

HEALTH AND WELLBEING BOARD

Venue: Voluntary Action
Rotherham, The
Spectrum, Coke Hill,
Rotherham S60 2HX

Date: Wednesday, 11th July, 2018

Time: 9.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972
2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Minutes of the previous meeting (Pages 1 - 8)
7. Communications

For Discussion

8. Health and Wellbeing Strategy: Action Plans Aims 1-4 (Pages 9 - 28) to be presented by Board sponsors
9. Integrated Care Partnership Place Plan verbal update, Ian Atkinson
10. Hospital Review (Pages 29 - 38)
11. Rotherham Integrated Care Partnership Place Board (Pages 39 - 46) Notes of meetings held on 4th April and 2nd May, 2018

12. Date and time of next meeting
Wednesday, 19th September, 2018 commencing at 9.00 a.m. at Rotherham
Town Hall

HEALTH AND WELLBEING BOARD
16th May, 2018

Present:-

Councillor David Roche	Cabinet Member, Adult Social and Health (in the Chair for Minutes Nos. 71-77)
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG (in the Chair for Minutes Nos. 78-80)
Helen Dobson	Chief Nurse, The Rotherham Foundation Trust (representing Louise Barnett)
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Care, Housing and Public Health
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health, RMBC
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Also Present:-

Steve Adams	South Yorkshire Fire and Rescue Service
Kate Green	Policy and Partnership Officer, RMBC
Polly Hamilton	Assistant Director Culture Sport and Tourism
Gordon Laidlaw	Communications Lead, Rotherham CCG
Steve Turnbull	Public Health, RMBC
3 Members of the Public	

Report Presenter:-

Richard Hart	Health Protection Principal, RMBC
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Observers:-

Julie Dale	Rotherham CCG
Becky Hall	Adult Social Care

Apologies for absence were submitted from Louise Barnett (TRFT), Tony Clabby (Healthwatch Rotherham), Councillor Mallinder (Chair Improving Places Select Commission), Mel Meggs (Strategic Director Children and Young People's Services), Kathryn Singh (RDaSH), Councillor Short (Vice-Chair Health Select Commission) and Councillor Watson (Deputy Leader).

71. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

72. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

A member of the public asked if Rotherham was doing anything to celebrate the 70th Anniversary of the NHS?

The Rotherham Clinical Commissioning Group's Annual General Meeting was to be held on the 4th July at the New York Stadium. There was a full day planned involving the Youth Cabinet and looking back at the NHS successes.

A member of the public stated that the NHS had been under severe pressure from the cuts and Rotherham had lost its Stroke Unit and Netherfield Court which was a great service. What consultation had been carried out with the public regarding these cuts?

The Chair reported that he was extremely pleased to be able to report that there was nothing within the Hospital Review that the public of Rotherham should be concerned about. All the hospitals within the area were going to stay as full hospitals with every single one having an A&E.

The decision with regard to the Stroke Unit was not a budget cut but rather an investment in service which would see an improvement in the outcomes for Rotherham people. There were 5 Hyper Acute Stroke Units in South Yorkshire and Bassetlaw with Rotherham and Barnsley's staffed by locums and resulted in patients being diverted to other facilities. It had been decided, as a long term plan, to centralise 3 Hyper Acute Units. A Rotherham resident suffering a stroke would now receive the first part of their treatment in a specialist hospital and then return to Rotherham's Stroke Unit.

A full public consultation had taken place using all the traditional methods of consultation. Healthwatch Rotherham had also been tasked to run some public events in Rotherham.

The members of the public's feedback would be appreciated.

Dr. Richard Cullen reported that his practice had provided the medical services to Netherfield Court and still did; the rehabilitation service was still provided but in a different location.

73. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 14th March, 2018, were considered.

Arising from Minute No. 66 (Update from Aim 2), it was noted that the Ferns Ward had been nominated for a Parliamentary Award.

It was reported that Voluntary Action Rotherham's Social Prescribing had also been nominated.

Resolved:- That the minutes of the previous meeting held on 14th March, 2018, be approved as a correct record.

74. COMMUNICATIONS

The Chair reported that the Health and Wellbeing Board would feature as a case study of good practice by the Local Government Association (LGA).

Representatives of the LGA would be in Rotherham on 22nd May to carry out interviews.

75. DRAFT HEALTH AND WELLBEING STRATEGY ACTION PLANS

Kate Green, Policy and Partnership Officer, presented the first draft of the action plans which were being developed to demonstrate the activities that would take place contributing to achieving the priorities under each Aim.

Work would be undertaken to develop the plans further including other activity that would take place, timescales, milestones and indicators with a further report submitted to the July Board meeting.

Discussion ensued on each of the Aims with the following comments made:-

Aim 1 All Children get the best start in life and go on to achieve their potential

- Consideration of including Signs of Safety training and rollout – this was mentioned under Priority 3
- Inclusion of glossary

Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

- Update Priority 1 to reflect that 5 Ways to Wellbeing Campaign had been launched on 14th May – change of word “launch” to “implement”
- Discussions had taken place between Polly Hamilton and Ruth Fletcher-Brown with regard to the connection of the Culture Strategy to the 5 Ways to Wellbeing Campaign
- Priority 4 – Amend to read “Local All Age Autism Strategy” and separate line for “Adult Learning Disability Strategy”

Aim 3 All Rotherham people live well for longer

- Some may be operational issues and not for the Board
- Priority 4 – pleased to see that carers now had their own Aim

Aim 4 All Rotherham people live in healthy, safe and resilient communities

- Priority 1 – inclusion of all workforces becoming part of the Workplace Wellbeing Charter and encouraging healthy workforces
- Priority 4 – amend to “green spaces, leisure and culture assets”
- Priority 4 – ‘daily mile’ was an ambition of Ray Matthews to get all the schools signed up
- Priority 5 – should it also include “use of community buildings” rather than “how libraries can be best utilised within local communities in tackling loneliness”?

Resolved:- (1) That the high level activity identified as contributing towards the Strategy priorities be noted.

(2) That the comments above be incorporated into the revised plans.

(3) That Polly Hamilton, Assistant Director Culture Sport and Tourism, revisit the connections between the Aims.

