

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 2 February 2022
<b>Venue:</b>	Via Zoom (and broadcast live on CCG You Tube Channel)
<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>	Richard Jenkins, The Rotherham NHS Foundation Trust
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.

### Members Present:

Sharon Kemp (**SK**), Chair, Chief Executive, Rotherham MBC  
 Chris Edwards (**CE**), Chief Officer, Rotherham Clinical Commissioning Group  
 Kathryn Singh (**KS**), Chief Executive, Rotherham, Doncaster & South Humber Foundation Trust  
 Cllr D Roche (**DR**), Joint Chair H&WB Board, Rotherham MBC  
 Richard Cullen (**RC**), CCG Chair & Joint Chair H&WB Board, Rotherham CCG  
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
 Gok Muthoo (**GM**), Clinical Director, Rotherham GP Federation  
 Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG

### In Attendance:

Ben Anderson (**BA**), Director of Public Health, Rotherham MBC  
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust  
 Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG  
 Helen Sweaton (**HS**), Joint Assistant Director, Commissioning & Performance, CCG/RMBC  
 Suzie Joyner (**SJ**), Director of Children's Services, Rotherham MBC  
 Steph Watt (**SW**), Urgent & Community Place Programme Manager, TRFT  
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP  
 Leonie Weiser (**LW**), Policy & Partnerships Officer, Rotherham MBC  
 Wendy Commons (**WC**), ICP Support, Rotherham CCG

Item Number	Business Items
1	<b>Public &amp; Patient Questions</b>
No questions had been received from members of the public.	
2	<b>Transformation Group Updates</b>
<b>2i</b>	<b><i>Children &amp; Young People – Transition to Adulthood (Helen Sweaton)</i></b>
HS informed Members of the work being undertaken by the Group including:	
<ul style="list-style-type: none"> <li>the Preparing for Adulthood Board is in place and, for leadership and governance purposes, she is the Joint Chair of the Board providing alignment of intrinsic work with health transitions.</li> <li>Additional investment is being used to support transitions to adulthood for young people with diabetes.</li> </ul>	

- As part of the recovery and reset agenda, Education Health and Care Plans (EHCPs) are being reviewed as a key priority ahead of post 16 transitions
- RMBC's Assistant Director of Adult Care and the Rotherham ICP Workforce Lead have joined the membership of the Employment & Skills Board and are already making a difference.
- The CCG and TRFT have also committed to additional designated clinical officer resource to support the preparing for adulthood work.

In terms of the Group's worries, the recent joint SEND inspection has identified areas for development:

- Preparation for adulthood was identified by parents and carers in the area's evaluation of effectiveness as a serious weakness. At age 18, support ceases for families and many don't know who to turn to for help and support.
- The valuable information that is included in the SEND offer is under-utilised and is creating a barrier, particularly for those preparing for adulthood, to prepare themselves sufficiently.
- The impact of the pandemic had resulted in reduced capacity for developmental work however this appears to be changing now
- There are now several overlapping priorities across the Integrated Care System, the Local Area SEND Inspection Written Statement of Action and Place Board. Robust work will be important across Place to ensure improvement work is cohesive across the key strands.

In line with requirements, a Written Statement of Action had been produced and submitted to explain how the significant areas of weakness will be tackled. These include the C&YP preparation for and transition to adulthood and are around:

- ensuring sufficient resources to deliver priorities by aligning the Preparing for Adulthood (PfA) Board's action plan with the PfA priorities in the written statement of actions
- The Preparing for Adulthood Board overseeing the PfA elements in the written statement of actions and holding accountability for this area of SEND improvement
- The PfA Board overseeing the transition to adulthood elements within the Place Plan to support a place-based approach

In order for Place Board (and the SEND Executive Group) to hold accountability for delivery of these priority actions for SEND improvement, the following approach was proposed:

1. Agree a joint multi-agency standards and quality assurance framework for transition for young people with SEND in line with NTDi minimum standards
2. Co-produce with health providers good practice guidance for protocols of effective transitions
3. Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services
4. Encourage attendance of health staff who write Education, Health and Care Plans and contribute advice following Education Health and Care statutory assessments on NTDi training.

It was noted that there is also one action outstanding in the Place Plan, in association to the development of pathways. Place Board were asked to support the above additions to Group's priorities.

For assurance and oversight, it was agreed that it would be helpful for Place Board to see the RAG rating of the SEND plan to give an understanding of how the recommendations are being practically implemented in readiness for re-inspection and to aid with Members with support and challenge.

SJ advised that the intention is to bring the full Written Statement of Actions from the Joint SEND inspection, (not just those relating to PfA) to a future Place Board to give a complete overview.

**Action: SJ**

HS advised that, 3 of the 4 actions in the current priorities relating to PfA have been completed and Members will be updated on progress in the next quarterly performance report to Place Board in June.

Place Board approved the approach being taken to align the SEND written statement of actions with the priorities in the Place Plan.

