

HEALTH SELECT COMMISSION

- Date and Time :-** Thursday 27 July 2023 at 5.00 p.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Yasseen (Chair), Miro (Vice-Chair), Andrews, Bird, A Carter, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan, Sansome, Thompson and Wilson.
- Co-opted Members – Robert Parkin and David Gill, Rotherham Speak Up**

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meeting held on 29 June 2023 (Pages 3 - 9)

To consider and approve the minutes of the previous meeting held on 29 June 2023 as a true and correct record of the proceedings.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

6. Rotherham Alcohol and Drug Service (ROADS) (Pages 11 - 54)

To consider a report in respect of the mobilisation and implementation of the new Rotherham Alcohol and Drug Service model, which has been in place since 1 April 2023, following a successful competitive tender process.

7. Place Plan Priorities Close Down Report - May 2023 (Pages 55 - 78)

To consider a report and presentation summarising outcomes from the delivery of the Rotherham Place Plan up to May 2023.

8. Work Programme (Pages 79 - 83)

To consider and endorse an outline programme of scrutiny work for the 2023/24 municipal year.

9. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

10. Date and time of next meeting

The next meeting of the Health Select Commission will be held on 28 September, commencing at 5.00 pm in Rotherham Town Hall.



SHARON KEMP,
Chief Executive.

HEALTH SELECT COMMISSION
Thursday 29 June 2023

Present:- Councillors Yasseen (Chair); Andrews, Baum-Dixon, Bird, Cooksey, Foster, Griffin, Havard, Hoddinott, Hunter, Keenan and Sansome.

Apologies were received from Cllr Miro, Mr. Robert Parkin and Mr. David Gill.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

9. MINUTES OF THE PREVIOUS MEETING HELD ON 20 APRIL 2023

Resolved:- That the minutes of the meeting held on 20 April 2023, be approved as a true and correct record of the proceedings.

10. DECLARATIONS OF INTEREST

There were no declarations of interest.

11. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

12. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there was no reason to exclude members of the press or public from observing the discussion of any items on the agenda.

13. APPOINTMENT OF CO-OPTED MEMBER

Resolved:-

1. That Mr. David Gill of Rotherham Speakup Self Advocacy be appointed as a co-opted member of Health Select Commission.

14. NOMINATIONS FOR REPRESENTATIVE TO THE HEALTH WELFARE AND SAFETY PANEL

Resolved:-

1. That Councillor Emma Hoddinott be appointed to serve on the Health, Welfare and Safety Panel as a representative of the Health Select Commission for the 2023/24 municipal year.

15. PLACE PARTNERS MENTAL HEALTH SERVICES UPDATE

Further to a previous report considered by the Commission in January 2023 (minute 53 refers), Members received a presentation from the Rotherham Care Group Director of Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) in respect of waiting times and approaches to reducing delays in the delivery of mental health services and improving patient outcomes.

With regard to the current backlog, it was reported that the service continued to receive between 30 to 40 referrals a week, and whilst on average 20 of those referrals have a waiting time of less than a week to be triaged, the average waiting time for an assessment had increased to 20 weeks from 15 weeks in June 2022. It was further reported that an enhanced recovery plan had been initiated in May 2022 with increased management and clinical input. Members noted the hard work that had been put in by staff to decrease the number of patients waiting for assessment from 800 in June 2022 to 549 in May 2023, which had been achieved despite significant staffing challenges. In outlining the resourcing and recruitment challenges faced, it was explained that only 1.6 whole time equivalent (wte) practitioners were currently working out of 6 wte posts on the established structure for the team due to sickness absence and unfilled vacancies. It was noted that a Trust-wide overtime programme was in progress to support the recovery plan.

It was reported that positive progress had been made in relation to the Memory Service backlog, which had previously had a waiting list of 568 patients for an average of 29 weeks until assessment in June 2022, which had reduced to 390 patients with an average wait of 11 weeks until assessment in May 2023. This had been achieved despite a continued high level of referrals and the hard work and commitment of staff involved was commended. The Memory Service Locally Enhanced Service commenced in September 2022 with local GPs and had led to a reduction in the annual review waiting list of approximately 80%. It was noted that significant work had taken place to improve recruitment for the Memory Service and that the Integrated Care Board had contributed funds to support this and it was anticipated that the additional benefit of new staff recruitment would be realised by the end of the summer and early autumn of 2023.

Members noted that there were two main transformation programmes in operation within the Trust presently. Whilst the Crisis transformation programme was largely an internal project, it had linked to national NHS programmes which would ensure a direct link to local Crisis Services via NHS 111 and that was planned to be implemented later in the year, with direct access from 999 calls being planned for implementation in 2024. In addition, the internal plans had led to or would lead to the following changes:-

- Moving all crisis calls out of hours from the Care Coordination Centre to Doncaster Single Point of Access on 1 June 2023

- Yorkshire Ambulance Service (YAS) Push Model – support YAS to identify patients who are appropriate to redirect to the Crisis Service with the aim of avoiding A&E, which will be implemented in late 2023

It was further reported that the underlying aim of transforming community mental health provision was for people to be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This aim had been agreed to help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation. The four core elements of this programme were Model Development, Care Provision, Workforce, Data & Outcomes and within those there are three dedicated focus milestones which were identified as:

- Complex Emotional Needs/'personality disorder'
- Community Rehabilitation
- Eating Disorders

Within this programme, there had been a focus on the development of Primary Care Hubs, which involved placing mental health practitioners within some primary care provision across the borough. It was noted that RDaSH were working with the Council to identify a location in the town centre for further hub provision. The aim of this approach was to ensure that issues were identified and patients supported through primary care and avoiding the need for secondary care involvement. It was also explained that the hub would provide more options in terms of pathways into secondary care and stem the flow of referrals, which in turn would help the Trust to redirect resources to deal with the backlog.

The presentation then moved on to set out the Council's role in leading the delivery of the Mental Health Crisis and Liaison Programme, which is a key priority within the Place Plan. It was noted that there were a number of transformation programmes to support delivery of this, including:

- Developing a revised mental health service offer and model
- Co-producing a new mental health reablement and day opportunities offer with people with lived experience, their families and carers.

It was planned for the offer to be developed by December 2023 and implemented in quarter 1 of 2024/25. In terms of progress, it was reported that a workshop focussed on the crisis offer was followed by a local authority-led initial partnership workshop to:

- (i) Identify statutory and legal duties, and must-dos of each organisation

- (ii) Identify terms of engagement for partner working
- (iii) Develop objectives for the programme of work, including a joint-approach
- (iv) Agree definitions and core principles to shape the revised pathway
- (v) Begin developing a high-level mental health pathway to help inform the future service offer and model.

In terms of next steps, Members noted that several themes emerged from the partnership workshop, including:

- Prevention and early intervention, including the front door and 'make safe' duty
- Crisis interventions and alternatives, including admission, inpatient care and discharge
- Reablement, recovery and rehabilitation, including day opportunities

It was confirmed that those themes would be scoped and key actions identified to operationalise the pathway. The Crisis Concordat was also planned to be refreshed to hold those actions, providing leadership across partner organisations. Furthermore, it was confirmed that an approach would be developed and agreed to involve people with lived experience, their carers and family in shaping the future reablement and day opportunities offer.

In moving to questions, Members sought an explanation as to why the number of referrals had dropped by a third but the assessment waiting time had increased by a third, and whether that was the result of prioritisation of need. It was explained that the improvement in referrals was the result of a more effective triage process, which was usually undertaken within a week. Some of the resource had been allocated to the triage process which explained the improvement in performance. It was felt that this was a much safer approach but had materially extended the wait for assessments.

Having heard much about recruitment, Members sought clarification on the position in relation to the retention of existing employees. It was confirmed that retention was proving to be a challenge. Since the pandemic, more employees had retired and not returned to work, whereas previously they may have left and come back at a later point. This was an issue replicated across many sectors nationally, including local government. One of the approaches to minimise the impact of staff leaving employment with the Trust was to make use of agency staff, although it was recognised that this tended to focus on in-patient services rather than specialised community services.

Reflecting on South Yorkshire Police's announcement that its officers would no longer attend mental health crises unless there was a danger associated, Members queried whether that was having an impact on

the Trust and other place partners and how that was being managed. In response, it was confirmed that this related to the Right Care Right Person model that was being rolled out nationally in phases and set out differing levels of intervention that the police worked to. There was beginning to be an impact with the police pushing back and saying that they would not attend when requests or contact was made. It was confirmed that the Trust were actively involved in this programme and representatives from Rotherham Care Group were looking at how this would be implemented with the police, who were being proactive in engaging on this matter. It was further explained all agencies were meeting on a monthly basis to review what was coming through on strategic and tactical levels and that could potentially provide an evidence base to suggest to the police that they had got their position wrong.

Following on, Members sought further reassurances around the role of South Yorkshire Police in relation to mental health crisis support and what they saw their future role being. In response, it was confirmed that local police were involved and active transformation activity and had a key seat around those particular tables. However, welfare checks and Right Care Right Person sits within a different department of the police force which is focused on protecting vulnerable adults. Officers were assured that both parts of the police were talking to each other, but the lead in respect of the transformation activity was the Safer Neighbourhoods Team. Overall, the concerns of partners about the new position through Right Care Right Person was timeliness and the speed at which the police had withdrawn nationally as it remained important to get referrals and welfare checks undertaken.

Information was requested in respect of the level of dropouts caused by individuals having to wait too long for assessments. In response, it was confirmed that everyone recorded in the statistics referred to in the earlier presentation would have received triage. It was acknowledged that a number of people would have disengaged prior to being assessed or did not attend their allotted appointment, but it was stressed that those would be the only reasons why someone would not have had an assessment after triage. The 'Did Not Attend' rate was stated as being at around 8% of all referrals.

Members also sought clarification on how children's and adults services were dovetailed to meet the specific needs of people between 16 and 24 who may not be ready or keen to receive support within adult mental health care services. In response, it was explained that there were separate Care Groups for adult and children's care, and this meant that different services were being provided according to the needs of those groups. It was noted that there was a transition group for ages 18 – 25, but the organisations were the same and would arrange for the appropriate pathway on a case-by-case basis.

In response to a query about working with local community organisations it was confirmed that there was a lot of engagement with voluntary sector partners and there had recently been an event for voluntary sector groups to raise awareness of services on offer. It was also stated that referrals to such groups were made when it was considered appropriate to do so.

Members sought clarification around the process followed in cases of dual diagnosis. It was explained that the approach in Rotherham was to treat individuals for the most prevalent issue that they were facing at that time, but, if there was a need to be on two separate pathways, the service would ensure that the individuals were receiving the support required.

Reassurances were sought that rural areas were getting the same level of support in terms of mental health care. In response, it was noted that the cost-of-living crisis was having an effect on people's ability to come to urban centres to access mental health support. Consultation was seeking views on how to get service provision closer to people's homes through the hubs and not making affordability an issue to access care or support. In a workshop with voluntary sector partners that took place earlier in June 2023, the issue of targeting harder to reach communities had been considered and this was part of the scoping exercise.

Members also wished to understand what continuity there was in care and what further support was available in the form of after care. In response, it was explained that patients in the community would have a Care Coordinator assigned to them when referred into the service, and the Care Coordinator would be with them throughout the treatment journey. This was replicated in some specialised services also, to maintain consistency. In terms of post discharge care, patients are given a discharge plan detailing what services are available and confirms what to do in particular circumstances.

Resolved:-

1. That a six-month update on transformation be received in January 2024.

16. WORK PROGRAMME

Consideration was given to the latest iteration of the Commission's work programme for the 2023/24 municipal year. In doing so, the Chair encouraged Members to get involved in reviewing quality accounts for NHS organisations in the local health economy, as well as other bespoke workshops.

In considering the work programme, Members were mindful not to overload future agendas and were aware of the limited time available to

consider matters before the pre-election period commences in March 2024. It was suggested that some items on the work programme may be better dealt with through separate workshop discussions rather than through formal committee agenda items.

Resolved:-

1. That the schedule of work be noted.
2. That authority be delegated to the Governance Advisor to make changes to the work programme as appropriate, in consultation with the Chair/Vice-chair, and with any changes reported to the next meeting.

17. URGENT BUSINESS

The Chair advised there were no urgent items requiring a decision at the meeting.

18. DATE AND TIME OF NEXT MEETING

Resolved:- The next meeting of Health Select Commission will be held on 27 July 2023, commencing at 5.00 pm in Rotherham Town Hall.

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Public Report
Health Select Commission

Committee Name and Date of Committee Meeting

Health Select Commission – 27 July 2023

Report Title

Mobilisation of the Rotherham Alcohol and Drugs Service (ROADS), provided by We are With You

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

No

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Jennifer Armitage, Operational Commissioner (Public Health)

jennifer.armitage@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

In 2021 Cabinet approved proposals to re-commission the drug and alcohol service for Rotherham.

[Agenda item - Public Health Proposals for Re-commissioning Rotherham's Alcohol and Drugs Service - Rotherham Council](#)

This report provides an update on the mobilisation and implementation of the new Rotherham Alcohol and Drug Service model. The new contract commenced 1st April 2023 following a successful competitive tender process.

Recommendations

This report is to update the Health Select Commission (HSC) and support their scrutiny of this important drug and alcohol public health agenda..

List of Appendices Included

- Appendix 1 Rotherham Drug and Alcohol Data Summary, July 2023
- Appendix 2 Mobilisation of the Rotherham Alcohol and Drugs Service – PowerPoint
- Appendix 3 ROADS Health Select Committee Slides - PowerPoint

Background Papers

[Agenda item - Public Health Proposals for Re-commissioning Rotherham's Alcohol and Drugs Service - Rotherham Council](#)

[Decision - \(ACHPH\) Decision to award 20-336 Alcohol and Drug Treatment and Recovery Service - Rotherham Council](#)

[Forward plan - Forward Plan of Delegated Officer Decisions \[as at 3 July 2023\] - Rotherham Council](#)

[Independent review of drugs by Dame Carol Black: government response - GOV.UK \(www.gov.uk\)](#)

[Agenda for Cabinet on Monday 11 July 2022, 10.00 a.m. - Rotherham Council](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

Mobilisation of the Rotherham Alcohol and Drugs Service (ROADS), provided by We are With You

1. Background

- 1.1 Cabinet approved the proposal to recommission the Alcohol and Drug Service on 22nd November 2021, under one lead provider with a specialist pathway covering all ages. This was to enable seamless transition between Child and Adult services and to enhance the offer for younger service users. Within one pathway, there is an expectation of separate service offers for young people, alcohol misuse prevention and treatment, drug treatment and recovery from all substance misuse.

