

Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	PUBLIC Rotherham ICP Place Board
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 7 August 2019
Venue:	Elm Room (G.04), Oak House
Chair:	Sharon Kemp
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@nhs.net

Apologies:	Dr Richard Cullen, Rotherham CCG Chair Kathryn Singh, Chief Executive, RDaSH Gordon Laidlaw, Head of Communications, Rotherham CCG
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

Members Present:

Sharon Kemp (**SK**), Chairing, Chief Executive, RMBC
 Chris Edwards (**CE**), Chief Officer, Rotherham CCG
 Dr Goks Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham CIC
 Louise Barnett (**LB**), Chief Executive, TRFT
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham
 Matt Pollard (**MP**), (for Kathryn Singh), Care Group Director, RDaSH

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 / ICP
 Annemarie Lubanski (**AML**), Strategic Director of Adults, Housing & Public Health, RMBC
 June Lovett (**JL**), Head of Midwifery, TRFT
 Paul Theaker (**PT**), Commissioning Manager – C&YP and Maternity Services, Rotherham CCG
 Rebecca Woolley (**RW**), Policy & Partnerships Officer, RMBC
 Wendy Commons (**WC**), ICP Support Officer, Rotherham CCG

There were no members of the public present.

Item Number	Discussion Items
1	Public & Patient Questions
There were no questions raised.	
2	Transformation Group Updates
<p>Children & Young People's Transformation Group</p> <p>Subject – Maternity & Better Births/Signs of Safety</p> <p>Presented by June Lovett/Paul Theaker/Ian Atkinson</p>	
<p>June Lovett explained the robust working arrangements in place and the collaborative approach being taken with Maternity and Better Births across Rotherham and South Yorkshire & Bassetlaw. TRFT has been awarded the hosting of the Maternity Network.</p>	
<p>Paul Theaker reported that achieving key trajectories and the provision of 'fit for purpose' estate will be a key part to delivering this element of the Place Plan, as is sustaining the funding and staffing to embed the new service model to provide better choice for births, achieve continuity of carer, implement on call processes, improve dataset information and market Rotherham maternity services.</p>	
<p>June went on to highlight the approach being taken to address these issues which includes refreshing the maternity transformation plan by the end of August with a strong focus on prevention and digital, particularly smoking prevention and obesity which is being supported by public health and other key stakeholders.</p>	
<p>A number of approaches are being taken around estate and developing hub services in the community. Recruitment is currently underway to appoint to staffing vacancies and staffing is being increased which will assist with the new model, although further investment is required to enable the new model to be embedded and sustained.</p>	
<p>June explained that the intention is to offer four choices for births with pop up birth centres being one of them although this is in the very early stages. Clinical views will be sought via the Children & Young People's Transformation Group and the Rotherham Maternity Transformation Plan will be shared with the Federation to obtain feedback. Communicating this development will also be included in the Communications and Engagement Plan and consideration given to ensuring that Primary Care Networks are given an understanding of the new birth choices so that they have the appropriate information to promote them.</p>	
Action JL/PT/GP	
<p>As Senior Responsible Officer for SY&B Local Maternity Services, Chris Edwards highlighted the key areas to be delivered locally as; developing choice and the continuity of care, although it was acknowledged that the national targets set to improve health outcomes are high. He asked Place Board partners to consider how they can assist with supporting the service to address the Rotherham smoking in pregnancy rates.</p>	
<p>Cllr Roche felt that improving the 'stop smoking' messages communicated by all services will help to bring Rotherham closer to national average.</p>	
<p>Louise Barnett said that the maternity service has clear expectations and offers each individual support and referral into the smoking cessation service. Where the QUIT programme is taken up, it is very effective. Better promoting and communicating the successes of the service may be an approach to adopt.</p>	
<p>In respect of younger mums, links have been made through the Early Help Service with a representative from the service being invited to join the Rotherham Better Births Group.</p>	
<p>Signs of Safety</p>	
<p>Ian Atkinson confirmed that signs of safety processes are now embedded in social work practice. The number of partners engaging is increasing and the profile is being raised through the Safeguarding Partnership Board. The adoption of the model across the wider partnership's children's workforce will be embedded via the workforce enabling group who will be responsible for its performance management reporting going forward.</p>	
<p>The Chair requested clarity around the numbers of staff going through signs of safety training from partners. It was agreed that this will be incorporated into the Place performance report.</p>	

Urgent & Community Care Transformation Group**Subject - Intermediate Care & Re-ablement****Presented by Annemarie Lubanski**

Annemarie Lubanski informed members that the Intermediate Care and Re-ablement business case had been approved by Partner Boards and mobilisation has commenced with positive partnership working. Recruitment is also underway to allow home based pathways to be pump primed operationally.

