

Engagement Mapping 2017-18 ACP work streams

Lead GP Richard Cullen Executive lead Ian Atkinson

Workstream	Specific Project	Staff lead	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans include any gaps and address these	So what? Changes as a result of engagement
Engagement on the outline plans STP/ACS– regionally based	Healthwatch and VAR	Helen Stevens	Regionally, CVS bodies and Healthwatch orgs commissioned @ £5k each to lead on engagement on STPs. Outline paper to HWBB Jan 2017 ..\stp and place outline plan for HWBB.docx	Consultation on commissioning plan refresh/link to place plan autumn 2017	See https://www.healthandcaretogethersyb.co.uk/get-involved/using-your-feedback
Hospital services review	Pre-consultation	Katy davis	Regional electronic survey July to support initial discussions. Paper copies also circulated at events up to dec 2017. Circ to PPG members and Rotherham organisations. (Rotherham list/plan here ..\Hospital services review\Addresses to email for HSR October 2017.docx) Workshops in Sheffield and Doncaster, invites across SYB- attendance list and notes held by SYB Event at the Source 17 th August. Rotherham patients recruited- 17 attended Event at The Source dec 2017. Rotherham meeting dec 2017 – notes sent to central hub ..\Hospital services review\Hospital Services Review Local Meeting_record.docx Citizens panel recruited nov 2017; one day training dec 2018	Plans for each line of HSR; actions and audiences will become apparent as plans are developed	
Stroke					
Urgent and emergency care					
Acutely ill child					
Gastro					
Maternity and birth					
Urgent and emergency care	111 element	Julia Massey	As above – additional information - Urgent care specification – 150 page doc link to HSR and urgent care element of HSR .	Link to section below	
Acute & Community Children's Services.	Work on efficiency agenda	PT	Link to HSR- As line above	During 2017-18 is likely to be a regional workstream, with regional consultation as part of WT/STP	
Maternity services – implementing the 7 priorities in Better Births	Regional work to develop a maternity voices partnership	PT/ Kate Lawrence for region	Started May 2017. Workstream meetings for each priority area include representation. Event July 2017. Event Oct 4 th 2017. Engagement exercise to develop co-production and feed into engagement and comms plan. Standalone eng and comms plan		
	Workstreams under this; including PMH		PMH flagged as priority in local work Sept 2017		
Cancer services/ Regional Cancer Alliance	engage with Achieving World Class Cancer Outcomes – strategy for England 2015-20	RC/JSP/JT	Any engagement lead by regional leads as part of Working Together/STP; and be led by MacMillan Information campaigns led nationally. Local bid will necessitate local involvement; patients to be involved will be identified by Macmillan. 5 year project	This will include <ul style="list-style-type: none"> Recruitment of cancer Champions feb 2018 (VAR hosting) Workforce engagement and training Developing focussed work at targeted populations to maximise uptake and reduce variation of screening. (roll out of the bowel scope screen and use of mjog to increase uptake of screening). Information giving/ awareness raising in some communities TBC 	
	Diagnosis and Prevention— -Awareness raising -Primary Work Force Education -Screening uptake -Access to diagnostics and local models	JSP			
	Living with and beyond Cancer	JT	Event oct 18 th		
	Vague symptoms pilot		Starting end of feb 2018- patient representative on cancel alliance board – co-opted end Nov 2017	NFA for engagement	
General/crosscutting – all feedback is on SYB website here			https://www.healthandcaretogethersyb.co.uk/get-involved/using-your-feedback		

2 Engagement Mapping 2017-18 Rotherham place plan -Shared initiatives – RMBC lead

Prevention, self-management, education and early intervention

Workstream	Specific Project	Staff lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans include any gaps and address these	So what? Changes as a result of engagement
Improving the health and wellbeing gap	Prevention	RMBC			No current actions for RCCG		
	self-management (inc social prescribing)				CCG commission social prescribing from VAR- co-created/co-produced scheme led by vol/com sector. Extensive feedback and evaluation available 06.06.17 RN attended SPS MH steering group and 12.07.17 RN attended the VAR Board development session. See also adults		Scheme developed as a result of engagement with the vol com sector . continues to develop as a result of feedback

Learning Disability Transformation South Yorkshire and North Lincolnshire Transforming Care Partnership Plan

Workstream	Specific Project	Staff lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans include any gaps and address these	So what? Changes as a result of engagement
Delivery of the targets	Work with partners to improve/ develop local LD community services like crisis teams.				<ul style="list-style-type: none"> Peer support role LDPB has people and carer members Expert by experience Experts by Experience / Speakup – delivery of LD awareness training to GPs and practice staff SY & NL LD TCP Board and project group 		Co-created approach continually influences service development
Autism improvements	Development of autism strategy	GP			Cross cuts LD/CAMHS/MH/etc Led by RMBC – Garry Parvin, Head of Learning disabilities Commissioning First autism board jan 2017 mapping 2017-8 and related docs\MH Autism Strt update.pdf See comments under CAMHS section relating to the Autism Family Support Team.	Co-created - still in process april 2018	
Out of area placements	Lowered the number of inpatient hospital beds for people with learning disabilities and autism to between 10 to15 beds across the area.	GP			<ul style="list-style-type: none"> SY & NL LD TCP engagement / co-production work theme / SpeakUp commissioned at a local and TCP level to support co-production / engagement Speakup have worked with case managers to create the pen portraits for people in hospital- above mapping 2017-8 and related docs\LD one page profile Letter to Case Managers.doc. Easy read survey for carers – ends may 31st 2017 mapping 2017-8 and related docs\LD carers TCP QuestionnaireV4.pdf Hospital Questionnaire for carers All patients in hospital have a PCP to inform stepdown from hospital Expert by Experience involved in pre-admission or during hospital stay Feedback and patient/carer experience. Individual patient – Person-centred planning – a bespoke piece of work commissioned from SpeakUP to work with 3 people with LD+/or autism currently in hospital & their families. Co-production work re: hydrotherapy commissioned from Speakup 		Process informed by people with learning disabilities – integral to workstream
Develop a Rotherham Care and Treatment Review (CTR) and ‘at risk of admission’ Policy		DW			As above This also relates to CAMHS and Care Education and Treatment Reviews (CETR), The CCG undertakes these reviews which are designed to directly take full account of the needs of the young people & their families.		
LD and autism transformation		RMBC led GP?			RMBC consultation sept 28 th to dec 2017, focus on modernisation of services/day services/respite jan 2018 closed, no report on page as of 6.4.18		