ACTION:- Polly Hamilton

(4) That the full plans be submitted to the July Board meeting, together with the attendance of each Aim sponsor, followed by each individual Aim plan submitted to subsequent Board meetings.

ACTION:- Kate Green/Terri Roche

76. INTEGRATED CARE PARTNERSHIP AND PLACE PLAN

Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Chief Operating Officer RCCG, presented an update on Integrated Care.

A presentation on Integrated Care had been made to an All Members on 20th April, 2018.

The presentation had highlighted:-

- Development of integrated care in South Yorkshire and Bassetlaw particularly in Rotherham
- Integrated Care System ICS context
- Current position in South Yorkshire and Bassetlaw
- National direction of travel
- What ICSs were expected to do
- Rotherham’s Integrated Care Partnership (Place)
- The journey so far – governance, principles
- What is/will be different
- How could we work differently
- Issues to consider

Discussion ensued with the following issues raised/clarified:-

- The Integrated Care Plan was a positive way forward to ensure full integration of all the areas that were of importance e.g. Social Prescribing, Health Villages, Walk-in Emergency Care Centre, with the respective organisations working together in partnership
- All partners had signed up to the Partnership and engaged
- What happened at South Yorkshire and Bassetlaw level was different to what happened at local level
- Regardless of Legislation/Policy, working together at local level provided residents with a better experience and simpler pathways/access to the services they needed within the Borough
- Integration was making the best use of the resources available
- Need to ensure members of the public were fully aware

Resolved:- (1) That the update be noted.

(2) That the Place Board minutes be included on future agendas for information.

Action: Kate Green

77. ROTHERHAM INTERMEDIATE CARE CENTRE

AnneMarie Lubanski, Strategic Director of Adult Care, Housing and Public Health, presented a report giving a strategic overview of the proposals relating to the reconfiguration of the Rotherham Intermediate Care Centre, a day rehabilitation service provided by the Council and The Rotherham Foundation Trust.

The primary driver was in terms of people getting the right service enablement at home where it was known that patients recovery improved. The service was not changing; most of the staff would move with the service into the community.

Resolved:- That the report be noted and the approach taken endorsed.

The Chair left the meeting at this point in the agenda.

Dr. Richard Cullen assumed the Chair.

Dr. Cullen in the Chair.

78. HEALTH PROTECTION ANNUAL REPORT

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2017 which highlighted the joint successes and challenges over the year as identified by the Health Protection Committee.

The organisations represented on the Health Protection Committee collectively acted to prevent or reduce the harm or impact on the health of the local population caused by infectious disease or environmental hazards, major incidents and other threats.

The Health Protection Committee, on behalf of the Director of Public Health, would continue to meet on a quarterly basis to oversee and discharge the Council's Health Protection duties.

Discussion ensued on the report with the following issues raised/clarified:-

- The incidence of Diphtheria had occurred this year so would feature in next year's annual report. The mass immunisation outbreak plan had been applied very successfully. No source had been identified. A debrief had been held to share learning
- The logos on the covering page did not include that of The Rotherham Foundation Trust

Resolved:- That, subject to the inclusion of The Rotherham Foundation Trust logo, the report be noted.

ACTION:- Richard Hart

79. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2017 independent annual report. The 2015 and 2016 annual reports had been the first 2 in a series of 3 planned annual reports that worked through the life course, focussing on key health issues at different stages of life.

Living well was important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life could increase life expectancy and making the right life choices could reduce the likelihood of premature death and suffering certain long term conditions.

The 2017 annual report focussed on living and working well and was broken down into chapters on:-

- Mental Health, Wellbeing and Loneliness
- Dealing with Drug and Alcohol Misuse
- Tackling the Issue of Domestic Abuse
- Looking after Sexual Health
- Towards a Smoke-free Generation
- Addressing Obesity
- Physical Activity
- Long Term Conditions
- Environments and Health

- Cancer Screening
- Flu Vaccination
- Making Every Contact Count
- Work and Health

The key recommendations in the report were:-

- Work and health in partnership – to help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work
- Making Every Contact Count (MECC) – working with partners to deliver MECC (Healthy Chats) which was a key component of the Rotherham Integrated Health and Social Care Strategy
- Mental Health – Public Health to lead on the implementation of the Better Mental Health For All Strategy with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing
- Physical Activity – Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as the Authority's award winning parks (green spaces), promoting active travel and working the Planning Department to develop obesogenic environments
- Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the Health and Social Care Plan

Discussion ensued on the report and presentation with the following issues raised/clarified:-

- Further work was required to understand the reasons why healthy life expectancy in women had consistently deteriorated compared to men
- The age range of 25 to 69 years for the diagnosis of new cancer cases was a national data set
- It was a public facing document and would be distributed to key stakeholders. The document would be presented to Voluntary Action Rotherham for discussion
- The document was disseminated within Council Directorates to discuss how they could help delivery

Resolved:- That the report be noted.

80. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 11th July, 2018, commencing at 9.00 a.m. to be held at The Spectrum, Voluntary Action Rotherham.

BRIEFING FOR ROTHERHAM HEALTH AND WELLBEING BOARD
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Date of meeting:	11th July 2018
Title:	Health and Wellbeing Strategy – Action Plans 2018-2020

1. Summary

Rotherham's Health and Wellbeing Strategy 2025 was signed off in March 2018.

A set of plans have now been developed which demonstrate activity that will take place contributing to achieving the priorities under each aim.

The Health and Wellbeing Board was presented with initial drafts of the plans in May 2018 and this report presents the completed plans for the board to consider.

Whilst the plans are being presented as final versions, the board is asked to acknowledge that these will continue to be live documents being updated as required. The Strategy was also agreed for a seven year period; until 2025. The action plans will be presented as two year plans to deliver this; therefore not all activity will be included or completed in each two year cycle.

2. Recommendations

That the Health and Wellbeing Board:

- a. Agrees the high-level activity that has been identified as contributing towards the strategy aims and priorities**
- b. Agrees to receive updates on each aim individually at future board meetings**

3. Background Papers

Health and Wellbeing Strategy 2025 available at:

http://rotherhamhealthandwellbeing.org.uk/hwp/downloads/download/1/health_and_wellbeing_documents

Action Plans – aims 1-4, attached to this report.

