

Rotherham ICP Public Place Board – 2 February 2022

Assessment of Place Plan Priorities as at end Quarter 2

Lead Executive:	Ian Atkinson, Executive Place Director – Rotherham CCG
Lead Officer:	Lydia George, Strategy & Delivery Lead, Rotherham CCG/ICP

<p>Purpose:</p> <p>To provide members with an assessment on progress against Rotherham Place Plan Priorities as at the end of Quarter 2.</p>
<p>Background:</p> <p>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. This performance report had been received since 2018.</p> <p>The impact of the pandemic on key performance indicators meant that it was either not possible to report against them or that the reporting was very skewed as performance was severely impacted due to covid. As a result since August 2020, reports have been focussed on only the milestones element of the performance report i.e. this update of priorities document.</p> <p>During April 2021 each Transformation Group jointly reviewed their priorities within the Place Plan along with the associated actions and timescales. The priorities were assessed in light of covid both in terms of capturing learning and identifying where priorities had significantly changed. It was clear that the assessment had raised a significant level of partner discussion and as a result had a notable impact on the priorities.</p> <p>The Place Board received an update on the progress of reaffirming the priorities at their meeting in May 2021, this outlined the headline priorities but not the detail. Members reviewed and were happy with the direction of travel and noted the intent to expand the document to include key priorities and milestones for the Enabling Groups.</p> <p>Transformation Groups refined their priorities and milestones and a further version representing the position as at the end of quarter one was received at confidential Place Board in July. In early August, as there was no meeting, a final version for quarter one was circulated by e-mail to Place Board members.</p> <p>In July 2021 we reported that a further update would be received at Place Board in September, however, this was subsequently moved to November due to the significant system pressures experienced at that time impacting on capacity and that by delaying the update to November, it would bring the report back in line with the quarterly reporting previously provided to Place Board.</p>
<p>Analysis of key issues and of risks</p> <p>Place Board members received the attached update at the November 2021 confidential Place Board. The report was received at confidential Place Board as there were a number of ratings still to be confirmed in terms of gaps and confirmation of RAG ratings.</p> <p>The completed document was to be received at December Public Place Board, however due to the high levels of system pressures both the December 2021 and January 2022 public Place Boards were cancelled. The document was shared by e-mail to Place Board members in December and is subsequently being received at February 2022 public Place Board for completeness.</p> <p>In addition, as highlighted by partners, the document contained a significant number of acronyms, these have now been addressed.</p>



Following discussion at the ICP Delivery Team it was recommended that, in light of the ongoing system pressures, the quarter 3 update be suspended and a final year end version be prepared to be received at Place Board in June /July 2022.

Approval history:

Rotherham ICP Place Board – confidential November 2021

Recommendations:

Place Board members to note:

- progress against the Place Plan priorities
- that a final year end version will be received at the June 2022 Place Board
- that the acronyms within the document have been addressed

Rotherham Place Reset: Assessment of Priorities as at October 2021

In March 2020 the Rotherham Place Board agreed the revised Rotherham Integrated H&SC Place Plan, significant work by all partners went into setting and agreeing the priorities for the Rotherham Place.

As part of the system reset following the first wave of the pandemic the priorities were set for the remainder of the financial year 2020/21 and were received by Place Board in October and December 2020.

In March 2021 worked commenced once again to reaffirm the priorities following the subsequent wave of the pandemic and the winter period. Transformation Groups have spent significant time assessing and reconfirming priorities and the key actions associated.

This document provides a Q2 end of September position which was received at Place Board at their 3rd November Confidential meeting so enable members understand performance against revised target dates and any risks to delivery. As the public meetings in December and January were cancelled it is being received at February 2022 Public Place Board for completeness.

In this version of the priorities document the Enabling Groups have identified their key priorities, although further work is taking place to refined these, and this version also addresses the high number of acronyms identified.

Key

Red	Milestone significantly off target
Amber	Milestone slightly off target
Green	Milestone on target
Blue	Milestone complete
Purple	Milestone not due

Abbreviation	Organisation
CCG/RCCG	Rotherham Clinical Commissioning Group
RMBC	Rotherham Metropolitan Borough Council
VAR	Voluntary Action Rotherham
RDASH	Rotherham Doncaster and South Humber NHS Trust

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			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Alex Hawley			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 1	Local leadership and governance in place to deliver on the first 1001 days	Q2 2021	Yellow	Green	<ul style="list-style-type: none"> A 0-19s re-commissioning project group continues to meet, chaired by the Director of Public Health, with subgroups to work to procurement timetable milestones. A needs assessment has been carried out. A draft specification is in place and will be finalised by end of November. A market engagement event took place early September. A co-production exercise will be undertaken with Rotherham Parent Carers Forum in Oct/Nov. A report will go to RMBC Cabinet in December, outlining good progress against timeline for tender in April 2022. A new contract will be in place by April 2023. Public Health has restructured - to have 4 Consultant portfolios aligned to the 4 aims of the Health and Wellbeing Strategy. A new Best Start (Aim 1) portfolio has been in place since 1st July. A second Public Health Specialist post has been recruited to and will commence in January 2022. A 'Best Start and Beyond strategy' will adopt a life-course structure and provide a context for priorities for 0-19s service and rest of children's workforce and will enable a 1001 Days sub-group to be established. A kick-off workshop with partners will take place on 11th October.
CH 2	Carry out a scoping exercise and gap analysis to identify services already contributing to the first 1001 days and what we need to develop	Q2 2021	Red	Yellow	<ul style="list-style-type: none"> A scoping exercise took place with representatives from Health services on 10th August – a "jamboard" session to map commissioned services, and aspects of services provided. A further exercise to better map non-healthcare services is still needed. The Best Start and Beyond Strategy sub-groups will adopt a template for mapping pathways. May be adapted from pathway mapping tool already deployed by Speech, Language and Communication Network to map related pathways from 0 to 60 months. Will be informed by "Start for Life" user journeys, described in The Best Start for Life. A Vision for the 1,001 Critical Days.
CH 3	Development of a local action plan to deliver on the first 1001 days	Q2 2021	Red	Yellow	<ul style="list-style-type: none"> The Best Start and Beyond Strategy will provide a Public Health-led evidence-based set of agreed priority outcomes for 1001 Days, and associated sub-group will agree an action plan. Strategy will enable better links to actions of South Yorkshire and Bassetlaw Local Maternity and Neonatal System Prevention Group in respect of post-COVID recovery and maternity transformation. NHS England published Equity and equality: Guidance for local maternity systems in September, aimed at aligning Local Maternity Systems with the five health inequality priority areas set out in March operational guidance (Priority 1: Restore NHS services inclusively; Priority 2: Mitigate against digital exclusion; Priority 3: Ensure datasets are complete and timely; Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes; Priority 5: Strengthen leadership and accountability. South Yorkshire and Bassetlaw Local Maternity and Neonatal System Equity Analysis focuses on Priority 4a (Understand your population and co-produce interventions).

CH 4	To explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services	Q1 2023			<ul style="list-style-type: none"> • Preparations to re-commission the 0-19 service are well advanced and on track for Tender to open in Spring 2022. This milestone remains on track. • 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 is exploring evaluation models that acknowledge the importance of integration, adaptability, and additionality. • Public Health is commissioning 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 strategy will provide a framework 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). • Discussions have commenced with 0-19s provider about developing the current service in light of the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service.
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Key Risks / Issues

- Pandemic is ongoing – Best Start portfolio within Public Health is resuming ‘Business as Usual’, but further surges or advent of vaccine-escape variants still present a risk to resource deployment, including commissioned healthcare resources, which might need to be redeployed (e.g. currently some disruption due to 12-15 vaccination programme).
- Risk of lack of adaptability to changing priorities of 0-19s service within a long term contract – a well designed specification is the mitigation for this, albeit always constrained by the available budget and the core Healthy Child Programme requirements. Central government thinking might lead to different expectations for local systems: e.g. Early Years review and ongoing Public Health England review of Healthy Child Programme.