Section 3 RCCG work streams (RMBC - shared initiatives shaded purple)

3.1 Statutory responsibilities (Strategic and cross organisational issues)

RCCG workstreams

Engagement Mapping 2017-18

Chris E/ Richard K


Workstream	Specific Project	Staff lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement
Public Sector Equality Duty - CG Equality Strategy	Age	Ruth N/ Alison Hague All commissioners			Specific engagement work with OP forum and LAC/YC/RPF will be ongoing and related to work streams as below RC attended Youth Cabinet august 2017 – to discuss ways they can be involved in NHS 70; aim to highlight what future services YP may want – waiting feedback and next steps Chris Edwards attended Pensioners action group 26.9.17 <ul style="list-style-type: none"> Updated on current development and performance Asked for a crossing outside the hospital Noted Dr Reddy PPG needs some work. Concern about Breathing space waiting times but liked the service provided Suggested pharmacists in the UECC Positive about GP extended hours and Saturday – no demand for Sunday Asked for any suggestions on wastage and they will come back with any ideas.	Potential gaps <ul style="list-style-type: none"> People of working age Older BME (issue flagged by REMA linking to BME and dementia) 	
	Disability				Link to LTC work/locality work/Social Prescribing and Case management. Link to work via parent forum Cross ref MH/LD Feb 2018 – contact the Rotherham Sight and sound	Continue contact and address issues raised by Rotherham Sight and Sound – waiting for workers to send specific issues through april 2018	
	Gender reassignment				Ongoing work via meds management - medication and access now part of primary care quality contract		New element of quality contract informed by service user engagement to meet need – access to medication
	Marriage/ civil partnership					Marriage/civil partnership in care homes?	
	Pregnancy and maternity				See mat section under ACP; working towards LMS/Better Births Forging Families		
	Race, religion and belief						
	Gender				Cross check to clinical thresholds and Cancer Champions (JSP)		
	Sexual orientation					Need to ensure that for all major service changes, we reach out to LGBT bodies to ensure people have the opportunity to raise issues.	
Other overlooked communities	Support for carers	Julie Abbotts			Continued support to develop actions from the Carers Strategy Action Plan -liaising with GP surgeries with the aim of improving support carers receive via their GP.		
	Armed forces				Link to AFCC via engagement manager/ HW	Continue to link in to AFCC; and to promote awareness within services as possible	
	Domestic abuse – crosscuts age and gender/ sex /safeguarding	KL			Safer Rotherham Partnership lead – Rotherham RISE lead engagement and involvement. RCCG doe not commission – commissioned via RMBC RCCG role is awareness raising with staff and information giving only		
	FGM – Crosscuts gender; race; belief. (Safeguarding)	KL			Multi agency working – RMBC, LSCB, Police, TRFT, RDaSH, CCG and voluntary organisations.	Sheffield voluntary services cover Rotherham, due to issues around working with close communities; in order to give some confidentiality to women and girls. Engagement will take place through this individualised service. NHS E reviewing activity 2018	
	Prevent – crosscuts race; religion & belief	KL			Multi agency working – RMBC, LSCB, Police, TRFT, RDaSH, CCG and voluntary organisations. Lead by safer Rotherham Partnership. Engagement currently is around information and awareness raising ie via schools		
Cross cutting	Comms and engagement plan refresh	GL/HW					
	Agm/nhs 70	RC					
	Data Sharing- Inc digital roadmap/health records/patient online	Andy clayton /RC		✓	GL- actions PPG sept 17 Patient online cross cuts with primary care and medicines management.		

3.2 Unscheduled Care		RCCG workstreams			Engagement Mapping 2017-18		
See –joint working/ACS/Place section 1 for Emergency centre Re-ablement hub		Executive Lead Chris Edwards (check)			Officer Lead Claire smith		
Lead GP David Clitherow							
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement
Structured Management of Acute Bed Base	Perfect Ward – operate robust systems of discharge planning and patient flow	CS/ER			LINK/cross check with integrated locality work TRFT- routinely collect patient feedback – FFT; comments, social media feedback Current review of discharge process on one particular ward by the transformation team (Mel Simmons). This work will involve discussions with all staff including social care, observations of MDT process and assessment notices, discussions with patients where appropriate . Purpose is to provide learning on effective discharge to inform future configuration i.e. discharge co-ordinators on each ward may be recommendation PPG network to look at discharge June 2017; further work re discharge with Healthwatch to support integrated locality work summer 2017. August workshop with staff as integration of discharge team will happen in year with co-location first. July 2017 – trip to Doncaster to examine the integrated model there.		
	A clear system for management of long stay patients	CS		na	Link to work around discharge (DTCs); Internal system – DTOC action plan in place that forms part of the BCF plan for 2017-19.	Where consultation is appropriate this will take place.	
	Developing coherent system for managing outliers			NA	Internal system		