[Agenda item - Public Health Proposals for Re-commissioning Rotherham's Alcohol and Drugs Service - Rotherham Council](#)

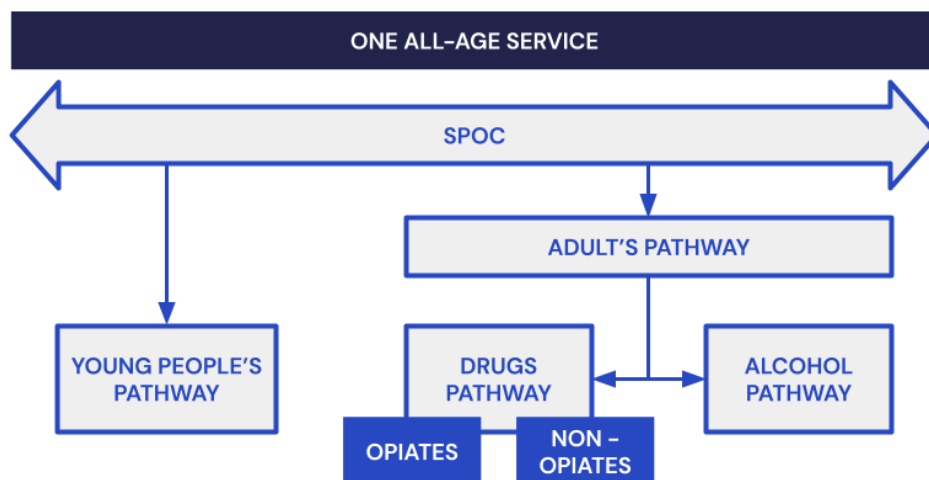
- 1.2 A project board was established to manage the recommissioning process over an 18-month period, involving stakeholders internal and external to the Council. A needs assessment and evidence review drove the development of an updated specification which needed to take account of the new Government drug strategy that was published 'From Harm to Hope '. The vision for the new service was to ensure the pathways for users of different substances were seamless, but also defined to recognise the different needs of an increasingly diverse alcohol and drug using population. The needs assessment also indicated that locally the new service also needed to have a real focus on alcohol – an ambition that is potentially undermined by the focus on drugs in the national strategy and subsequent performance indicators. The new service model also needed to identify people not in contact with services, reaching out into Rotherham's underserved communities. Transitioning between the pathways was another key area e.g. young people into adult services, treatment to active recovery and stable recovery to leading a fully independent and substance free lifestyle.
- 1.3 The specialised pathway needed to take into account the difference in need and levels of support between children and adults, as well as a separate alcohol pathway to cater to those at risk of developing alcohol problems that would not otherwise attend the drug and alcohol service.
- 1.4 We are With You (WAWY) were successfully awarded the alcohol and drug services contract, following a competitive tender process. The new service commenced April 1st 2023.

[Decision - \(ACHPH\) Decision to award 20-336 Alcohol and Drug Treatment and Recovery Service - Rotherham Council](#)

2. Key Issues

- 2.1 [We are With You Service Model](#)

The model of delivery is an 'all-age' pathway, utilising a single point of contact (SPOC) to triage and 'segment' or organise caseloads in accordance with need and risk.



- 2.2 The proposed service model works to the service specification and is bolstered by additional SSMTRG funding. The service would probably struggle to deliver the outcomes without this additional funding. The service continues to be delivered from Carson House in the town centre with the new provider leasing the building from CGL who own the premises outright.
- 2.3 A new 'Early Intervention and Outreach' team is being established as part of the new delivery model, which will focus on successfully engaging people not currently accessing the service. This approach includes community drop ins, including the Unity Centre and Shiloh. Further sessions at GROW will commence in July to deliver Court disposals - Alcohol Treatment Referrals (ATR) and Drug Rehabilitation Requirements (DRR) to women. School sessions continue on a one-to-one basis and have been delivered at Wath, Rawmarsh, Clifton, Wingfield and Maltby, since contract start and a targeted groupwork session at Wath including cannabis awareness, risks and consequences and harm minimisation. Educational and professional training sessions are planned at Barnardo's and for Foster Carers in July. A Young Person's stakeholder event is being planned for Autumn.
- 2.4 WAVY's Community Engagement Coordinator will reach out to peer-led organisations (e.g., REMA, Apna Haq) and attend events to build community recovery capacity, such as the Rotherham Show. WAVY will consider how best to meet unmet need and engage with underserved communities e.g. the Roma population near the city centre and the large South Asian community in Boston Castle.
- 2.5 The model includes a dedicated Criminal Justice Team, who provide Criminal Justice interventions, alongside prison in-reach. This is a continuation of the previous model, but with the addition of a dedicated administrator to focus on tracking data across the criminal justice pathways and ensuring that the data between prison, Sheffield courts and the

Rotherham service reconciles. The Criminal Justice Team are co-located at Probation, to ensure a coordinated approach to risk management and care.

- 2.6 The service model includes an additional Hospital Liaison Worker, who will work alongside the alcohol care team at Rotherham Hospital, to ensure smooth transition from hospital into community treatment. This is currently being established by the service in conjunction with the alcohol care team.
- 2.7 Additional prescribing capacity within the model will enable swifter treatment and includes a 3 -way review with the recovery worker, Doctor and client to ensure continuity of care. It also enables more patients to access the service, in line with the proposed 20% additional numbers in treatment by March 2025, as per the SSMTRG requirements.
- 2.8 The service has partnered with 'socialTech' to develop an online 'ROADS app' within the first two years of contract delivery, which will provide a 'one-stop-shop' and includes directions to nearest support centres, integrated online chat, diary reminders, distraction tools and emergency support links. The service has also partnered with 'Release', who will deliver a Legal Welfare Outreach Service to support housing issues, benefits appeals and access to services.
- 2.9 A stakeholder event was held in June at the Unity Centre to provide an overview of the new service model and introduce the Team to partners. The event was well attended, with lots of engagement and interaction. A service user attended, confidently telling his story, and conveying the importance of the service in his recovery journey.
- 2.10 The ROADS model includes close working with partners, including the Council's Individual Placement and Support (IPS) service. The IPS Team are integrated into the treatment and recovery service, providing a bespoke employment support offer for those accessing the treatment service, which includes pre-employment support and in-work support. This includes holistic support from the wider Employment Support and Financial Inclusion Team. Employment is a recognised support factor in obtaining and sustaining recovery from dependence.
- 2.11 Mobilisation of the New Service
Fortnightly mobilisation meetings commenced from October 2022, with additional meetings taking place as required in between those times. During mobilisation the service were introduced to key stakeholders to firm up plans to collaborate and integrate where appropriate, as well as raise awareness of the forthcoming changes.
- 2.12 WAWY implemented a dedicated mobilisation team, with operational and clinical expertise to successfully mobilise the service to:
 - Transfer patient data
 - TUPE staff across from the incumbent provider
 - Recruit to new positions
 - Train and integrate the IPS Team
 - Novate and transfer existing Pharmacy and Primary Care contracts

- Agree pathways and ways of working with stakeholders
- Produce and agree proposals for the utilisation of additional Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) funding, utilising the non-core framework agreement
- Raise and resolve any risks and issues
- Implement a dedicated Pathfinder Team to cover the service during the first 3 weeks to allow training and induction to occur

2.13 Mobilisation in the main went well. All patients were successfully transferred across with no interruption to their treatment. Resource was allocated to ensuring that all service users had a new risk assessment and recovery plan completed.

Performance to Date

2.14 Treatment outcomes are monitored through the National Drug Treatment Monitoring System (NDTMS). Quarter 1 data is planned to be published on 28th September 2023, meaning there is no official validated data to report as yet. Data sets when published can be 6-12 months behind, meaning that it could take 12-18 months to assess service performance against validated data.

2.15 1522 patient records were transferred across to WAVY on the 1st April. Local service data indicates that the number of people in treatment had dropped by the end of April. This was anticipated, due to service mobilisation and the re-allocation of caseloads. Some of the people who were already disengaged with the incumbent provider pre-transfer, chose not to re-engage with ROADS, meaning that they were removed from caseloads. Following mobilisation and the promotion of the new service there has been a slight surge in referrals which has resulted in a waiting list for assessments. The service are triaging these for clinical priority and allocating additional resource to fill vacancies to make sure people are seen as quickly as possible. The Commissioning team will be working with the service to monitor this weekly until the situation improves. During the first two months of the new service, those that were assessed presented with the following drug use profile:

Primary Drug of those assessed during the month	April	May
Heroin	2	14
Alcohol	12	29
Amphetamine	1	1
Buprenorphine	0	0
Cannabis	3	0
Cocaine - Crack	3	2
Cocaine	6	5
Codeine	0	0
Diazepam	1	0
Fentanyl	0	0
Methadone	0	0

Opiate - unspecified	0	1
Pregabalin	0	0
Zopiclone (sleeping tablet)	0	1

- 2.16 Local service records show that there were 12 successful completions of treatment for the month of May, compared to 4 in April.
- 2.17 10 inpatient detoxification placements have been made since the start of the contract and one person has successfully entered residential rehabilitation.
- 2.18 Prior to contract transfer CGL achieved Hepatitis C 'micro elimination' status, which means the following targets have been met against the national plan to tackle Hepatitis C
- 100% of people using the service have been offered a Hepatitis C test.
 - 90% of these people have then been tested.
 - 75% of people who were diagnosed with Hepatitis C have started treatment.
- ROADS will be focused on maintaining this achievement by continuing to prioritise blood borne virus screening and treatment under the new contract.
- 2.19 Monthly contract meetings are scheduled with the service to review service quality and performance and discuss trends and staffing. Public Health SMT receive regular service performance reports to give assurance that the governance processes are in place to monitor the KPI's. A full copy of the KPI's is available here:



KPI's.xlsx

3. Options considered and recommended proposal

- 3.1 Members of the Health Select Committee note the progress that is being made by the new service provider We are With You, and some of the challenges in delivering increased service capacity at the same time as launching the new service model.

4. Consultation on proposal

- 4.1 During the recommissioning a task and finish project board met to agree and sign off key stages of the project plan to re-commission. This has now disbanded, and the service has monthly formal performance and quality meetings with both Public health and Commissioning.
- 4.2 The Operational grant group, which worked to develop plans for SSMTRG expenditure, continues to contribute to grant plan development and management and reports directly to the Combating Drugs Partnership

(CDP). Additional groups have been established as appropriate to inform the priorities on the grant allocation including the Dual Diagnosis and Primary/Community Mental Health Transformation Group.

5. Timetable and Accountability for Implementing this Decision

- 5.1 4th October 2022 – Decision to Award to We are With You
1st April 2023 – contract start date

6. Financial and Procurement Advice and Implications

- 6.1 There are no financial or procurement implications to consider. This report is for information only.

7. Legal Advice and Implications

- 7.1 There are no legal implications to consider. This report is for information only.

8. Human Resources Advice and Implications

- 8.1 There are no Human Resources implications for the Council. This report is for information only.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 Stakeholders including children's and young people's services, safeguarding, adult care and housing are integral to both the Combatting Drugs Partnership and the Operational Grant group. The service will be holding a launch event for the Young Persons pathway.
- 9.2 The difficulties in recruiting staff for the provider has implications for vulnerable adults as caseloads cannot reduce until the full staffing team is in place.

10. Equalities and Human Rights Advice and Implications

- 10.1 There are no additional implications to consider. This report is for information only.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 There are no implications to consider. This report is for information only.

12. Implications for Partners

- 12.1 As all South Yorkshire areas are in receipt of the SSMTRG funding, several initiatives are being implemented across the County to align with the Criminal Justice agency footprint. Rotherham Commissioners are working with other South Yorkshire Commissioners to develop joint processes for drug and alcohol related deaths, and drug alert systems. A Criminal Justice Pathway is also being collaboratively developed at a South Yorkshire level, to streamline referral processes and ensure continuity of care from prison to community service targets are met through effective data reconciliation and pathways.

13. Risks and Mitigation

- 13.1 The core service model is currently bolstered by additional SSMTRG funding, the proposals for which were agreed at Cabinet on 11th July 2022: [Agenda for Cabinet on Monday 11 July 2022, 10.00 a.m. - Rotherham Council](#)
- 13.2 The SSMTRG funding for 2023/24 is year 2 of a proposed 3-year funding period, as part of the 10-year drugs strategy. If the Grant does not continue as expected post 2025 this will significantly impact on service delivery and treatment outcomes.
- 13.3 WAVY subcontract the provision of needle and syringe exchange and supervised consumption of opiate substitution medication to local pharmacies. However, the number of pharmacies in Rotherham and nationally has seen a steady decline in recent years. A number of Lloyds pharmacies in Rotherham were closed and/or sold at the end of March this year. This has a direct impact on pharmacy provision for the service, including the ability to adequately source sufficient provision for supervised consumption. Despite this, the service has managed to onboard new pharmacy contracts.
- 13.4 WAVY also subcontract primary care practices to deliver a shared care model within primary care, where the service user's care is delivered by their GP and a recovery worker. Several GP's have dropped out of the shared scheme during and after the Covid 19 Pandemic. The current model relies on a level of GP engagement and to try to resolve this WAVY are developing an action plan to seek resolution to this issue, but as this is due to wider factors in the NHS this may require some level of service redesign.

Accountable Officer(s)

Ben Anderson, Director of Public Health

Anne Charlesworth, Head of Public Health Commissioning

Jennifer Armitage, Operational Commissioner (Public Health)

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Ian Spicer, Strategic Director of Adult Care, Housing and Public Health	13/07/23
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health - Councillor Roche	10/07/23

Report Author: Jennifer Armitage Jennifer Armitage, Operational Commissioner
(Public Health)

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

National Drug Treatment Monitoring System, Rotherham data

Please note, the following data covers the time period April 2021 to March 2022 unless otherwise stated and was published January 2023. Please note data may not always match due to rounding, data is rounded to the nearest 5 for use in this document, and data has been suppressed for values 1 to 4. All data was obtained from the National Drug Treatment Monitoring System, extracted 12th July 2023 - [NDTMS - Home](#).