Priority 2	Special Educational Needs and Disabilities	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Julie Day			
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 5	The Rotherham Sensory Model is implemented and embedded.	Q4 2020			<ul style="list-style-type: none"> • Progress against this had slowed down due to the limited school opening arrangements between January and March 2021. However, progress work has been made over the last 6 months and the sensory model forms part of the work associated with the Special Educational Needs toolkit.
CH 6	Roles and responsibilities to support children with Special Educational Needs and Disabilities in school are clearly understood	Q1 2021			<ul style="list-style-type: none"> • There will be a focus on roles and responsibilities as part of the Written Statement of Action related to the graduated response which will have oversight by the Special Educational Needs and Disabilities Strategic Board. Representatives from a variety of schools and settings will be expected to form part of any appropriate working party or sub-group. • There is a core group in place with school representatives to help design and facilitate Continuous Professional Development (CPD) opportunities and networking with all Special Educational Needs Co-ordinators. This will allow for a greater understanding of roles and responsibilities when meeting the needs of those with Special Educational Needs and Disabilities.
CH 7	A Special Educational Needs Toolkit is developed, launched and implemented across education settings	Q4 2020			<ul style="list-style-type: none"> • The Special Educational Needs toolkit is in place and an official launch is taking place with Special Educational Needs Co-ordinators on 3rd November. • The work is to now embed and implement its use across the system, reference it in the Local Offer and continue to develop as part of implementing the graduated response. This will fulfil an expectation in relation to the Written Statement of Action.
CH 8	Develop an understanding of the impact of Covid and related changes to service provision on outcomes for children with Special Educational Needs and Disabilities	Q1 2021			<ul style="list-style-type: none"> • Special Educational Needs and Disabilities 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.

Key Risks / Issues

- The toolkit needs to be part of wider cultural transformation and review of support to schools to support inclusion.
- The challenge is in relation to schools refusing to offer placements to children with challenging Social, emotional and mental health and cognitive issues. The toolkit needs to be set in wider transformation, including increased capacity for service delivery and work within the whole school context.

Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Ailsa Barr			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 9	Refreshed commissioning arrangements are in place to complete Looked After Children health assessments.	Q3 20/21			<ul style="list-style-type: none"> The new arrangements for enhanced Looked After Children health assessments are in place and are now complete. These arrangements are detailed in the Looked After Children Service Specification, further monitoring will continue as the timescales for completion are currently lower than we would like.
CH 10	A review of therapeutic services includes key recommendations to support the social, emotional, and mental health needs of Looked After Children.	Q4 20/21			<ul style="list-style-type: none"> Paper presented April 2021 provided key recommendations which suggested focus on developing arrangements for children with complex needs including looked after children with social, emotional and mental health needs, where current service provision is not meeting their needs.
CH 11	Implementation of review recommendations to support the social, emotional, and mental health needs of Looked After Children.	Q4 2022			<ul style="list-style-type: none"> The new Assistant Director starts in post on 1st November and will prioritise activity across RMBC and RCCG to understand the current arrangements to inform proposals to deliver the recommendations.
CH 12	New milestones to be identified by the Multi-Agency Vulnerable Children's Group.	Q4 2020			<ul style="list-style-type: none"> This group is now meeting regularly and is business as usual and can be closed as an action.
Key Risks / Issues					

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Christina Harrison			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 13	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			<ul style="list-style-type: none"> The Special Educational Needs Toolkit with resources for school-based workforce was launched w/b 14.12.2020 The digital offer provided by Healios has been well received by families and has been extended The waiting list has currently plateaued and 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 monthly basis RDaSH are creating an implementation plan for the Business Case. This work will commence in 2022
CH 14	A programme of licensed training (Autism Education Trust) is rolled out to learning providers and GPs	Q4 20/21			<ul style="list-style-type: none"> Autism Education Trust training is still being rolled out – We are identifying schools that have received this and where targeted training needs to be focused
CH 15	A multi-disciplinary team to respond to neuro-developmental difference is established	Q3 20/21			<ul style="list-style-type: none"> The new pathway is now operational with multi-agency involvement and meet weekly.
CH 16	All children in Rotherham will have a first line of support for their mental health and emotional wellbeing available in their school or educational settings	Q1 2021			<ul style="list-style-type: none"> Department of Education Wellbeing for Education Return has been rolled out There is a pilot in place to provide supervision and consultation to the school workforce Mental Health Support Teams are becoming established in pilot schools and an evaluation framework has been agreed

					<ul style="list-style-type: none"> Two cohorts for the Anna Freud Link Programme have met and are using the Cascade framework to map whole system provision. A further Mental Health Support Teams programme will go live in January 2022.
CH 17	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			<ul style="list-style-type: none"> Department of Education Wellbeing for Education Return is being rolled out through this term with input from the whole system The social, emotional and mental health toolkit has been developed and available to schools which supports the graduated response

Key Risks / Issues

- Pressures have emerged to meet the needs of children with eating disorders, and lack of specialist inpatient availability. Children are presenting later and with complex health needs.
- Whilst we now have funding and a 3 year plan, some children will be waiting longer than desirable for a neurodevelopment assessment.

Priority 5	Transitions to Adulthood	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Paul Theaker			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 18	Local leadership and governance in place to deliver on transitions to adulthood for young people with long-term conditions and complex care needs	Q1 2021			<ul style="list-style-type: none"> The Preparing for Adulthood Board is in place to provide local leadership and governance. The board is now meeting frequently with consistent attendance (after a period of inconsistent attendance as a result of conflicting covid-19 pressures.) Transitions to adulthood remains a priority for all Place partners.
CH 19	Carry out a scoping exercise and gap analysis to identify where there is a need to develop pathways to support transitions to adulthood for young people with long-term conditions and complex care needs	Q1 2021			<ul style="list-style-type: none"> A scoping exercise was undertaken and all current activity mapped, gap analysis informed the development of a story board and the Special Educational Needs and Disabilities Strategy Preparing for Adulthood Action Plan.
CH 20	Carry out further gap analysis to identify where to prioritise the development of pathways to support transitions to adulthood for young people with long-term conditions and complex care needs				<ul style="list-style-type: none"> Despite the above activity described being achieved, the transitions to adulthood workstream have rag rated this action amber on reflection as further gap analysis and a prioritization exercise is now required There were a number of key recommendations developed that outline a way forward and will result in a refreshed action plan and a restart of the work programme. Following receipt of the Ofsted/Care Quality Commission Special Educational Needs and Disabilities Inspection feedback letter, discussions are now taking place with senior leaders within Health to consider how achievable the recommendations are and to ensure strategic buy-in from adult health colleagues. It is anticipated that a refreshed action plan will be in place by mid-November 2021.
CH 21	Develop, implement, and embed the pathway to support transitions to adulthood for young people with diabetes	Q1 2021			<ul style="list-style-type: none"> Additional investment was secured to develop, implement and embed the pathway to support transitions to adulthood for young people with diabetes.
Any new milestones/actions as a result of Covid					
N/A					
Key Risks / Issues					

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 disabilities 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			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Rotherham IAPT Provision Communications / Rotherham Health App – IAPT integration group,
		Kate Tufnell			
No.	Milestones PWP = Psychological Wellbeing Practitioner HITs – High Intensity Trainers IAPT = Improving Access to Psychological Therapies CBT = Cognitive Behavior Therapy	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 1	RDASH workforce IAPT trainee expansion in 20/21 & 21/22. Actions required:	Q2 21/22			<ul style="list-style-type: none"> 3x trainee PWPs recruited and started for October intake. 3x trainee CBT places allocated for March 2022 and recruitment due to commence for these in the next month (December).
	20/21 Improving Access to Psychological Therapies trainees complete training (Psychological Wellbeing Practitioner (PWPs) and High Intensity Trainers (HITs))	Q4 20/21			<ul style="list-style-type: none"> 4x PWPs completed training on schedule. 1x PWP delayed approx. 1-2 months 2x CBT delayed approx. 1-2 months 2x CBT delayed approx.. 8-10 months 1x CBT completed in July (9 months delayed)
	Recruitment of 2 PWPs in 2021/22	Q4 21/22			<ul style="list-style-type: none"> None recruited to date
	Recruitment of 4 High intensity Therapists – HITs in 21/22	Q4 21/22			<ul style="list-style-type: none"> None recruited to date
MH/LD 2	Reduction in the RDASH IAPT CBT waiting times.	Q2 21/22			<ul style="list-style-type: none"> During this period the CBT waiting list has decreased, due to the implementation of the RDASH/IESO waiting list initiative. It is, however, still above the trajectory– July 408, August 442, September 385 (trajectory 321) people waiting Work is underway to support the reduction of the waiting list over the next reporting period Additional capacity commissioned to support IESO / RDASH waiting list initiative
	Mobilisation of IESO/RDaSH waiting list initiative (due to commence July 2021)	Q3 21/22			<ul style="list-style-type: none"> Additional capacity commissioned to support IESO / RDASH waiting list initiative CBT waiting list preparation underway between RDASH & IESO CBT waiting list initiative commenced July 2021 and it almost complete.