3.3 Community Transformation		RCCG work streams			Engagement Mapping 2017-18		
Lead GP anand B		Executive Lead Ian Atkinson			Officer Lead Clair Smith		
Prevention of Admission and Discharge Pathways	1: Patients who can be cared for at home with intensive support package/ social care assessments in community beds	CS/ER			Multi-agency meetings take place weekly to look at ensuring effective hospital discharge (aim of minimising delayed transfer of care). External review completed by NHSE & LGA May 2017 – report received and used to form DTOC action plan (as discussed above) – this will lead to work stream. Link/cross check with integrated locality work on discharge and LTC	Dependant on results of review and emergent work stream/high impact change model.	
	2: Patients who cannot return home and require a period of rehabilitation /recovery	CS/ER		ER	Waterside grange Discharge to assess as above Pilot since April 2016 Jan 2018 review of use		
Integration of Acute and Community Care Pathways	Align locality community nursing teams and practices with care homes, setting clear performance targets on emergency admissions and quality	RMBC lead			The Home from Home initiative assesses 36 care homes in the borough through a number of approaches, including face to face meetings with residents, relatives and staff; this information in to an overall rating which awarded to the home and a report which prospective customers and relatives can access to help them make an informed decision when where to live.	Planning patient consultation when the service has been embedded latter end of 2017-18	
	Review of acute and community respiratory pathways, which will include the provision at Breathing Space.	CS/DB			FFT available for BS; any emergent themes are noted by PPE manager A further review of provision has started May 2017 – Attain carrying this out (CS to contact attain and check what engagement will be included in this review) The review of BS is part of the BCF review programme for 2016-7. This may include further consultation with patients who access the service		

Urgent Care; community & locality transformation – shared initiatives							
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans include any gaps and address these	So what? Changes as a result of engagement
Community Locality Transformation/ Integrated locality: Rolling out our integrated locality model	General/cross cutting	HW/MS GL?		✓	Draft plan for engagement April 2017 Note – all elements of the work have been assessed in terms of engagement priorities Comms strategy developed . Engagement plan – waiting for update jan 2018.. \locality\Locality Pilot engagement plan.docx .		Will be shown as part of evaluation and roll out – not in public domain end march 2018
	Better support to LTC via case management	CS			Discharge discussed by PPG June 2017 July/Aug- space at TRFT community space for annual members meeting Aug 2017 - Staff engagement on roll out - Staff engagement on therapy pathways; early intervention & prevention	Work by JB and Healthwatch summer 2017 Focus on people with LTC, and discharge	
	Support patients at a high risk of hospital admission via case management	CS/DB			Work planned sept/oct around discharge – therapy team collecting patient stories; what went well, what could be better Health foundation bid tbc October 2017 – will impact Workshop outcomes.pdf the village Worplan.docx Rotherham Therapy Pathways Focus Group Report.docx Project Development Group Notes 13 07 17v2.docx June 17 Newsletter.docx CT 09.08.17.docx	Review of the integrated locality pilot will take place Aug—Dec 2017. Will include assessment of effectiveness of integrated model in supporting better case management Review evaluation will include learning for roll out and determine actions	
	integrated health and social care teams	CS/DB			Updated engagement plan - Locality Pilot Comms and Engagement Plan oct 17.docx	Further work to take place on shared records/IG (noted 8/17) 8/17 noted that further work needed on testing out model for unplanned care Healthwatch undertaking interview with patients re discharge/pathways – awaited autumn 2017 Review/evaluation deferred to end jan 2018	
	Community Physician				Discussion took place aug 2017 CT Focus group feedback - PPG aug 17.docx		
	Locality roll out				Mel S presenting on locality and roll out 8 th November Evaluation deferred to end Jan 2018- outcomes and actions to be agreed after this point		
IRR Integrated rapid response	implementation	CS/DB			Engagement/consultation work on integration of discharge teams (crosscuts IRR and CCC) – steph watts rdash and lee moran? RMBC? Handing out fliers and seeking experiences 9 th nov in TRFT Patient experience data July 2016 meetings with RMBC/Rdash partners commenced to examine the appropriate process for integrating the social work element into the IRR service – this is in line with the BCF Plan for 2017-18.	Oct 2017 MH will be integrated; SW to follow	
Frailty Unity delivery and pathways	Develop frail elderly care pathway/ reduce admissions				TRFT led project – managed through contract	Check what engagement TRFT are doing to inform the development of the pathway, and hold to account	
	care homes				Care homes – review of local authority care homes – RMBC leading.		
Opening Urgent and Emergency Care Centre	Focus at this stage on information giving re the new model of care; and ensuring communities are 'on board'.	JM – TRFT lead		NA	Multi agency group comms & eng group est dec 2016. From autumn 2016 walk- throughs for staff and partners.- hard hat environment. Now completed.	Stakeholders and partners involved including vol com sector	
	Post opening				Building completed may 2017 Open days planned – info circulated several days planned, targeting vol comsector, partners stakeholders, media, patients etc PPG members sat 3rd June 2017 Stakeholder open day – vol com invited Information out summer 2017 - Focus on reaching groups that can pass on messages; influencers. August – sept/sept PPG & PPE GB reports – review of FFT feedback and other strands ie via Healthwatch and social media on patient experiences. Sept – slight reduction in negative comments from April/May.	Ongoing monitoring of patient experience/stories/satisfaction post opening PPG network requested update in march Link to ACP work on urgent care stream of HSR	
24/7 Care Coordination Centre	Working Group established Mental Health (RDASH) provision is likely to be the first step	CS (CCG) DB (TRFT) SF (RMBC) DG (RDASH)			Working group – lead Sarah Farragher (RMBC) to examine opportunities to integrate services.. A business case is being developed by all partners to consider options for future single point of access. Consultation on the options to take place once business case developed (late 2017-18) Engagement/consultation work on integration of discharge teams (crosscuts IRR and CCC) – steph watts/ rdash and lee moran/ RMBC handed our fliers /conversations seeking experiences 9 th nov in TRFT Integrated Physical and Mental Health Contact Centre From Jan 2018; referrals to MH and LD will be managed through the Care Co-ordination Centre No other action- public info not needed; as access solely through GP referral		
Breathing space	Review and actions				Review by attain 2017 - action lists contain no additional actions IRO engagement		
Re-ablement and equipment	Equipment review and re-procurement				Work on contract for equipment provision – REWS/ICES; Third sector body carrying out telephone interviews; survey and focus group; to complete by mid april R:6. Patient Engagement\engagement template\completed templates for engagement planning\rews re tender.docx		Will inform service specification