Summary statistics, 2021/22 data

- There were **2,035 adults** (18+) in drug and alcohol treatment. This is an **increase** from 1,880 compared to the previous year.
- There were **785 adult** (18+) clients that had started treatment within the current year (new presentations). This is an **increase** from 775 the previous year.
- There were **34 young people** in treatment at CGL Rotherham.
- There were **26 new young people** presentations to treatment.
- The proportion of adult (18+) clients treated for opiate use who were 18 or over and recorded a successful completion of treatment was **3%**. This is an increase from 2% in 2020/21.
- The proportion of adult (18+) clients treated for non-opiate use who were 18 or over and recorded a successful completion of treatment was **28%**. This is an increase from 16% in 2020/21.
- The proportion of adult (18+) clients treated for alcohol use who were 18 or over and recorded a successful completion of was **31%**. This is an increase from 22% in 2020/21.

Numbers in treatment

The total number of adults in treatment, Rotherham 2021/22, was 2,035 of which 1,405 (69%) were males and 630 (31%) females. Those aged 30-49 were greatest in number followed by those aged 50+ (see figure 1). The number in treatment for opiate were the highest and have remained consistently highest followed by alcohol only (see table 1 and figure 2).

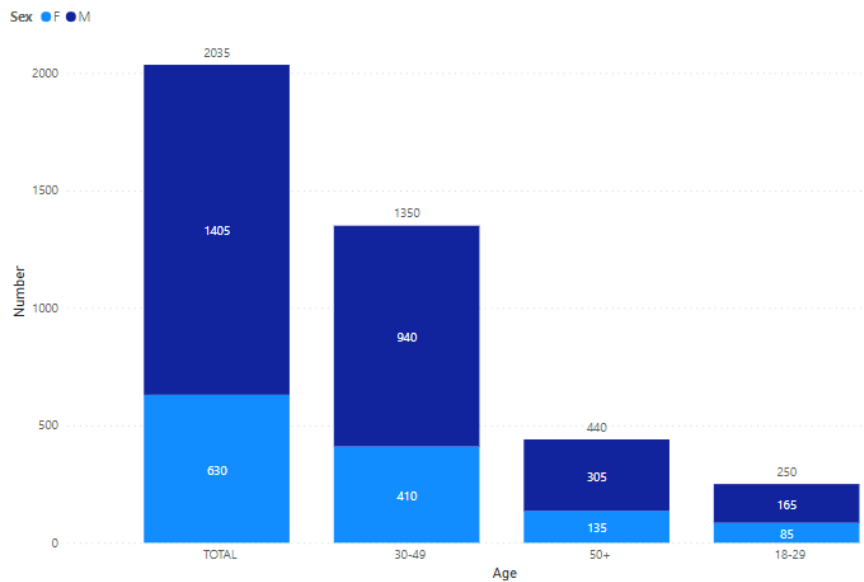


Figure 1: The number of clients in treatment, Rotherham 2021/22, by age band and

DrugGroup	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Opiate	1250	1255	1210	1160	1145	1145	1085	1050	1010	1020	1040	1070	1105
Non-opiate only	160	160	150	160	165	90	75	65	105	105	150	160	190
Alcohol only	760	735	650	530	460	570	490	445	370	320	465	515	560
Non-opiate & alcohol	110	135	110	45	35	95	80	80	60	60	95	135	180

Table 1: The number of clients in treatment, Rotherham, by year and substance.

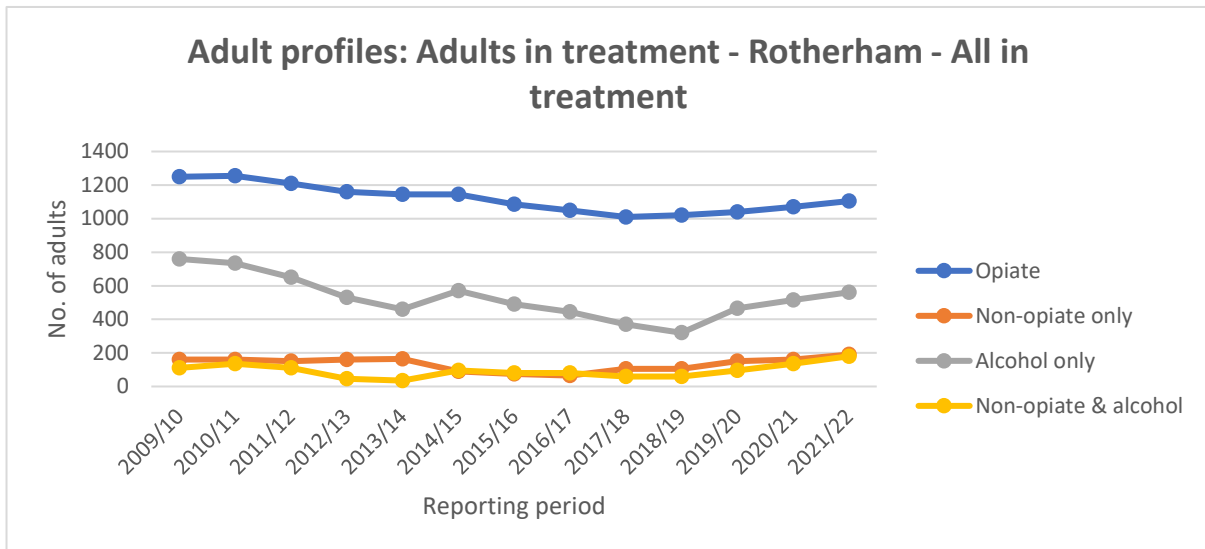


Figure 2: The number of clients in treatment, Rotherham, by year and substance.

The number of new presentations and referral source

There was a total of 785 new presentations to treatment in 2021/22 with alcohol new presentations being highest in number (315), followed by opiates (240) (table 2 and figure 3).

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Opiate	350	310	255	255	280	310	275	245	210	225	255	260	240
Non-opiate only	90	70	85	105	90	50	45	50	95	65	105	110	120
Alcohol only	600	505	360	275	260	415	315	290	215	210	330	310	315
Non-opiate & alcohol	70	80	50	15	15	70	35	50	30	40	65	95	110

Table 2: The number new presentations to treatment, Rotherham, by year and

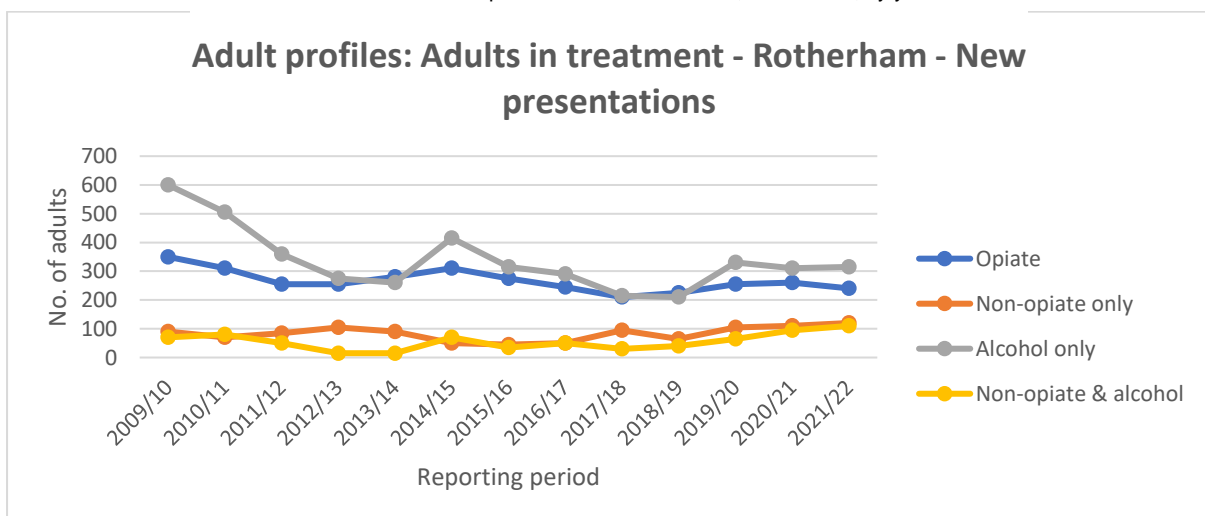


Figure 3: The number new presentations to treatment, Rotherham, by year and

For those entering new treatment, the referral source was greatest for ‘Self, Family, or Friends’ with 490 new presentations having this referral route. 110 new presentations had a referral source of ‘criminal justice’, 100 with a source of ‘health services or social care’, 30 from ‘substance misuse service’, and 55 with ‘other’ (table 3).

Self_Family_Friends_NewTx	Health_Services_Social_Care_NewTx	Criminal_Justice_NewTx	Substance_Misuse_Service_NewTx2	Other_NewTx
490	100	110	30	55

Table 3: The number new presentations to treatment, Rotherham, by substance.

Demographic of new presentations to treatment

The highest proportion of new presentations by age were found in those aged 30-49 years old for total substances (62%), alcohol only (56%), opiates only (79%), and alcohol & non-opiates (55%), however for non-opiates only, the highest proportion of new presentations was from those aged 18-29 (50%) (figure 4).

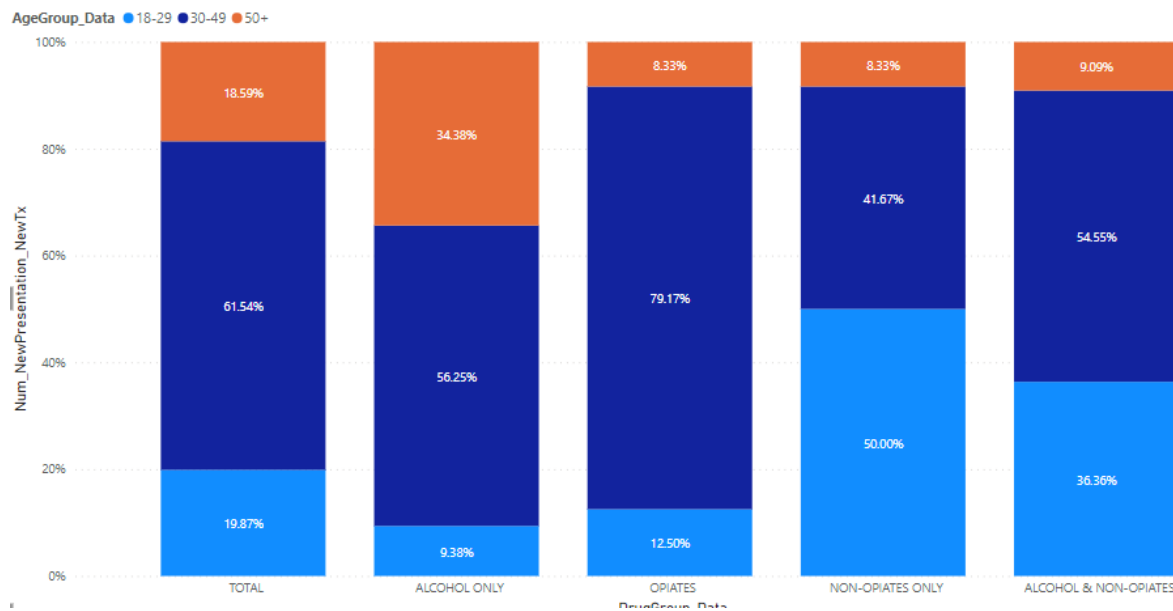


Figure 4: The proportion of new presentations to treatment, Rotherham, by age band and substance

Of the total new presentations 530 were male (68%) and 255 were female (32%) with males having the highest proportion for all drug groups in total. However, when looking at drug group by gender and age, in some categories, there was equal presentations for both male and females: those aged 18-29 for ‘alcohol’, those aged 50+ for ‘alcohol and non-opiates’ and those aged 50+ for ‘non-opiates’. Of total new presentations in these drug categories, these represent 5%, 5%, and 4% for each gender respectively (figure 5).

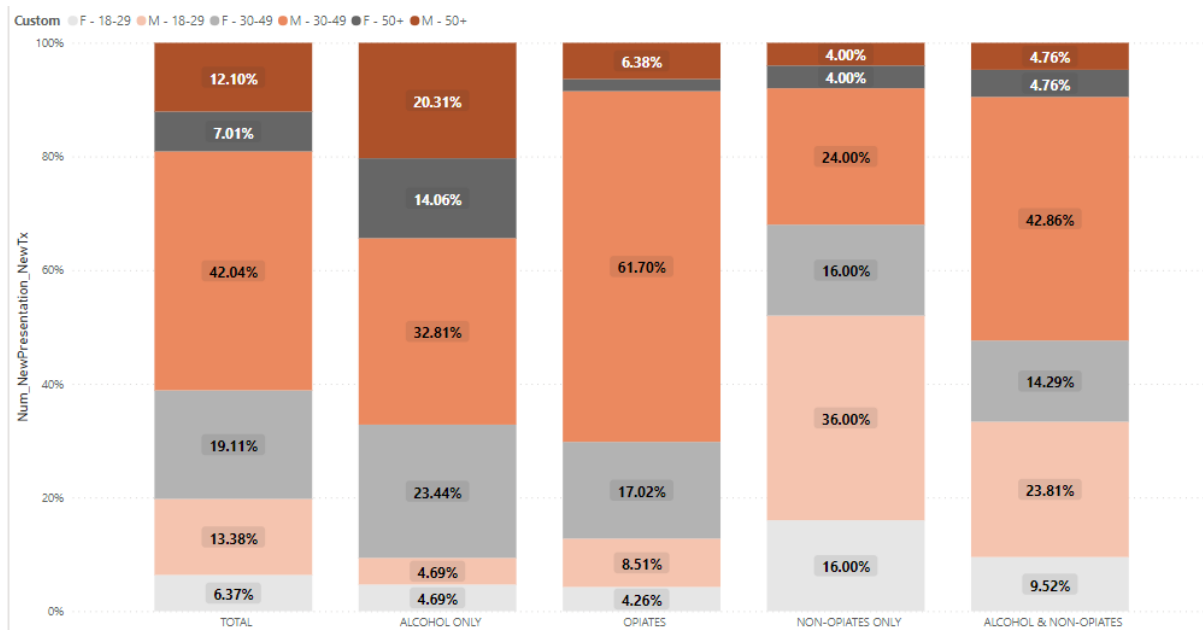


Figure 5: The proportion of new presentations to treatment, Rotherham, by age band, gender, and substance

Of the 785 new presentations, 740 were white ethnicity, 10 were mixed ethnicity, 20 were Asian ethnicity, 5 were black ethnicity, and 10 were other ethnicity (please note NDTMS ethnicity categories are named as per this list).

