

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 21 February 2024
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Dr Anand Barmade, Medical Director, Connect Healthcare Chris Edwards, Executive Place Director, NHS SY ICB Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Cllr David Roche, Joint H&WB Board Chair, RMBC Dr Neil Thorman, Primary Care Representative, RPCCG Julie Thornton, Care Group Director (Roth), RDaSH
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members Present:

Claire Smith (**CS**), Chair, Deputy Place Director (Roth), NHS SY ICB
Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB
Dr Jason Page (**JP**), Medical Director, NHS SY ICB
Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB
Andrew Russell (**AR**), Chief Nurse (Doncaster), NHS SY ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, RMBC
Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
Stuart Lakin (**SL**), Head of Medicines Management (Roth), NHS SY ICB
Michael Wright (**MW**), Deputy Chief Executive, TRFT

In Attendance:

Jude Wildgoose, Head of Commissioning, NHS SY ICB
Wendy Commons, Rotherham Place Board Support Officer, NHS SY ICB

Item Number	Discussion Items
i66/2/24	Place Performance Report
	<p>CS reported that there had been no significant movement overall within the month and highlighted:</p> <ul style="list-style-type: none"> • Diagnostics – system continues to perform well. The national figure is 23% over six weeks. Rotherham is 4%, the best nationally (out of 106). • Referral to treatment (RTT) slightly above the national position and becoming more challenged but this reflects the national position. • IAPT 6 and 18 week wait– we continue to perform well above target • Cancer waits continue to be challenged: <ul style="list-style-type: none"> • Faster diagnosis – December (most recent figure) was positive with 78% achieved against a 75% target • 31 – slightly better at 85%, but not achieving the 96% target • 62 – performance has been steady but still off target, 67% achieved against the 85% target • RTT Incomplete Pathways – we have seen a gradual dip in performance over the year from 65% - 60% in December, against the 92% standard. In December, there were 1010 waiters over 52 weeks, 177 over 65 weeks, 12 over 78 weeks and 0 over 104 weeks • Diagnostic waiting times – only 4.2% over 6 weeks which is very positive, although not meeting 1% target. Echo cardio is the highest breach. • The number of cancelled operations has increased • A&E – December 58.7% against the 76% national target. However, Rotherham is the 2nd highest performer out of the 14 pilot sites • Yorkshire Ambulance Service (YAS) - Category 1 and 2 performance similar to last month. Handovers decreased within 15 minutes and increased in over 30 and 60 minute handovers reflecting the increase in complexity. • GP appointments – no update due to issue with national data, but last month was close to plan and compared across South Yorkshire, Rotherham do well • IAPT entering treatment continues to be off track, remaining steady at around 16% against a 27.8% target with some challenges • IAPT moving to recovery is on track this month • LD health checks – beginning to increase as is the usual trend seen in Rotherham with activity increasing in the last quarter • 2 hour urgent response – although this is provisional data, we expect the 70% to be achieved • Discharge – Rotherham is in a positive position compared to other areas. <p>JP welcomed the improvements in the cancer faster diagnosis target which is mainly due to better performance in diagnostics.</p> <p>Members noted the Place performance update.</p>
i67/2/24	Place Medicines Management Report
	<p>SL advised that Rotherham has experienced a cost growth of 8.3% which is much stronger than the previous year, but below the cost growth for England which is 8.60%. This increase has been driven mainly by very strong item growth of 4.52% compared to that for England of 3.48%. SL also highlighted:</p>