3.4 Mental Health		RCCG workstreams			Engagement Mapping 2017-18		
Lead GP Adults – Russell Brynes CAMHS – Jason Page		Executive lead – Ian Atkinson			Lead Officer – Kate Tufnell		
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement
Mental health place plan – transformation							
Mental health crisis and emergency care delivery / Core 24	Deliver core 24 for Liaison Mental Health;	KT Rdash lead			Work with TRFT and RDash – accountable system work- this is a prescribed model, so many elements not open to change. Use of patient and carer feedback and patient experience- Rdash lead		
	Deliver improvement in access to IAPT by 20-21 ; as 5YFV	KT Rdash lead			Comms re extension to services Rdash lead	Engagement with communities around how to reach in/ensure that those in need access/reducing barriers. RCCG expects RDaSH to undertake this – need to hold to account-	Engagement with communities re iapt should inform how iapt is promoted
Core	Core fidelity review				Lucy Cole (attain) <i>leading - review of the core fidelity work – national programme of 39 standards – focus on how this is implemented locally.</i> Patient on review group	LINK to finished docs and outcomes of review	
Adults and older people	Delivery of Adult transformation plan –	Rdash lead		NA	Info from rdash; rdash lead engagement. Representation on MH Transformation Group		Outcomes?
	Improve the delivery of the Eating disorders pathway,	NP			Patient experience and feedback- links to activity and outcomes The provider and CCG joint presentation at a Yorkshire & Humberside Eating Disorder service workshop in March, 2018	Will be evaluated – engagement via SYEDA and RDASH/ patient and user and carer experience, including user and carer representation	
	Social prescribing –MH element link to prevention etc RPP	KT /RN-B			Patient experience and feedback; stories via SPS (Held by VAR) 06.06.17 RN attended SPS MH steering group 12.07.17 RN attended the VAR Board development session.	Need to hold VAR and rdash to account –low referrals – engagement to work out why and increase	
Adult Autism diagnosis review				LC- attain – review of pathway for diagnosis. Circulated to community and patient groups looking for experience jan 2018			
Adhd diagnosis and treatment review				LC- attain – review of pathway for diagnosis. Circulated to community and patient groups looking for experience jan 2018 Interviews			
Other and general/cross cutting					User and carer representation on the following:- <ul style="list-style-type: none"> • Mental health and Learning Disability QIPP Group • Mental Health Social Prescribing Group • Dementia Carer Resilience Group (monthly meetings) • Dementia Action Alliance meeting (monthly meetings) • Community/service user representation on the MH Social Prescribing Group 		
Dementia improvements	Memory service – delivery of the prime minister’s 20/21 6 weeks diagnosis target	KT				Need to hold Rdash to account to ensure any changes informed by engagement and consultation as appropriate	
	delivery of the Dementia Diagnosis LES	KT			mandatory requirement of the GP quality contract from 18/19		
	Monitoring – change in pathway	KT			To work with key stakeholders to agree a change in the delivery pathway.		
	Ferns development					Need to hold Rdash/ TRFT to account to ensure any changes informed by engagement and consultation as appropriate	