Of the new presentations, 40 were living with a behaviour disability, 35 with a mobility disability, 25 with a learning disability, 25 with a progressive disability, 5 with a sight disability, 25 with other disability and 15 not stated (please note NDTMS disability categories are named as per this list).

Of the new presentations, 750 had sexuality recorded with 675 stating they were heterosexual.

Of the 785 new presentations, 670 had no recording of a housing problem, however there were 60 presentations recorded with a housing problem and an additional 30 that had an urgent housing problem. 25 new presentations had no data recorded.

Employment status was recorded for 760 new presentations to treatment. Of these, 385 were unemployed or inactive employment, 240 were in regular employment, 120 were long term sick or disabled, 5 were in education and 10 were 'other'.

Of the 785 new presentations, 515 (66%) were not a parent and not living with children, 155 (20%) were a parent living with children, 105 (13%) were a parent not living with children, and 10 (1%) were not a parent and living with children.

Waiting times

Wait data is only available for 905 of those in treatment (this is due to the recording of data, and where an initial referral, and first presentation fall into different reporting periods). All 905 wait times recorded had a wait time of 3 weeks or under across all substances, genders and age. Similarly, in 2020/21, the total number of data available for wait times was 890, and these were all seen withing 3 weeks or less.

Length in treatment

Of the 2,035 in treatment, 1,000 had been in treatment under one year (49%), 280 had been in treatment 1 to 2 years (14%), 245 had been in treatment 2 to 4 years (12%), 130 had been in treatment 4 to 6 years (6%), and 380 had been in treatment over 6 years (19%). However, length in treatment differs across drug categories with opiates being highest in proportion for treatment length over 6 years (34%), whereas alcohol, alcohol & non-opiates, and non-opiates is highest for treatment under 1 year (73%, 81%, and 89% respectively) – (see figure 6).

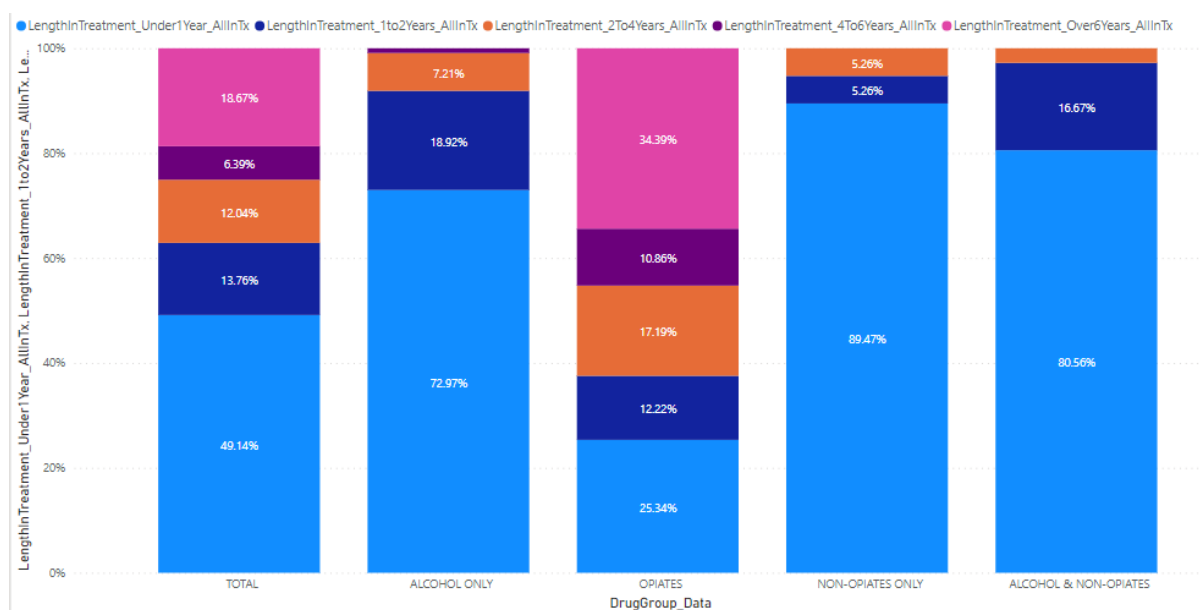


Figure 6: Treatment length by substance category, Rotherham, 2021/22

Exits

In 2021/22, there were 360 exits from drop-out, 315 successful completions, 45 transfers not in custody, 25 transfers in custody, 40 exits due to death, 10 prison exits and 5 exits due to declining treatment (table 4 and figure 7).

Exits_Successful Completion_AllInTx	Exits_Declined_AllInTx	Exits_DroppedOut_AllInTx	Exits_Prison_AllInTx	Exits_Transferred NotInCustody_AllInTx	Exits_Transferred InCustody_AllInTx	Exits_Treatment Declined_AllInTx
315	40	360	10	45	25	5

Table 4: The number of exits by reason, Rotherham, 2021/22

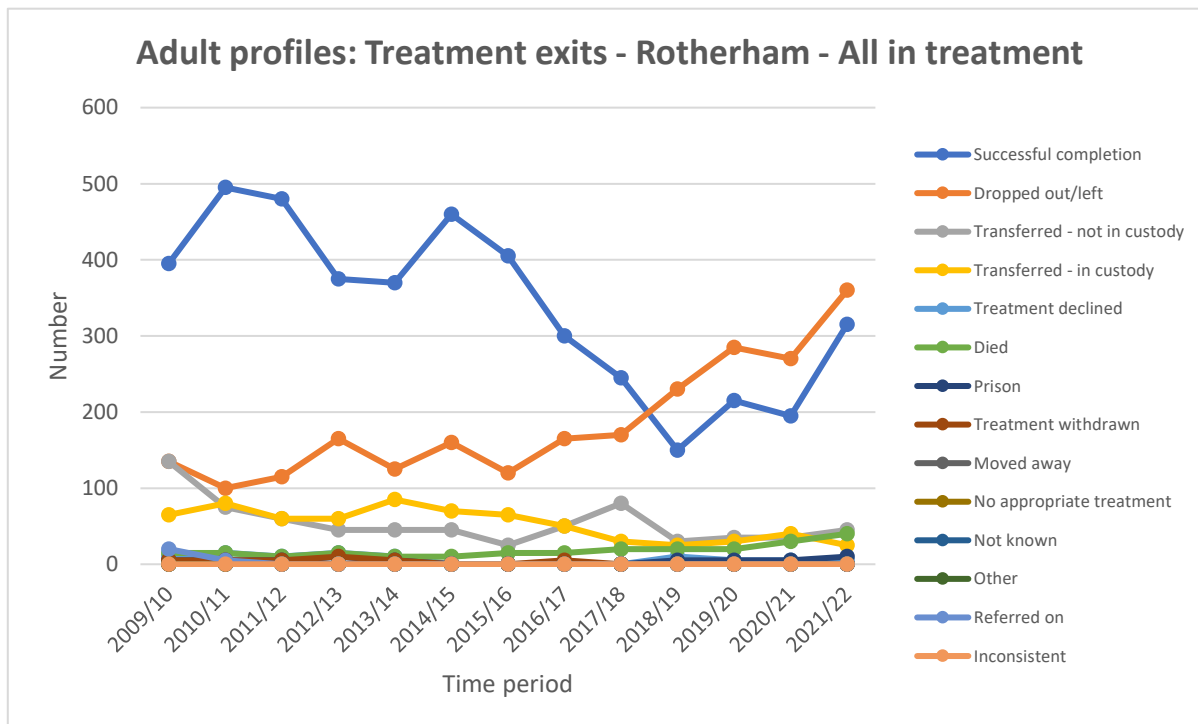


Figure 7: Treatment exits by substance, Rotherham, 2009/10 – 2021/22

For successful completions, 180 were for alcohol only, 55 for non-opiates only, 50 were for alcohol & non-opiates, and 35 were for opiates only – please note numbers are rounded to the nearest 5. When reviewing these as a proportion of total numbers in treatment, the percentage of successful completions for alcohol only is 31%, non-opiates only is 29%, alcohol & non-opiate is 28%, and opiates only is 3% (table 5).

ReportingPeriod_Data	DrugGroup_Data	Exits_SuccessfulCompletion_AllInTx	Num_InTreatment_AllInTx	% of successful completions
2021/22	TOTAL	315	2035	15%
2021/22	OPIATES	35	1105	3%
2021/22	NON-OPIATES ONLY	55	190	29%
2021/22	ALCOHOL ONLY	175	560	31%
2021/22	ALCOHOL & NON-OPIATES	50	180	28%

Table 5: The number of successful completions by substance, Rotherham, 2021/22

Of the successful completions, 180 were for those aged 30-49 (57%), 75 for those aged 50+ (24%), and 60 for those aged 18-29 (19%) – (figure 8). Those aged 30-49 had the highest proportion of successful completions for total substances, for alcohol only (58%), alcohol & non-opiates (60%), and for opiates (86%). For non-opiates only, the highest proportion of successful completions was for those aged 18-29 (55%).

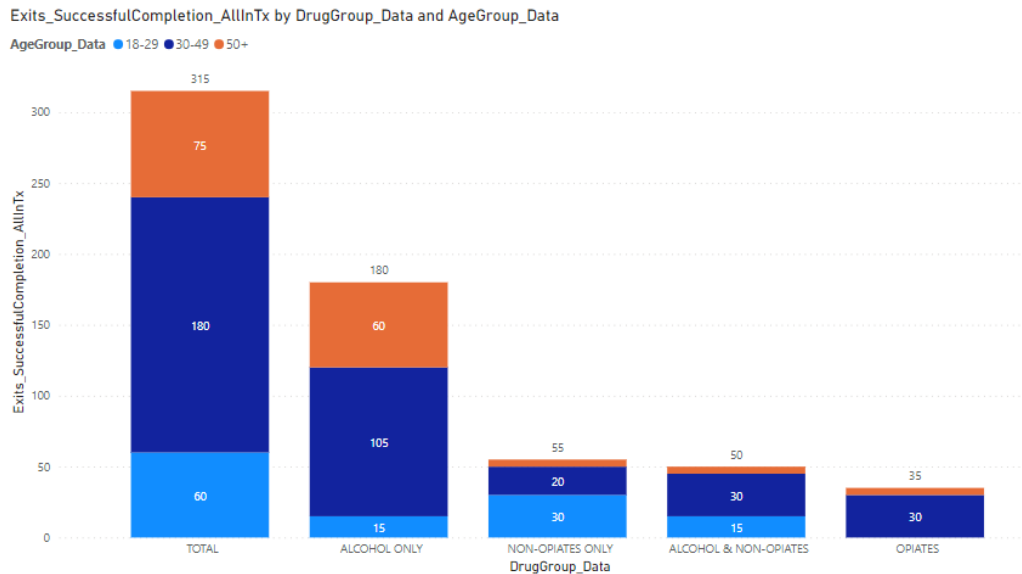


Figure 8: Successful completions by age band and substance category, 2021/22

Community young people treatment performance reports - CGL Rotherham young people

There were 34 young people in treatment at CGL Rotherham April 2021 to March 2022. There were 26 new presentations to treatment and 26 exits during this time period.

Effective treatment data is not available during this same time period, however, June 2021 to May 2022 show there were 31 young people in treatment and 29 young people in effective treatment (94%).

Provisional data

Please note the following data was published in May 2023 and covers the reporting period December 2021 to November 2022. This data is subject to change until confirmed.

- During this time period, there were 1,097 adults in opiate treatment with 32 completions: a completion rate of 3%.
- There were 363 clients in treatment for non-opiates with 115 completions: a completion rate of 32%.
- There were 617 clients in treatment for alcohol with 206 completions: a completion rate of 33%.

An example of how this data has changed over time is shown below (figure 9). This data represents the following:

- C19a - Successful completion of drug treatment: opiate users: Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

- C19b - Successful completion of drug treatment: non opiate users: Number of users on non opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non opiate users in treatment.
- C19c - Successful completion of alcohol treatment: Number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then represent to treatment within 6 months as a percentage of the total number of alcohol users in structured treatment.

		Monthly provisional statistics - showing a 12 month reporting period *							
		Apr-22	Jun-22	Aug-22	Oct-22	Dec-22	Feb-23	Apr-23	May-23
Opiate - C19a	Rotherham	2.65%	3.01%	3.06%	3.52%	3.25%	3.45%	3.53%	2.92%
	England	5.02%	5.02%	5.06%	5.03%	5.02%	5.02%	4.94%	4.92%
Non-opiate - C19b	Rotherham	24.92%	26.24%	25.54%	28.84%	34.25%	33.33%	30.90%	31.68%
	England	34.51%	34.28%	34.01%	33.32%	32.78%	32.26%	31.64%	31.46%
Alcohol - C19c	Rotherham	25.42%	26.46%	29.62%	32.80%	35.80%	34.83%	33.22%	33.39%
	England	36.42%	36.58%	36.41%	36.07%	35.75%	35.65%	35.40%	35.16%

*Please note these time periods are reporting periods covering a 12 month completion period and are reported up to 6 months following the completion period. For example, May 23 data covers the time period Dec 21 to Nov 22.

Figure 9: Monthly provisional statistics, Rotherham

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Mobilisation of the Rotherham Alcohol and Drugs Service (ROADS), Provided by We Are With You

Health Select Commission, 27th July 2023

Ben Anderson
Jennifer Armitage

Background

- 27th July 2021 – Independent review of drugs by Dame Carol Black: government response
- 22 November 2021 – Cabinet agreed the re-commissioning of an all-age drug and alcohol service
- 11th July 2022 – Public Health proposals for additional drug and alcohol grant approved by Cabinet
- 4th October 2022 – Decision to Award to We are With You
- 1st April 2023 – contract start date

New National Strategy aims to increase numbers in treatment

Why?

- Treatment is a protective factor against harm and death
- Treatment reduces crime and reduces demand
- Treatment supports families and communities
- Long waiting lists miss opportunities when motivation is high

Increasing numbers in treatment

Challenges

- Recruiting suitable staff into a depleted sector
- Making services accessible to all, alcohol and drug service users don't always mix well
- Reaching those who are not in crisis yet so they are not so well entrenched in habits or badly impacted
- Some people enjoy using but not the consequences – need to capitalise on opportunities

Improving the Criminal Justice Pathway

Why are we doing it?