4. Contacts

Terri Roche, Director of Public Health
Teresa.roche@rotherham.gov.uk

Kate Green, RMBC Policy and Partnership Officer
Kate.green@rotherham.gov.uk

Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 1: All children get the best start in life and go on to achieve their potential

Board Sponsor: Mel Meggs

2025 Strategic Priority this will contribute to	Activity that will take place during 2018-20	Who will do it	By when	Indicators the activity will contribute to	Current performance
<p>1. Ensuring every child gets the best start in life (pre-conception to age 3)</p> <p><i>Children & Young People's Partnership & Transformation Priorities: 0 to 19</i></p>	<p>Reduce the number of parents (and significant others) smoking during pregnancy and immediately after birth by having a quit smoking support offer in each children's centre across the borough, and support pre-birth in place.</p>	<p>David McWilliams, RMBC (Ann Berridge/Sue Smith)</p>	<p>April 2018</p>	<ul style="list-style-type: none"> • Reduction in smoking in pregnancy • Reduction in babies being born with low birth weight and/or at risk of health conditions linked to smoking 	<p>19 referrals received (Sept 17 – June 18). 10 have stopped smoking 9 have relapsed and/or disengaged</p> <p>Offer in every centre with 17 nationally NCSCT accredited RMBC staff <i>(NB new commissioned service through Public Health no longer works with significant others)</i></p>

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	<p>Increase the numbers of mothers breastfeeding and the number of trained peer supporters</p>	<p>Audra Muxlow/ Amanda Edmondson</p>	<p>April 2019</p>	<ul style="list-style-type: none"> • Increase in breastfeeding initiation rates • Increase in number of babies breastfed for longer • Increase in number of peer supporters trained 	<p>End of March 2018 30.1% (6/8 weeks) 159 breast pumps loaned 344 families referred or accessed activities to support breast feeding in Children’s Centres 20 peer supporters trained as of August 2017</p> <p>3 further training sessions run in last 6 months</p>
	<p>Children’s Centres and Public Health Nursing to work collaboratively with schools and settings to develop and close the gap in speech, language and communication</p>	<p>David McWilliams/ Amanda Edmondson</p>	<p>April 2019 June 2018 - April 2018 all children’s centres have S and L trained practitioners (Talking Tables) EHA training delivered to all settings</p>	<ul style="list-style-type: none"> • Improved early identification of speech and language concerns • Increased number of children accessing 2 year old EEF • Increased school readiness 	<p>End of March 18 1,104 children = 80% of those eligible.</p> <p>End of March 18 2387 children (72%) achieved GLD at foundation stage 5471 children (4591 families) accessed activities to support school</p>

Health and Wellbeing Strategy Action Plan 2018 – 2020

					readiness in Children’s centres
	Increase the use of evidenced based and evidenced informed interventions including sleep programmes, introducing solid foods, talking tables, baby box university and Bookstart and 5 Ways to Wellbeing	David McWilliams (Ann Berridge), RMBC	Sept 2018	<ul style="list-style-type: none"> • Reduction in child obesity • Increased school readiness • Improved emotional well-being and mental health for parents and children 	10 additional practitioners trained in Sleep Programmes Talking Tables implemented across all children’s centres and used in most PVI settings Data will be available end of July 2019
	All partners to work collaboratively on a Joint Strategy / Action Plan around Childhood obesity	TBC	TBC		
<p>2. Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery</p> <p><i>Children & Young People’s Partnership & Transformation Priorities:</i></p>	Develop a Joint Commissioning approach between the Council and the CCG that integrates commissioning activity. Refreshed Joint Commissioning Strategy (Sep-18)	Mark Chambers, RMBC	Sept 2018	<ul style="list-style-type: none"> • Develop shared outcomes and pooled budgets are identified • Improved efficiencies and financial advantages are realised. 	The drugs and alcohol service is commissioned with Public Health. The Joint Commissioning across Health/ Adult Social care/ PCC Office for CSE Post Abuse

Health and Wellbeing Strategy Action Plan 2018 – 2020

<ul style="list-style-type: none"> • CAMHS • 0 to 19 • Acute and Community Integration • SEND • Signs of Safety model • Transitions 					<p>services are underway. Work is planned with Adults to develop the 16-25 Supported Accommodation Offer.</p> <p>s75 for both CAMHS and SEND. Stovewood trauma and resilience expert panel in place.</p>
	<p>Develop a neighbourhood model of service delivery across all services.</p>	<p>David McWilliams, RMBC</p>	<p>TBC</p>	<p>TBC</p>	
	<p>Building on the co-location of services at the SEND Hub (Kimberworth Place) - stage 2 of the project will focus on more efficient and effective joint working across the whole SEND / CAMHS system.</p>	<p>Paula Williams/Anders Cox, RMBC</p>	<p>April 2019</p>	<ul style="list-style-type: none"> • Improved integration of services enabling reduced duplication • Improved service for children and young people 	
	<p>SEND training roll out across Children and Young People agencies.</p>	<p>Paula Williams, RMBC</p>	<p>July 2018</p>	<ul style="list-style-type: none"> • Increased understanding of SEND, EHCP and Graduated Response • Reduction in number of children with EHCP 	<p>Enabling Better Outcomes training is being rolled out Inclusion Support Services CPS Offer for 2018-19 sent to Schools</p>

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					SENCO network took place 17/04/2018
	A new outcome based performance framework for the delivery of 0-19 services.	Helen Leadley, RMBC	December 2018	<ul style="list-style-type: none"> Improved accountability and services Improved contract monitoring arrangements 	Working group established and KPI's streamlined. DRAFT scorecard currently being utilised by 0-19 IPHNS
<p>3. Reducing the number of children who experience neglect or abuse</p> <p><i>LSCB Priority</i></p> <p><i>Children & Young People's Partnership & Transformation Priorities: Signs of Safety Implementation</i></p>	To improve workforce understanding of the key characteristics of neglect in Rotherham. To provide staff with the tools and skills to intervene effectively, so that less children are placed on CP plans due to neglect - Graded Care Profile	Rebecca Wall/Susan Claydon, RMBC	<p>April 2019</p> <p>Ongoing</p> <p>Commenced June 2018</p> <p>April 2018</p>	<ul style="list-style-type: none"> Reduction in CP due to neglect Increased confidence across the partnership in identifying neglect Increased evidence through multiagency audits of the use of graded care profile Reduction in CP due to Emotional Harm & Negl 	<p>June 2018 – completed 3 months of Audit to give a base line and target future learning and development.</p> <p>June 2018 - Whole Service event Run with focus on neglect for CYPs</p> <p>Graded Care Profile Tool training under implementation relaunched at the event</p>