## **2ii Mental Health, Learning Disability & Neurodevelopmental – Mental Health Crisis & Liaison (Ian Atkinson)**

IA advised that today's presentation focuses mainly on the community element, but he reminded Members of work done in the acute liaison and crisis service, particularly at the start of the hospital pathway which assisted greatly during the pandemic and is now seen as good practice across the region. He went on to highlight progress with community crisis and liaison services:

- A digital mental health support service launched in November 2021 and has received positive feedback. It is for children and young people and adults up to 25 years old.
- A digital 24/7 online mental health platform for those 18+ has been commissioned and will go live this month to provide a good resource for people to access information at their point of need.
- Voluntary Action Rotherham has provided significant and welcome support recently to manage grants to target vulnerable individuals and small grants providers in a community setting. These will not only make the voluntary sector more resilient but also support those hard to reach during mental health issues and crisis. There have been 39 small grant applications in the first round.
- One of our gaps was identifying safe places for people in crisis to go. An alternative new model called 'safe space' will go live in February 2022.
- The Listening Ear Bereavement Service is due to end in June. The pathway is currently being reviewed.
- The section 12 solution app has been rolled out, across the South Yorkshire footprint following the positive pilot evaluation.

Some of the areas the Group are worried about are:

- further demand on services
- the availability of section 12 doctors to undertake assessments
- workforce recruitment and retention challenges
- continue pathways work with TRFT/RDaSH to realise the ambition for MH clinical support into the Care Co-ordination Centre (CCC) out of hours service
- ensure that the impact of pathway reviews with partners is managed accordingly

Next steps for the Group include:

- mobilising 'Safe Space' and the ICS online digital platform
- continuing the rollout of the small grant schemes and evaluating the effect they have on communities
- scoping for bereavement provision
- continue implementing with partners the social care crisis pathway review
- discussion on the future model of delivery for CCC crisis out of hours helpline
- opportunities to enhance the psychological input into the Adult Mental Health Liaison service will continue to be discussed between TRFT & RDASH

Work will continue with South Yorkshire ICS partners on reviewing Section 12 doctor provision across the ICS, enhance the mental health support within Yorkshire Ambulance Service and develop and align the Section 136 service across the ICS.

KS reiterated the issue relating to the availability of Section 12 doctors and how that supports the operation of the Section 136 suite which is a pivotal issue in the ability to deliver a smooth crisis pathway that is facing all CCGs and MH providers across country and affecting the ability to respond promptly and safely as Place when people are in need.

It was noted that concerns have been escalated into the South Yorkshire Mental Health Alliance who will be requesting that NHSE expands KPIs to show the impact across all sectors and help improve experience and benchmark activity to drive improvement. KS will continue discussions through the MH Alliance but should more traction be required, Place Board offered to support in writing.

Cllr Roche welcomed the small grant scheme which he said had been well received and brought in some excellent applications. He hoped that the scheme could be repeated and be expanded to include applicants from outside the Centre of Rotherham.

Dr Muthoo had a suggestion about the Section 12 doctors issue that would be picked up outside the meeting with IA/KS.

**Action: IA**

### **2iii Urgent & Community Care – Urgent Response (Steph Watt)**

SW informed Members of the new national mandate for community and urgent services to respond to referrals within 2 hours which is being introduced from April with a threshold to meet the standard of 70% from December 2022. The requirement is to have a MDT working across the whole borough from 8am-8pm, 7 days a week.

The good news is that Rotherham already has a service working 8am-8pm and the project is on track:

- New ways of working have been developed and undertaken some system development work, staff training has taken place and the first service went live earlier in the week. It will be rolled out further in the coming weeks.
- The Directory of Services has been developed with NHS111 to ensure the correct algorithms are aligned to the right service and pathways.
- Work is being undertaken with YAS to avoid conveyancing to hospital and support people at home
- A capacity and demand tool been developed and is already being used to help make decisions with investment.

The Group is currently worried about:

- to mitigate reputational risk, work is being undertaken to benchmark and compare data that will be used for the new national comparator
- system pressures, despite these staff have undertaken training and have engaged with the new project and welcome the approach of supporting patients at home.
- Recruiting to additional roles has proved difficult, particularly those that are non-substantive. In mitigation, some roles have been made substantive based on assumptions around vacancy factors and a recruitment strategy is being developed across health and social care across Place and the ICS.

The Group's next steps will include data cleansing, reviewing referral routes and a project developing an urgent community hub to enhance multi-disciplinary teams and cross organisational working.

BA enquired about how we will monitor for inequalities to ensure we are investing in the right support to those who are isolated at home. SW assured that initially it will be part of national dashboard, however we are running some shadow reports and local dashboards

being developed linking into the work of the Prevention & Health Inequalities enabling group to collate tailored local and national data.

The Chair asked that Place Board thanks be passed on to all the teams involved, particularly for continuing to prioritise this important work throughout the recent challenges.