	CBT trainee recruitment and commence training (21/22 cohort)	Q4 21/22			<ul style="list-style-type: none"> As above October trainees x3 PWP recruited as planned on schedule. March 2022 trainees x3 CBT on track
	CBT (qualified posts) vacancies recruitment completed or alternative explored - to be agreed with RDaSH	Q2 21/22			Employment Checks completed and posts advertised.
MH/LD 3	Recruitment of 2 PWPs in 2021/22	Q4 20/21			<ul style="list-style-type: none"> None recruited to date
MH/LD 4	Develop an action plan to enhance access for Black and Minority Ethnic groups, older people, unemployed and those who are post COVID	Q4 21/22			<ul style="list-style-type: none"> Work underway to develop an action plan - discussions ongoing with a number of partner's organisations. RDaSH IAPT service is part of the Rotherham Long-Covid pathway
MH/LD 5	Increase digitalization of IAPT / low level psychology provision. Actions required	Q4 21/22			<ul style="list-style-type: none"> Work is underway to include the referral to the Rotherham IAPT service as part of the Rotherham Health App functionality. Initial testing has been completed. This has highlighted a few adjustments will need to be made to extend further rollout. Referrals to both RDASH IAPT and IESO can be made via the Rotherhive site IESO digital offer in place RDaSH IAPT services can be accessed video, telephone and face-to-face. is provide
MH/LD 6	Increase awareness of IAPT Provision and low-level psychological support available in Rotherham. Actions required:	Q3 21/22			<ul style="list-style-type: none"> Joint IAPT Communications meeting in place (RCCG, DCCG, RDaSH & IESO) Ongoing communication plans in place for RDaSH, IESO and RCCG Further work undertaken to promote the Mental Health offer leaflets across the borough
MH/LD 7	Rotherham IAPT Provision Communications plan delivered	Q4 21/22			
MH/LD 8	Development and agreements of mental health themed communications campaign <ul style="list-style-type: none"> Anxiety campaign launched Q.3 2021/22 	Q3 21/22			<ul style="list-style-type: none"> Rotherham Anxiety Campaign has been launched. This is a partner campaign that will be rolled out over the next 3 months. CCG promoted World Mental Health Day via social media A resource library of self-help leaflet to support the Rotherhive and Wellness Hive are under-development / due to be launched shortly. A Rotherhive professional page is underdevelopment and will be launched shortly A Rotherhive Sleep section is being developed and will be launched shortly
MH/LD 9	Continued development of RotherHive and Wellness Hive digital platform https://rotherhive.co.uk/	Q4 21/22			<ul style="list-style-type: none"> Wellness Hive number of visitors continue to increase 616,957 page visits https://rotherhive.co.uk/wellness-hive/ RotherHive site visits 2 million. A Professional section – developed and product tested with a range of key stakeholder. This section of the sight is due to be launched shortly. Rotherhive – new sleep section developed and product tested – due to launched shortly A range of self-help leaflets to support Rotherhive and Wellness Hive site are currently under-development and will be launched shortly. Once available these will be made available electronically and as hard copies (as appropriate).
MH/LD 10	Integration of Rotherham Health App and RDaSH IAPT provision	Q3 21/22			Awaiting further testing and roll out following initial release and challenges identified.
MH/LD 11	Recruitment of 4 High intensity Therapists – HITs in 20/21		Complete	Complete	
Key Risks / Issues:					

Priority 2	Improving Dementia diagnosis and post-diagnostic support	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			TBC
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 12	National Institute for Clinical Excellence (NICE) compliant dementia diagnostic pathway to be agreed	Q4 21/22			<ul style="list-style-type: none"> Funding identified as part of 21/22 Finance agreement to support diagnostic/post-diagnostic recovery plan Work re-commenced to review pathway
MH/LD 13	National Institute for Clinical Excellence (NICE) compliant dementia post-diagnosis pathway to be agreed	Q4 21/22			<ul style="list-style-type: none"> Funding identified as part of 21/22 Finance agreement to support diagnostic/post-diagnostic recovery plan Work re-commenced to review pathway
MH/LD 14	To implement the new dementia pathway across the Rotherham place	Q4 20/21			<ul style="list-style-type: none"> Funding identified as part of 21/22 Finance agreement to support diagnostic/post-diagnostic recovery plan Work re-commenced to review pathway
MH/LD 15	To rollout a programme of training sessions to support people with dementia and their unpaid carers	Q3 20/21			<ul style="list-style-type: none"> Rollout of the training programme is now ongoing. Training offer will be reviewed on an annual basis. Four Herbert Protocol and This is Me sessions have been delivered for carers in Quarter 2
Any new milestones/actions as a result of Covid					
N/A					
Key Risks / Issues					
<ul style="list-style-type: none"> Agreed dementia pathway to be reviewed in light of new guidance Delivery of elements of the dementia pathway has been impacted by COVID. 					

Priority 3	Adult Severe Mental Illnesses (SMI) in the Community	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			ICS Individual Placement and Support Group, Community Mental Health Transformation Group (inc. MH ARRS) / Rotherham SMI Register – Data Cleansing Group / ICS Perinatal Group
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
	SMI = Serious Mental Illness				
MH/LD 16	Delivery of all of the SMI Health check long-term plan requirement. Action required:	Q3 20/21			<ul style="list-style-type: none"> Work on-going – some delay due to workforce capacity issues
	Complete secondary / primary care SMI register validation	TBC			<ul style="list-style-type: none"> Work on-going – some delay due to workforce capacity issues
	Development of single live SMI register across primary and secondary care	21/22			<ul style="list-style-type: none"> Work on-going – some delay due to workforce capacity issues
	Development of digital offer to support primary care SMI Locally Enhanced Service (LES) deliver	Q3 21/22			<ul style="list-style-type: none"> Work on-going – some delay due to workforce capacity issues
	Increase the number of primary care SMI health checks completed in 2021/22 (against 2021/2, q.4 baseline – 31%)	Q4 21/22			<ul style="list-style-type: none"> SMI Locally Enhanced Services (LES) is mandatory across all practices Number of health checks completed continues to increase. In quarter 2 Rotherham reported 42.1% of annual health checks completed. Rotherham partners across Primary Care, RCCG and RDaSH continue to work together to increase the uptake of annual health checks across Place.

MH/LD 17	Maintain 60% target of patients requiring Early Intervention for Psychosis (EIP) receiving National Institute for Clinical Excellence (NICE) concordant care within two weeks, and service graded at level 3 for NICE concordance	Q4 21/22			<ul style="list-style-type: none"> National target 60% has not been achieved In July and August 21 the Rotherham service reported 50% of patients receiving National Institute for Clinical Excellence (NICE) concordat care within 2 weeks The service is currently rated as level 3 National Institute for Clinical Excellence (NICE) concordance 																																	
MH/LD 18	Support the delivery of the ICS Individual Placement Support programme	Q4 20/21			<ul style="list-style-type: none"> ICS evaluation of the Individual Placement and Support (IPS) service completed / Rotherham input into the evaluation Draft evaluation report produced for consideration October 21- March 22 mainstream funding for Individual Placement and Support (IPS) workers funded by NHS England Transformation pilot identified and agreed Sheffield CCG commenced procurement development for service provision from April 22 onwards 																																	
MH/LD 19	Delivery of the 2021/22 Adult SMI in the Community Workforce year 1 plan.	Q4 21/22			<table border="1"> <thead> <tr> <th>Post</th> <th>Recruiting organisation</th> <th>status</th> </tr> </thead> <tbody> <tr> <td>Programme Manager</td> <td>RDaSH</td> <td>Contract documentation issued Recruitment process completed 9/21 - unsuccessful</td> </tr> <tr> <td>Specialist/Clinical Input - Social Care</td> <td>RMBC</td> <td>Contract documentation drafted Recruitment process commenced</td> </tr> <tr> <td>Specialist/Clinical Input - Primary Care</td> <td>Primary Care</td> <td>Contract documentation drafted Marketing of post commenced</td> </tr> <tr> <td>Specialist/Clinical Input – Secondary Care</td> <td>RDaSH</td> <td>Contract documentation issued Expression of interest received May 21 – on hold waiting funding approval</td> </tr> <tr> <td>Admin/Project Support</td> <td>RDaSH</td> <td>Contract documents issued Recruitment process completed 8/2 – candidate withdrew Second recruitment round underway</td> </tr> <tr> <td>Older People's community mental health team Support Worker</td> <td>RDaSH</td> <td>Contract document drafted</td> </tr> <tr> <td>Reablement Worker</td> <td>RDaSH</td> <td>Contract document drafted</td> </tr> <tr> <td>Occupational Therapy Clinical Lead</td> <td>RDaSH</td> <td>Contract document drafted</td> </tr> <tr> <td>Clinical Associate Psychologists (CAPS) Workers (Adults and Older Adults)</td> <td>RDaSH</td> <td>Contract documents drafted University/RDaSH Interviews complete Recruitment successful – start date to be confirmed</td> </tr> <tr> <td>Peer Support/Lived Experience Worker</td> <td>VAR</td> <td>Development commenced – further discussions required</td> </tr> </tbody> </table>	Post	Recruiting organisation	status	Programme Manager	RDaSH	Contract documentation issued Recruitment process completed 9/21 - unsuccessful	Specialist/Clinical Input - Social Care	RMBC	Contract documentation drafted Recruitment process commenced	Specialist/Clinical Input - Primary Care	Primary Care	Contract documentation drafted Marketing of post commenced	Specialist/Clinical Input – Secondary Care	RDaSH	Contract documentation issued Expression of interest received May 21 – on hold waiting funding approval	Admin/Project Support	RDaSH	Contract documents issued Recruitment process completed 8/2 – candidate withdrew Second recruitment round underway	Older People's community mental health team Support Worker	RDaSH	Contract document drafted	Reablement Worker	RDaSH	Contract document drafted	Occupational Therapy Clinical Lead	RDaSH	Contract document drafted	Clinical Associate Psychologists (CAPS) Workers (Adults and Older Adults)	RDaSH	Contract documents drafted University/RDaSH Interviews complete Recruitment successful – start date to be confirmed	Peer Support/Lived Experience Worker	VAR	Development commenced – further discussions required
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MH/LD 20	Workforce expansion of community mental health team in line with 21/22 planning agreement	Q3 21/22			<ul style="list-style-type: none"> community mental health team specialist social care input – recruitment underway community mental health team specialist secondary care input – service specification / contract change documents approved community mental health team specialist primary care input – service specification shared for comments <p>Waiting information on RDaSH specific roles</p>																																	
MH/LD 21	Expansion of peer support /living experience workers to support the provision of community Mental health provision (bid requirement – Voluntary / Community Sector posts)	Q3 21/22			<ul style="list-style-type: none"> Initial discussions commenced 																																	