3.5 CAMHS		RCCG workstreams			Engagement Mapping 2017-18		
Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement	
Rotherham Place initiative							
CAMHS transformation	NP						
Implementing a CAMHS Transition specification, to ensure a smooth journey from CAMHS to Adult services.	NP			The CCG is commissioning a social prescribing service for young people who don't move into adult services, but still need support. The CCG & RDaSH are working with the Rotherham Children's, Young People's, and Family Consortium to scope out this service. The CCG and RDaSH are also working directly with the 'Different But Equal' Young People's group to get views on services and future developments.	This scoping work will include:- <ul style="list-style-type: none"> Recruiting young people to work in partnership on the proposal. Consult with young people on the proposal. Focused event/workshop planning 	RDaSH CAMHS now employs a 'Transitions' Doctor & Nurse to support transitions.	
Ongoing development of the CAMHS website	RMBC lead			Co-created with young people The Rotherham Youth Cabinet were heavily involved in a recent review of the website.	NFA		
Provision of advocacy services for children through Healthwatch.	NP			Feedback via Healthwatch who produce monthly reports outlining issues. Healthwatch also have regular meetings with CAMHS and the Rotherham Parent Carers Forum.	The CCG is considering using the RMBC Young Inspectors to evaluate the service. Initial discussions were held but not progressed since due to lack of capacity	The ASD/ADHD diagnostic pathway is being discussed directly with CAMHS so that families better understand the process followed.	
Further development of a Family Support Service, through the Rotherham Parent Carers Forum (RPCF)	NP			Evaluation/comments from RPCF Ltd CAMHS PF quotes.docx The RPCF have regular meetings with CAMHS to discuss any issues raised by families. RDaSH CAMHS also attend drop-in sessions organised by the RPCF.	The CCG is considering using the RMBC Young Inspectors to evaluate the service. Initial discussions were held but not progressed since due to lack of capacity	Family support service is a great example of co-production working with RPCF The CAMHS service is seen in a much more positive light.	
Support work with schools to provide early intervention	NP			Meet with schools rep quarterly The 'Interface' Group is seeking student participation at meetings.	Feedback possible from schools- evaluation?	The CCG and a group of schools is jointly funding a 'CAMHS type' post to work directly in schools. This is in line with the direction of travel outlined in the recent CAMHS 'green paper'.	
Enhanced ASD support from the Autism Family Support Team (AFST), to complement the Autism Communication Team (ACT)	NP			– CAMHS autism PF Sensory report Rotherham Final.docx The RPCF are actively involved with the AFST so is able to feedback directly any comments/suggestions from families.		The CCG has used non-recurrent funding to support the production of support material in different languages. The AFST undertook a study of the value sensory assessments which has influenced what the CCG commissions in this area.	
An enhanced crisis service/ enhanced community support to avoid admission or step down to community services.	NP/KT					The service works directly with families and has avoided a number of hospital admissions.	
				Young inspectors reports  Rotherham YI Action Plan January 2018 (v The Young Inspectors report has been updated and reviewed against actions as at the 8 th January, 2018. From Jan 2018- monthly meetings at Kimberworth place between service leads and young people; CCG invited. Waiting outcomes			
				Final report of quality visit CAMHS EIP service quality visit report Final.docx Youth cabinet work on body image – conference and video – lead by young people CCG funding both these Camhs transformation plan oct 2017 refresh – demonstrates engagement in transformation; holding to account etc CAMHS Transformation Plan refresh - Oct 2017.docx		Note as outcomes/change Inspections – CAMHS Youth cabinet work – raising profile etc Changes to services as a result of engagement in transformation work	

3.6 Patient Transport and Ambulance Services		RCCG workstreams			Engagement Mapping 2017-18		
Lead GP David Clitherow Executive Lead Ian Atkinson Lead Officer Julia Massey							
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans include any gaps and address these	So what? Changes as a result of engagement
Emergency Ambulance Service	Take part in a Yorkshire & Humber wide review of Urgent Transport				RCCG receive quality report re PTS for complaints highlighting themes and trends across the SY/Y&H region; issues not segmented to CCG area. YAS roadshow June 2017 Noted low numbers of complaints, so trends and themes hard to identify		
Patient Transport Service	Following a recruitment process, three patient representatives were selected to assist us in the evaluation of submissions from potential Non-Emergency Patient Transport Service providers. We received submissions from seven potential providers. The scoring process has now been completed and the providers have been shortlisted based upon this scoring. We are now entering the dialogue stage of the procurement with the shortlisted providers, which will allow us to refine the service offer based on the best elements of each proposal in line with an agreed financial envelope. As this is a live procurement, no more details about the providers or shortlisting can be provided at this stage. A formal announcement will be made once a provider has been notified of the award of the contract May 2017						
	Work with GPs/ other HPs to review the eligibility criteria, considering costs and eligibility	JM					

3.7 Clinical Referrals		RCCG workstreams			Engagement Mapping 2017-18		
Lead GP –Phil Birks Executive Lead – Ian Atkinson Lead Officer – Janet Sinclair –Pinder							
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement
Avoidance of unnecessary hospital follow-ups	Advice and guidance/ virtual clinics			✓	Use of patient feedback and experience? FFT/other ? Shared care protocols developed – patients followed up by GP (care closer to home)	Not otherwise a priority for engagement	
Explore long term potential for changes to specific elective pathways	Explore different models of delivery for specific pathways, <i>IE single point of access for MSK/Physio etc</i>				Pilot for physio first completed April 2017-used patient experience data and feedback and evaluated positively	Patient feedback and involvement in pathway desirable as these are developed To note – the more radical the changes to pathways, the more engagement needs to be done at the earliest possible stage	
	New referral pathway				GP referral to triage, and appointment offered or internal referral. Triage on 24 hours and appt in 2 weeks. Aim to reduce DNAs Patients now enabled choice in appointment	NFA for engagement	
Development of 'least worst' commissioning options.	2 nd wave of Clinical Thresholds wave 2 in discussion 2017 on SY wide basis (equity across the region)				Focus groups planned summer 2017 – engagement plan in place. No interest/take up for focus groups; therefore subject taken to AGM and Healthwatch and PPG Network. Wave 2 implemented 1 st dec across SYB for Rotherham; note Sheffield and Bassetlaw implemented waves 1 & 2 simultaneously. This ensures equity across SYB.	NFA for engagement Patient feedback will be monitored	
					Engagement assessment template completed for clinical thresholds; dermatology and diabetes		