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	<p>To improve joint working between adult/children's workforce. Addressing the 'toxic trio': drugs/alcohol, mental health and domestic abuse.</p>	<p>Rebecca Wall</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Increased confidence across the partnership and between Adults and CYPs in identifying the impact of the Toxic Trio and Cumulative harm • Evidenced via audit – explore joint audit with adults services 	<p>June 2018 – completed 3 months of Audit around DA to give a base line and target future learning and development</p> <p>Audits around MH and substance misuse planned for Nov 2018</p> <p>Training manager for Adults and CYPs are creating a pooled training calendar to support learning together.</p>
	<p>Increase the number of children supported through Early Help Assessments by all partners</p>	<p>David McWilliams, RMBC</p>	<p>Ongoing Performance reported monthly</p>	<ul style="list-style-type: none"> • Increased Early Help Assessments completed by partners and quality assured 	<p>As of May 2018 34% (52 out of 153) completed by partners</p>
	<p>Investment in evidenced based approaches to reduce neglect – Eoc, FGC and implementation of Pause</p>	<p>Jenny Lingrell, RMBC</p>	<p>July 2018 -Eoc , FGC and Pause established</p>	<ul style="list-style-type: none"> • 20 new vulnerable births prevented by PAUSE intervention • Reduction in number of children becoming LAC 	<p>No data yet as team just established</p> <p>As of May 2018:</p>

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			Expansion of EoC TBC	<ul style="list-style-type: none"> • Reduction in CP and CiN and reduction in demand on statutory services • Reduction in CP linked to Neglect 	<p>74 children supported by EoC</p> <p>As of May 2018: 114 children open to FGC (61 families)</p> <p>As of May 2018: 6 children open to MST</p>
	Work with the Rotherham LSCB in developing the Strategy for responding to Childhood Neglect	Rebecca Wall, RMBC	<p>Multiagency JTAI and learning event to be completed by October 2018</p> <p>Training roll out from September 2018</p>	<ul style="list-style-type: none"> • Higher level of referrals linked to neglect showing increase awareness • Early identification and intervention form EH and universal service to prevent neglect • Multiagency understanding the impact of cumulative Neglect and what works to support families and improve children's outcomes 	<p>Neglect focused JTAI agreed for August / September 2018</p> <p>Complex abuse learning programme linked to neglect and complex connected families underdevelopment</p>

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					Review of roll out and impact of the Graded Care profile
<p>4. Ensuring all young people are ready for the world of work</p> <p><i>Children & Young People's Partnership & Transformation Priorities: SEND Transitions</i></p>	All 16 – 19 (25 with SEND) year olds who are NEET/Not Known to be followed up by the Early help Service and those who have RONI to be identified early by schools to enable targeted work to take place	David McWilliams, RMBC	<p>Ongoing reevaluate position in Dec 2018</p> <p>Staff have been deployed by EH Service to find SEND NEETS/Not Known. Work is ongoing with figures significantly reduced from Dec 2017 and outperforming national, stat and neighbouring LA's</p>	<ul style="list-style-type: none"> • Reduction in the number of young people 16/17 year old who have SEND who are NEET • reduction in the number of young people 18/19 year old who have SEND who are NEET • reduction in the number of young people 20-24 year old who are NEET 	<p>As of May 2018 6.5% Latest National (March 18) :6.6%</p> <p>As of May 2018 3.0%</p> <p>As of May 2018 0.8% Latest National (March 18) 14.5%</p> <p>All these Indicators are based on SEND Resident in Rotherham</p>

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	<p>Explore further work with SCR ESF Bid and the Development of Career Hubs</p>	<p>Collette Bailey/Simeon Leach, RMBC</p>	<p>ESF x 2 Bids May 2018 stage 1 submitted- both at compliance stage</p> <p>Careers Hub June 2018 Bid submitted –awaiting decision</p>	<ul style="list-style-type: none"> • Increase in vulnerable groups accessing the labour market • Reduction in NEET • Increased employer engagement in schools to support transitions at 16 	<p>Enterprise Advisor in post and is supporting schools on this agenda. Careers Hub bid will allow extension to others schools across the region.</p>
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Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Board sponsor: Kathryn Singh

2025 Strategic Priority this will contribute to	Actions 2018-20	Lead/s	By when	Indicators the activity will contribute to	Current performance RAG
1. Improving mental health and wellbeing of all Rotherham people	Continue to monitor implementation of the Better Mental Health for All Strategy and action plan	Better mental Health for All Group Ruth Fletcher-Brown, RMBC	March 2020	Delivery of the Rotherham’s strategy to promote mental health and wellbeing being Delivery of the Rotherham place Plan	Ongoing – on track
	Continue to monitor implementation of the Rotherham Suicide Prevention and Self-Harm Action Plan.	Rotherham Suicide – prevention and self-harm group (Ruth Fletcher-Brown, RMBC)	March 2020	Delivery of the Rotherham Suicide-prevention and self-harm strategy Delivery of the Mental Health 5 year Forward target suicide-prevention target (10% reduction against the 2016/17 baseline by 2020) Delivery of the Rotherham place Plan	Ongoing – on track

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	Launch of 5 Ways to Wellbeing campaign, including development of a communication and marketing plan for 2018/19.	Better mental Health for All Group Ruth Fletcher-Brown, RMBC	May 2018	Delivery of the Rotherham's strategy to promote mental health and wellbeing being Delivery of the Rotherham place Plan	Green / completed
	Ensure the 5 ways to wellbeing principles are embedded in all partners commissioning process and provider services	Better mental Health for All Group (Ruth Fletcher-Brown, RMBC)	March 2020	Delivery of the Rotherham's strategy to promote mental health and wellbeing being Delivery of the Rotherham place Plan	Ongoing – on track
	Use the influence of the HWbB to tackle stigma and discrimination by all partners working collaboratively to deliver awareness campaigns throughout the year which coincide with national events.	HWbB (Ruth Fletcher-Brown, RMBC)	Ongoing	Delivery of the Rotherham's strategy to promote mental health and wellbeing being	Ongoing – on track
2. Reducing the occurrence of common mental health problems	Ensure the Place Plan delivers actions in relation to IAPT services	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)	March 2020	Delivery of the Mental Health 5 year Forward target (increase access to IAPT service, so that at least 25% of people with common mental	Ongoing – on track