MH/LD 22	Support the delivery of the perinatal Mental Health long-term plan requirements: Action required: RCCG to work with Sheffield and Doncaster to review the perinatal mental health service	Q2 21/22			<ul style="list-style-type: none"> • Funding identified to support the expansion of the service in Rotherham, in line with long-term plan and Sheffield / Doncaster developments. • Review and discussions on going
MH/LD 23	Support the further expansion of the Rotherham service (in line with 2021/22 contract agreement) q.4	TBC			Some uplift posts appointed to and some under recruitment
MH/LD 24	Complete an Early Intervention for Psychosis (EIP) profile scoping exercise to inform service development and ensure the service is <ul style="list-style-type: none"> ○ Culturally appropriate to address disparities in access and experience of ○ Black and Minority Ethnic (BAME) people with psychosis. Delivering to full recommended age range of 14-65 to reduce inequalities in access for age groups.	Q3 21/22			The Early Intervention for Psychosis (EIP) scoping analysis was completed. However, owing to the numbers involved in Early Intervention for Psychosis (EIP) for a relatively small geography such as Rotherham, make any prediction of future trends challenging.
MH/LD 25	Expansion of Early Intervention for Psychosis (EIP) workforce, in line 21/22 with local contract agreement	Q3 21/22			<ul style="list-style-type: none"> • Recruited to the following posts with the new investment • fte Band 6 First Episode Psychosis (FEP) pathway (commenced in post November 2021) • fte Band 6 First Episode Psychosis (FEP) (awaiting DBS expected to start in January 2022) • fte Band 3 Support time and Recovery (STR) • Jill Fairbank is currently discussing post to lead on family interventions.
MH/LD 26	Delivery of Community Mental Health Transformation programme (21/22). Action required:	Q4 21/22			<ul style="list-style-type: none"> • Programme manager post realigned out to advert imminently • RMBC have appointed to social care 0.2 post • Primary Care Network (PCN) leads progressing recruitment to Primary Care 0.2 post • 6 x B7 Mental Health Additional Roles Reimbursement Scheme (ARRS) roles out to recruitment – 1 for each Primary Care Network (PCN) • Clinical Associate Psychologists (CAPs) workers appointed for university placement • Rapid development day for partnership being planned in December
MH/LD 27	Enhance eating disorder offer across Rotherham – South Yorkshire Eating Disorder Association (SYEDA), Physical Health shared care protocol, RotherHive development	Q4 21/22			<ul style="list-style-type: none"> • RotherHive eating disorder page developed and Launched May 21. In its first month this page reported 2167 hits. https://rotherhive.co.uk/eating-disorders/ • Further expansion of South Yorkshire Eating Disorder Association SYEDA commissioned to increase both children and young people and Adult eating disorder capacity in Rotherham from March 2021 • Work commenced on medical monitoring of Physical Health shared care protocol
MH/LD 28	Development and implementation of the Mental Health Additional Roles Reimbursement Scheme (ARRS) 21/22 requirements. Action required:	Q1 21/22			<ul style="list-style-type: none"> • Mental Health Additional Roles Reimbursement Scheme (ARRS) operational group in place • Job description produced / reviewed and banded by RDaSH • Discussions on-going re recruitment
MH/LD 29	All contract mechanisms in place CCG/RDaSH	Q2 21/22		Complete	<ul style="list-style-type: none"> • CCG /RDaSH Schedule 2ii signed • CCG/RDaSH Mental Health Additional Roles Reimbursement Scheme (ARRS) signed

MH/LD 30	All contract mechanisms in place RDaSH with each of 6 Primary Care Networks (PCNs)	Q2 21/22			<ul style="list-style-type: none"> No contracts in place
MH/LD 31	Recruitment of mental health Mental Health Additional Roles Reimbursement Scheme (ARRS) across all 6 Primary Care Networks (PCNs)	Q2 21/22			<ul style="list-style-type: none"> Primary Care Network (PCN) / RDaSH clinician discussions underway to inform post requirements. Primary Care Network (PCN) are keen to commence Mental Health Additional Roles Reimbursement Scheme (ARRS) RDaSH are not in a position to recruit until contracts are signed
MH/LD 32	Embed Mental Health Additional Roles Reimbursement Scheme (ARRS) posts within Primary Care Networks (PCNs), in line with GP and standard contract requirements	Q3 21/22			<ul style="list-style-type: none"> Not due yet
MH/LD 33	Year 2 Mental Health Additional Roles Reimbursement Scheme (ARRS) plans in place to support recruitment of posts	Q1 22/23			<ul style="list-style-type: none"> Not due yet
MH/LD 34	Ensure delivery of the Early Intervention in psychosis 21/22, in line with LTP requirement. Action required	Q4 21/22	Complete	Complete	<ul style="list-style-type: none"> Level 3 achieved. Note that if the service had achieved a level 3 rating for the physical health rating (missed by 0.8%) the service would have achieved an overall level 4 rating. National target 60% achieved
MH/LD 35	Establish community mental health team group (q.1)	Q.2 21/22	Complete	Complete	<ul style="list-style-type: none"> Mental Health Additional Roles Reimbursement Scheme (ARRS) groups established. This will expanded to become the community mental health team group, once initial work on Mental Health Additional Roles Reimbursement Scheme (ARRS) completed
MH/LD 36	Establish a mechanism to develop the Mental Health Additional Roles Reimbursement Scheme (ARRS) roles contract and finance processes	Q1 21/22	Complete	Complete	<ul style="list-style-type: none"> Mental Health Additional Roles Reimbursement Scheme (ARRS) Finance and Contract Task and Finish group established. Contract /Finance process developed and available to be implemented.

Key Risks / Issues

- Further waves of COVID 19 will have an impact in primary care capacity potential impact on MH/LD13 (Risk mitigation: development of digital mechanism and alternative ways to support process – under-development).
- Perinatal Mental health – increase in demand (Risk mitigation: 21/22 Mental Health Investment Standard (MHIS) funding agreed to support expansion of service).
- Perinatal Mental Health – difficulties recruiting expansion workforce especially perinatal psychiatrists
- Mental Health Additional Roles Reimbursement Scheme (ARRS) – RDaSH experiencing difficulties in recruiting 6 X band 7 posts (Risk mitigations: exploring different recruitment options, such as band 6 /7 development posts).
- Eating disorders – demand for the service continues to increase (Risk mitigation – additional capacity commissioned, performance monitoring mechanisms in place, preventative work underway – training, RotherHive etc.)

