

# Rotherham Integrated Care Partnership

Minutes	
<b>Title of Meeting:</b>	<b>PUBLIC Rotherham ICP Place Board</b>
<b>Time of Meeting:</b>	9:00am – 10:00am
<b>Date of Meeting:</b>	Wednesday 6 March 2019
<b>Venue:</b>	Elm Room (G.04), Oak House
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George 01709 302116 or <a href="mailto:Lydia.george@nhs.net">Lydia.george@nhs.net</a>

<b>Apologies:</b>	Kathryn Singh, RDaSH Louise Barnett, TRFT Dr Richard Cullen, Rotherham CCG Dermot Pearson, RMBC
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

## Members Present:

Chris Edwards (**CE**), (Chairing), Chief Officer, Rotherham CCG  
 Sharon Kemp (**SK**), Chief Executive, Rotherham MBC  
 Dr Gok Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham  
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham (VAR)  
 Chris Holt (**CH**), (deputising for Louise Barnett), Director of Transformation, TRFT

## Participating Observers

Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

## In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team  
 Lydia George (**LG**), Strategy & Development Lead, Rotherham CCG  
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG  
 Rebecca Woolley (**RW**), Policy & Partnership Officer, RMBC  
 Anne Marie Lubanski (**JL**), Strategic Director for Adult Care & Housing, RMBC  
 Jon Stonehouse (**JS**), Children & Young People's Services, RMBC  
 Matt Pollard (**MP**), Care Group Director, RDaSH  
 Wendy Commons (**WC**), Minute Taker

**There were two members of the public present:** Mr K Dolan & Mr S Henley

Item Number	Discussion Items
1	<b>Public &amp; Patient Questions</b>
<p>No formal questions had been received from members of the public. The Chair asked whether there were any questions from the two members of the public present had any queries to raise. Mr Dolan expressed concerns around work being undertaken on integrating digital systems and changes to the public sector working more with the private sector to deliver some services. He felt that these were not being discussed with the public adequately which in turn also made it difficult for the general public to understand who is responsible for the services.</p> <p>Chris Edwards thanked Mr Dolan and welcomed the feedback. He explained that Place Board wishes to work with patients as much as possible to be transparent when change is planned or taking place and to get input throughout the process. Chris and the ICP Head of Communications will discuss how to address and approach the issues raised and update Mr Dolan on the actions to be taken.</p> <p style="text-align: right;"><b>Action: CE/GL</b></p> <p>Chris Edwards advised that the ICP welcomed general questions from patients and the public in writing prior to meeting to enable a full response to be provided.</p>	
2	<b>Transformation Group Updates:</b>
<p>The Place Board received progress updates on the transformation areas below:</p> <p><b>Children &amp; Young People’s Transformation Group</b>  <b>Subject – Transitions</b>  <b>Presented by Anne Marie Lubanski</b></p> <p>Anne Marie explained the work undertaken to develop a single transition data matrix which allows for a single view of data per child or young person up to the age of 25 to be provided. This has reduced counting duplication and gives a clearer understanding of how many services each individual child/young person is receiving. It has now been established that there are 2235 people aged 14 and above across the SEND cohort. Although this work has been challenging it’s resulted in a very positive piece of work.</p> <p>The recent introduction of a joint council/CCG post has facilitated improved partnership working between Children’s and Adult’s services by breaking down the previous silo-working.</p> <p>Concerns were highlighted around the capacity to support preparing for adulthood (PfA) projects to deliver the transformation, as well as there being a lack of sufficiency for dual CQC/Ofsted registered settings within the borough. A meeting has been convened for later this week to discuss these issues. However, it was noted that this is not unusual or specific to Rotherham only</p> <p>Members noted that the milestones for this particular area of the C&amp;YP transformation group’s work is broadly on track and currently mainly green rated.</p> <p>Place Board members thanked Annemarie for the update. (AML left the meeting at this point)</p> <p><b>Urgent &amp; Community Care Transformation Group</b>  <b>Subject – Integrated Rapid Response</b>  <b>Presented by Chris Holt</b></p> <p>Chris Holt highlighted that the split of unplanned and planned district nursing continues to be embedded. The central hub for triage and unplanned care provides much more flexible use of resources in order to respond to increased demand whilst also making savings in daily clinical hours.</p> <p>Members noted that the unplanned hub, integrated rapid response team, care co-ordination centre and community therapies teams have now been co-located at Woodside under a single line management structure in order to facilitate knowledge transfer and effective triage. Closer alignment between integrated rapid response and social care out of hours is also underway.</p>	

The Transformation Group is continuing to work on improving the service in relation to integrating co-located teams, reviewing shift patterns to meet demand, streamlining and systematising referrals and triage process as well as reviewing pathways and standard operating procedures.