- Prevent re-offending and support recovery
- Maintain any treatment gains from the relative stability of prison
- Minimise risk of relapse and overdose when people are particularly vulnerable when leaving prison
 - Only a third of Rotherham prisoners referred for further community treatment post-release go on to receive it within 3 weeks according to NDTMS

Aims of the new service

- A longer potential contract to offer further stability to the sector and the partnership arrangements
- Provider leads on a whole service with different pathways for different ages and needs : No wrong door approach and a single point of access
- Increased focus on alcohol following the local needs assessment
- Provider leads on the access to residential rehabilitation as the lead specialist in the field rather than the Council.

Alcohol Service offer

- ROADS is the core service offer for people who have recognised they have an issue with their drinking .
- Many people are not ready to take the step of contacting a specialist service
- For those at risk of harmful or hazardous drinking Connect CIC , the provider of the NHS Health Check has been piloting using a 'screening tool ' to raise awareness of the risks delivered in primary care
- The new Drinkcoach service also offers an online option people to assess their alcohol use and have online counselling .

Mobilisation of ROADS

We are With You implemented a dedicated mobilisation team, with operational and clinical expertise to successfully mobilise the service to:

- Transfer patient data – 1522 patients
- TUPE staff across from the incumbent provider – 50 staff members
- Recruit to new positions
- Train and integrate the IPS (employment support) Team
- Novate Pharmacy and Primary Care contracts
- Confirm pathways and ways of working with stakeholders
- Produce and agree proposals for the utilisation of additional Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)
- Implement a dedicated Pathfinder Team to cover the service during the first 3 weeks to allow training and induction to occur

Mobilisation

What went well?

- The service base was retained and has been refreshed for the new service delivery model and new provider
- Clients transferred smoothly with minimal disruption to service users
- Most staff and their expertise were retained under TUPE
- Data was transferred from CGL enabling continuous provision of care

Challenges

- WAWY had some personnel changes during mobilisation that has set the process back
- Some staff left at the last minute and stayed with CGL creating more vacancies than planned
- Data transfer – additional resource needed to be allocated to the completion of new recovery plans and risk assessments for all service users

How Do We Measure Success?

NDTMS – National Drug Treatment Monitoring System

- The National Drug and Alcohol Treatment Monitoring System (NDTMS) collects person level, patient identifiable data from all drug and alcohol treatment providers at a national level including :
 - Community services
 - Prison providers
 - Inpatient Detoxification units
 - Residential Rehabilitation facilities
- It uses this data to monitor services nationally and can identify service users across England as they move between services
- It measures any gaps where clients are missed e.g. from prison to community
- It also measures the success of treatment – and starts to count when a client leaves the system – only indicating a successful outcome if they don't return to the system – or die – within 6 months
- For this reason we are only able to share data that resulted from CGL activity at present – we have to wait for data that shows how well WAWY are doing

Key Service Outcomes

KPI	Measure	KPI	Measure
PHOF C19 - Partnership Opiates - % Successful completions as a	Opiates	Young People Outcomes	Planned Exit
	Non-opiates		Unplanned Exit
	Alcohol		Hep B
Number of clients in structured treatment (YTD) - Tier 3	Number of clients in structured treatment (YTD) - Tier 3	BBV Intervention status at latest episode - numbers screened and offered treatment - broken down by opiate, non-opiate, alcohol, opiate and non-opiate	Hep C
Treatment Outcome Profiles (TOPS forms)	Starts		HIV
	Reviews		Alcohol
	Exits	Alcohol and non-opiate	
	Abstinence rates	Non-opiate	
Service users seen within 3 weeks	Alcohol	Number of clients not reporting housing problem at discharge	Opiate
	Alcohol and non-opiate		Alcohol
	Non-opiate		Alcohol and non-opiate
	Opiate		Non-opiate
The number of service users that have exited the service unplanned	Alcohol	Proportion who successfully completed treatment in the first 6 months of the latest 12 month period (didn't re-	Opiate
	Alcohol and non-opiate		Alcohol
	Non-opiate	PHOF C20 - Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Alcohol and non-opiate
	Opiate		Non-opiate
Service User deaths reported to Commissioners in a timely manner	Percentage reported within 2 days		Opiate

Improvement Baseline

- There were **2,035 adults** (18+) in drug and alcohol treatment. This is **an increase** from 1,880 compared to the previous year.
- There were **785 adult** (18+) clients that had started treatment within the current year (new presentations). This is **an increase** from 775 the previous year.
- There were **34 young people** in treatment at CGL Rotherham.
- There were **26 new young people** presentations to treatment.
- The proportion of adult (18+) clients treated for opiate use who were 18 or over and recorded a successful completion of treatment was **3%**. This is an increase from 2% in 2020/21.
- The proportion of adult (18+) clients treated for non-opiate use who were 18 or over and recorded a successful completion of treatment was **28%**. This is an increase from 16% in 2020/21.
- The proportion of adult (18+) clients treated for alcohol use who were 18 or over and recorded a successful completion of was **31%**. This is an increase from 22% in 2020/21.

2022/23 Service capacity improvement baseline for the SSMTR Grant

Capacity	Baseline December 2021-22	Latest performance 2022-23	Change from Baseline	Year 1 ambition 2022-23	Year 2 ambition 2023-24	Year 3 ambition 2024-25
All adults "in structured treatment"	1957	2055	98	2050	2178	2415
Young people "in treatment"	34	37	3	39	47	59

Local Target	2022/23 ambition	2022/23 data	2023/24 Ambition	2024/25 Ambition
76 adults attend rehabilitation over the 3 years 2022- 2025	14 placements started	9 placements started	17 placements started	26 Placements started
75% of adults with substance misuse problems leaving prison are engaged with treatment in 2025 (Continuity of Care)	40%	32.10%	60%	75%

Stakeholder Event – Unity Centre



We are With You Service Model

Becky Harper - Director
of Implementation, We
Are With You



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ROADS 

**Rotherham alcohol
and drug service**

**provided by
withyou**

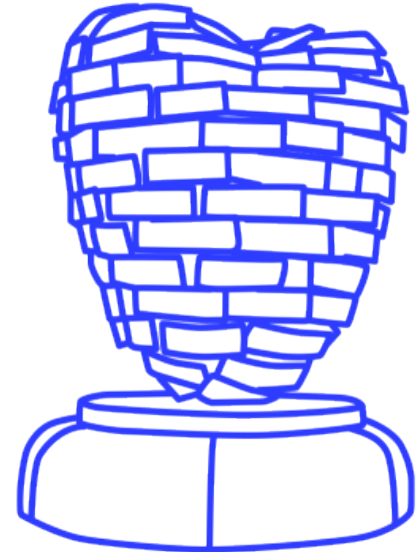
ROADS Model

One all age service

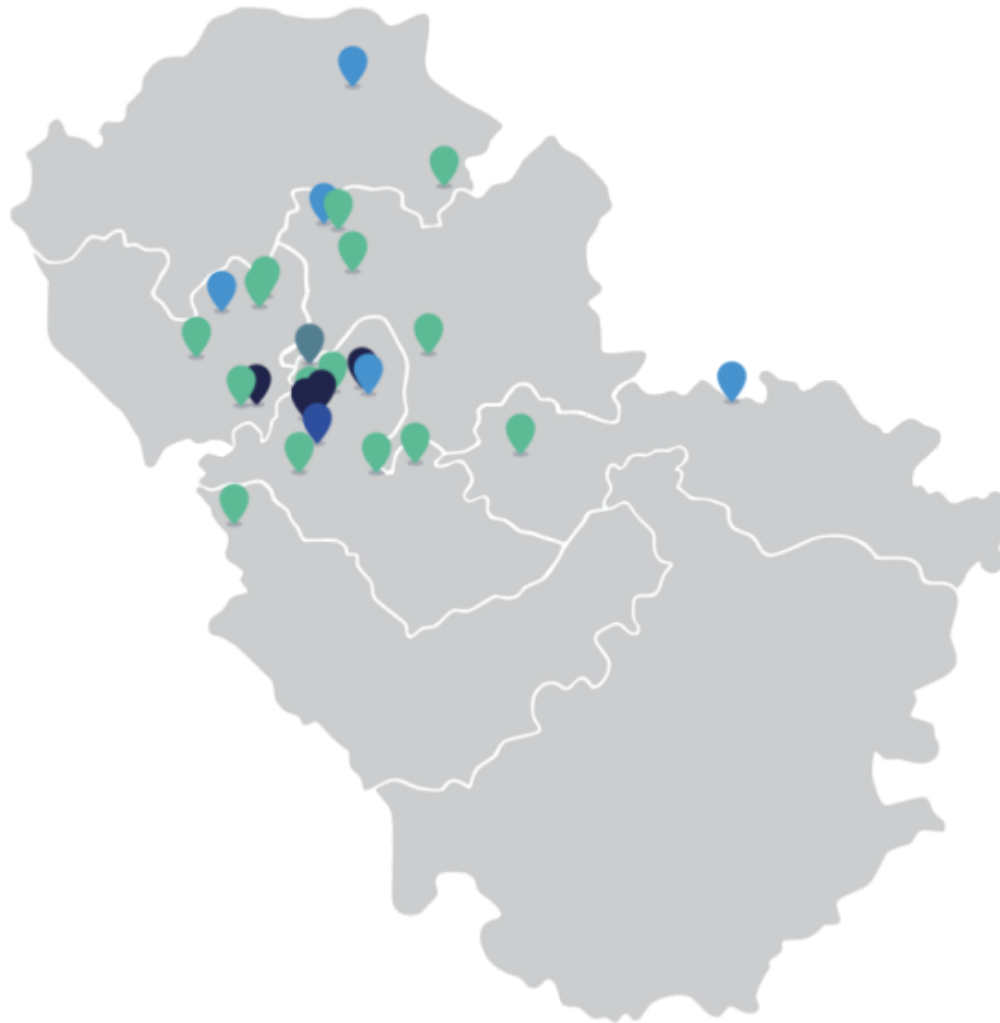
Community delivery locations

Dedicated specialist teams

Partnership working



Community Delivery



Young People and Families



Dedicated roles:

- YOS Young person worker
- Transitional Worker
- Family Worker

Upskilling the local community and wider workforce

Criminal Justice

Prison in-reach

Criminal Justice administrator

ATR's and DRR's



Individual Placement and Support



Number of referrals to service – 75% of target achieved

Number of clients registered/started support – 65% of target achieved

Total number of jobs starts – 50% of target achieved

Underserved Communities

How we'll work differently:

- Targeted outreach and harm reduction at Roma Community traveller sites
- Meet with community elders e.g local Imam's
- Being visible to local residents



ROADS 

**Rotherham alcohol
and drug service**

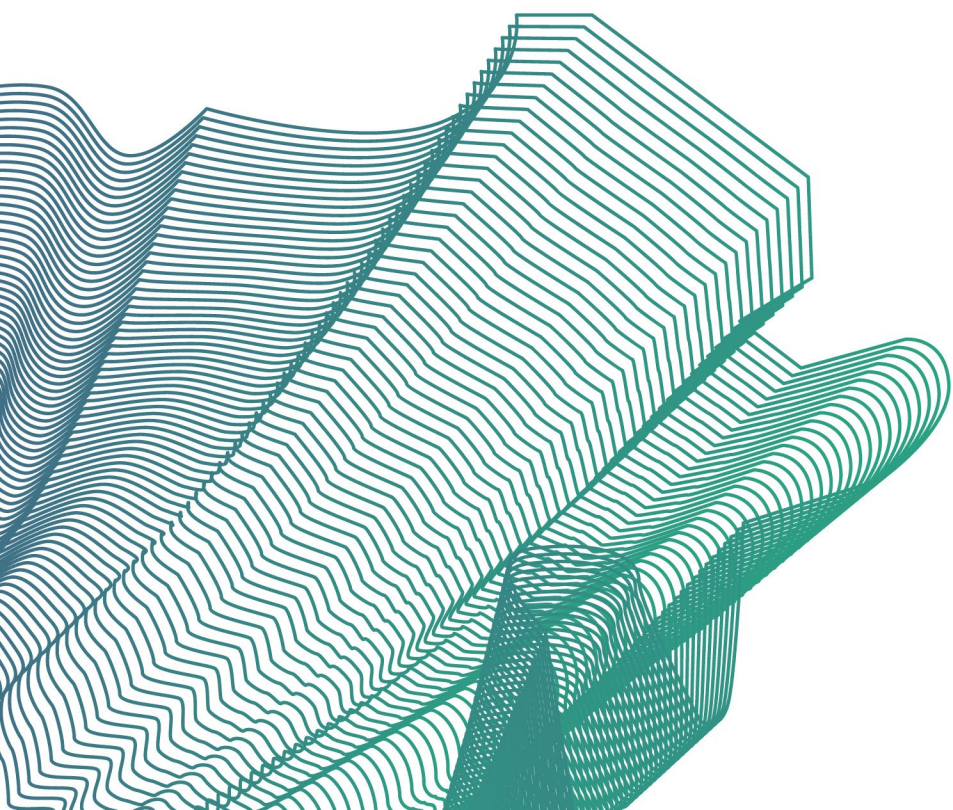
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ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham Place Partnership

Close Down Summary for 2020-22 Place Plan and priorities for 2023-2025 Place Plan



South Yorkshire
Integrated Care Board

Rotherham, Doncaster
and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



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Agenda Item 7

2020-22 Place Plan: workstreams and priorities

The **2020-22 Place Plan** built on previous versions and incorporated the expectations set out in the NHS Long Term Plan.

The approach was to identify closely linked transformation workstreams to maximise the value of our collective action. These transformation workstreams align to the Health and Wellbeing Board Strategy and underpin its delivery.

The transformation workstreams were taken forward through three groups, and each agreed a set of priorities to be taken forward over the period of the plan. The priorities are areas that will make the most impact if addressed collectively across health and social care, building on existing collaborative work.

The collective approach to Place Plan delivery allows a 'Golden Thread' from the 'Health and Well Being' strategy aims through to the transformation group delivery.



