4.3	Identify and develop further opportunities for integrated working in PCNs/localities informed by the Intermediate Care & Reablement Evaluation	Q4 19/20	NEW	BR	G			Initial scoping has been undertaken at an Urgent & Community Transformation group workshop to agree the approach and identify potential opportunities for further integrated working. This will continue to be developed through 2019/20 and in to 2020/21

Priority 5 UC&C – Reablement and Intermediate Care								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
UC 5.1	Approval of business case	Q2 19/20	G	A	G			The Outline Business Case (OBC) has now been approved by partner governance groups. In addition the TRFT Board of Directors approved a business case for a therapy led off-site 24 bed community unit with nursing for one year to mitigate risks within the Trust. This will be delivered as part of the project in order to maximise opportunities and manage interdependencies.
UC 5.2	Develop service model and service specifications	Q3 19/20	BR	G	G			A high level model has been articulated in the OBC. A specification has been developed for the therapy led off-site community unit with nursing. Pathway work will be completed in quarter 3 and tested during the period of double running over the winter. Therefore specifications will not be finalised until quarter 4, in time for the launch in April.
UC 5.3	Phase 1 of new service model implemented: investment in home based teams and implementation of the off-site community unit	Q4 19/20	BR	BR	G			Mobilisation is underway. Task and Finish groups have been established to progress pathway design, workforce and IT and information governance elements, underpinned by communication and engagement and financial and contracting enablers.
UC 5.4	Phase 2 New model of care fully implemented	Q3 20/21	BR	BR	BR			
UC 5.5	Embedding of the new model and evaluation	Q4 20/21	BR	BR	BR			

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Priority 6 UC&C - Care Home Support								
No.	**Description**	**Target**	**Progress**					**Comments**
			Q4 1819	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	
6.1	Identify opportunities to integrate activity and review spend	Q4 19/20	NEW	G	BR			A task group will be established in Quarter 4 to drive the next stage forward.
6.2	Continue to implement enhanced health in care home	Q4 19/20	NEW	G	G			A report went to Quality Board in September which included key achievements over last 12 months and progress against the EHCH domains. This is a long term national initiative and a key element of the NHS Long Term Plan.
6.3	Roll out of registration on DPST/Use of NHS Mail to all Care Homes	Q3 19/20	NEW	G	G			All care homes are now registered on the DSPT/Use of NHS mail. Care homes providing community unit and winter pressure beds have an NHS mail assigned to the care home to safely transfer patient sensitive data with the Integrated Discharge Team, pharmacies and GP practices.

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Urgent and Community

KPIs

No.	Description	Trajectory	Target 1920	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
UC/ KPI 1	SPA - Number of people provided with information and advice at first point of contact (to prevent service need) SPA *LOCAL PI (based on ASCOF 2B3)*	Increase	40%	UC 1 - IPC	G 37.8%	A 39.30%	A 38.3%			Council Plan Measure. The description has been updated to replicate changes in the Council Plan. In Q2 DoT trend worsened by 1% to 38.3%; performance is slightly below last year's outturn of 38.8. A review of records and actions has shown a proportion of this is due to incorrect recording by new staff members. Learning has been to positively support performance recovery through to year end. It is worth noting that the continuation of this KPI will need to be reviewed at year-end. This is due to the ongoing redevelopment and promotion of online self-service IAG resources. These improvements should positively stop inappropriate calls and increase contact centre capacity but will therefore reduce IAG contact outcomes and result in a positive reduction.
UC / KPI 2	CCC – Number of GP urgent admissions to AMU (including those referred through CCC)	Reduction	3150 threshold	UC 1 – IPC UC 5 – IC /Reab	G 319	G 363	G 256			April 168, May 97, Jun 98 = green Jul 83, Aug 85, Sep 88 = 256 = green
UC/ KPI 3	Of the new clients who have had a formal social care assessment completed this year, what percentage went on to receive long term social care support - Local PI (based on ASCOF)	Reduction	TBC in Q2	UC 1 – IPC UC 4 – Int Locality	61%	53.5%	59.3%			Regional data/ benchmarking is being monitored to inform targets moving forward, target to be introduced from 2020-21. Adult Care are working on new pathways to support a more preventative model of working.
UC / KPI 4	Proportion of new clients who receive short term (enablement) service in year with an outcome of no further requests made for support - *ASCOF 2d 2B7*	Increase	90%	UC 1 – IPC UC4 – Int Loc UC 5 – IC /Reab	G 93.5%	G 91.2%	A 89.8%			Performance has reduced to 89.8% in Quarter 2 compared to 91.2% in Quarter 1, (against a target of 90%), but remains significantly higher than national averages. Management actions are monitoring the Qtr 2 activity to identify reasons for month on month downturn but this may be due to recent service pathway transformational changes and the wider cohort profile of adults now accessing the service. As the new pathway embeds and the service begins to support a wider range of needs, there is an accepted known risk within the service that performance against this indicator may reduce further and be more aligned to the national and regional averages of approximately 78% and 72% respectively. However, in real terms, the number of customers successfully supported should increase as more are accessing this early intervention and preventative service. Targets therefore may need reviewing periodically to ensure they remain realistic.