3.8 Medicines management		RCCG workstreams			Engagement Mapping 2017-18		
GP – Dr Sophie Holden		Executive Lead Wendy Allott		Lead Officer – Stuart Lakin			
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement
Improving the health and wellbeing of Rotherham by ensuring pharmacological interventions evidenced to improve mortality and reduce morbidity are applied with equity across all practices	To maintain prescribing costs to within affordable limits.		✓	NA	The CCGs Self-Care campaign will launch on 9 th June 2017. The first three campaigns will focus on:- -Paracetamol -Antihistamines -Vitamin D - Emollients Engagement in all aspects of this work ..\meds managment\archive\NHS Rotherham Waste Campaign Report 4Jan16 v2.docx Note -National consultation summer- oct - 2017	Posters and leaflets awaited early 2018 Arrange further patient consultation events post launch (Patients opinion re material/ impact have patients seen it)	See report for impact and actions regarding issues raised by public. Posters and messages designed with public/patients
	As part of the above – Review of Minor ailment scheme	PW/RS /HW		✓	Data collection oct 2017 Community engagement Nov-jan TBC See report for summary of engagement activity		Process for managing transition to cessation of third party ordering changed as a result of feedback; strong links and liason with GP practices Programme of outreach meetings to BME communities undertaken
	Focus efforts on reducing medicine waste		✓	NA	#1 Campaign continues with phone line #2 Stopping 3 rd party ordering of prescriptions	Evergreen systm1 and Emisweb - 3 NHS assured apps to order prescriptions – pharmacy produced apps- are not endorsed; need comms to patients public and practices to emphasise this.	
	National consultations and campaigns				Publicised on website		
	Transgender				Links with group re-established March 2018	Need to check satisfaction with system following move to GP prescribing.	
	Prescribing incentive schemes (reducing disparities)				Not a priority for patient engagement; stakeholder and provider engagement focused		

3.9 Continuing care and NHS funded nursing care		RCCG workstreams			Engagement Mapping 2017-18		
Lead GP Jason Page		Executive Lead Sue Cassin		Lead Officer Alun Windle			
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans – include any gaps and address these	So what? Changes as a result of engagement
	Assess patients in line with national frameworks , & ensure that care packages are commensurate with patients' needs, with a focus on personalisation	J Newton & H Davis				There is a process for patients to feedback however this is not publicised and is only one way – develop this? Nov 2017- still no active feedback mechanisms used routinely Contacts published on websites, but rarely/ever used.	
	Community Locality Project Further develop and maximise the use of mainstream services in delivering NHS Continuing Healthcare	JN					
	Benchmark ourselves against other CCGs re costs and activity with the aim of maintaining a position of between 90 and 110	JN			National & regional reporting already achieves this and is received by the CCG – Partnership working with RMBC on developing local services to benchmark against other accountable care systems.	Partnership away days to develop CHC processes booked for Aug 2017 with a planned bi-annual follow-up– planned future patient attendance at these meetings	
	CHC Strategic Group RMBC/NHSRCCG To explore the possibilities of joint commissioning of social and healthcare budgets.	AW			To continue to develop partnership discussions regarding joint commissioning and aligned budgets.		
	User group and user led initiatives				User – led conference summer 2017 focus on user issue- recruitment and support to personal assistants – attendance low. July 2017 co-produced event to bring together potential care workers and employees –		
	Personal Health Budgets Roll out across all areas (MH/LTC etc)	AW					
	Section 117 and CHC will be merged into one service	JN/DW			PHB service now integrated to CHC service	Plans to develop local patient groups via vol com. CCG completed local offer and is now at PHB strategic group for development.	
	PHB and links with social prescribing - TBC					If linked with social prescribing and goes forward real opportunity for co-creating with vol com and patients	

3.10 Palliative Care		RCCG workstreams			Engagement Mapping 2017-18		
Kate Tufnell; Julia Massey							
Workstream/Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement	
Continue to review Hospital Mortality to understand opportunity for improvements in existing palliative care pathways				Consult with Care Homes to establish what services which improve confidence and support EOLC to be delivered in the home instead of admission. Hospice to Lead and then pilot service design to implement findings. Consultation for evaluation of pilot planned with SHU			
Further work will be undertaken to ensure the roll-out of the EpaCCs system and this may include the option to incentive up-take through the PMS premium in 2016/17.				TRFT- have palliative care/end of life care group – Fiona Hendry attends from Hospice/ NP has attended.	Further work to ensure everyone is aware of the NICE implications of delivering artificial hydration. Further consultation is required with Community services but this is being addressed through the TRFT operational Group. Consultation with GP's is also required		
Work with partners to embed into service provision requirements of the 'Care of dying adults in the last days of life' (Nice Guideline December 15)					Further work to ensure everyone is aware of the NICE implications of delivering artificial hydration. Further consultation is required with Community services but this is being addressed through the TRFT operational Group. Consultation with GP's is also required		
Routinely commission the Hospice at Home model of delivery across the Rotherham area.					Rotherham Hospice is taking part in a National research program to establish the "Best Practice" models for H@H services across the country. This is being conducted throughout 2017/18.		
The CCG will also formalise the commissioning arrangements for Children's Hospice services.				To check			
The CCG will ensure that it is aware of and involved in any further developments towards a palliative care and EOLC payment system.					Some early implementation sites are using the "Currency" to establish what to commission, however there is currently no consistency and further work is being carried out nationally		
The CCG will as part of the locality model of care, look at how best palliative care patients can be more proactively managed, before the very end of their life				Rotherham Hospice has recently re-introduced a patient and public engagement forum to help inform its work on service design and access in line with EDS 2. Further work to embed this will take place in 2017/18	Further work to broaden this work to include DN teams, Specialist Community Services, CHC EOLC Domiciliary provision and Learning Disabilities is being discussed at the EOLC Strategy Group.		
General patient and carer involvement in their own care				In 2017/18 84.7% of patients were enabled to die in their preferred place. Carers support is offered in both structured counselling and carer drop in sessions. Rotherham Hospice has recently re-introduced a patient and public engagement forum to help inform its work on service design and access in line with EDS 2.	Further work to embed this will take place in 2017/18 The hospice will continue to develop carer assessment/support/involvement		
<p>This is an area where the CCG needs improve engagement. We will:-</p> <ul style="list-style-type: none"> • Ensure that we better access the patient feedback and comments that patients and their families share with providers – TRFT, Hospice, Children's Hospice and Rotherham Cancer Care Centre; and use this to inform our commissioning, through mapping any areas of concern/any emergent themes • Have a robust understanding of any engagement initiatives by these providers; ie user groups and patient/family representation and led initiatives • Ensure that patients families and the public are part of any service change developments • Ensure consistency of recording of PPC outside Hospice services is required. • Monitoring information- Hospice records where they have asked patients re preferred place of death <p>We also note that the Hospice, by its nature offers a bespoke service which meets very individual needs and is extremely responsive to interaction and the wishes of patients and families.</p> <p>The Hospice is promoting Dying Matters awareness week by having a pop up café at Riverside House , Rotherham, talking to people around the Dying Matters theme of 'what you can do' , and providing leaflets and advice. The café will be open on the 9th of May 1200-1800; 10th May 1000-1500, and the 11th May 1200-1800, also information, dying matters films and leaflets on show in the Hospice reception area. Flyer mapping 2017-8 and related docs\dying matters flyer.docx</p>							