Priority 4	Mental Health Crisis and Liaison	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		TBC			S. Yorkshire S12 Solutions Prelaunch Project Group / ICS Adult Crisis Meeting
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 37	Review of the social care delivery model (increase social care capacity / improve care act compliance)	Q4 20/21			<ul style="list-style-type: none"> A meeting is planned early November to take stock of the review, look at how to address operational pressures and set out next steps. A delivery plan with timescales will be developed.
MH/LD 38	Workforce development of the Crisis Resolution and Home Treatment Teams (CRHTT) and increase social care capacity	Q4 21/22			<ul style="list-style-type: none"> Initial discussions commenced
MH/LD 39	Establish a Crisis Resolution and Home Treatment Teams (CRHTT) service that operates in line with best practice	Q4 20/21			<ul style="list-style-type: none"> Crisis Resolution and Home Treatment Teams (CRHTT) will need to a further review once the RMBC Social Care review is completed – to ensure alignment of both processes.
MH/LD 40	Develop at least one alternative crisis service to hospital admission. Actions required:	Q3 20/21			<ul style="list-style-type: none"> Stakeholder engagement to develop the model (inc. stakeholder survey) Further research on best practice from other areas Gathering of Equalities data and identifying data gaps Service Specification & Equality Impact Assessment completed Procurement commenced Q3: High Level timeline <ul style="list-style-type: none"> Invitation to Tender issued 29.10.21 Invitation to Tender closes 26.11.21 Evaluation Panel will meet w/c 10.12.21 Contract award planned w/c 07.01.21 Contract commences 01.02.22 Crisis prevention / alternative communication work commenced
MH/LD 41	Reduction in the number of out of area placements. Action required: <ul style="list-style-type: none"> Implementation of the Out of Area Treatment Services (OATS) agreement (end of q.2) 	Q4 22/23		TBC	Waiting for information
MH/LD 42	Hospital Discharge fund initiatives identified and mobilised – Delivery plan on track	TBC			Waiting for information
MH/LD 43	Outcome report of PITT training and impact on delivery	Q2 21/22			Waiting for information
MH/LD 42	Implementation of the new social care delivery model commenced	Q3 21/22			<ul style="list-style-type: none"> Discussion commenced, but timescales for delivery still to be agreed.
MH/LD 43	Support the ICS S12 App extended pilot. Action required:	TBC		Complete	<ul style="list-style-type: none"> Pilot extension completed End of September 2021. Future commissioning intentions agreed by SYB Commissioners
MH/LD 44	Improve IT connectivity at Swallownest (q.2)	TBC		Complete	<ul style="list-style-type: none"> IT connectivity issues have been resolved
MH/LD 45	Ensure all Rotherham Approved Mental Health Professional (AMPs) are signed	Q2 21/22		Complete	<ul style="list-style-type: none"> Local S12 solutions champion established. All Rotherham Rotherham Approved Mental Health Professional (AMPs) have been trained and are using the platform

	up to the S12 App and trained to use it (end July 2021)				
	Mobilise S12 App only model (as agreed across the ICS) August – October 2021	TBC		Complete	<ul style="list-style-type: none"> Rotherham worked in partnership to support the move toward S12 App only model, in line with pilot criteria.
	Support ICS evaluation of the pilot to inform future commissioning intentions (q.3)	TBC	Q2.21/22	Complete	<ul style="list-style-type: none"> ICS S12 solution pilot evaluation completed. Recommendation: continued use of the S12 solution app across SYB ICS. Sheffield CCG have issued a further 12 month contract for the S12 solutions app. Rotherham Place is part of this agreement.
MH/LD 46	Workforce development training (PITT)	Q3 19/20	Complete	Complete	<ul style="list-style-type: none"> RDASH identified staff team has attended the PITT development training.
MH/LD 47	Establish a social worker co-ordinator post to operate across the mental health wards	Q4 19/20	Complete	Complete	<ul style="list-style-type: none"> Social worker co-ordinator post now established.
MH/LD 48	Maintain Mental Health Liaison (Core 24 compliant) service	Q4 20/21	Complete	Complete	<ul style="list-style-type: none"> Now part of mainstream provision
Key Risks / Issues					

Priority 5	Improving residential, community and housing support for people with Mental Health and/or Learning disability	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin			TBC
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 49	Co-production of a vision for recovery	Q2 21/22			<ul style="list-style-type: none"> New service specifications have been completed that reflect the ideas and learnings from the market engagement work detailed above as well as good examples from other local authorities. This approach identified that there were issues with the current requirement to sign up to the Councils Social Value Portal and work commenced to resolve this in order that it can be utilised with smaller/lower value placements alongside larger contract awards. This has, by necessity, delayed the procurement of the new flexible procurement system to ensure we are able to capture and monitor Social Value without this being a substantial burden to the smaller organisations and contracted providers. Although the work to develop the Social Value Portal is still ongoing once this is resolved the procurement of the flexible procurement system can proceed with confidence that the Social Value for Rotherham brought by the increased provider base can be appropriately captured and monitored.
MH/LD 50	Service transformation model to be agreed	Q4 21/22			<ul style="list-style-type: none"> A cabinet report has been drafted and is being consulted on. The report will give an update on progress and it is being planned to be presented (subject to Director approval) in December 2021
MH/LD 51	Scoping the current system to identify challenges and opportunities within a recovery model	Q1 21/22	Complete	Complete	<p>Completed. Scoping has occurred via:</p> <ol style="list-style-type: none"> Housing needs assessment completed by Campbell Tickell led by RMBC Housing on behalf of the South Yorkshire Transforming Care Partnership (SYTCP) Care home research undertaken on behalf of RMBC by Cordis Bright Development of a supported living plan by Atlantic
Key Risks / Issues					
Place Board is asked to note the developments in relation to Social Value and Flexible Purchasing Systems being developed.					

Priority 6	Suicide prevention	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Rotherham Suicide Prevention and Self-harm Group, SYB ICS Suicide Prevention Meeting, ICS Suicide Bereavement Group
		Ruth Fletcher-Brown			
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 52	Delivery of 20/21 actions within local plan	Q2 21/22			<ul style="list-style-type: none"> Cohort 2 training for the self-harm train the trainer project has been delivered and trainers are being signed off
MH/LD 54	Delivery of self-harm awareness training programme to commence. Action required: <ul style="list-style-type: none"> Cohort two Train-the-trainer training complete (q.1) Rollout of self-harm awareness course across the borough 	Q4 21/22			<ul style="list-style-type: none"> Some of the trainers from Cohort 1 are still delivering courses, Early Help for example Cohort 2 trainers are expected to complete signed off delivery courses by September Cohort 2 training delivery will be rolled out October onwards.
MH/LD 55	Refresh of the Suicide prevention and self-harm plan in line with national recommendations	Q3 21/22			<ul style="list-style-type: none"> The Suicide Prevention Symposium was held on the 12th October and this workshop will inform a one year action plan Action plan will go out to partners for consultation by end of 2021. Action plan will be signed off by the Health and Wellbeing Board in Feb 2022. <p>Updates on progress will be reported to the Health and Wellbeing Board twice a year.</p>
MH/LD 56	Evidence of impact of the Be the One campaign	Q4 20/21			<ul style="list-style-type: none"> Women's campaign launched on the 10th September Healthwatch held a 'Be the One' promotional event on 22nd September Continue to promote and evaluate next year. Monitoring website activity https://www.be-the-one.co.uk/ The 'Be the One' website will be promoted during Safeguarding awareness week w/c 15th November 2021 Included in various publications circulated across the borough
MH/LD 57	Delivery of Year 3 NHSE funded projects	Q2 21/22			<ul style="list-style-type: none"> End of year report to be completed (delayed due to capacity issues, which delayed return of evaluation information). To be completed by end q.2 21/22 Self-harm train the trainer course has been delivered.
MH/LD 58	Review the suicide prevention and self-harm action plan, in light of emerging at risks / inequalities	Q3 21/22			<ul style="list-style-type: none"> The Suicide Prevention Operational Group update their action plan regularly following Covid guidance and informed by real time data.
MH/LD 53	Review of the delivery of Suicide Prevention training in view of Covid	Q3 20/21			<ul style="list-style-type: none"> Programme of training being delivered including; Promotion of Zero Suicide Alliance training across the partnership Face to face training being delivered for staff across the partnership but with a particular focus on Voluntary and Community Sector, primary care and South Yorkshire Police Training accessed through RMBC Learning and Development. 'Be the One' promoted through various events Training planned for SYP Rotherham District and frontline staff RMBC delivered by PH Suicide Prevention Lead, South Yorkshire Police mental health single point of contact and RDASH
MH/LD 59	Coroners Audit Report recommendations - delivery plan to be developed	Q3 21/2			<ul style="list-style-type: none"> Report published September 2021, initial findings shared at symposium. Looking at a programme of events/training to share findings
MH/LD 53	Rotherham Suicide prevention Symposium (September 2021)	Q2. 21/22		Complete	<ul style="list-style-type: none"> Symposium held 12th October 2021
MH/LD 60	Be the One Campaign. Action required:	Q2 21/22		Complete	