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					Performance					
No.	**Description**	**Trajectory**	**Target 1920**	**Priority**	**Q4 1819**	**Q1 1920**	**Q2 1920**	**Q3 1920**	**Q4 1920**	**Comments**
UC/ KPI 5	New permanent admissions to residential nursing care for adults – 65+ *BCF/ASCOF 2a (2)/ BCF (per100,000)*	Decrease	517.41 (264 admissions)	UC 1 – IPC UC 4 – Int Loc UC 5 – IC /Reab	A 572.67 (289 admissions)	G 148.95 (76 admissions)	R 272.76 (141 admissions)			BCF Indicator, also contributes to Council Plan measure "All Age Admissions". Admission rates remain higher than expected in Quarter 2 and the measure is now rated off target. A performance clinic was held in September 2019 and a number of actions have been identified to improve performance through to year end where possible. It was acknowledged that Rotherham's recent year on year improvement reduction on permanent admissions, may now be approaching its natural 'floor' and flattening out making further reductions harder to achieve unless alternative long term solutions can be made available.
UC/ KPI 6	Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services – *BCF/ ASCOF 2B*	Increase	86%	UC 1 – IPC UC 4 – Int Loc UC 5 – IC /Reab	A 85.6%	TBC Q4	TBC Q4			Data collected Oct 2019 – Mar 2020 as part of snapshot period. Performance on this indicator will next be available in March 2020.
UC/	Number of emergency admissions for people over 65 Out of Hours	Reduction	8760 (2190 per qtr)	UC 1 – IPC UC 4 – Int Locality	G 1915	G April / May 1170	G 1742			April 590, May 580 Jul 561, Aug 592, Sep 589
UC/ KPI 8	Number of emergency re-admissions within 28 days of hospital discharge (all age - same day readmissions excluded)	Reduction	13.3%	UC 1 – IPC UC 4 – Int Locality	11.2% (Feb figure)	11.9% (May19)	G 10.1% (Sept 19)			General readmission rate has stabilised over the last few months but remains higher than previous years.
UC/ KPI 9	Length of stay in hospital (over 64's)	Reduction	2018/19 baseline: All = 6.7, NE = 7.05	UC 4 – Int Locality	All - 6.62 NE - 6.96	All = 6.6 NE = 7.0	All = 7.18 NE = 7.52			
UC/KPI 11	Number of patients discharged to their usual place of residence (over 64's) – does not include 0 and 1 day stays	Increase	2018/19 baseline All = 53.04% NE = 49.60%	UC 3 - IDisc UC 5 – Int Locality	All = 45.26% NE=42.93 %	All = 55.8% NE = 52.39%	All = 54.55% NE = 51.38%			
UC/KPI 12	Average length of stay to below national intermediate care target (general rehabilitation) (beds only)	Reduce	Less than 21	UC 3 - IDisc UC 5 – Int Locality	G Year end = 20.25 average	G 19.2 av	A 31 av			Q1 = 17, 19 , 22 = average of 19.3 Q2 = 31,31,31 = average of 31
UC/KPI 13	Average length of stay to below national intermediate care target (specialist rehabilitation) (beds only)	Reduce	Less than 42	UC 3 - IDisc UC 5 – Int Locality	A Year end = 47.0 average	A 47.3 av	A YTD 44.5			Q1 = 44, 74, 28 = 48.6 (amended at Q2) Q2 40,43,38 = average of 40.3
UC/ KPI 14	Delayed transfer of care from hospital (TRFT) (I&AF 127e).	Reduction	3.5%	UC 3 – IDis	G 1.5%	A 3.9%	G 3.44%			July 3.8%, Aug 2.9%, Sep 3.6% = average of 3.44% The national standard is a maximum of 3.5% of total occupied bed days taken up by delayed transfers of care. TRFT are currently within that standard
UC/ KPI 15	Number of A&E attendances from care home residents (local)	Reduction	3400 (850 per qtr)	UC 6 – Care Homes	G 477	G April / May 115	G 232			April 53, May 62 Jul 62, Aug 86, Sep 84 = green
UC/ KPI 16	Number of unscheduled hospital admissions Care Homes	Reduction	1950 (490 per qtr)	UC 6 – Care Homes	G 311	G April / May 258	G 450			April 126, May 132 Jul 141, Aug 133, Sep 176 = green

