

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 April 2022
<b>Venue:</b>	Via Zoom
<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 Ben Anderson, Rotherham MBC Cllr David Roche, Rotherham MBC Kathryn Singh, Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH) Gok Muthoo, Rotherham GP Federation
<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  
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
Richard Cullen (**RC**), CCG Chair & Joint Chair H&WB Board, Rotherham CCG  
Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG  
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust  
Matt Pollard (**MP**), Rotherham Care Group Director, RDaSH

### In Attendance:

Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG  
Leanne Dudhill (**LD**), OD Business Partner, Rotherham MBC  
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP  
Helen Sweaton (**HS**) Joint Assistant Director CYPS Commissioning, Rotherham CCG/MBC  
Rebecca Wall (**RW**), Head of Children in Care, Rotherham MBC  
Steph Watt (**SW**), Urgent & Community Place Programme Manager, TRFT  
Leonie Weiser (**LW**), Policy Officer, Rotherham MBC  
Rebecca Woolley (**RW**), Public Health Specialist, Rotherham MBC  
Wendy Commons (**WC**), ICP Support, Rotherham CCG

Item Number	Business Items
1	<b>Public &amp; Patient Questions</b>
There were no questions from members of the public.	
2	<b>Transformation Group Updates</b>
<p><b>2i Children &amp; Young People – Looked after Children (Rebecca Wall)</b> RW reported that there has been a significant amount of work in the past 12 months with health assessments to ensure they are timely, focussed and play a key role in benchmarking where children are when they become 'looked after' and to allow tracking of physical health which has worked well, even throughout the pandemic.</p>	

Having listened to young people and because of their requests and to ensure the service works for them, from September doctors will be completing health assessments in the community rather than children having to go into hospital.

The multi-agency Vulnerable Children's Group which was developed during the pandemic meets once a week and it has been decided to continue this positive work.

The group is 'worried about' taking forward the recommendations from the review of therapeutic services around trying to support children with social, emotional and mental health needs who may have experienced trauma to better understand their needs and determine the best level of support. To address this, a Looked After Children pathway into CAMHs will be established as well as developing the therapeutic offer to looked after children, in-house foster carers/ residential care providers.

A review of joint commissioning arrangements is also to be undertaken to ensure joint decision making for looked after children with complex needs including Social, Emotional and Mental Health (SEMH) and a mental health transition pathway is to be produced to support young people and care leavers with SEMH needs.

Another key priority area is dental care for looked after children and building relationships with dentists.

Following a question from SH about how cited the team is on voluntary sector provision to support looked after children including the 'Smiles for Miles' project that is aimed at SEMH, RW responded that although the team is skilled at supporting and signposting to services, it is always an area that can be refreshed given that criteria and staff change and this could be undertaken annually.

HS added that Ashley Leggott from VAR is a member of the SEMH strategy group and is scheduled to give a presentation on the impact of the Smiles for Miles activity next week. The local offer is also being reviewed to ensure that the work of the voluntary sector is included.

SK thanked RW and HS for the presentation and welcomed that the voice of young people was being heard and acted upon by way of taking health assessment back out into the community setting.

SK requested an update outside the meeting on progress with the recommendations from the therapeutic services review in April 2021 and the timeframes for implementation.

**Action: HS/RW**

## **2ii Mental Health, Learning Disability & Neurodevelopmental – Improving Access to Psychological Therapies (Ian Atkinson)**

Place Board members gave thanks to colleagues working in IAPT acknowledging it as a service that has been in high demand throughout the pandemic delivering both IAPT and the IESO digital service.

MP reported that there had been significant developments with the service during in pandemic with the telephone and digital offers working well and productivity across the team improving. The reliable improvement rate (at the end of January) showed that 62.1% of people had benefitted from the intervention. There had also been an increase in the face to face and groups offer which has proved challenging with space in primary care still being at a premium.

A significant reduction has been seen in the number of patients waiting for Cognitive Behavioural Therapy (CBT). As a result of subcontracting to IESO there are currently around 260 patients waiting and consequently a reduction in waiting times.

The IESO out of hours offer has proved popular in consistently delivering high levels of appointments. In January 58.5% of appointments were out of hours. The recovery rate showed a positive position of 52.5% over the previous 12 months, against a national rate of 50%.