Dr Gok Muthoo suggested that it would be helpful to provide a summary of these system changes in the next GP Bulletin to help keep primary care updated on these new positive developments along with examples of the improvements made.

**Action: GL**

The Place Board thanked Chris Holt for the update and asked him to feedback to the U&CC Transformation Group that Place Board feels progress is being made in the right direction. However, going forward the workstream should consider keeping all system partners and staff updated on the work being done and the reasons for the change including real life case studies to demonstrate what the change means for patients and clinicians.

**Action: CH**

### ***Mental Health & Learning Disability Transformation Group***

#### ***Subject – Core 24***

***Presented by Ian Atkinson***

For members of the public present, Ian Atkinson clarified what the Core 24 service is explaining it broadly as a 24 hour, 7 days per week mental health liaison service with core standards. This is the first update to Place Board on this element of service as it had only gone live from early January. However, it was noted that Rotherham is ahead of other areas in providing this.

Ian Atkinson reported that a one hour response rate is now being delivered in the Urgent and Emergency Care Centre with joint working in place with the alcohol liaison team, crisis team, CAMHS liaison clinical lead and the TRFT Urgent & Emergency Care Centre (UECC). Capacity in the crisis team has now been released allowing for a stronger community focus whilst expansion of the Core 24 team has enabled training to be offered to TRFT staff via induction, nurse and ACP training and quarterly mental health training sessions. Positive feedback from ward staff feeling supported by MDT working.

The expansion of the team to include a full time adult consultant psychologist has meant that they are now able to provide a more timely response and a wider range of training as well as better supporting complex cases.

Some concerns were highlighted around psychologist backfill, uptake of training by TRFT, CAMHS out of hours provision and accessing Sepia system to provide a more timely response for patients coming into UECC.

The team is looking to working towards becoming Psychiatric Liaison Accreditation Network (PLAN) accredited. These are quality improvement standards for psychiatric liaison services.

Place Board noted that psychologist backfill is down to recruitment difficulties in that staff group. Alternative arrangements are being considered but this is currently a risk to the service delivery. Place Board Members also acknowledged that developing Rotherham staff to the skill levels required for the changes that are being implemented can often make them more attractive to other organisations and retention of staff can prove to be a problem, hence the importance of the work of the OD and Workforce Enabler Group in succession planning and addressing workforce shortages.

Members noted an information governance issue for this service in accessing records using the Sepia system. In order to provide further assurance for Place Board, the MH & LD Transformation Group will include an update on the timeframe for this access issue to be resolved.

**Action: IA**

Place Board thanked Ian for the update and asked that the Transformation Group liaises with the OD and Workforce Enabler Group to address the staffing issues as soon as possible.