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Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	**PUBLIC Rotherham ICP Place Board**
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 6 November 2019
Venue:	Elm Room (G.04), Oak House
Chair:	Chris Edwards
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@nhs.net

Apologies:	Sharon Kemp, Chief Executive, RMBC Louise Barnett, Chief Executive, TRFT Janet Wheatley, Chief Executive, Voluntary Action Rotherham Kathryn Singh, Chief Executive, RDaSH
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

Members Present:
Chris Edwards (**CE**), Chairing, Chief Officer, Rotherham CCG
Shafiq Hussain (**SH**), Chief Executive (Designate) Voluntary Action Rotherham
Annemarie Lubanski (**AML**), Strategic Director of Commissioning Adult Care, RMBC
Dr Gok Muthoo (**GM**), Medical Director, Connect Healthcare Rotherham CIC
Chris Preston (**CP**), (Deputising for L Barnett) Acting Director of Strategy & Transformation, TRFT
Matt Pollard (**MP**), Care Group Director, RDaSH

Participating Observers
Dr Richard Cullen (**RC**), Rotherham CCG Chair
Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

In Attendance:
Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
Lydia George (**LG**), Strategy & Development Lead, RCCG
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG
Rebecca Woolley (**RW**), Policy & Partnerships Officer, RMBC
Andrew Clayton (**ACl**), Head of Digital, Rotherham CCG
Jenny Lingrell (**JL**), Joint Assistant Director of Commissioning, RMBC
Paul Smith (**PS**), Head of Asset Management, RMBC
Wendy Commons (**WC**), ICP Support Officer, Rotherham CCG

There were NO members of the public present.

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Item Number	Discussion Items
1	**Public & Patient Questions**

There were no questions raised. However, it was confirmed that written public questions relating to clinical thresholds have been received. These will be responded to by the CCG.

Action: CE

2	**Transformation Group Updates**

Children & Young People's Transformation Group
Subject – **0-19 Healthy Child Pathway**
Presented by Jenny Lingrell (JL)

Jenny Lingrell advised that this will be the final update on this specific pathway as it is to become part of a family oriented approach in future. JL highlighted several areas that are progressing well within the integrated public health nursing service including the implementation of the universal partnership plus team in central area where an evaluation is currently taking place and the development of a dedicated looked after children nursing team which has received good feedback in terms of consistency of contact. In order to deliver a more integrated approach, the 0-19 distance learning module is being rolled out to a further 12 staff. The achieving of Breast Feeding Initiative Accreditation has now commenced and the Weight Health and Attitude Management (WHAM) project is progressing well. The team has also recently reviewed its' key performance indicators to realistic, outcome focussed targets.