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				health illness access services) Delivery of the Rotherham place Plan	
	Ensure the Place Plan delivers an effective CAMHS Local Transformation Plan.	(Children and young people's transformation group) Mel Meggs, RMBC	March 2021	Delivery of the Rotherham place Plan Delivery of the Rotherham CAMHS Transformation Plan (LTC)	On track
3. Improving support for enduring mental health needs (including dementia)	Ensure development of a Dementia Transformation Action Plan	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)	September 2018	Delivery of the Prime Minister's Challenge 2020 Delivery of the Rotherham place Plan	On track
	Populate the 'Prime Minister's Challenge 2020' Association of Directors of Adult Social Services Commitment Tracker, which evidences the work taking place in relation to dementia.	All HWbB partners. (Kate Tufnell, CCG/RMBC)	September 2018	Delivery of the Prime Minister's Challenge 2020	On track
	Ensure effective delivery of CORE 24 in Rotherham.	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)	2020	Mental Health 5 year Forward view target - By 2020/21, all acute hospitals will have all-age mental health liaison teams in place,	On track

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				and at least 50% of these will meet the 'Core 24' service standard as a minimum. Delivery of the Rotherham place Plan	
4. Improve the health and wellbeing of people with learning disabilities and autism	Ensure effective development and implementation of a local Autism Strategy.	Autism Partnership Board (Garry Parvin, RMBC/CCG)	TBC	Delivery of the Rotherham place Plan Delivery of the Rotherham Autism Strategy and delivery Plan	TBC
	Learning disability action/s in Place Plan TBC	(Garry Parvin, RMBC/CCG)	TBC	Delivery of the Rotherham place Plan Delivery of the Learning Disabilities Strategy and delivery plan	TBC

DRAFT Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 3 All Rotherham people live well for longer

Board sponsor: Richard Cullen

2025 Strategic Priority this will contribute to	Actions 2018-20	Lead/s	By when	Indicators the activity will contribute to	Current performance
1. Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease	Support the use of Making Every Contact Count across Health and Wellbeing Partners.	Public Health, RMBC	TBC		
	Continue to identify and address areas for improvement across the main causes of early death in Rotherham.	Public Health, RMBC and CCG	TBC		
	Ensure Rotherham Active Partnership works to ensure physical activity is targeted where appropriate to those who are inactive (see also action in aim 4).	Chris Siddall, RMBC (RAP)	TBC		
2. Promoting independence and self-management and increasing independence of care for all people	Pilot Integrated point of contact service.	Adult services, RMBC, CCG and TRFT	TBC		
3. Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time	Develop service model for an integrated rapid response service to provide brief interventions for unplanned episodes of care.	Adult services, RMBC, CCG and TRFT	TBC		

DRAFT Health and Wellbeing Strategy Action Plan 2018 – 2020

	Develop an integrated discharge model to provide smooth and timely transition from hospital to home or to intermediate care.	Adult services, RMBC, CCG and TRFT	TBC		
	Support implementation of the integrated care in the community setting building on the success of the Health Village Integrated Locality pilot.	Adult services, RMBC, CCG and TRFT	TBC		
	Develop coordinated approach to care home support.	Adult services, RMBC, CCG and TRFT	TBC		
	Ensure a coordinated approach across the partnership in relation to 'healthy ageing' and Rotherham being a great place to grow older.	HWbB	TBC		
4. Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life	Oversee and monitor the priorities in the Rotherham Carers' Strategy.	Adult services, RMBC	TBC		

Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 4 All Rotherham people live in healthy, safe and resilient communities

Board sponsor: Rob Odell

2025 Strategic Priority this will contribute to	Actions 2018-20	Lead/s	By when (include any relevant milestones)	Relevant indicators activity will contribute to	Current performance
1. Increasing opportunities for healthy, sustainable employment for all local people.	Ensure the Local Integration Board involves all relevant officers/partners and has a focus on how jobs, skills and health interlink and contribute towards good employment for local people.	Terri Roche, Director of Public Health, RMBC	LIB Meeting in Sept. 2018 to include agenda item re. HWb Strategy.	Indicators to be agreed following LIB meeting.	TBC
	Support work being delivered through aim 1 – ensuring young people are ready for the world of work.	Rob Odell, SY Police / Mel Meggs, CYPs RMBC	See Aim 1	See Aim 1	See Aim 1
2. Ensuring everyone is able to live in safe and healthy environments.	Work closely with the SRP to set priorities which consider the impact on health and wellbeing – and use influence across the partnership to address key challenges identified.	Sam Barstow, RMBC	SRP meeting date TBC	TBC: Following attendance at SRP to consider relevant indicators.	TBC
	Explore opportunities to better utilise intelligence resources including the JSNA, JSIA and MOSAIC to enhance local knowledge of emerging trends and issues, to inform future priorities.	Sam Barstow / Miles Crompton, RMBC	Dec. 2018	NA	NA
	Play a key role in helping to develop the local Housing Strategy, ensuring that health and wellbeing continues to be a focus.	Jane Davies / Sarah Watts, Strategic Housing RMBC	Housing Strategy signed off Feb. 2019 – HWbB session with Strategic Housing Forum Sept. 2018.	To be agreed as part of joint session.	TBC

Health and Wellbeing Strategy Action Plan 2018 – 2020

	Maximise the use of selective licensing to improve the standards of local properties.	Matt Finn, Community Protection Manager, RMBC	On-going	Measures TBC	
	Maximise opportunities where possible to improve the health and wellbeing of local communities through the Thriving Neighbourhoods Strategy.	Jackie Mould, Head of Performance, Intelligence and Improvement, RMBC	Strategy being presented to Improving Places Select Commission 26 th July for discussion.	Links to Thriving Neighbourhoods objectives: Residents happy, healthy and love where they live with... <ul style="list-style-type: none"> • accessible and well-used green spaces • action taken to make people feel less lonely and isolated • high quality homes 	
3. Ensuring planning decisions consider the impact on people's health and wellbeing.	Explore opportunities to recruit a Public Health registrar and/or student to deliver a piece of work reviewing the Local Plan and how its policies impact on health and wellbeing.	Terri Roche / Bronwen Knight, RMBC	Dec. 2020	NA	NA
	Following the activity above, use the outcome of the review to consider where developing supplementary planning documents would have a beneficial impact of people's health – based on evidence of review and inspection and accepted policy and practice used elsewhere.	Bronwen Knight, Planning RMBC	Following completion of the action above.	TBC (depending on above activity).	TBC