- No Cheaper stock obtainable (NCSO) has contributed to Rotherham’s prescribing costs adding £934,999.
- The prescribing incentive scheme is expected to be better than in the last quarter with an achievement rate 43.6%. Overall achievement in 22/23 was 82% so good performance so far, however cost growth could be stronger as its on target.
- The medicine safety dashboard has been launched as part of the quality contract and is proving positive with good results shown with retinal screening for patients on hydroxychloroquine increasing from 13% to 47%.
- The use of biosimilar options is at 98%, saving £1.3m to date with further potential savings but is also making pathways more cost effective.
- Health inequalities work has seen a lipid and hypertension dashboard produced which highlights to practices missed opportunities in modification management. 36.45% of CVD patients are achieving threshold and there is no inequity between practices, placing Rotherham in the top three in the North East region for achieving cholesterol treatment targets and achieving an Eclipse award for the initiative.
- SL also gave an update on initiatives moving prescribing and management of nutritional products from GPs to Dieticians which has produced considerable cost savings. This has been expanded to include wound care training so that dieticians can access products to treat peg feeding site skin issues.
- The dietetic led infant feeding pathway, established to improve the diagnosis and management of cow’s milk protein allergy has 17.6% of all Rotherham newborns now referred into the service has proved very successful. However, the service is struggling to see referrals within 7 days due to an increase in referral rates.
- Stoma and continence continue to benchmark well and some of the savings made were reinvested into community provision to make it more sustainable and efficient.
- The Medicines management team are working with Rotherham GP Federation to manage non recurrent investment into a range of initiatives to improve managing diabetes and decrease variation across practices focussing on prevention. Although there is more work to do, 162 have accepted a weight loss intervention. Equity is across all practices and additional high dose insulin clinics are also being implemented.
- There are 2789 patients with heart failure in Rotherham and variation between practices in the prescribing of medication to manage the condition. With funding obtained from NHS England to enable specialist heart failure nurses to train PCN based health care professionals and become health failure champions it is hoped to see a reduction of admission to hospital and improve outcomes.
- Following a successful bid, £100k has been received to support the care home hydration with good outcomes, including requests to present the data.
- Work carried out to streamline communication on out of stock medicines between community pharmacists and practice using Accurx has been welcomed and seen a reduction in prescription items issued and reduced workload.

Place Board noted the contents of the report and thanked SL for the work carried out by the team.

i68/2/24	Medical Directors Update
<p>Dr Jason Page advised that he had recently visited two GP practices. This was following CQC visits where one practice had been rated as requiring improvement and the second after whistleblowing incidents. The visits had gone well.</p> <p>Dr Das, Consultant Psychiatrist and Care Group Medical Director from RDaSH has accepted an invitation to join the Primary Care Collaborative Board.</p> <p>Work continues on covid, flu and measles vaccinations</p> <p>JP had attended his first Integrated Medicines Optimisation Committee where he had challenged a drug decision.</p> <p>Work is taking place on implementing the new serious incident process (PSIRF) which will further improve patient safety. TRFT had invited JP to their meeting where discuss up to six incidents can be reviewed. He had been very impressed and reassured by the processes in place which were working well. He hoped to be able to attend the equivalent meeting at RDaSH to see how their process works and the learning used.</p> <p>JP continues to attend the Health and Wellbeing Board and promote Rotherham. He had attended the Rotherham Holocaust Memorial event in January, held to remember and commemorate those who have lost their lives during genocides across the world.</p> <p>Rotherham GPs had recently reviewed their priorities. JP is now formally the senior responsible officer for diabetes and respiratory.</p> <p>At the Cancer Board, there was discussion around a new multi-cancer blood test called GRAIL which will be able to catch more cancers early and improve survival rates. Further guidance is awaited on how it will be implemented.</p> <p>In the past, Rotherham PCT and CCG facilitated PLTC (Protected Learning Time and Commissioning) for practices which provides online and in-house events for primary care staff to address their own learning and development needs. The ICB has insufficient resource for this to continue and therefore alternative arrangements will need to be considered.</p> <p>JP continues to attend contract quality meetings as required.</p> <p>Finally, following his GP Appraisal, JP has been successful in achieving his revalidation as a General Practitioner for a further 5 years.</p> <p>CS thanked Dr Page for his update.</p>	
i69/2/24	ICB Board Assurance Framework, Risk Register & Issues Log
<p>Members received the risk register, issues log and board assurance framework for information.</p> <p>Place Board noted the business assurance framework, risk register and issues log.</p>	
i70/2/24	Minutes and Action Log from 17 January 2024 Meeting
<p>The minutes from the January meeting were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date.</p>	
i71/2/24	Communication to Partners
<p>None to note.</p>	

i72/2/24	Risks and Items for Escalation
Note to note.	
i73/2/24	Future Agenda Items:
<p>Standing Items</p> <ul style="list-style-type: none"> – Rotherham Place Performance Report (monthly) – Risk Register (Monthly for information) – Place Medicines Management Report (May) – Quality, Patient Safety and Experience Dashboard (March) – Quarterly Medical Director Update (May) – JP – Cancer waits – (June) 	
i74/2/24	Date of Next Meeting
The next meeting will take place on Wednesday 20 March 2024 from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.	

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Lydia George	Strategy & Delivery Lead	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services	Rotherham Metropolitan Borough Council
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care	Rotherham Metropolitan Borough Council
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)