Transformation Groups and Priorities

Children and Young People

- 1.The First 1001 Days
- 2.Special Educational Needs and Disabilities
- 3.Looked After Children
- 4.Children and Young People's Mental Health and Emotional Wellbeing
- 5.Transitions to Adulthood

Mental Health, Learning Disability and Neurodevelopmental

- 1.Improving Access to Psychological Therapies service
- 2.Dementia diagnosis and post-diagnostic support
- 3.Adult Severe Mental Illnesses in the Community
- 4.Mental Health Crisis and Liaison
- 5.Suicide prevention
- 6.Better Mental Health for All, including loneliness
- 7.Improving residential, community and housing support for people with Mental Health and/or Learning disability
- 8.Delivering the NHS Long Term Plan for people with a learning disabilities and / or autism (this includes Transforming Care)
- 9.Delivery of My Front Door transformation programme
- 10.Delivery of Autism Strategy and Neurological Pathway

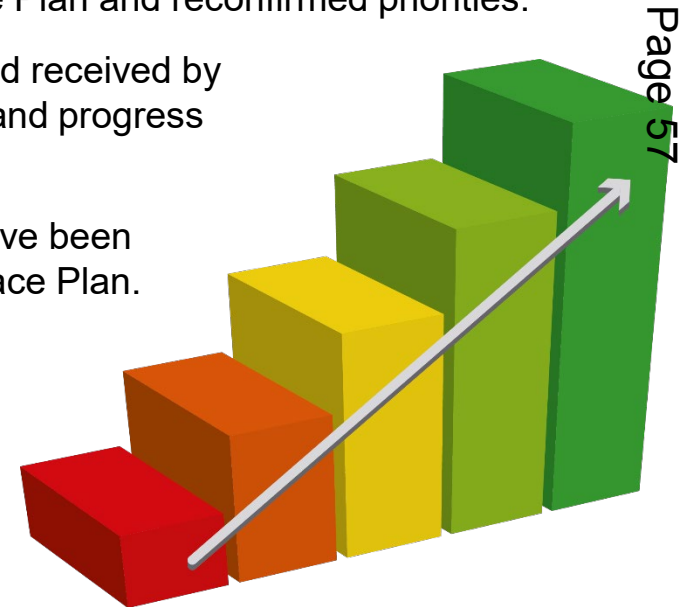
Urgent and Community

- 1.Integration of the Points of Contact across Rotherham
- 2.Implementation of the Intermediate Care and Reablement reconfiguration.
- 3.Development of a coordinated approach to care homes support

2020-22 Place Plan: assessing progress

- The 2020-22 Place Plan was approved March 2020 on the cusp of the Covid-19 pandemic.
- Pre-pandemic the Place Board received a regular quarterly performance report covering both key performance indicators (KPIs) and milestones/timescales for each of the priorities.
- Acknowledging that following the pandemic the system had significantly changed and would continue to do so, all place partners engaged in assessing the impact of Covid on the revised Place Plan.
- The impact of the pandemic on KPIs meant that it was either not possible or not feasible to continue to report on KPIs as they were either skewed or collection suspended.
- As a result, reports focussed on only the milestones element of the performance report, which became the 'Update of Priorities' document, it supplemented the 2020-22 Place Plan and reconfirmed priorities.
- The Update of Priorities document has been regularly reviewed and received by Place Board since September 2020 enabling members to understand progress and gain assurance across workstreams.
- A 'close down' version was produced to identify the actions that have been completed and the actions that will roll forward to the refreshed Place Plan.

The following slides provide a high-level summary of the Update of Priorities: Close Down Report



What has been completed and what will roll forward

The table summarises the number of actions within each priority. It shows that approximately **50%** of the actions are complete and that the remaining **50%** will be picked up in the refreshed Place Plan as they are ongoing priorities.

Transformation Workstream	Overall Number of actions	Actions complete	Actions forward over to 2023-25 Place Plan
Children and Young People	21	14	7
Mental Health, Learning Disabilities and Autism	42	16	26
Urgent and Community Care	13	7	6
Total	76	37	39

Looking Forward: 2023-25 Place Plan Development

Inputs into the development of Rotherham Place Partnership 2023-25 Place Plan included:

- Interactive development sessions with both the contract and service improvement leads and Place Board and senior managers focussing on priorities
- Alignment with the South Yorkshire Integrated Care Strategy and the Joint Forward Plan
- Annual Operational Planning Guidance
- Continued alignment with the Rotherham Health and Wellbeing Strategy
- Outputs from the Update of Priorities: Close Down Report
- Inputs and comments from all place partners

Key outputs from the development session discussions confirmed:

1. The following chapters were within the previous Plan and remain in the refreshed version:
 - Best Start in Life (maternity / children & young people)
 - Improving mental health and wellbeing
 - Support people with learning disabilities & autism
 - Urgent, emergency and community care
2. The following are new chapters:
 - Live Well for Longer (prevention, self-care & long-term conditions)
 - Palliative and End of Life Care

Ongoing Performance

- As with previous Place Plans, a performance report covering both KPIs, and milestones will be produced and regularly reported to Place Board
- This will enable issues, risks and blockages to be identified and addressed

2023-25 Place Plan Priorities

Rotherham Place Partnership Shared Vision

'Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'

Transformation Workstreams

Best Start in Life
(maternity / children & young people)

Improving Mental Health & Wellbeing

Support People with Learning Disabilities & Autism

Urgent, Emergency & Community Care

Palliative & End of Life Care

Live Well for Longer
(prevention, self-care & long-term conditions)

Key Priorities
(key (projects to deliver the transformations))

1. Best Start in Life
2. Mental Health & Emotional Wellbeing
3. Special Educational Needs and/ or Disabilities

1. Adult Severe Mental Illnesses in Community
2. Mental Health Crisis & Liaison
3. Suicide Prevention

1. Uptake of enhanced health checks
2. Benefits & independence of employment

1. Prevention & Alternative Pathways to Admission
2. Sustainable Discharge
3. Whole System Command Centre Model

1. Review Palliative and End of Life Care Medicine
2. Personalised Palliative and End of Life Care

1. Anticipatory Care
2. Personalised Care
3. Medicines Optimisation

Enabling workstreams

Communication & Engagement

Workforce & Organisational Development

Digital

Estate & Housing

Finance & Use of Resources

Page 60

Cross-cutting

Prevention and Health Inequalities *(priorities below)*

Strengthen our understanding of health inequalities

Develop the healthy lifestyles prevention pathway

Support the prevention and early diagnosis of chronic conditions

Tackle clinical variation and promote equity of access & care

Harness partners' roles as anchor institutions

Primary Care

Including, for example, Rotherham Health App, primary care estates developments, centralised spirometry

Planned Care

Including diagnostics, elective recovery, waiting times

Rotherham Place: for Public information.

Close Down Report as at May 2023

Before the pandemic the Place Board received regular quarterly performance reports covering both key performance indicators and milestones/timescales against each of the priorities for each of the three Transformation Groups. The performance report had been received since 2018, but during the pandemic regular reporting of progress halted, as did many business as usual tasks.

Following the first and subsequent waves of the pandemic and the winter period, work continued to reaffirm the priorities. Transformation Groups spent significant time assessing and reconfirming priorities and the key actions associated. This enabled Place Board to continue to receive updates so that members were able to understand performance against revised target dates and any risks to delivery.

We are now refreshing our place plan, which also provides the opportunity to refresh how we will monitor its delivery. To ensure continuity we have prepared a close down report so that we can track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed place plan.

Closed actions (pages 2 – 8)

Actions to be carried forward from pages 9 - 18

Children and Young People

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation area:

1. The first 1001 days
2. Special Education Needs and Disabilities
3. Looked After Children
4. Children & Young People’s Mental Health and Emotional Wellbeing
5. Transition to Adulthood

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	The First 1001 Days	Lead Officer Alex Hawley	COMMENTS/ACTIONS
No.	Description	Target	
CH 1	Deliver, Implement and Embed the Better Start and Beyond Framework to provide a context for priorities for all commissioning and delivery.	Q1 2023/24	<p>This action is complete and embed into existing mechanisms for delivery.</p> <ul style="list-style-type: none"> • Draft framework developed and approved by Health and Wellbeing Board, to include the local action plan • Mapping of local action priorities against framework completed • Gap analysis is informing future planning • Assurance activity underway to confirm the framework is underpinning all commissioning and delivery. <p>Better Start and Beyond Steering Group leads on implementing assurance activity informing improvements to commissioning and delivery. Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children’s Collaborative and Rotherham Early Help Strategy and Family Hubs transformation. This is overseen by the Early Help Steering Group which reports into the Rotherham Safeguarding Children Partnership</p>
CH 2	To explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services	Q1 2023/4	<p>This action is complete.</p> <ul style="list-style-type: none"> • The re-commissioning of the 0-19 service is now complete. • The specification for new 0-19s has been developed to optimize the ability of the service to adapt to the system and changes in needs and priorities, and to include co-production (based on Four Cornerstones) as an ongoing aspect of service development. The 0-19s Project Group explored evaluation models that acknowledge the importance of integration, adaptability, and additionality. • Public Health commissioned Rotherham Parent Carers Forum to conduct a co-production exercise (October – December) to inform the specification, using the Four Cornerstones ethos. • The Best Start and Beyond framework provides a structure for the 0-19s to be integrated within a system (covering preconception through to transition to adulthood, but with a key focus on 1001 Days). • Service development considering the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service has been agreed for commencement upon mobilisation of the new contract.
CH 3	Mobilisation of the new 0-19 specification	Q4 2024/5	<p>This action is complete.</p> <ul style="list-style-type: none"> • The new 0-19 Service mobilised on 1st April 2023. Service development considering the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service has been agreed for commencement upon mobilisation of the new contract. <p>Robust contract monitoring is undertaken by Public Health. The Best Start and Beyond framework provides a structure for the 0-19s to be integrated within a system (covering preconception through to transition to adulthood, but with a key focus on 1001 Days). Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children’s Collaborative and Rotherham Early Help Strategy and Family Hubs transformation.</p>

Priority 2	Special Educational Needs and Disabilities	Lead Officer Vicky Whitfield	COMMENTS/ACTIONS
No.	Description	Target	
CH 4	Develop an understanding of the impact of Covid and related changes to service provision on outcomes for children with SEND	Q1 2021	This action is complete and embed into existing mechanisms for delivery SEND Strategic Board and Education Recovery Cell have clear oversight with regular reporting regarding outcomes for children. The Cell has made an Innovative bid which has been successful to pilot a Team Around the School approach to prompt practitioner delivery and model for support in school. This will be monitored closely as part of implementation to establish the impact. Impact and associated actions are documented in the Director of Public Health Annual Report.
CH 5	Develop and implement internal mechanisms within Health and RMBC including membership of the EHCP panel	Q4 22/23	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • There is now a bank of good practice examples held in central folder for all to access. • The DCO supports health colleagues to QA the contributions as part of the EHCP assessment and review process. This includes discussions and feedback at 1:1 and team level. • An audit of health advice informed improvement activity • Quarterly audit is now embed into provider practice to ensure ongoing monitoring The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission
CH 6	Embed 'lessons learned' including outcomes from audits and Practice Learning Days and benchmarking data to inform service improvement	Q3 22/23	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • Bi-annual Quality Assurance event now embed for Health, education and care practitioners alongside school representatives to evaluate EHCPs together and agree on appropriate actions for development. • This includes providing the opportunity for a deep dive on specific cases to allow practitioners to go into school and observe the child, have discussions with the SENCO etc. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 7	Provide a range of CPD opportunities for practitioners, schools/settings, parents/carers, children, and young people to ensure that the quality of EHCP Plans improve across the local area	Q3 22/23	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • Delivered CPD to Health/CCG Practitioners • EHCP workshops delivered to CAMHS staff and TRFT therapists The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.

Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer Rebecca Wall	COMMENTS/ACTIONS
No.	Description	Target	
CH 8	Improve Dentist registration and attendance at appointments for Looked After Children	Q3 22/23	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> • Rotherham Local Safeguarding Partnership and Rotherham CCG (at the time) facilitated connectivity with dental services, and the LAC team at TRFT developed partnerships with dentists and dental services and recognised and responded to the dental needs of LAC – this means that no child goes without their dental needs being assessed and treatment provided as required, as well as regular check-ups. Access to dental care for Looked After Children is a key performance indicator reported into Corporate Parenting Board.

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer Christina Harrison	COMMENTS/ACTIONS
No.	Description	Target	
CH 9	Review of the multi-agency Neuro screening pathway will inform recommendations to ensure demand remains in line with the trajectory.	Q3 22/23	This action is complete Review of the multi-agency screening pathway (CH13) informed changes to the process associated with the pathway. Evidence of 2 terms of implementation of graduated response is now required
CH 10	Communicate the multi-agency offer to support children's mental health and emotional wellbeing to schools and ensure that it is accessible to all.	Q3 20/21	This action is completed. Outstanding elements of this action are covered by CH15. <ul style="list-style-type: none"> DfE Wellbeing for Education Return is being rolled out through this term with input from the whole system The SEMH toolkit has been developed and available to schools which supports the graduated response The SEMH Strategic Group has agreed the development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan.

Priority 5	Transitions to Adulthood	Lead Officer TBC	COMMENTS/ACTIONS
No.	Description	Target	
CH 11	Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services	Q2 2023	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Refreshed action plan now in place to support transitions to adulthood for young people with long-term conditions and complex care needs Work underway with ICS re development of Epilepsy pathway Practice Learning Day on 23rd march with all key stakeholders to identify learning for development of mental health pathway TRFT business case for complex care transitions coordinator submitted Strategic Preparation for Adulthood Board waiting confirmation from Rotherham Parent Carer Forum regarding appropriateness of Therapy Services (OT/ Physio and SALT) to be 4th pathway. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 12	Agree a joint multi-agency standards and quality assurance framework for transition for young people with SEND in line with NDTi minimum standards	Q2 2022	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Joint multi-agency standards and quality assurance framework for transition for young people with SEND The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 13	Co-produce with health providers good practice guidance for protocols of effective transitions	Q4 2022	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Draft good practice guidance is established This will be approved and communicated after further consultation and engagement is completed. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 14	Encourage attendance of health staff who write Education, Health and Care Plans and contribute advice following Education Health and Care statutory assessments on NDTi training	Q4 2022	This action is complete and embed into existing mechanisms for delivery. <ul style="list-style-type: none"> Health staff were encouraged to attend the training by email from senior officers and the DCO DCO contacted areas with poor representation to prompt registration Although registration was good, the short notice of the training combined with covid/ winter pressures on health staff resulted in poorer attendance than anticipated. Further training has been arranged.