Recruiting qualified staff continues to be challenging and workforce capacity is still reduced due to vacancies, maternity and long-term sickness. To assist with proactive planning, staff profiling is being carried out to ensure consistent appointment availability and time for staff training.

In line with the national picture, RDaSH recovery rates dipped below the 50% national target to 47.1% at the end of January.

Going forward, once the ongoing capacity and demand work has been completed, better recruitment can take place to increase the ratio of step 3 to step 2 to resolve CBT waiting list pressures. Social media campaigns will continue and be widened to include improving uptake from those groups experiencing health inequalities.

IA advised that Rotherham is still seeing continued demand and despite having two good services (one from RDaSH and one from IESO) following the additional investment Rotherham Place made two years ago, the review of system capacity will need to continue to reflect the right model for residents going forward.

SK thanked IA and MP for the update and agreed that the investment made previously had proved to be the right decision made at the time but it will be important to continue to keep services under review.

### **2iii Urgent & Community Care – Enhanced Health in Care Homes (Steph Watt)**

SW explained this national framework for setting out a clear vision for working with care homes to ensure all residents have the same access to care and services as they would if in their own home and to ensure they can remain as independent as possible for as long as possible.

Having benchmarked against the framework, five key priorities had been identified to focus on. These fell into clinical and digital categories. Under clinical were hydration and multi-disciplinary working and under digital, there is remote monitoring, echo on-line training and shared care records. A brief verbal update was given on each of these.

The group reported being worried about system pressures impacted by turnover of staff and difficulties recruiting and retaining staff, particularly in the care home sector, and an increased use of agency staff. The complexity of needs is increasing in those with long term conditions and end of life/palliative care. Inflationary costs are also placing additional financial pressure on the care market. Digital capability and accessibility within care homes is variable although this has improved throughout pandemic to raise digital quality and accessibility resulting in all care homes in Rotherham having wi-fi access.

Next steps, under the clinical category:

- to benchmark against the national pilot and identify priorities for 2022-23
- recruit a project manager for the hydration project across all care homes and complete training
- Re-engage with GPs on MDT working and broadening the Layden Court pilot to other care homes

In terms of digital:

- an independent review of the remote monitoring pilot has been carried out and remote monitoring will be extended with the learning used to inform the virtual ward project
- Discussions around potential rollout of echo on-line training with Sheffield and Barnsley colleagues will continue
- an option paper will be developed for the shared care record solution.

Members thanked SW for the update and welcomed the continuation of the pilot recognising the importance of supporting care homes, particularly given fragility of care home market.

LD advised that although the past two years had been challenging with capacity limited and workforce pressures across the system throughout the pandemic, however the group had taken the opportunity to refresh and refocus towards the end of 2021 which has resulted in increased communication between different stakeholders and partners and included the formation of some new relationships at both a local and regional level eg RiDO, Rotherham United Community Sports Trust, colleagues developing the Kudos Careers Hub and ICS colleagues.

To help the group move forward, benchmarking work has taken place to identify areas of good practice and refresh priorities that are aligned with the NHS People Plan and the Rotherham Integrated Care Development Plan. These four priorities now focus on culture, Place as an employer of choice, health and wellbeing and equality, diversity and inclusion. A set of actions has been developed to deliver tangible outcomes, like the Place Health and Care recruitment event. Strong links with the ICS future workforce groups and schools engagement have also been developed and will be key in helping young people across the borough to consider a career in health and social care.

LD advised that the group is concerned about the scope of ICS ambition and how this can be supported and translated into Place level activities to ensure that Place workforce can connect with the purpose alongside their existing organisational priorities. This will link with capacity and partners having the ability to be able to resource the activities so they can be progressed on behalf of Place whilst balancing against operational and business as usual pressures. Attracting staff is challenging with feedback showing that those seeking employment who may consider a career in social care are more attracted to roles in the NHS based on pay and benefits, so supporting the talent pipeline and the correct staff flow is important.

Going forward the Enabler Group will continue to support and collaborate with a key focus around health and social care integration connecting workforce to Place. A relationship mapping exercise has commenced to support the group to maximise strengths and utilise existing knowledge and expertise to deliver better together across the borough and region and thereby minimise duplication of effort.