Health and Wellbeing Strategy Action Plan 2018 – 2020

<p>4. Increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing</p> <p><i>Note: amended text from original strategy priority to reflect all culture/leisure activity not just green spaces – strategy will need amending if agreed.</i></p>	<p>Provide a governance structure for the Rotherham Active Partnership – using collective influence of the board to ensure this partnership works effectively to promote and increase green space use in relation to physical activity.</p>	<p>Chair of Rotherham Active Partnership Chris Siddall, RMBC</p>	<p>July 2018 RAP meeting 27 June including HWb Strategy on agenda.</p>			
	<p>Embed links between the Health and Wellbeing Strategy and Rotherham’s Cultural Strategy, reflecting the contribution the culture, sport and green spaces sectors make to increasing physical activity, emotional resilience and positive mental health</p>	<p>Chair of Cultural Partnership Board Polly Hamilton, RMBC</p>	<p>Launch of strategy at Rotherham Show - Sept 2018 Ongoing during further development and implementation of Cultural Strategy</p>	TBC within Cultural Strategy		
	<p>Raise awareness of staff working in green spaces in relation to community safety; use ‘Community Intelligence’ toolbox talks to support staff to be the ‘eyes and ears’ of the council.</p>	<p>Damien Wilson, Strategic Director RMBC</p>	<p>Sept. 2018</p>			
	<p>Support the ambition for all Rotherham primary schools to be taking part in the ‘run a mile’ initiative (championed by Ray Matthews).</p>	<p>Rotherham Active Partnership</p>	<p>All primary schools to be signed up by Dec. 2023</p>			
<p>5. Mitigating the impact of loneliness and isolation in people of all ages</p>	<p>Oversee the development of and monitor implementation of a strategy to address issues associated with loneliness and isolation.</p>	<p>HWbB</p>	<p>Dec 2018</p>	TBC: no current indicator used.		
	<p>Roll out of 5 Ways to Wellbeing initiative: Using the ‘Connect’ theme during August to hold events across the borough as a catalyst to bringing communities together and explore</p>	<p>Ruth Fletcher-Brown / Kate Green, RMBC</p>	<p>Dec. 2018</p>	5WTW indicators TBC		

Health and Wellbeing Strategy Action Plan 2018 – 2020

	opportunities to develop a programme of further activity throughout the year.				
	Loneliness to be developed as a theme for the roll out of Making Every Contact Count during 2019.	Phill Spencer, Public Health RMBC	Jan. 2019 to begin roll out of training package.	TBC	TBC
	Embed links between the Health and Wellbeing Strategy and Rotherham’s Cultural Strategy in order to encourage participation in cultural activities, events and settings to reduce isolation and improve quality of life	Chair of Cultural Partnership Board Polly Hamilton, RMBC	Launch of strategy at Rotherham Show - Sept 2018 Ongoing during further development and implementation of Cultural Strategy	TBC within Cultural Strategy	

Is my A&E going to close?

The report
recommends all

7

Emergency Departments in South
Yorkshire, Bassetlaw and Chesterfield
remain open.

Find out more: www.healthandcaretogethersyb.co.uk



Are you closing children's wards?

Children's services will continue as they are currently while all partners consider the report recommendations which say:



Children's services should be expanded in the community and in short stay units (where the majority of children are treated).



For those children still needing longer stays in hospital for more complex problems, it may be possible to provide this in fewer units.



Further work should be carried out to consider a reduction in the number of inpatient paediatric units.

Find out more: www.healthandcaretogethersyb.co.uk



Will gastroenterology (stomach and intestine) services change?

The report recommends treating overnight and weekend emergency gastrointestinal (GI) bleeds at:

3

or

4

Hospital sites

The report recommends further work is carried out to make sure patients have the reliable and rapid care needed.

Find out more: www.healthandcaretogethersyb.co.uk



EST 2020

**S o u t h Y o r k s h i r e a n d
B a s s e t l a w H e a l t h a n d
C a r e I n s t i t u t e**

Creating excellence in healthcare

A Health and Care Institute should be created

Link with our universities, colleges and schools

Plan and develop the workforce of the future.

Find out more: www.healthandcaretogethersyb.co.uk

Recommendations for the future of hospital services in South Yorkshire and Bassetlaw

9 May 2018



The majority of services should remain in all local hospitals.



All seven emergency departments should remain.



Hospitals should develop "networks of care" with each taking responsibility for one of the reviewed services.



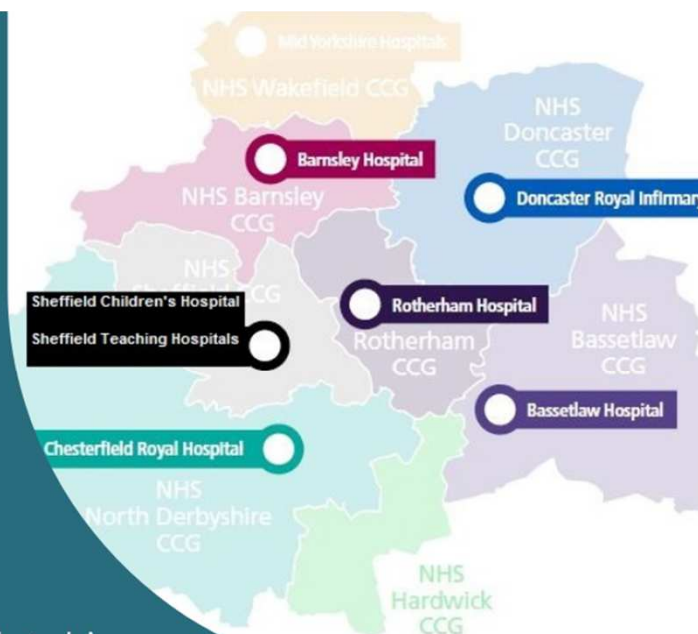
There should be an expansion of services for children in the community and short stay units, meaning less need for longer stay inpatient wards and partners should consider further work to consider a small reduction in the number of inpatient paediatric units.