Mental Health, Learning Disabilities and Neurodevelopmental Care

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation group:

1. Improving Access to Psychological Therapies (IAPT) service
2. Dementia diagnosis and post-diagnostic support
3. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health.
4. Mental Health Crisis and Liaison
5. Suicide prevention
6. Better Mental Health for All, including loneliness.
7. Improving residential, community and housing support for people with Mental Health and/or Learning disability
8. Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)
9. Delivery of My Front Door transformation programme
10. Delivery of Autism Strategy and Neurological Pathway

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Improving Access to Psychological Therapies (IAPT) service	Lead Officer Kate Tufnell	COMMENTS/ACTIONS
No.	Milestones	Target	
MH/LD 1	20/21 IAPT trainees complete training (PWPs and HITs)	Q4 20/21	Action Complete The 20/21 IAPT PWP and HIT trainee have been recruited and completed their training.
MH/LD 2	CBT trainee recruitment and commence training (21/22 cohort)	Q4 22/23	Action Complete The 21/22 CBT trainee have been recruited and completed their training.
	CBT (qualified posts) vacancies recruitment completed or alternative explored - to be agreed with RDaSH	Q2 22/23	Action closed. RDaSH have continued to experience difficulties in recruiting to the CBT vacancies within the Rotherham service. In January 2023 RDaSH submitted a proposal to RICB to request that the unfilled 1.6 WTE band 7 CBT vacancies be converted into Team Manager Posts. The rationale for this reconfiguration of the workforce structure to create extra management capacity was to: <ul style="list-style-type: none"> • increase productivity and efficiency within the team. • provide support to the team to deal with the increasing number of patients accessing the service. • enable more active management of the waiting list, • provide improved management support to the clinical staff.
	Recruitment of 2 PWPs in 2021/22	Q4 22/23	Action Complete The 20/21 IAPT PWP trainee have been recruited and completed their training.
MH/LD 3	Development and agreements of mental health themed communications campaign Anxiety campaign launched Q.3 2021/22	Q4 22/23	Action closed Due to completion of the following work. <ul style="list-style-type: none"> • Anxiety campaign undertaken across the borough. This included the promotion of electronic resources, social media posts, as well as physical resources (over 1,800 copies of social anxiety, health anxiety and anxiety self-help leaflets were distributed to partners and public venues across Rotherham. Electronic version of the leaflets can be found at Rotherham CCG - Self Help Guides (ntw.nhs.uk) • Mental Health ARRS roles based in PCNs are now using the above leaflets to work with individuals who are experiencing depression. • Promotion of the Rotherham IAPT offer undertaken to promote the different service across the borough, which offer a choice of formats

			<p>(telephone, face-to-face, digital etc.) and times (inc. weekends and evenings) as well as access to BSL IAPT has also been undertaken.</p> <ul style="list-style-type: none"> Refresh of the mental health offer leaflets to promote the wider offer of support available RCCG MH Leaflet Digital Dec22 (rotherhive.co.uk) Promotion of this new resource has been undertaken electronically and hard copy distribution. RDASH has development of community workers to promote their IAPT services in Rotherham. Refresh an update of the Rotherhive 'Depression, anxiety and Stress' page and Wellness Hive <p>Note South Yorkshire ICB will continue to develop and promote different mental health themes, as part of its ongoing Rotherhive development plan (MHL6)</p>
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Priority 3	Adult Severe Mental Illness (SMI) in the Community	Lead Officer Kate Tufnell	COMMENTS/ACTIONS
No.	Milestones	Target	
MH/LD 4	<p>Delivery of all the SMI Annual Health check long-term plan requirement. Action required:</p> <p>Complete secondary / primary care SMI register validation</p>	Q4 22/23	<p>Action closed Register validation process completed. Further work is, however, required to ensure that there is an ongoing real-time update of the primary care / secondary care SMI register (action identified below)</p> <p>Other work undertaken development of electronic prescription function in RDASH, Use of ICE is now enabled across primary care and RDASH. This will reduce the duplication of blood test etc across the different organisations.</p>
MH/LD 5	Maintain 60% target of patients requiring Early Intervention for Psychosis (EIP) receiving NICE concordant care within two weeks, and service graded at level 3 for NICE concordance	Q4 22/23	<p>Action to be moved to be monitored through the RICB/RDASH Contract Performance meetings (held monthly) to ensure this level of performance is maintained.</p> <p>The target of 60% has been achieved over the past 12 months. In the last national audit, the RDASH Early Intervention in Psychosis service achieved a Level 4, which is above the national requirement of level 3 achievement.</p>
MH/LD 6	Support the delivery of the ICS Individual Placement Support programme	Q4 22/23	<p>Action to be moved to be monitored through the IPS for SMI Contract & Commissioning Meeting.</p> <p>In 22/23 RIB has worked with ICB-wide partners and local Place partners to evaluate, re-procure, and mobilise the IPS service. During 22/23 further work will be required to support the service to continue increase the number of referrals receive to ensure service optimisation.</p>
MH/LD 7	Delivery of the 2022/23 Adult SMI in the Community Workforce year 2 plan.	Q4 22/23	<p>Action complete Any outstanding recruitment will be included in the 23/24 Community Mental Health Transformation programme workforce development plan.</p>
MH/LD 8	Support the delivery of the perinatal Mental Health long-term plan requirements.	Q4 22/23	<p>Action to be moved to ICB-wide discussion and RDASH /RICB Contract performance meeting (ongoing monitoring).</p>
MH/LD 9	All contract mechanisms in place RDASH with each of 6 PCNs	Q3 22/23	<p>The 2022/23 Contracts between RDASH and PCNs have been drafted but none have yet been agreed. Further work is required RDASH/PCN</p> <ul style="list-style-type: none"> to ensure that all of 6 PCN 21/22 - 22/23 contracts are agreed. 23/24 Contracts to be agreed by RDASH/PCN. <p>As this is contract issue this action will be moved to be monitored and completed through the RDASH/PCN Primary Care MH Practitioner (ARRS) Operational meeting.</p>

MH/LD 10	Year 2 MH ARRS plans in place to support recruitment of posts	Q1 22/23	<p>Action to be moved to be monitored through the RDaSH/PCN Primary Care MH Practitioner (ARRS) Operational meeting.</p> <p>The year 2 (22/23) plan was to recruit 6, Band 4 posts. To date 6 MH ARRS year 2 post have now been recruited. These posts will be in place, as follows:</p> <p>Year 2</p> <ul style="list-style-type: none"> • Maltby Wickersley 1 Band 4 to start April/early May. • Central North 1 Band 4 • Health Village/Dearne Valley 1 Band 4 • Rother Valley South 1 Band 4 • Raven 1 Band 4 • Wentworth 1 Band 4 <p>Year 3 MH ARRS recruitment planning in now in process. Both the year 2 and 3 posts will be monitored through the above group.</p> <ul style="list-style-type: none"> • Maltby Wickersley 1 Band 4 • Central North 1 Band 4 • Health Village/Dearne Valley TBC • Rother Valley South 0.6 Band 6 To commence 15 April. • Raven 1 Band 7 • Wentworth 1 Band 7
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Priority 4	Mental Health Crisis and Liaison	Lead Officer Andrew Wells / Kate Tufnell	COMMENTS/ACTIONS
No.	Milestones	Target	
MH/LD 11	Develop at least one alternative crisis service to hospital admission. Actions required:	Q3 22/23	<p>Action complete</p> <p>Rotherham Safe Space launched in September 2022. Rotherham Safe Space supports anyone experiencing a mental health crisis in Rotherham. It provides a safe place during the weekend evenings (Friday, Saturday, and Sunday from 6pm to midnight) designed for people in crisis to go for support and to prevent avoidable attendances at A&E.</p> <p>On-going monitoring through Rotherham/Touchstone Contract Performance meetings</p>

Priority 6	Suicide prevention	Lead Officer Ruth Fletcher- Brown	COMMENTS/ACTIONS
No.	Milestones	Target	
MH/LD 12	Review of the delivery of Suicide Prevention training	Q2 22/23	No recurrent funding available
MH/LD 13	Coroners Audit Report – local workshop to disseminate finding	Q2 22/23	

Priority 10	– Delivery of Autism Strategy and Neurological Pathway	Lead Officer Garry Parvin	COMMENTS/ACTIONS
No.	Description	Target	
MH/LD 14	Autism awareness training sessions for all South Yorkshire Police officers and Rotherham elected Members (October 2021).	Q4 22/23	The action sits outside of the remit of Rotherham Place Board. SY Police do run autism awareness training sessions

Urgent and Community Care

In the refreshed Rotherham Place Reset Plan the following were identified as priority areas for this transformation group:

Workstream 1: Prevention and Urgent Response

1. Front Door (priority 1)
 - Urgent Response Standards (priority 2)
 - Prevention and anticipatory care in localities: long term conditions and unplanned (priority 3)
 - **Workstream 2: Integrating a sustainable discharge to assess model (priority 4)**
 - **Workstream 3: Enhanced Health in Care Homes (priority 5)**

- Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 2	Urgent Response Standards	Lead Officer Penny Fisher/Claire Smith	COMMENTS/ACTIONS
No.	Description	Target	
UC 1	Meet the two hour standard 70% of the time by Dec 2022	Q3 2022/3	Successfully implemented. All milestones met on time including 7 day full geographic cover and the specified 9 clinical conditions. National sitrep from April 2021. Threshold of 70% response rate within 2 hour threshold consistently met or exceeded.
UC 2	Grow urgent response activity	Q4 2022/3	Activity increased from 83 referrals and 470 contacts in September 2022 to 540 and 1505 in Nov 2022 (latest published data).
UC 3	Validate and improve the quality of data	Q3 2022/3	A consistent programme of data cleansing and quality improvement has been completed, with improved accuracy evidenced through a reduction in variation between internal and external data sets

Priority 3	Prevention and anticipatory care in localities: long term conditions and unplanned	Lead Officer Penny Fisher/Claire Smith	COMMENTS/ACTIONS
No.	Description	Target	
UC 4	Implement an acute respiratory infection and frailty virtual ward	Q3 2023/4	The virtual ward was successfully implemented on time in December 2022 for step up and step down pathways with an initial capacity of 10. Numbers on the ward grew to 18 in quarter 4 contributing to avoidance of unnecessary admissions and facilitating discharge. As part of the urgent hub patients can be transferred across community pathways as levels of acuity/need change. The ward is led by nurse consultants with successful recruitment to all roles.

Priority 5	Enhanced Health in Care Homes	Lead Officer Claire Smith	COMMENTS/ACTIONS
No.	Description	Target	
UC 5	Pilot and roll out electronic information capture by care homes	Q2 2023/4	Phase one, identification of requirements for the commissioned bed base was completed in Rotherham. Work was then paused as national funding was received to be progressed at SY level.
UC 6	Joined up commissioning	Q4 2022/3	A joint care home specification has been developed
UC 7	Pilot remote monitoring in care homes	Q4 2022/3	Pilot ended March 23 and is being evaluated. Any future work will be aligned to development of remote monitoring supporting virtual wards and SY development of electronic record keeping in care homes

Actions to be rolled over to 2023-2025 Place Plan

Note – some of the timescales will need to be revisited in this document.

Children and Young People

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation area:

6. The first 1001 days
7. Special Education Needs and Disabilities
8. Looked After Children
9. Children & Young People's Mental Health and Emotional Wellbeing
10. Transition to Adulthood

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	The First 1001 Days	Lead Officer Alex Hawley		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
1	The Development of family hubs including publication of the Start for Life offer, Parent-infant mental health support and Breastfeeding support service	Q2 2023/24		<ul style="list-style-type: none"> In April 22, Rotherham was announced as one of the 75 LA's that are directly eligible for funding in this phase of the development of Family Hubs. A Rotherham group had already been established to enable early discussion on practical arrangements for family hubs. Family Hubs will support the transformation of services to improve access to 'whole family' service delivery, including Start for Life services in areas with the highest levels of deprivation. The vision is to build the national evidence base and to assess impact across a range of contexts. An update report detailing progress made in year 1 (22/23) was provided to the Health and Wellbeing Board on 29th March 23. <p>Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Best Start and Beyond Framework for assurance.</p>

Priority 2	Special Educational Needs and Disabilities	Lead Officer Julie Day/ Vicky Whitfield		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
2	Develop the Local Offer	Q2 23/24	New action	<p>The Local Offer is a statutory function to ensure accurate and relevant information for children and young people with SEND and their families is accessible.</p> <p>Co-production activity informed re-branding and website redesign.</p> <p>Appointment to Local Offer Coordinator role supports maintenance of the website and ensures information is accurate, relevant, and accessible.</p>

Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer Rebecca Wall		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
3	<p>Implementation of review recommendations to support the social, emotional, and mental health needs of Looked After Children.</p> <ul style="list-style-type: none"> Establish a Looked After Children pathway into CAMHs Development of our therapeutic offer to looked after children, in-house foster carers/ residential care providers 	Q4 22/23		<ul style="list-style-type: none"> Updated S75 Work Order for Child and Adolescent Mental Health and Emotional Wellbeing Activity across RMBC and NHS SY Rotherham Place to understand the current arrangements and inform proposals to deliver the recommendations continues. Health 'takeover' of RMBC Residential Panel further developed working relationships, shared good practice and identified gaps in current joint decision-making processes RDASH crisis team is in place. Eating disorder SDIP ToR extended to enable escalation of other CYP experiencing crisis in mental health pathway LAC pathway in CAMHs implemented.
4	Produce a mental health transition pathway to support effective transition for looked after children and care leavers with SEMH needs	Q2 23/24	New action	<ul style="list-style-type: none"> A multi-agency Practice Learning Event identified recommendations for improvement. Action plan is in development.

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer Christina Harrison		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
5	Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. Business Case submitted and funded by the CCG to reduce waiting lists over a 3-year period	Q1 2024		<p>Update / Key actions</p> <ul style="list-style-type: none"> The SEN Toolkit with resources for school-based workforce was launched w/b 14.12.2020 to support with implementation of a graduated response The digital offer (initially provided by Healios) has been well received by families and has been extended The waiting list is reviewed weekly, identifying where the referrals are from, and support needed to wider services A Neuro dashboard is updated on a weekly basis and shared with the Commissioners on a regular basis Now that the capacity is able to meet new demand, further discussion has taken place to increase capacity to manage the historic demand. An updated trajectory established the projected reduction of the waiting list over the three year period. Demand post covid did not follow the trajectory with approx 50% more contacts and referrals than projected Review of the multi-agency screening pathway (CH13) informed changes to the process associated with the pathway. Evidence of 2 terms of implementation of graduated response is now required.