A health and social care recruitment event is being planned for June which will be linked to the ongoing resourcing challenges. Learning from a recent event hosted by Rotherham NHS Foundation Trust will be used and the remit will be broadened to health and social care roles. A suitable local venue is being sought with easy access and potential for high footfall. Wider partners will be involved and to maximise and make best use of people's time, it is hoped to assist with completing applications on the day and if possible, undertake interviews. Work will take place with the Communications and Engagement Group to develop a plan of how we can increase interest and footfall as well as working with sixth form colleagues and local businesses to get their help to promote the event and encourage people to attend. The focus will be on working for Rotherham as a Place and how they can make a difference.

Members thanks LD for the update. They were pleased to hear that the group's work is starting to take traction and acknowledged that it will be fundamentally critical to addressing the workforce capacity and resourcing issues partners are experiencing and a welcome opportunity to support local residents into career pathways.

IA advised that the approach fits with the ethos of 'anchor institutions' showing the positive impact on a local community's economy and environment and thereby improve people's long-term health. In the coming months, Place Board will be informed of work undertaken by the Prevention and Health Inequalities group around understanding the role of anchor institutions in which one of the key themes will be workforce.

SK asked all partners to support the delivery of the group's events to make them successful and help deliver our Plan. LD should raise capacity issues that may affect the ability to progress any planned activities through Place Board.

<b>4</b>	<b>Prevention and Health Inequalities Strategy, Action Plan and Enabler Group Terms of Reference</b>
<p>RW presented the strategy and action plan that had been informed by data and intelligence and engagement with partners and stakeholders across Rotherham. It aligns with and supports the delivery of Rotherham's Health and Wellbeing Strategy and the Place Plan. RW drew attention to the strategies five key priorities:</p> <ul style="list-style-type: none"> <li>– Strengthen our understanding of health inequalities</li> <li>– Develop the healthy lifestyles prevention pathway</li> <li>– Support the prevention and early diagnosis of chronic conditions</li> <li>– Tackle clinical variation and promote equity of access and care</li> <li>– Harness partners' roles as anchor institutions</li> </ul> <p>The strategy will run to 2025 and the action plan will be reviewed and updated by the Prevention and Health Inequalities Enabler Group on an annual basis.</p> <p>Noting that the document had been well socialised across Rotherham partners, stakeholders and the Health Select Commission, Members approved the strategy, action plan and Enabler Group Terms of Reference and acknowledged the importance and added their support to the approach being taken by this workstream.</p>	
<b>5</b>	<b>Clinical Commissioning Groups – Transferring Legacy into Learning</b>
<p>A report had been produced by NHS Clinical Commissioners that reflected on the successes and learning from CCGs during their 9 years of operation and offered recommendations for ICSs to help learn from the legacy. CE advised that as the CCG ceases to exist from the end of June 2022, it will be important that the learning from Rotherham CCG is 'locked in' to ensure that the good practice and benefits we've gained continue as we look to design our new Place under the South Yorkshire Integrated Care System. It was agreed that the recommendations within the report will be kept under review.</p>	
<b>6</b>	<b>Draft Minutes &amp; Action Log from Public ICP Place Board – 2 March 2022</b>
<p>The minutes from the March Public Place Board were noted as a true and accurate record. The action log was reviewed. The only outstanding item was the digital update will take place in May.</p>	
<b>7</b>	<b>Communication to Partners</b>
<p>The Communications &amp; Engagement Group will be working closely with the Workforce Enabling Group to ensure the upcoming health and care recruitment event is well publicised and a collaborative and inclusive approach is taken to include partners, businesses and communities in Rotherham.</p>	
<b>8</b>	<b>Risks and Items for Escalation</b>
<p>There were no risks for escalation.</p>	
<b>9</b>	<b>Future Agenda Items</b>
<p><i>Forward Items for Place Board</i></p> <ul style="list-style-type: none"> <li>• Rotherham IC Development Plan Updates - Quarterly</li> <li>• Digital Update (inc Review of Place Wide IT Services) - May</li> <li>• Transformation Group Updates (monthly)</li> </ul>	

The next meeting is scheduled for **Wednesday 4 May 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