Annemarie highlighted a number of risks and mitigations. These included:

- a proposal for 'double running' for around six months to manage the implementation of the Home First model
- providers and commissioners working together to identify the totality of community bed requirements in the event of insufficient bed capacity
- additional support has been identified to assist with administering the approval and procurement process should additional off-site beds be required
- to assess resourcing challenges such as nursing, medical and social care staff, work is being undertaken across teams/organisations to identify mitigation within the system. TRFT will be moving to NHS Providers to reduce future agency costs.

Place Board members noted the phased implementation plan and acknowledged that winter may be a factor that could increase the risks associated with the implementation. Mature discussions are being undertaken across partners with winter planning being integral to the risk and mitigations being put in place this to enable to the right capacity and quality of care to be provided in right place with sufficient surge capacity. It was acknowledged that early signs with the home first model are positive but these will continue to be tracked and evaluated.

In order to ensure that the Primary Care Networks (PCNs) get a full understanding of this model in its entirety and is aware that they are an integral part of the system going forward, a meeting has been arranged with PCN Clinical Directors for locality working principles will be reinforced.

It was noted that there have been increasing attendances and admissions at the hospital of late which mirrors national trends. Addressing these significant issues is the role of the A&E Delivery Board who are analysing the sources of admissions and attendances to sufficiently support the winter plan. A&E Delivery Board is the forum for escalating issues and challenge. Assurance will be given to Delivery Board on the implementation of the intermediate care and re-ablement model and the risks and mitigations and any issues reported to the Place Board.

Action: CE/SK/LB

The Chair thanked the Urgent & Community Care Transformation Group for the work undertaken in this reconfiguration which it was felt reflected true partnership working. However, it was acknowledged that this is the largest Place transformation being undertaken and therefore Place Board needs to have more oversight to ensure it is achieved. Currently six monthly spotlight updates are scheduled for review. The Delivery Team will consider whether this is sufficient.

Action: AML/IA**Mental Health & Learning Disability Transformation Group****Subject - Dementia****Presented by Ian Atkinson**

Ian Atkinson reported that dementia diagnoses remain high. He highlighted that a new dementia care diagnosis pathway that has been co-produced with clinicians has now been shared, the new carers resilience service is proving popular and being well received and as part of the GP quality contract a new carers training package is being introduced across primary care.

The current challenges for the MH&LD Group are around the agreement and delivery of the new dementia pathway and the transition of resource from secondary care to primary care. Mature discussions have taken place with colleagues in primary care and work is underway to ensure that partnership principles are not destabilised.

Ian went on to advise that the dementia pathway is continuing to be agreed through governance processes with the new pathway being commissioned. An implementation plan will be developed and agreed. It is intended to undertake some dual running whilst pathways are implemented. Ian explained

that Place arrangements have assisted in allowing the development of this new pathway and the spirit of place working has been adopted throughout.

Dr Gok Muthoo advised that the GP Federation has assisted some smaller practices who currently don't have capacity to carry out dementia diagnosis. He reported that the increase in diagnosis is as a result of how practices working together to undertake the assessments.

Janet Wheatley commented that there is also a non-clinical aspect of this transformation around the significant impact for carers and dementia cafes, etc. The Social Prescribing Service will need to have the capacity to be able to support with interventions.

Sharon Kemp thanked the MH& LD Transformation Group for the presentation. In considering what the transformational changes have meant for the patients and residents in the borough she requested that the Delivery Team consider reflecting this in future spotlight presentations.