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### **Enabling Groups – Prevention & Health Inequalities**

BA reported that the Group's work is starting to gather momentum and has made good progress with a draft strategy and an action plan now in place containing six priorities ie:

1. Strengthen our understanding of health inequalities
2. Harness partners' collective roles as anchor institutions
3. Develop the healthy lifestyles prevention pathway
4. Support the prevention and early diagnosis of chronic conditions
5. Tackle clinical variation and promote equity of access and care
6. Advocate for prevention across the system

To take forward the population health management aspects of the strategy a sub-group has also been established. Named Executive leads for health inequalities have been confirmed to ensure wider partnership input and leadership.

The Group is worried about:

- the breadth of the anchor institution agenda. It will be necessary to determine the focus and how to take it forward. Currently the procurement group is looking at anchor institutions and social values but other parts on the agenda will require further maturing
- As the ICS develops it will be necessary to align Place level activity with ICS and national priorities and find a balance to keep Rotherham at the forefront whilst contributing to wider priorities.
- Further engagement is required with the PCN and primary care colleagues recognising the important role in clinical variation and pathway work.

The next steps will be:

- to sign off action plan in February
- developing an outcomes framework and dashboard with clear targets and ambitions
- Hold a workshop in March with a focus on the anchor institution role
- Maintain dialogue with the ICS around alignment of priorities
- Engage with PCN Clinical Directors and other stakeholder

Members welcomed traction on this newer area of Place work.

MW explained that he is the Lead Director for Health Inequalities at TRFT where there is a task and finish group chaired by one of the Trust's Non-Executive Directors and BA is a member of the Group. A project has been set up to focus on anchor institutions and work is underway gathering data. Once the work is concluded MW, will be happy to feedback on the outcomes at a future meeting.

SK thanked MW for the offer that it would be helpful to hear the outcome to share the learning across Place.

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### **Place Plan Priorities – Quarter 2 Update**

IA reminded Members that as in the past it had been the intention to provide quarterly updates on all priorities in the Place Plan, however this had been impacted by the pandemic, hence the reason why the Quarter 2 position is being reported.

He went on to highlight a few areas by exception; Although the children's neurodevelopmental (autism) pathway is rated 'red', investment and service re-design has

resulted in an improved position in Quarter 3. Place Board will receive a full update on the proposals as part of some of the SEND actions being taken.

He also drew attention to other areas that have moved from amber to red mainly reflecting where recruitment to posts had not been possible due to the inability to recruit suitable candidates or because of system pressures, like for example, IAPT and primary care additional roles.

Members noted the progress made and the decision taken to suspend the Quarter 3 report in favour of a final year end version that will be received in June/July 2022.

<b>5</b>	<b>System Pressures Update</b>
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There were no specific pressures escalated. It was noted that challenging times continue but with progress still being made.

<b>6</b>	<b>Draft Minutes from Public ICP Place Board – 3 November 2021</b>
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The minutes from the Public Place Board held on 3 November 2021 were noted as a true and accurate record.

There was one outstanding issue on the action log for Place Board to receive the review of Place wide IT services. An estimated date for receipt will be added.

**Action: WC**

<b>7</b>	<b>Communication to Partners</b>
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As previously agreed, consideration will be given to selecting highlights from future Place Board meetings that can be sent to partners for sharing with the public through their communications channels.

<b>8</b>	<b>Risks and Items for Escalation</b>
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There were no risks for escalation.

<b>9</b>	<b>Future Agenda Items</b>
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*Forward Items for Place Board*

- Rotherham IC Development Plan Updates - Quarterly
- Review of Place Wide IT Services Report (date to be agreed)
- Provider Collaborative Update
- Transformation Group Updates (monthly)

<b>10</b>	<b>Date of Next Meeting</b>
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The next meeting is scheduled for **Wednesday 2 March 2022 at 9-10am.**

**Place Board Membership**

NHS Rotherham CCG, Chief Officer - Chris Edwards (Joint Chair)  
Rotherham Metropolitan Borough Council, Chief Executive – Sharon Kemp (Joint Chair)  
The Rotherham Foundation Trust (TRFT), Chief Executive – Richard Jenkins  
Voluntary Action Rotherham, Chief Executive – Shafiq Hussain  
Rotherham Doncaster and South Humber NHS Trust (RDaSH), Chief Executive – Kathryn Singh  
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr G Muthoo

***Participating Observers:***

Joint Chair, Health and Wellbeing Board, Rotherham MBC - Cllr David Roche  
Joint Chair, Health and Wellbeing Board, Rotherham CCG - Dr Richard Cullen

***In Attendance:***

Deputy Chief Officer, Rotherham CCG – Ian Atkinson (as ICP Delivery Team Chair)  
Director of Public Health, Rotherham MBC – Ben Anderson  
Head of Communications, Rotherham CCG – Gordon Laidlaw  
Strategy & Delivery Lead, Rotherham CCG – Lydia George