Women should have more choice over their maternity care and healthcare partners should explore further options for delivering maternity care.



A Health and Care Institute and an Innovation Hub should be developed, linked with universities, colleges and schools to develop and support the workforce while also researching new developments and technologies.



Find out more: www.healthandcaretogethersyb.co.uk

SYB

Innovation Hub

An innovation hub should be created to spot, develop and roll out innovations and new technologies across the region.

Find out more: www.healthandcaretogethersyb.co.uk

Will my local hospital close?



The report recommends all hospitals stay open with different hospitals taking the lead in a network for each of the five clinical services reviewed.

Find out more: www.healthandcaretogethersyb.co.uk

What will happen to maternity services?

The report recommends:

- ✓ Better Births (NHS England 2017)
- ✓ More choice for women
- ✓ More care in communities
- ✓ Better developed midwifery-led units and further developed home-birth options

Find out more: www.healthandcaretogethersyb.co.uk

Rotherham Metropolitan Borough Council's response to the Hospital Services Review

We note this independent review of hospital services within South Yorkshire and Bassetlaw footprint and welcome the commitment that the majority of services should remain in local hospitals. Our priority is to ensure that Rotherham residents retain access to high quality services within easy access and acknowledge the report's commitment to maintaining most locally provided services. We acknowledge and are supportive of the concept of the hub model and whilst we would welcome further details, if indeed this proposal does seem to offer a cost effective way of retaining local services. However it is important that the "hubs" are distributed across the geographic area and not entirely based in Sheffield, we would be concerned if this signalled a shift to simply place more services within the city of Sheffield. We appreciate the issue regarding shortages of key staff and as a general principal agree with the hub model but would want to see Rotherham play a key role in at least one of the hubs

We do support the concept of excellence in health care so see the setting up of a Health and Care Institute (pleasing bearing in mind the move towards further integration we welcome that care is mentioned as well as health) and an innovation hub, developing closer links with universities, colleges and schools. It is also a positive step that future workforce planning is included especially bearing in mind current medical staff shortages.

The concept of shared working and collaboration in terms of strengthening the workforce, reducing unwarranted variation and introducing innovation to tackle complex challenges is supported however we will await further detail on how this may operate and the local impacts before making any specific comments.

We are pleased that all existing A and E Departments in the area are proposed to stay open and there is a commitment to keep all the hospitals open as District General hospitals with the range of services one would expect. We would oppose any move towards "cottage hospitals".

In terms of Children's wards we support that the children's wards in local hospitals are proposed to stay open and fully support where appropriate care being provided in the community which is exactly the stance many of the services such as Adult Social Services at the Council where this is in the interests of patients. However we have concerns that further reviews may well lead to fewer units and a concentration into a smaller number of hospitals. Linked to this is that whilst we welcome having Sheffield Children's hospital a centre of good practice in the ICS area, traffic to it including parking is extremely difficult whether you are attending as a visitor or patient and we would expect to see proposals brought forward which would address such practical considerations.

Whilst we can support in principle the concept of specialist units, we do have concerns that overnight and weekend gastroenterology services will only be provided in 3 or 4 hospitals. Clearly it remains important that appropriately qualified and experienced medical staff are readily available "out of hours", further detail is needed on this aspect to understand the clinical benefits and any impacts on residents.

We support the concept of more choice being given to mothers in terms of delivery options as long as these are real options within each borough and that adequate information is given to the expectant mother in order to make the right choice. We note that the current model does not meet

the requirements as laid out in Better Births to give a wide range of choices to women and are very supportive of improving the local offer.

We are aware that the report stresses the need for consultation but have concerns regarding the type and level of consultation in the development of this report and would stress the need for further engagement and consultation with residents and stakeholders as proposals are developed.

One of the biggest concerns in Rotherham in relation to recent experience of consultation related to the acute stroke units and the issues of distance to Sheffield. This aspect featured in all the preliminary reports and is featured in the review, but we feel very strongly that the timescale and consultation on this was poor. Likewise in terms of consultation with the Council and the communities it represents, up to this point on the Hospital Services Review, we do not feel that overall there has been adequate communication and consultation with communities and local Councils and would strongly urge the regional ICS to take this point on board. We are aware of local public meetings in New York Stadium and elsewhere but we strongly believe that Council's and Councillors as democratically elected representatives of their communities should be consulted separately.

Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	Rotherham ICP Place Board
Time of Meeting:	8:00am – 10:00am
Date of Meeting:	Wednesday 4 th April 2018
Venue:	Elm Room (2.03), Oak House
Chair:	Sharon Kemp
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@rotherhamccg.nhs.uk

Apologies:	Louise Barnett, Chief Executive, TRFT Dr Richard Cullen, RCCG Connect Healthcare Rotherham Representative Dermot Pearson, RMBC Gordon Laidlaw, RCCG
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, Rotherham MBC
Chris Edwards (**CE**), Chief Officer, Rotherham CCG
Kathryn Singh (**KS**), Chief Executive, RDaSH
Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham
Cllr David Roche (**DR**), Joint Chair, Health & Wellbeing Board, RMBC
Chris Holt (**CHo**) for Louise Barnett, Director of Strategy & Transformation, TRFT

In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
Lydia George (**LG**), Rotherham ICP Place Board Manager, RCCG
Kate Green (**KG**), H&WB Board Manager, RMBC
Gordon Laidlaw (**GL**), Head of Communications, RCCG
Wendy Commons, Minute Taker