5	Development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan.	Q4 22/23	New action	A draft framework has been considered by the SEMH strategic group. Further consultation and engagement is planned. Additional supporting documents identified.
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Priority 5	Transitions to Adulthood	Lead Officer TBC		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
6	Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services	Q2 2023		<p>This action is complete and embed into existing mechanisms for delivery.</p> <ul style="list-style-type: none"> • Refreshed action plan now in place to support transitions to adulthood for young people with long-term conditions and complex care needs • Work underway with ICS re development of Epilepsy pathway • Practice Learning Day on 23rd march with all key stakeholders to identify learning for development of mental health pathway • TRFT business case for complex care transitions coordinator submitted • Strategic Preparation for Adulthood Board waiting confirmation from Rotherham Parent Carer Forum regarding appropriateness of Therapy Services (OT/ Physio and SALT) to be 4th pathway. <p>The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.</p>

Mental Health, Learning Disabilities and Neurodevelopmental Care

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation group:

11. Improving Access to Psychological Therapies (IAPT) service
12. Dementia diagnosis and post-diagnostic support
13. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health.
14. Mental Health Crisis and Liaison
15. Suicide prevention
16. Better Mental Health for All, including Loneliness.
17. Improving residential, community and housing support for people with Mental Health and/or Learning disability
18. Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)
19. Delivery of My Front Door transformation programme
20. Delivery of Autism Strategy and Neurological Pathway

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Improving Access to Psychological Therapies (IAPT) service	Lead Officer Kate Tufnell		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 1	Reduction in the RDaSH IAPT CBT waiting times.	Q4 22/23		
	Increase awareness of IAPT Provision and low-level psychological support available in Rotherham.	Q4 22/23		
	Continued development of Rotherhive and Wellness Hive digital platform https://rotherhive.co.uk/	Q4 22/23		Note comment above in MH/LD 5.

Priority 2	Improving Dementia diagnosis and post-diagnostic support	Lead Officer Kate Tufnell		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 2	To implement the new dementia pathway across the Rotherham place	Q4 22/23		Note: this action will be refreshed to reflect the new elements of pathway work that need to be undertaken.

Priority 3	Adult Severe Mental Illness (SMI) in the Community	Lead Officer Kate Tufnell		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 3	Development of single live SMI register across primary and secondary care	Q4 22/23		
	Development of digital offer to support primary care SMI LES deliver	Q4 22/23		
	Increase the number of primary care SMI health checks completed in 2022/23 (against 2021/22, q.4 baseline – 31%)	Q4 22/23		
	Expansion of peer support /living experience workers to support the provision of community Mental health provision (bid requirement – VSC posts)	Q4 22/23		
MH/LD 4	Enhance eating disorder offer across Rotherham – SYEDA, Physical Health shared care protocol	Q4 22/23		

Priority 4	Mental Health Crisis and Liaison	Lead Officer Andrew Wells / Kate Tufnell		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 5	Reduction in the number of out of area placements. Action required: • Implementation of the OATS agreement	Q4 22/23		
MH/LD 6	Implementation of the new social care delivery model commenced	Q4 22/23		

Priority 5	Improving residential, community and housing support for people with Mental Health and/or Learning disability	Lead Officer Garry Parvin		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 7	Service transformation model to be agreed	Q4 22/23		The mental health FPS is out to tender. The action will be amended to align with Councils ambition to build accommodation with support options.

Priority 6	Suicide prevention	Lead Officer Ruth Fletcher-Brown		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 8	Delivery of 22/23 actions within local plan	Q4 22/23		
MH/LD 9	Evidence of impact of the Be the One campaign	Q2 22/23		
MH/LD 10	Review the suicide prevention and self-harm action plan, considering emerging risks / inequalities	Q4 22/23		

Priority 7	Better Mental Health for All, including loneliness	Lead Officer Ruth Fletcher-Brown		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
Better Mental Health for All				
MH/LD 11	Update of Better Mental Health for All Strategy and Action plan	Q2 22/23		
Loneliness				
MH/LD 12	Refresh the H&WB Loneliness action plan	Q2 22/23		
MH/LD 13	Implementation and delivery of 22/23 loneliness action plan	Q4 22/23	New action	

Priority 8	Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care	Lead Officer Garry Parvin / Andrew Wells		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
MH/LD 14	Ensure no more than 3 people are detained in CCG hospital beds at one time, during 21/22	Q4 22/23		The targets remain a core element in the NHS operational guidance
MH/LD 15	Ensure that Rotherham meets the national target of 75%% of annual health check completed (as a minimum)	Q4 22/23		

Priority 9	Delivery of Learning Disability Transformation (My Front Door)	Lead Officer Garry Parvin		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
MH/LD 16	Delivery of Learning Disability Transformation (My Front Door) – Work Stream 1: <i>Scope: Completion of the changes set out in the Transformation of Services and Support for People with a Learning Disability - Cabinet and Commissioner's Decision-Making Meeting 21st May 2018</i>	Q4 22/23		The action will amend following the publication of the Council's Cabinet report which will refresh and update this action
MH/LD 17	Learning Disability, The Future Offer – this will include adults with a learning disability into paid employment	Q4 22/23		

Priority 10	– Delivery of Autism Strategy and Neurological Pathway	Lead Officer Garry Parvin		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
MH/LD 18	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy considering new publication	Q4 22/23		The autism strategy will be refreshed
MH/LD19	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 22/23		
MH/LD 20	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/CYP, learning disability, autism, or both)	Q4 22/23		
MH/LD 21	95% of All schools, colleges, and GP's / primary care staff to have autism awareness training. Autism education trust.	Q4 22/23		Yes – will be amended in light of Oliver McGowen Training

Urgent and Community Care

In the refreshed Rotherham Place Reset Plan the following were identified as priority areas for this transformation group:

Workstream 1: Prevention and Urgent Response

2. Front Door (priority 1)
3. Urgent Response Standards (priority 2)
4. Prevention and anticipatory care in localities: long term conditions and unplanned (priority 3)

Workstream 2: Integrating a sustainable discharge to assess model (priority 4)

Workstream 3: Enhanced Health in Care Homes (priority 5)

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Front Door	Lead Officer Penny Fisher/Claire Smith		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
UC 1	Implementation of the approved model	Q4 2022/3		The TRFT Care Co-ordination centre has been developed into a multi-disciplinary urgent community referral and triage hub which supports unplanned admission avoidance and facilitates discharge. The team includes nursing, therapy, social workers, reassessment, pharmacy and the voluntary sector. The next phase is to develop and embed the discharge function to facilitate timely discharge and support more people to be cared for at home
UC 2	Increasing referrals from 111DOS and 999 services	Q4 2022/3		The 111 and 999 directory of services have been reviewed and updated. A PUSH model has been implemented where YAS direct category 3 and 4 non emergency calls to Rothercare and the Urgent Community Hub thereby reducing avoidable conveyances. The next phase is to develop further alternative pathways to ED and admission

Priority 3	Prevention and anticipatory care in localities: long term conditions and unplanned	Lead Officer Penny Fisher/Claire Smith		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
UC 3	Articulation of Place ambitions	TBC	Deferred	National guidelines were deferred during the pandemic due to pressure on primary care. It was agreed to defer the project. This will be taken forward in 2023-4
UC 4	Grow virtual ward capacity	TBC		A trajectory has been agreed to grow the ward to 100 by December 2023, this will include development of the respiratory pathway and introduction of remote technology.

Priority 4	Integrating a sustainable discharge to assess model	Lead Officer Jayne Metcalfe, Emma Roberts		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
UC 5	Review and develop the discharge to assess model	Q3 2023/4		A discharge to assess pilot ran over winter 2022-3. Investment of national discharge monies enabled additional home care to be provided, reducing length of stay. Additional nursing roles were recruited to but a shortage of therapists limited capacity to carry out assessments at home. Further work will be carried out in 2023-4 to develop and embed the model

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Priority 5	Enhanced Health in Care Homes	Lead Officer Claire Smith		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
UC 6	Integrating Multi Disciplinary Teams: review of referral routes and signposting for residents and families	Q4 2022/3		Work has been progressed with PCNs but has been delayed due to system pressures. To be taken forward through the anticipatory care project

Committee Name and Date of Committee Meeting

Health Select Commission – 27 July 2023

Report Title

Draft Work Programme

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

No

Strategic Director Approving Submission of the Report

Jo Brown, Assistant Chief Executive

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

To outline a draft summary work programme for Health Select Commission 2023/2024.

Recommendations

1. That the draft work programme be noted, and suggestions for inclusion in the work programme be invited from members for consideration.
2. That the Governance Advisor be authorised to make changes to the work programme in consultation with the Chair/Vice Chair, with a revised work programme to be submitted at the next meeting for endorsement.

List of Appendices Included

Appendix 1 Summary Work Programme – Health Select Commission

Background Papers

Agendas of Health Select Commission during the 2021/22 and 2022/23 Municipal Years

Minutes of Health Select Commission during 2021/22 and 2022/23 Municipal Years

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Draft Work Programme

1. Background

- 1.1 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.
- 1.2 Addressing health inequalities that exist in the borough, through prevention-led health and social care strategies and plans, and through looking at the wider determinants of health is an overarching principle.
- 1.3 The Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long-term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving. The 2022 Health and Care Act ushered in changes in the commissioning, organisation and provision of health and social care that continue to be a focus with evolving implications for how health scrutiny is conducted in the future.
- 1.5 The way in which the Commission discharges its scrutiny activity is a matter for itself, having due regard to the provisions of the Constitution and any direction from the Overview and Scrutiny Management Board. HSC has chosen to scrutinise a range of issues through a combination of reviews, pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work.
- 1.6 Health Select Commission has seven scheduled meetings over the course of 2023/24, representing a maximum of 14 hours of formal public scrutiny per year – assuming approximately 2 hours per meeting. Members therefore are selective in their choice of items for the work programme. The following key principles of effective scrutiny have been considered in determining the work programme:
 - Selection – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
 - Value-added – Items had to have the potential to ‘add value’ to the work of the council and its partners.
 - Ambition – the Programme does not shy away from scrutinising issues that are of greatest concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gives local authorities the power to take actions that promote economic, social and environmental wellbeing of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.

- Flexibility – The Work Programme maintains a degree of flexibility as required to respond to unforeseen issues/items for consideration during the year and to accommodate any further work that falls within the remit of this Commission.
- Timing – The Programme has been designed to ensure that the scrutiny activity is timely and that, where appropriate, its findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. The Work Programme also helps safeguard against duplication of work undertaken elsewhere.

2. Key Issues

- 2.1 Members are required to review their work programme at each meeting during the municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of the borough.
- 2.2 Following the discussion at Health Select Commission on 29 June 2023, a revised draft work programme for 2023/24 will be developed and presented at the 27 July 2023 meeting for endorsement. In keeping with the priorities of the Council and those expressed by Commission Members, this work programme reflects continued prioritisation of mental health, equal access to services and prevention.
- 2.3 Previous priorities for scrutiny 2021/22 were mental health, addressing health inequalities, and improving access to services. Prevention, a further priority which was carried into 2022/23, was agreed on 25 November 2021. HSC continues to have overview of the Council's strategic efforts to address health inequalities, and this remains an overarching principle or 'golden thread' throughout all scrutiny work.

3. Options considered and recommended proposal

- 3.1 Members are recommended to consider priorities for the 2023/2024 municipal year as they consider the work programme and forward plan.

4. Consultation on proposal

- 4.1 The work programme is subject to consultation with the Chair and Members of the Health Select Commission. Regular discussions take place with Cabinet Member; partner organisations including the Integrated Care Board (ICB) and National Health Service (NHS); and with officers in respect of the scope and timeliness of items set out on the work programme.

5. Timetable and Accountability for Implementing this Decision

- 5.1 The decision to develop and endorse a work programme is a matter reserved to the Commission and will be effective immediately after consideration of this report.
- 5.2 The Statutory Scrutiny Officer (Head of Democratic Services) is accountable for the implementation of any decision in respect of the Commission's work programme. The Governance Advisor supporting the Commission is responsible on a day-to-day basis for the Commission's work programme. Members are recommended to delegate authority to the Governance Advisor to make amendments to the programme between meetings.

6. Financial and Procurement Advice and Implications

6.1 There are no direct financial or procurement implications arising from this report.

7. Legal Advice and Implications

7.1 There are no direct legal implications arising from this report.

7.2 The authority of the Select Commission to determine its work programme is detailed within the Overview and Scrutiny Procedure Rules and Responsibility for Functions parts of the Constitution. The proposal to review the work programme is consistent with those provisions.

8. Human Resources Advice and Implications

8.1 There are no direct human resources implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 There are no implications for children and young people or vulnerable adults directly arising from this report; however, Members have regard to potential implications for young people and vulnerable adults in compiling and carrying out the scrutiny work programme.

10. Equalities and Human Rights Advice and Implications

10.1 Whilst there are no specific equalities implications directly arising from this report, equalities and diversity are key considerations when developing and reviewing scrutiny work programmes. One of the key principles of scrutiny is to provide a voice for communities, and the work programme for this Commission has been prepared following feedback from Members representing those communities.

11. Implications for CO2 Emissions and Climate Change

11.1 Whilst there are no implications for CO2 emissions or climate change directly arising from this report, members have regard to implications in compiling and carrying out the scrutiny work programme.

12. Implications for Partners

12.1 The Commission has a co-opted Member from Rotherham Speak Up who contributes to the development and review of the work programme. Where other matters are being considered for inclusion on the work programme, relevant partners or external organisations are consulted on the proposed activity and its timeliness.

13. Risks and Mitigation

13.1 There are no risks arising from this report.

14. Accountable Officer(s)

Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer
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This report is published on the Council's [website](#).

Appendix 1: Health Select Commission – Work Programme 2023-2024

Meeting Date	Agenda Item
29 June 2023	Place Partners Mental Health Services Draft Work Programme
27 July 2023	Drug and Alcohol Services Place Plan Priorities Close Down Report - May 2023
28 September 2023	Suicide Prevention Update
October 2023	TRFT Workshop
16 November 2023	Child and Adolescent Mental Health Services Update Place Partners Winter Planning
Winter 2023 to Spring 2024	Review: Menopause, Sexual and Reproductive Health
25 January 2024	Healthwatch – Adult Social Care Adult Social Care Update
February 2024	Social Prescribing Workshop
7 March 2024	Maternity Services Update

To be scheduled: YAS

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