**Action: IA**

<b>3</b>	<b>Overview of NHS England/BMA - 'Investment &amp; Evolution – 5 Year Framework'</b>
<p>Chris Edwards presented a synopsis that had been produced of the recently published 'Investment and Evolution'. It provided a succinct overview of the 108 page publication and highlighted the key contract changes that will be required in future years in order to implement the proposed developments in primary care.</p> <p>Further guidance is anticipated before the end of March. Planning is underway to arrange an engagement event with Rotherham General Practices, a Members' seminar with Councillors (26 March) as well as a public session to consult and communicate proposals. A slide-pack will be compiled.</p> <p>In the meantime, discussions have commenced across Rotherham to agree the Primary Care Networks with a view to making a provisional decision on the configuration for Rotherham by May. Members agreed that the summary is very useful.</p> <p>Following discussion, Place Board expressed concern against national guidance affecting Rotherham's current 'bottom up' approach and acknowledged that, although it will be challenging, it is important to retain the Rotherham Place Board principles of reducing health inequalities, being financially sustainable and continuing close partnership working. However, Place Board recognised primary care networks as being a positive step. From a communications perspective, Gordon Laidlaw will work the key messages of concentrating on the Rotherham approach rather than becoming distracted with the national perspective.</p> <p>Once there is a feedback mechanism that enables comments to be provided on the detailed proposals, Place Board will forward its view.</p> <p>Place Board will receive updates on Primary Care Networks as a standard agenda item going forward.</p> <p style="text-align: right;"><b>Action: CE/LG</b></p>	
<b>4</b>	<b>Quarter 3 Place Board Performance Report</b>
<p>Ian Atkinson presented the quarterly report showing progress against key priorities on the implementation of the Place Plan. Although there had been some deterioration in both milestones and KPIs, there had also been improvement in some areas resulting in a very similar position being reported to that in Quarter 2. Overall, 58% of milestones and 62% of key performance indicators are on track in Quarter 3.</p> <p>Place Board asked that Officers attending the meeting from Transformation Groups are prepared in order to be able provide assurance on the RAG rated position with milestones and KPIs for members.</p> <p>Place Board noted the position for Quarter 3.</p>	
<b>5</b>	<b>Impact of Brexit</b>
<p>There were no new risks to report in relation to Brexit this month but will keep on the agenda as a standing item.</p>	
<b>6</b>	<b>Rotherham Provider Alliance Update</b>
<p>Chris Edwards gave an update on the work undertaken in relation to Rotherham Provider Alliance developments on behalf of Kathryn Singh, Chief Executive, RDaSH.</p> <p>Place Board requested that when they next meet, the Provider Alliance looks to produce a project plan to add momentum to its development.</p>	
<b>7</b>	<b>Draft Minutes from Public ICP Place Board – 6 February 2019</b>
<p>The minutes from the February meeting were accepted as a true and accurate record. There were no matters arising. All action have been progressed</p> <p>.</p>	

<b>8</b>	<b>Communications to Partners</b>
<p>Gordon Laidlaw highlighted the areas below to be communicated:</p> <ul style="list-style-type: none"> <li>– Consideration on holding more public events and consultation.</li> <li>– GP Bulletin item to explain rapid response service and how it benefits patients and customers</li> <li>– Consider how to take forward developments for Rotherham Place after Members Seminar discussions around 'Innovation and Evolution' later in the month.</li> <li>– Work will also be undertaken on system change communications going forward and as and when more guidance is received to determine an appropriate approach to communications.</li> </ul>	
<b>9</b>	<b>Risk/Items for Escalation</b>
<p>Workforce issues – to be referred to OD/Workforce group. <b>Action: IA (via Delivery Team)</b>  National policy – Place Board to keep watching brief</p>	
<b>10</b>	<b>Future Agenda Items</b>
<p>Future Agenda Items</p> <ul style="list-style-type: none"> <li>• Estates (April/May) – P Smith, RMBC</li> <li>• Social Prescribing (tbd) – on hold pending further guidance</li> <li>• Terms of Reference – OD/Workforce (Apr)</li> <li>• Financial Plan Update or any other national planning guidance (May)</li> <li>• Update on PC Networks (Apr/May) - CE/GM/RCu</li> </ul> <p>Standard Agenda Items</p> <ul style="list-style-type: none"> <li>• Delivery Dashboard/Performance Framework</li> <li>• Transformation Groups Update <ul style="list-style-type: none"> <li>April – C&amp;YP – 0-19 Healthy Child Pathway</li> <li>U&amp;CC – Support to Care Homes</li> <li>MH &amp; LD – Mental Health &amp; Wellbeing Strategy</li> </ul> </li> <li>Rotherham Provider Alliance Update (monthly) &amp; Project Plan</li> <li>Impact of Brexit Updates (as required)</li> </ul>	
<b>11</b>	<b>Date of Next Meeting</b>
<p>Wednesday 3 April 2019, at 9am at Elm Room, Oak House</p>	

### **Membership**

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

### *Participating Observers:*

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

### *In Attendance:*

Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)  
Director of Legal Services, RMBC – Dermot Pearson  
Head of Communications, RCCG – Gordon Laidlaw  
Strategy & Development Lead, RCCG – Lydia George  
Policy and Partnership Officer, RMBC – Rebecca Woolley