A plan is in place to deliver the universal antenatal offer to improve engagement with mums and the group is also focussing attention on ensuring the reporting system meets the current contracting requirements and that appropriate targets are in place which reflects the service as well as maintaining the gradual improvement in completing early help assessments.

Looking ahead a service review will commence and internal preparations will commence in readiness for the 2022 tender process. Work will continue with public health colleagues to implement a caseload weighting tool to improve efficiency. The rollout of the universal partnership plus team will be a focus in the new Place Plan and an action plan for the first 1001 day will be developed to support it.

Discussion followed about engaging Primary Care Network Clinical Directors (PCN CDs) in the public health nursing service review. It was agreed that this would be best through GP Members Committee where all six CD's and the GP Federation are members. JL will feedback these preferred arrangements into the review process.

Action: JL

The Place Board thanked JL for the update from the Children & Young People's Transformation Group.

Urgent & Community Care Transformation Group
Subject – Implementation of Integrated Working
Presented by Chris Preston (CP)

Chris Preston advised that the Group had been paused to reflect, a refreshed approach and priorities for integrated working has now been agreed by Partners. The integration of the intermediate care and reablement initiative continues to progress well. Its primary focus has been the 24 bed intermediate care ward which has now been procured and is being implemented alongside winter planning. Other priorities for the group includes modelling current state services to link with Primary Care Networks (PCNs), developing an integrated approach to primary care streaming and GP out of hours and developing service integration priorities for 2020/21 onwards, linking with population health analyses.

Work is continuing around maintaining ongoing support from all partners and key stakeholders, managing capacity and capability constraints as well as keeping focus to deliver the scope agreed.

The group is now looking towards finalising the scope and timelines for 2019-20 priorities, identifying and appointing professional lead and project teams, implementing new governance arrangements and mobilising resources to deliver agreed objectives.

Two workshops are planned to develop the intermediate care and reablement pathways with staff and

public engagement.

Discussion took place around the terminology to be used for consistency ie localities or networks. Ian Atkinson advised that Urgent & Community Care Transformation Group had previously agreed that the principle is 'to align system resource to service localities'. IA will share the narrative with Members for information.

Action: IA

Chris Edwards thanked CP for the update on progress.

Mental Health & Learning Disability Transformation Group
Subject – Learning Disability
Presented by Ian Atkinson (IA)

Ian Atkinson gave an update on progress with transforming care, autism and My Front Door strategy. Extensive work has been undertaken to map potential cost pressure of people stepping down from NHS funded provision into the community. Place Board noted the positive picture with transforming care and that Rotherham has improved from worst in the country to best.

Work is continuing to maintain the current transforming care provision level and to secure another 2 discharges by Quarter 4. However, this was proving challenging due to the complexity. IA assured members that the Group's focus remains to mitigate the financial risk in this area.

The Autism strategy is being developed with a diagnostic pathway in place by February 2020 due to successful recruitment. The strategy is being reviewed by the Council's Health Select Committee and will also being produced in an accessible format.

Work continues on the transformation of the offer to people with learning disabilities, known as the My front door strategy, focussing on the Council's in house offer and expanding day opportunities.

Place Board members thanked Ian Atkinson for the update and assurance provided.

3	**Enabling Group Update - Estates**

Paul Smith attended to give an update on progress with 'Place' estate. He outlined the existing co-locations as Kimberworth, the SEND hub, Rawmarsh, Maltby and Aston Joint Service Centres and Clifton the Place, the Children and Young People's social care hub.

PS advised that the Rotherham strategic estates group current work includes the review of the Rotherham Community Health Centre to begin maximising usage, reviewing and implementing the Rotherham CCG estates strategy and RDaSH rollout of agile working and estate reduction. Work with the SY&B ICS Strategic Estates Board includes supporting primary care projects across the region using the capital grant and piloting the efficient space utilisation project.