MH/LD 61	Development and mobilisation of the Be the One Campaign to be launched September 2021.				Targeted promotion at women. Monitoring Facebook and Website activity. – launched September 2021. https://www.be-the-one.co.uk/
MH/LD 62	Delivery of 20/21 actions within local plan		Complete	Complete	The current action plan has been completed
MH/LD 63	Delivery of Self-harm train the trainer course (cohort 2)	Q2 20/21	Complete	Complete	<ul style="list-style-type: none"> Training for Cohort 2 was delayed due to Covid. This has now and been delivered 7 participants completed. The trainers are now preparing to commence delivery of self-harm awareness training.
MH/LD 64	Delivery of Self-harm awareness training to be reviewed in light of COVID (social distancing etc.)	Q3 20/21	Complete	Complete	<ul style="list-style-type: none"> The course has been adapted to enable be delivered both virtually and face to face. The Trainers have received fresher training to support them in the delivery of the course in a virtual format.
Key Risks / Issues					
<ul style="list-style-type: none"> Research would suggest increase in suicide risk , as a result of COVID 19. This has not been seen during the first year of the pandemic but many of the protective factors are no longer available. Discussions with REMA (Rotherham Ethnic Minority Association) have highlighted the need to review suicide prevention training regarding Black and Minority Ethnic Groups Groups Limited or lack of focus on preventative initiatives Need to have a training plan which is funded to target not only staff but the general public 					

Priority 7	Better Mental Health for All, including loneliness	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Ruth Fletcher-Brown			Mental Health & Well Being Recovery Cell
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
Better Mental Health for All					
MH/LD 65	Delivery of Better Mental Health for All Action plan	Q4 20/21			<ul style="list-style-type: none"> Rotherham Mental Health and Wellbeing Recovery Cell continues to meet with representation from Health and Wellbeing partners. The action plan is focusing on the recovery phase and has adapted the action plan accordingly. Groups meets every 6 weeks Recovery and the impact on vulnerable and at risk groups is referenced in the action plan. Plan updates reported to RMBC Gold and Mental Health and Learning Disability Transformation Group Comms and Engagement – launched the Great Big Rotherham To Do List in July 2021, now looking at how this can be embedded into working practice with tenants, clients and patients. RCCG leading on anxiety campaign with input from partner organisations. Rotherham' s has 3 projects funded as part of Office For Health Improvement and Disparities (Formally PHE) Prevention and Promotion of Better Mental Health Fund. Implementation has commenced with the first monitoring due 22nd October 2021. The three projects are; Team around the school, Workplace mental health working with Small and Medium Enterprises and Befriending project led by the Voluntary and Community Sector.
Loneliness					
MH/LD 66	To launch the Health and Wellbeing Board partnership action plan	Q2 20/21			<p>Impact of COVID:</p> <ul style="list-style-type: none"> Action plan approved Emerging research through COVID period identify loneliness and social isolation as a big issue <p>Action:</p> <ul style="list-style-type: none"> Loneliness is addressed within the wider mental health and Recovery action plans plan which has officers representing HWB partner organisations- group meets every 6 weeks and this is an item on the agenda. Public health leads also sits on Voluntary and community sector Befriending group.

					<ul style="list-style-type: none"> Comms and engagement plan developed to raise awareness around loneliness and befriending, including use of Five Ways to Wellbeing messages as a tool to raise awareness. Voluntary and community sector Befriending group meets monthly to share good practice and support each other with this work. Plan updates to be received by the HWB annually. OHID funded Befriending project has commenced led by the Voluntary and community sector Making Every Contact Count Training has been launched and is being delivered staff across the partnership.
MH/LD 67	Implementation and delivery of 20/21 loneliness action plan	Q4 20/21			<ul style="list-style-type: none"> Elements of the action plan are being delivered through the Mental health & Wellbeing Recovery Cell action plan Comms and engagement work Making Every Contact Count and loneliness training
MH/LD 68	Build on the learning from the pilot and roll out 'Making Every Contact Count' and loneliness across the borough	Q4 20/21			<ul style="list-style-type: none"> Commencement of Making Every Contact Count training around loneliness, deliver key messages to staff groups in a COVID secure way.
Any new milestones/actions as a result of Covid					
N/A					
Key Risks / Issues					
<ul style="list-style-type: none"> Impact of loneliness and social isolation on mental health and wellbeing has increased during COVID and further evidence to support that this is an issue across the life course It is expected that there will be an increase for low level psychological support, as a result of COVID Organisations like those in the Voluntary and Community Sector reporting higher levels of anxiety Impact of COVID on vulnerable groups to be reflected in action plan 					

Priority 8	Delivering the NHS Long Term Plan for people with a learning disabilities and / or autism (this includes Transforming Care)	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:																											
		Garry Parvin / Andrew Wells			Strategic Transforming Care Group																											
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions																											
MH/LD 69	CCG Governance sign-off of joint S117 documentation	Q2 21/22			<ul style="list-style-type: none"> Operational Executive (OE) paper produced. Considered at OE 15.10.21 and agreed in principle subject to full policy ratification by CCG. Next Steps paper to be considered at Strategic Clinical Executive, Audit and Quality & Governing Body in November. The first S117 mobilisation meeting of partners (RMBC, RCGG and RDaSH) was held 13 October. The operational launch of the will be arranged once agreed. Further monthly meetings to be established 																											
MH/LD 70	Commissioning solutions to be in place to meet individual trajectories	Q4 21/22			<ul style="list-style-type: none"> This has been completed for all people in CCG commissioned beds. Plans are in place for all patients. 																											
MH/LD 71	Ensure no more than 3 people are detained in CCG hospital beds at one time, during 21/22	Q4 21/22			<ul style="list-style-type: none"> Maintained. Rotherham has met target and is below Transforming Care Partnership (2021/22) planning target of 3 people. Currently there are 2 people with a learning disability detained in Rotherham CCG commissioned beds Continues to be on target. 																											
MH/LD 72	Ensure that Rotherham meets the national target of 75%% of annual health check completed (as a minimum)	Q4 21/22			<ul style="list-style-type: none"> The table above shows the Q1 data in relation to completed Annual Health Checks in Q1 2021/22. The Place Board should note that Rotherham has typically completed most of its Annual Health checks in Q3 and Q4. <table border="1"> <thead> <tr> <th>CCG</th> <th>Q1 Checks Claimed</th> <th>Q1 Trajectory</th> <th>% claimed vs Q1 trajectory</th> </tr> </thead> <tbody> <tr> <td>NHS BARNESLEY CCG</td> <td>105</td> <td>100</td> <td>105%</td> </tr> <tr> <td>NHS SHEFFIELD CCG</td> <td>235</td> <td>346</td> <td>68%</td> </tr> <tr> <td>NHS ROTHERHAM CCG</td> <td>90</td> <td>420</td> <td>21%</td> </tr> <tr> <td>NHS DONCASTER CCG</td> <td>79</td> <td>270</td> <td>29%</td> </tr> <tr> <td>South Yorkshire</td> <td>509</td> <td>1136</td> <td>45%</td> </tr> </tbody> </table>				CCG	Q1 Checks Claimed	Q1 Trajectory	% claimed vs Q1 trajectory	NHS BARNESLEY CCG	105	100	105%	NHS SHEFFIELD CCG	235	346	68%	NHS ROTHERHAM CCG	90	420	21%	NHS DONCASTER CCG	79	270	29%	South Yorkshire	509	1136	45%
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MH/LD 73	RMBC and CCG to agree process for funding learning disability joint placements. Actions required:	Q2 20/21	Complete	Complete	<ul style="list-style-type: none"> Joint policy between RMBC and CCG has been developed led by Andrew Wells/ Marie Staves and Sally– Anne Redhead.
MH/LD 74	RMBC Governance sign-off of joint S117 documentation	Q2 21/22		Complete	<ul style="list-style-type: none"> Policy approved
MH/LD 75	RMBC and CCG to agree process for funding learning disability joint placements. Actions required:	Q2 20/21	Complete	Complete	<ul style="list-style-type: none"> Joint policy between RMBC and CCG has been developed led by Andrew Wells/ Marie Staves and Sally– Anne Redhead. Draft document is now available for sign-off via RMBC and CCG Governance routes.
MH/LD 76	RMBC Governance sign-off of joint S117 documentation	Q2 21/22		Complete	<ul style="list-style-type: none"> Policy approved
Key Risks / Issues					
<ul style="list-style-type: none"> Not successful for Sensory Ward bid. Increase number of people requiring admission 					