3.11 Specialised Commissioning		RCCG workstreams			Engagement Mapping 2017-18		
Lead GP Richard Cullen		Executive Lead – Chris Edwards			Lead Officer Jacqui Tufnell		
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	So what? Changes as a result of engagement
The following services are now commissioned by CCGs from 2017-18 - Surgery for morbid obesity	Surgery for morbid obesity				Public health have undertaken whole population consultation in relation to changes to weight management and other services which impacted this pathway.	RCCG will, this year, following the decommissioning of Tier 3 services by public health and the commissioning of a new pathway. Undertake evaluation with patients to assess the impact of the new pathway and identify areas for improvement	
	Complex rehabilitation – This service is likely to have pathway changes impacting both NHSE and the CCG in order to improve the service for patients				Focus groups have taken place led by NHSE to understand the issues in relation to the provision of complex rehab and suggestions for improving the services. Final reports on an ACS basis are awaited.		

3.12 Safeguarding including Child Sexual Exploitation and child protection		RCCG workstreams			Engagement Mapping 2017-18		
Executive Lead Sue Cassin		Lead Officer – Catherine Hall					
Workstream/	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these	Impact on commissioning etc
<p>General/overview NHSR CCG has executive leadership at Safeguarding Adults and Children Boards. CCG colleagues are represented on all Safeguarding Board Sub –Groups. This ensures that the CCG and the provider organisations it commissions participate in any engagement work</p> <p>Stakeholder participation- Processes in place</p> <ul style="list-style-type: none"> • for ensuring that families are included in any serious case reviews (statutory function) • and currently under review for ensuring that parents can be included in Child Death Overview Processes. – recorded on template • to ensure that the voice of the child/young person is part of the statutory health assessment 							
Safeguarding Standards in contracts highlight the need for providers to engage in a variety of ways					We need to be sure we are assured that the organisations we commission are engaging and consulting where they need to – holding them to account for this.		
Prevention of Future CSE/ Providing victim support					Partnership working to support this. Our actions associated with this key priority are in the introduction to this plan and in section 13.3.	Opportunities for engagement and participation Reviewing services Identifying unmet need	
Change to child protection medical services	Utilisation of play therapy to maximise voice of child			✓	Increased feedback and voice; template completed to assess need for consultation -		

3.13 CCG Commissioned Primary Care		RCCG workstreams			Engagement Mapping 2017-18	
Lead GP – Avanti Gunasekera		Executive Lead – Chris Edwards (check)			Lead Officer – Jacqui Tuffnell	
Workstream	Specific Project	lead	EIA	EAT	General Engagement – surveys, consultations, focus groups etc; Partnership working and patient experience information	Future plans - include any gaps and address these
Quality Driven Services	Driving efficiencies in the way general practice is delivered Quality/ contract reviews				Quality and contracting visits will include review of primary care dashboard and will also look at challenging populations and their health seeking behaviours. Better use of FFT data to inform improvement (MJOG to increase responses from March 2017) Targeted piece of work with practices who have challenges with populations regarding health seeking behaviours started April 2017	
Services as Local as possible/Care navigation <i>Link with integrated locality</i>	More patients managed in community/GP surgeries, using a variety of mechanisms				Introduction of care navigation – a significant comms campaign is planned and the impact of the service will be evaluated using patient feedback All practices now have capacity to offer skype appointments	We will continue to look at services which can be brought closer to home by involving patients - potential link to integrated locality working
Equality of Service Provision – Enhanced Services		DA/ TBC			Transgender LES in place so patients no longer have to travel tp porterbrook - cross ref to meds management and equalities. Phosphonate now delivered in primary care for breast cancer	Need to look at mechanisms for feedback from patients Pilot targeted survey at several care homes, both for residents where able and carers.
Increasing Appropriate Capacity and Capability <i>Link to community transformation work</i>	Utilise and develop potential across the clinical and non-clinical workforce,				See also community transformation Workforce plan- more of those roles going	More likely to be behaviour change and information work- ie 'you don't need to see a doctor Improved communications for patients to clarify the new roles in practices.
Primary Care Access Arrangements	Contact with surgeries and extended hours hubs			✓ V1	Working towards NHS England requirement of all population having access to later appointments Mon-Fri and Sunday availability. GP access survey dec GP Access FINAL.docx	Impact of survey – post jan PC committee
New Models of Care	See community transformation and workforce					
Self Care	Patients/ carers will be supported to take control of their LTC through; Case management/social prescribing /Community transformation projects				See community transformation and social prescribing lines	
	Use of technology and Education to empower patients/ carers to manage their conditions and take an active role in consultations / decisions	Chris B			Diabetes to start – patient feedback Update from Chris Barnes - The diabetes work is just starting with the community team. We are also looking to add 15 Whzan tele-health kits into the community, this will be a new model of care to help patients most at risk. The evidence shows that if we do this correctly we can reduce the clinical input and also massively improve the patient's quality of life. Health trainers. Health prevention key in ACS- link back greater role for CCG going forward tbc Mjog messaging is in use to assist patients manage long term conditions.	
Robust Performance Management	Trajectories agreed with NHSE RE Ed1,2,3			NA	Results will be monitored and inform the patient dashboard Not otherwise priority for engagement	
Merging of GP practices	Brookfield/magna 2018				engagement led by GP practices as here- ..\primary care\PATIENT CONSULTATION DATA brookfield and magna.docx CCG role assurance	Continue to work with practices on patient engagement as part of the merger process. Engagement template completed for Brookfield/Magna merger.
GP WIFI				NA	Not an issue for engagement/directive/adding in service- information available in practices only	
Waverley Procurement				✓	Patient representatives part of procurement exercise	
Diabetes – equal access model implemented 1.4 2017	Based on super 6 /care closer to home			✓	Patient representative on working group via diabetes uk; patient/diabetes uk supportive of direction	NFA for engagement – national data on stats and feedback long term only