Chris Edwards thanked Paul Smith for the update to Place Board.

4	**Rotherham Digital Strategy**

Andrew Clayton explained the work that had been undertaken to produce Rotherham's digital strategy including engagement. Feedback has been included at every stage. The strategy's vision is to provide a digital first culture that improves experiences for all Rotherham people within the six main objectives outlined in the strategy. These presented a number of challenges with underpinning capabilities to ensure delivery. The four main programmes of work are based around infrastructure, sharing care records, patient access and engagement, intelligence and analytics. AC went on to give brief overview of strategy. Work has already commenced on implementing the strategy. Members noted that funds have not been identified within the strategy. Each programme will be costed separately as it is expected that there will be the opportunity to bid for central funds to support delivery.

AC is working with Gordon Laidlaw to produce a patient/public friendly summary of the strategy.

Cllr Roche highlighted that not all the Rotherham population have access to facilities or wish to engage using technology. AC responded that the approach adopted is 'digital first - not digital by default' so support is to be offered through other forums and alternative methods, like the voluntary sector, practice support etc.

Place Board approved the strategy and agreed to take it through their respective partner organisational

processes to be signed off by Christmas. Due to the timeframes, Health & Well Being Board Members will be asked to do this virtually.

Action: All/(RW for H&WBB)

5	**Social Prescribing Update**

Shafiq Hussain explained the social prescribing service (SPS) that is unique to Rotherham in its approach of micro commissioning services for targeted patients. He highlighted the outcomes in that it sits alongside clinical interventions and helps people to live their lives in a way they like rather than coping and surviving. It also positively impacts on services reducing demand in non-elective impatient stays and in the use of A&E Services.

The Rotherham model has gained significant national attention, shaping NHS development in SPS, attracting attention from all over the country including discussions with senior Ministers, Academics and Clinicians. The service has also influenced the role of the new Social Prescribing Link Workers based within each of the 6 Primary Care Networks to work with practices. The appointed applicants commence on Monday 11 November.

Place Board noted the positive patient comments about the service from a local GP and a service user and thanked SH for the update.

6	**Provider Alliance Update**

A meeting had been held in October to consider next steps.

It had been agreed to pilot the provider alliance approach on a couple of small service areas. A further meeting has been arranged to agree the areas and put in place a structure and discuss a more informal approach to risk sharing to move forward with.

Place Board will receive an update and consider further at its meeting in February.

Action: CP/LG

7	**Impact of Brexit Update**

Daily reporting has been paused until the end of January. Place Board will revisit required reporting arrangements at the February meeting.

Action: CE/(LG for agenda)

8	**Draft Minutes from Public ICP Place Board – 2 October 2019**

The minutes from the previous meeting were **APPROVED** as a true and accurate record. There were no matters arising.

9	**Communication to Partners**

None to note.

10	**Risk/Items for Escalation**

There were **NO** new risks identified for escalation.

11	**Future Agenda Items**

- OD & Workforce Update – Workforce Maturity Index (tbd)
- Rotherham ICP Communications & Engagement Strategy (Feb)
- Rotherham ICP Place Plan (Feb)
- Winter Plan and Preparedness Verbal Update - All (Dec)
- Quarter 2 Performance Framework (Dec)
- Rotherham Provider Alliance Update (Feb)

Standard Agenda Items

- Delivery Dashboard/Performance Framework (quarterly)
- Transformation Groups Spotlight Updates (monthly)
- Enabling Group Updates (monthly)
- Rotherham Provider Alliance Update (monthly)
- Impact of Brexit Updates (as required)

	• Primary Care Network Updates (as required)
13	**Date of Next Meeting**
Wednesday 4 December 2019, *at 9am at Oak House, Bramley.*	

Membership

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett
Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust (RDaSH) - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Gok Muthoo

Participating Observers:
Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche
Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

In Attendance:
Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)
Director of Legal Services, RMBC
Head of Communications, RCCG – Gordon Laidlaw
Strategy & Development Lead, RCCG – Lydia George

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