Priority 9	Delivery of Learning Disability Transformation (My Front Door)	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Adult Social Care Project Assurance Board
		Garry Parvin			
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 77	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 21/22		TBC	<ol style="list-style-type: none"> Supported Living Redesign: to create a flexible commissioning system to ensure that high quality supported living homes are created. Service specifications completed. Awaiting confirmation of Social Value methodology to be applied. Day Opportunities Flexible framework: business case nearly completed. Awaiting confirmation of Social Value methodology to be applied Microenterprise program – implement program by December 2021- Completed CIC/ Key ring retender: re tender complete, new service in place by November 2021 (action from Decisions approved by Cabinet October 2020). Completed Supported Living Redesign: to create a flexible commissioning system to ensure that high quality supported living homes are created. Service specifications completed. Awaiting confirmation of Social Value methodology to be applied. Day Opportunities Flexible framework: business case nearly completed. Awaiting confirmation of Social Value methodology to be applied Microenterprise program – implement program by December 2021- Completed Community Interest Company/ Key ring retender: re tender complete, new service in place by November 2021 (action from Decisions approved by Cabinet October 2020). Completed
MH/LD 78	Learning Disability The Future Offer – this will include adults with a learning disability into paid employment	Q4 21/22	TBC	TBC	<ul style="list-style-type: none"> Preparing for Adulthood (PFA) work is continuing as part of the employment element pathway. Scoping work is still outstanding about the target. This has been delayed due to C-19 The Future Offer work will commence from December 2021. Preparing for Adulthood (PFA) work is continuing as part of the employment element pathway. Scoping work is still outstanding about the target. This has been delayed due to C-19 The Future Offer work will commence from December 2021.
Any new milestones/actions as a result of Covid					
	N/A				
Key Risks / Issues					
<ul style="list-style-type: none"> Delivery of key projects associated with My Front Door. The project reports to Adult Social Care Project Assurance Board 					

Priority 10	– Delivery of Autism Strategy and Neurological Pathway	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin / Kate Tufnell			Rotherham Adult Neurodevelopment Meeting
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 79	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy in light of new publication	Q. 4 21/22 REVISED		TBC	<ul style="list-style-type: none"> Review of Autism strategy targets is being undertaken in light of publication of National (England) strategy. Removed
MH/LD 80	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 21/22	TBC	Not due	<ul style="list-style-type: none"> Not yet commenced. A commitment in the national strategy for autistic children, young people and adults: 2021 -2026 in line with tier 3 of the Core Capabilities Framework for supporting autistic people.
MH/LD 81	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/children and young people, learning disability, autism or both)	Q4 21/22	TBC	Not due	<ul style="list-style-type: none"> Not yet commenced. Metric as outlined in the National Strategy for autistic children, young people and adults: 2021 -2026 Plans agreed with RDaSH, with anticipated timescales. Bid submitted
MH/LD 82	Autism awareness training sessions for all South Yorkshire Police officers and Rotherham elected Members (October 2021).	Q4 21/22	TBC	TBC	<ul style="list-style-type: none"> To review with South Yorkshire police
MH/LD 83	95% of All schools, colleges and GP's / primary care staff to have autism awareness training. Autism education trust.	Q4 21/22	TBC	TBC	<ul style="list-style-type: none"> To review with school leads
MH/LD 84	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy in light of new publication	Q. 4 21/22 REVISED		TBC	<ul style="list-style-type: none"> Review of Autism strategy targets is being undertaken in light of publication of National (England) strategy. Review of Autism strategy targets is being undertaken in light of publication of National (England) strategy.
MH/LD 85	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 21/22	TBC	Not yet commenced	<ul style="list-style-type: none"> Not yet commenced. A commitment in the national strategy for autistic children, young people and adults: 2021 -2026 in line with tier 3 of the Core Capabilities Framework for supporting autistic people.
MH/LD 86	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/Children and young people, learning disability, autism or both)	Q4 21/22	TBC	Not yet commenced	<ul style="list-style-type: none"> Not yet commenced. Metric as outlined in the National Strategy for autistic children, young people and adults: 2021 -2026 Plans agreed with RDaSH, with anticipated timescales. Bid submitted
Key Risks / Issues					
<ul style="list-style-type: none"> Difficulties in recruiting staffing to support the RDaSH (diagnostic and post-diagnosis) element of the pathway (Risk mitigation: alternatives will be explored to ensure delivery of commissioned activity) Post-diagnostics currently delivered by Professional Capabilities Framework (PCF), but expansion will be subject to a Voluntary Ex ante Transparency Notice (VEAT). 					

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)
2. Urgent Response Standards (priority 2)
3. 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			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 1	Clinical assessment services (CAS) emergency care working with 111 and 999 to ensure urgent services are effectively managed through the Directory of Services (DOS) to reduce unnecessary conveyances to hospital and avoidable admissions	Q1 21/22	Green	Complete	The Directory of Services (DOS) has been aligned with Rotherham access points and a review carried out. A collaborative approach has been established between the YAS Emergency Care Practitioner service and Rapid Response to develop the hospital avoidance pathway through Care Co-ordination Centre (CCC). A further meeting is arranged to widen scope to 111/999. An identified pathway is under development to support referrals via 111/999 to the Care Home Advanced Nurse Practitioner (ANP) service in the hours of 8-8pm – this stalled due to Covid and requires development of the final process and agreement across partners.
UC 2	To pilot an integrated community hub for the triage of complex urgent and intermediate care and reablement	Q1 21/22	Green	Complete	An initial pilot has been carried out but the model of 3 Multi Disciplinary Team meetings per week was not responsive enough. An alternative model is being implemented to co-locate nursing, therapy and reablement to enable an Multi Disciplinary Team response in real time 5 days a week. Nursing cover is provided 24 hour /7 days which will refer out of hours cases to the as required. This will inform UC3
UC 3	Expand the local 111 Clinical assessment Services (CAS) offer and develop directory of services (DOS) profiles for admission avoidance	Q4	n/a	Green	Work is underway through the Urgent and Emergency Care Centre work stream with the ICS to expand the local clinical assessment services offer, with mental health and social care resource & develop additional directory of services profiles for hospital avoidance linked to cohorts such as frailty & Same Day Elective Care (SDEC) pathway
UC 4	Implementation of the approved model	Q4 21/22	Not yet due	Not yet due	

Priority 2	Urgent Response Standards	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 5	Organisational approval of intermediate care and reablement service specs	Q2 21/22	green	Complete	A suite of draft specifications has been approved by health and social care. These are aligned to the Place intermediate care and reablement strategy and national community and discharge to assess models to increase the numbers of people supported at home.
UC 6	Developing and embedding the urgent 2 hour and reablement 2 day urgent standard and mandatory reporting Note - Reablement 2024 (nationally mandated timeline)	Q4 21/22 (for urgent)	Green	Green	Data requirements are mapped. Development of a community capacity and demand tool has been commissioned which will identify steady state and scenario based predictive requirements. This will also assist discharge planning and contribute to the cross system escalation model.

Priority 3	Prevention and anticipatory care in localities: long term conditions and unplanned	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 7	Pre scoping analysis of population health information (aligned to national project)	Q2 21/22	Green	Complete	Initial identification and analysis of frailty indicators has been completed. The national model due in quarter 2 has not yet been published. Further analysis will be carried out as part of the development work.
UC 8	Articulation of Place ambitions	Q2 2022	Not yet due	Green	The national milestone has been deferred to September 2022 due to system pressures on Primary Care Networks. Systems are encouraged to progress work in the interim. See UC 9 below
UC9	Pilot a frailty model to inform ambitions	Q4 21/2	Not yet due	Green	A draft pilot has been proposed to support people living with severe frailty by providing a comprehensive geriatric assessment which will provide them with a holistic plan and reduce avoidable conveyances and admissions.
UC 10	Implementation of Place ambitions	Phase 2 2022-23	Not yet due	Not yet due	

Priority 4	Integrating a sustainable discharge to assess model	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Jayne Metcalfe, Emma Roberts			Sustainable Discharge Model
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 11	Approval of a discharge to assess community unit with nursing	Q2 21/22	Green	Complete	A business case for a 24 bedded community unit was approved by Place partners in July 2021
UC 12	Implementation of a discharge to assess community unit with nursing	Q3 21/22	Not yet due	Green	An Official Journal of the European Union procurement process has been carried out with a preferred provider identified. The governance process is due to complete in October with implementation in time for the end of the current contract in November.

UC 13	Review current discharge pathways and processes to remove barriers to flow	Q3 21/22	Green	Green	A review has been carried out and an acute and community action plan developed and underway.
UC 14	Develop a Business case for sustainable model	Q3 21/22	Not yet due	Green	Extensive work has been carried out to develop new ways of working to support same day/7 day discharge planning. National Covid monies have been used to facilitate discharge. There has been a drive to fill vacant posts and absence cover in the discharge team. A business case to fund some temporary social care roles substantively is under consideration. Further work will be done to review weekend discharges. However, when built, the capacity and demand model will inform future requirements and changes to the model need time to embed before the impact can be assessed. Further consideration will be given to if and when a business case may be required.