Action: IA

Members reflected that Place Board has been receiving presentations in the format of 'what's working well', 'what are we worried about' and 'what needs to happen'. Following discussion it was felt that it would be useful to incorporate what difference the changes are making or what it will mean for patients and residents after transformation. It was agreed that these could be based on 2-3 metrics for each transformation group which will help with evaluations and reputational benefit.

The Delivery Team will look at refreshing the themes for future Place Board spotlight presentations whilst refreshing the plan.

Action: IA

3	Provider Alliance Update
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Members noted that a date had been agreed earlier that day to hold a facilitated development session with provider partners to agree the details for the Rotherham Provider Alliance. The approach taken will be similar to that of the Place partnership. The initial scoping session will take place on Thursday 19 September with a view to holding a wider partnership/engagement session later in the year.

4	Impact of Brexit Update
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Sharon Kemp advised that RMBC were continuing to engage with the Local Resilience Forum to assess and plan for potential impacts.

From a CCG perspective, Chris Edwards advised that prescription drugs availability continues to be an issue.

Place partners are confident that key links are in place across organisations to liaise on Brexit but will review arrangements at the Rotherham Partnership CEO Group on Thursday 8 August.

5	Draft Minutes from Public ICP Place Board – 3 July 2019
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The minutes from the previous meeting were **APPROVED** as a true and accurate record. There were no matters arising.

6	Communication to Partners
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Marketing and communicating Maternity, Better Births and Smoking in Pregnancy.

Communicating the development of PCNs to the wider public to give an understanding of what it will mean. This will be incorporated into the Communications & Engagement Plan.

Action: GL

Detail on recent Department of Health funding announcements on Capital and Primary Care to be shared and placed on a future Place Board agenda.

Action: CE/LG

Dr Gok Muthoo advised that each Primary Care Network is to have a social prescribing advisor and these posts are to be advertised. He advised that these will not have any adverse impact on the social prescribing service provided by Voluntary Action Rotherham. Rotherham may be a trailblazer in this approach as it doesn't appear to have been implemented anywhere else in the country.

7	Risk/Items for Escalation
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Members noted the risk log.

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

8	Any Other Business
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CQC Report - Smiling Matters: Oral Health Care in Care Homes

Cllr Roche explained that CQC social care inspectors had undertaken visits to care homes in England to assess experiences of oral care. The findings have been published in a report which highlighted issues around joined up practice between care homes and dentists. Accessing routine dental care was often difficult and dentists appeared to have a limited understanding of people's complex needs. Often treatment was only sought when people were in pain and accessing emergency NHS dental care meant that care homes would call a GP, NHS111 or even attend A&E.

Members discussed the resulting impact this may have on primary and secondary care services and, acknowledging that dental services are not locally commissioned, it was agreed to write to NHS England to request how the report's recommendations are being addressed.

For clarity, Louise Barnett will advise what dental services are provided locally.

Action: CE/LB

9	Future Agenda Items
	<p>Future Agenda Items</p> <ul style="list-style-type: none">• Social Prescribing – (Sept)• Estates Update – tbd• OD & Workforce Update – Workforce Maturity Index (tbd)• Primary Care Network Progress Update – Public & Confi (tbd)• Rotherham ICP Digital Strategy (Sept)• Rotherham ICP Communications & Engagement Strategy (Nov)• Terms of Reference Reviews – All ICP Groups <p>Standard Agenda Items</p> <ul style="list-style-type: none">• Delivery Dashboard/Performance Framework (quarterly)• Transformation Groups Spotlight Updates (monthly)• Rotherham Provider Alliance Update (monthly)• Impact of Brexit Updates (as required)• Primary Care Network Updates (as required)• Risk Log (monthly)
10	Date of Next Meeting

Wednesday 4 September 2019, at 9am at Oak House, Bramley.

Membership

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)

Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)

The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett

Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley

Rotherham Doncaster and South Humber NHS Trust (RDASH) - Chief Executive – Kathryn Singh

Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Goks Muthoo

Participating Observers:

Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche

Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

In Attendance:

Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)

Director of Legal Services, RMBC –

Head of Communications, RCCG – Gordon Laidlaw

Strategy & Development Lead, RCCG – Lydia George