3.14 Maternity ; Children & YP Transformation							
Ian Atkinson Paul Theaker							
Local work to develop engagement structures for maternity		PT/ HW			Tender out July 2017; vol sector body to develop new structures and systems in Rotherham that will feed into maternity voices partnership Thanks clip youtube Report sept 2017 – all on website oct 2017 ..\maternity\Rotherham Maternity Led Unit survey Audra.docx..\maternity\Midwife happiness.docx..\maternity\Rotherham Maternity Voices Partnership – 204 respondents - Final.docx..\maternity\poster first report.jpg	1st report flagged PMH as priority issue- work to be undertaken on this	
Implementation of the SEND Action Plan	Systems for early identification, joint assessments/ EHC plans	RMBC lead			EHCC health section questionnaire by parent forum (CCG commissioned) oct 2017 ..\CYP\EHC Health Element.pdf Key points <ul style="list-style-type: none"> communication with parents around what they should expect from Health in terms of medical assessments and information that will inform the Health Section of EHCPs awareness of SEND and the EHCP process across the whole Health community the timeliness of Health information submitted for EHCPs (6 week requirement) the submission of the most up-to-date Health information Health information submitted for EHCPs that is based on assessed need, provision that meets identified need and clear outcomes Q 4 is concerning – where parents are reporting that they have completed the health section . this will go to the Health Focus Group inaugural meeting, as well as outlining the key issues within our self-assessment and action plan	Following the Health Focus Group meeting, we may well undertake further consultation work with parents in order to unpick some of the issues	
	Work with partners to ensure smooth transition to adult services	RMBC lead			Support to Parent carer forum led event on transition nov 10 th 2017; providing health info/stands as per requests. Work restarting and focusing on this from Jan 2018.	Parents will be on group and will help to co-create and co-design both work streams and engagement activity. Will need to ensure young people are part of the co-design/co-creation	
Prevent inapt attendance at A&E and admissions	Care closer to home workstream Link to HSR	PT			Paul attends CCtH meetings; not clear where engagement/participation/involvement sits within this. Lead by TRFT. Paul checking Jan 2018		
CAMHS transformation plan		PT/NP			Cross ref to camhs section for detail		
0-19 Services Health		PT			PT commissions some parts- schools nurses in special schools-. Enuresis services being commissioned (pilot)	Feedback on pilot enuresis services to be requested when underway- template?	
Childrens Acute and community integration		PT				TBC	
Embed Voice of the child principles across partners	Holding providers to account IRO engagement	PT			Cross cuts all above – contract/quality etc Part of review all contracts and service specs. Engagement/co-design will be fundamental wherever possible Will need actual examples as these develop Child development centre – started Dec 2017. Includes parent care representation on working group. TOR is explicit around coproduction/co-design Others will follow- Paediatric Audiology likely – june July 2018 (they have a young people’s user group who may get involved)		
Obtain feedback regarding experience of paediatric community services.		PT			Rotherham Parent Carer’s Forum commissioned to obtain feedback from families on the following services: paediatric audiology, child development centre, children’s community nursing team, speech and language therapy, physiotherapy and occupational therapy.	To add links to completed pieces of work when available	
Other/cross cutting					Young inspectors – visited/inspected services – seek report? Young inspectors RDGH Action Plan 2017.docx young inspectors RDGH report 2017.docx Attended health select committee to report on this and recommendations – check if trft or camhs??		
					Launch of ‘Genuine Partnerships’. This is the new national face of Rotherham Charter, and the work led by Rotherham Parents Forum. They are seen to be leading the field nationally, and have presented this model to national partners. Much of the focus is to ensure meaningful engagement with young people and families. Key points are excellent training sessions, and a free online self-assessment tool. Email reflecting positive relationship and ongoing partnership work email CYP relationship (ER).msg		