Priority 5	Enhanced Health in Care Homes	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Claire Smith			
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 15	Integrating Multi Disciplinary Teams: review of referral routes and signposting for residents and families	Q4 21/22	Green	Green	A GP lead has been identified who has held wider discussions with primary care. A quality standard will be agreed with targeted work to support where required
UC 16	Review of physical and mental health care homes team	Q4 21/22	Not yet due	Not yet due	Work will commence later in the year following outcomes from the multi disciplinary team work
UC 17	Development of the Rotherham Health Record for Care Homes (following 4 milestones)				Note: phase 1 has been funded by the ICS Aging Well programme. Phase 2-4 are dependent on securing external funding (potentially further monies from Aging Well Enhanced Health in Care Homes or digital solutions to support roll out of community operational plan)
UC 18	Care home view of existing information for health and social care practitioners	Q1 21/22	Green	Amber	The build has been completed. Planned roll out was delayed due to competing resource pressures as a result of Covid and work required on access rights for social care information governance.
UC 19	Expansion of information for health and social care practitioners	Q3 21/22	Green	Green	Requirements have been identified.
UC 20	Pilot and roll out of care home view to care homes	Q4 21/22	Green	Green	Discussions with care homes have been positive with clear benefits identified for residents, care homes, health and social care. A number of pilot sites have been identified. Funding has been secured.
UC 21	Pilot and roll out electronic information capture by care homes to feed the Rotherham Health Record care home view	2022-24	Green	Defer dependent on funding	This is a complex piece of work and is currently unfunded The health record is a read only system which interfaces with organisations record systems. Care homes use multiple different systems and many are still paper based. Due to the scale and complexity of the work it has been agreed this should be managed as a discrete project if funding can be secured. This milestone is therefore deferred until funding can be secured
UC 22	Joined up commissioning	Q4 21/22	Not yet due	Not yet due	A review of the Care Home market sustainability was commissioned by the Council. This has provided a framework to develop a robust action plan in which the joint review of service specifications for residential/nursing care has been highlighted. The contract will be reviewed and amended to ensure there is a health and social care approach to commissioning of services in line with the guidelines set out in the Enhanced Health in Care Homes framework.
UC 23	Holistic care in care homes i. medicines management ii. continence	Q4 21/22	Green	Green	An multi disciplinary team project group has been established including medicines management, dietetics, Continence, Wound Care, Care home team, RMBC. Progress to date includes development of a virtual/face to face training package care homes. Using ambulance data four care homes have been identified for intensive training support from the multi disciplinary team Prescribing data will be monitored. Expected outcomes include a reduction in the number of ambulance call outs and improved prescribing data

Organisational Development and Workforce

***Note that the delay in securing the place-based workforce role has impacted on capacity to drive forward some of the actions**

	Priority	Timescales	RAG	Action/Notes
1	Development of agreed Place values and behaviours, and the approach to embedding these across the Place workforce	August 2021 – March 2022		WF Group have shared all organisational values and are looking at the synergies between these, anticipated that work will take longer than expected so extended the timescale. A number of ongoing initiatives will be developed and implemented as part of the approach to embedding the values and behaviours following initial activity.
2	Development of a shared learning approach across the Place. This will include identifying existing shared learning opportunities and scoping out options for a programme to support and enable future system leaders	December 2021- March 2022	Not due	SYB ICS Development Matrix action is in relation to the development of a shared learning culture. This will be a longer-term outcome and an ongoing priority for the Workforce Enabling Group. Potential to look at opportunities available via apprenticeships
3	Development of an applied approach to OD which can be used where opportunities are identified to develop the workforce who are working across partner organisations	November 2021- March 2022	Not due	Anticipated that the approach will broadly follow the Burke-Litwin model and Making Every Contact Count (MECC) behaviour change approach.
4	Identify opportunities and prioritise teams who are working across partner organisations to participate in the application of the applied OD approach/development	January 2022 onwards	Not due	Anticipated that this activity will be delivered jointly by the Workforce Enabling Group members (or reps) alongside the ICS Place Based Role
5	Provision of ongoing support to the Transformational Groups in line with their agreed priorities in relation to the Place workforce	October 2021 onwards		Anticipated that the ICS Placed Based Role will play a key part in developing and maintaining the conversations about priority support between the Transformational Groups and the Workforce Enabling Group
6	Identify further opportunities for workforce/organisational development activities in line with associated networks and existing groups. e.g. LWAB, ICS Workforce Hub, Place Based Leads Meeting	December 2021 onwards	Not due	Anticipated that the ICS Placed Based Role will play key part in attending these meetings and feedback to the Workforce Enabling Group. Examples may include how we: <ul style="list-style-type: none"> • develop Rotherham Place to become an employer of choice and promote career opportunities to young people/schools • review the approach to equality and diversity and how this may link across Transformational and Enabling Groups priorities

Communication and Engagement

	Priority	Timescale	RAG	Action/Notes
1	Mental Health support and advice	July to September December to February 2022		Activity based on mental health themes (including suicide prevention, anxiety and depression amongst others) that promote the full spectrum including service provision, prevention, resilience and self-management. Work progressing as per plans 5 themed campaigns for MH
2	System Recovery/Pressures	June to September 2021 November 2021 to February 2022		<p>Communication and engagement across the health and care system to support patients to get the most efficient and effective care they need, whilst supporting the services to recover and manage pressures.</p> <p>Encourage people of Rotherham to take care of themselves, making healthy choices. We want people to be active, happy and comfortable in their own homes where possible.</p> <p>Messages are being communicated to Rotherham public and are in line winter communications plan which was approved at AEDB in October – this a live document and subject to change</p>
3	Enabling Workstream Transformation	Aligned to workstream requirements		<p>Ensuring the public engagement and consultation requirements are met for service change/transformation. Clear and concise messages to be communicated in a relevant and appropriate way.</p> <p>TG have updated their priorities over the summer and are reporting on Q2 position at November board – following this an assessment of coms and engagement requirements will be made including individual meetings with leads.</p>
4	ICS/ICP future development	October to March 2021		<p>Public engagement and communications on future system changes. Activity will focus on informing, sharing, listening and responding.</p> <p>Awaiting further national and local guidance on future ways of working</p>

Digital

No.	Priority Area	Timescale	RAG	Action/Notes
1	Rotherham Health Record (RHR)	July to September 2021		RDASH data received and development underway to display inside the RHR. Discussions with RMBC re additional ASC data items commenced.
2	Rotherham Health Record (RHR)	July to December 2021		Onboarding of social care staff onto the RHR system. IG issues re system use by SC staff resolved. Collection of user data ongoing. Training and implementation plan developed.
3	Rotherham Health App (RHA)	July to September 2021		Integration to display outpatient appointments completed. Work to display community appointments still ongoing.
4	Rotherham Health App (RHA)	July to August 2021		12 month contract agreed with supplier. Contract still under development.
5	Rotherham Health App (RHA)	July to December 2021		Formal SY task and finish group established to lead procurement of the Digital Services for our Public Solution.
6	Population Health Management (PHM)	July to March 2022		Establishment of Rotherham Office of Data Analytics (RODA) underway.
7	Population Health Management (PHM)	August to March 2022		Key forums established such as RODA steering group and ICS discussion group to ensure strong links across the place and the ICS to support the PHM approach.
8	Digital Literacy & Digital Inclusion	June 2021 to August 2022		Digital Inclusion Delivery Manager now been appointed. Reviewing proposal from provider for place digital inclusion baseline.
10	Digital Literacy & Digital Inclusion	July to March 2022		Literature review completed. Focus groups planned for Nov/Dec 2021. For place wide review of nursing/AHP digital capabilities.

Prevention and health inequalities

No.	Priority Area	Timescale	RAG	Action/Notes
1	Develop the prevention pathway to reduce the harms from smoking, obesity and alcohol and support healthy ageing.	November 2021 onwards		Six programme priorities were agreed at the ICP Prevention and Health Inequalities Enabler Group in November. A first draft of the strategy and action plan is scheduled to be reviewed by the group in January 2022, which will include milestones and KPIs aligned with these priorities.
2	Support the prevention and early diagnosis of chronic conditions (including mental health conditions).	November 2021 onwards		As above.
3	Tackle clinical variation and promote equity of access and care for underserved groups.	November 2021 onwards		As above.
4	Harness partners' collective roles as anchor institutions to address health inequalities.	November 2021 onwards		As above.
5	Strengthen our understanding of health inequalities through data and intelligence.	November 2021 onwards		As above. It has also been agreed that a Health Inequalities Data Sub-group will be established. The Terms of Reference for this group has now been agreed and a meeting is in the process of being setting up.
6	Advocate for prevention across the system.	November 2021 onwards		As above.