No Members of the Public present

Item Number	Discussion Items
1	<p>Meetings in Public</p>
	<p>SK welcomed everyone to the first Place Board meeting to be held in public. She acknowledged factors that needed to be taken into consideration going forward, including where the agenda and papers will be published, sharing of minutes and the timing of future meetings.</p> <p>Following discussion it was proposed that papers will be published in same place as H&WBB papers on Council's website to enable partners to link/signpost to that area from their own websites. KG will liaise with GL to co-ordinate the process and communicate accordingly. Action: KG/GL</p> <p>The start time of the public session will be at the more accessible time of 9am – 10am, however Place Board Members will still meet from 8am - 9am to undertake any confidential business. Action: KG</p> <p>Place Board will also seek advice and give due consideration to handling and responding to any freedom of information requests received. Action: LG - forward agenda</p>
2	<p>Rotherham Place Plan Update</p>
	<p>IA presented the framework to be used to produce the Place Plan for 2018-20 following comments received.</p> <p>It was noted that the plan will be for 2-3 years and aimed at all partners/staff. An easy read/public facing version and the Place infographic will also be available as a communication mechanism. The Place Plan will be the delivery plan for the H&WB Strategy. It covers all four aims but will also signpost to other strategies that give a greater level of detail, particularly in relation to housing, employment etc.</p> <p>It was acknowledged that this document will form the Rotherham response to the challenges faced including how these relate to the SY&B Integrated Care System, with further work required to the finance section. Members considered whether the current financial resource input to the Plan is sufficient. Acknowledging the current pressures of year-end for finance colleagues, IA agreed to write to CFOs to ask for support and specifying timescales. Action: IA</p> <p>Members noted 'workforce' as one of SY&B Enabling Workstreams and considered the approach to reflect the outcomes. The Plan should be clear about the ways of working, principles and standards of expectation as part of any transformation. Place Board asked the Delivery Team to agree how to reflect this requirement. Action: IA</p> <p>A wider discussion took place around organisational development and how we engage and encourage people's hearts and minds through transformation of services to help the cultural shift towards ICP working. The Place Board will re-visit organisational development including strategic workforce changes and organisational development to enable new ways of working. In the meantime, the Delivery Team were asked to identify 2/3 specific transformation examples where workforce change will occur that will allow some specific OD input to be modelled and prioritised. These examples will also be incorporated into the Plan. Action: IA/LG</p> <p>Before the next Place Board, Members will identify any available OD resource within their organisations and consider any potential funding streams that may be able to be accessed to undertake some development work around cultural change with the workforces identified by the</p>

Delivery Team.

Action: All Members

Members agreed to adopt the principle that the Health & Wellbeing Board will own the Health & Wellbeing Strategy and the Place Board will own the ICP Place Plan. It is important to ensure consistency is applied in the branding used throughout both documents to reflect 'Place'.

Action: LG/KG/GL

The plan will also be updated to reflect Rotherham ICP Place Board's relationship with SY&B Shadow Integrated Care System (sICS) recognising regional collaboration. However, any issues/items requiring comment or feedback to the sICS will be considered through the Place Board first to obtain all Partners views

Place Board agreed the framework for the refreshed plan which will be revised to reflect comments. The first draft of the Place Plan will be reviewed at the May Board with the final draft for agreement in June.

Action: LG/KG

3	Delivery Dashboard Development
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IA reported that the approach for reporting performance to Place Board had been discussed at the March Delivery Team and a draft of the proposed dashboard will be presented at the May Place Board.

IA requested support from Place Board to form an enabling group to look at aligning business intelligence functions to bring together some of the key analytical informatics staff who will be able to consider future ICP requirements to better support Place/ICS priorities and performance reporting requirements.

Members supported the principles of the proposal to co-ordinate teams to work more closely together to provide consistency and recognised the benefits of 'pooling' resources to obtain the best business intelligence across the Rotherham health and social care system.

Place Board overwhelmingly endorsed the approach to align business intelligence work programmes to produce a shared work programme bringing together skillsets and abilities for Rotherham Place going forward.

Action: IA

Place Board requested that the Delivery Team scope options for further funding either locally or nationally including highlighting with SY&B Digital Lead whether this solution will attract any funding or national recognition.

Action: IA/RCu

4	Development Session Agenda Planning – 11 April 2018
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Members agreed the agenda for the session and confirmed partner attendees. The session will be used to reflect on the 'journey' so far and update on the partnership agreement. The agenda will be finalised and sent out before the end of the week.

5	Transformation Groups Update
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Members received presentations from the Children & Young People's Transformation Group on SEND, the Mental Health & Learning Disability Transformation Group on the 'Ferns' Ward and the Urgent & Community Care Transformation Group on the Care Co-ordination Centre/Single Point of Access. The positive progress on all areas was noted.

IA suggested that the Delivery Team would like to provide feedback on the good work taking place with integration of acute and mental health work in Care Co-ordination Centre in the future.

Place Board asked IA that the Delivery Team look at the longer term funding of Ferns and aim to bring a decision in Quarter 3.

Action: IA

6

NHS 70

This year the NHS will celebrate its 70th birthday on 5 July (NHS 70) and TRFT celebrates its 40 birthday this year. The CCG intends to use its AGM on 4th July as celebration event. Any ideas or suggestions for inclusion should be conveyed to CE. It is anticipated that the day will commence with the Place Board, followed by the CCG's Annual General Meeting. The CCG's Governing Body will take place in the afternoon. Invitations will be sent to Partners. CE will liaise with GL about inviting local press representatives.

Action: CE

7

Meeting Dates and Membership for all ICP Groups

Meetings dates noted.

Membership of the Children & Young People's Transformation Group will be confirmed later in the month.

Mrs Wheatley will determine which Groups require VAR representatives and advise accordingly.

Action: JW

8

Communications to Partners

The meeting papers from today's first public meeting will be placed on/linked to all Partner websites.

Members will give consideration to communicating the Place Plan at May's Place Board.

Action: LG for agenda

9

Risk/Items for Escalation

None

10

Minutes of the last Meeting for approval

Agreed as true record.

11

Future Agenda Items

- Rotherham Health Record – Luke Sayers, RMBC
- Draft Place Plan
- Draft Place Partners Agreement from Hill Dickinson

Standard Agenda Items

- Delivery Performance Dashboard
- Transformation Groups Update

12

Date of Next Meeting

Wednesday 2nd May 2018, at 8am in Elm Room (G.04) Oak House.

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 – Louise Barnett
Voluntary Action Rotherham - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) - Rotherham GP Chair

Participating Observers:

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

In Attendance:

Director of Legal Services, RMBC – Dermot Pearson
Head of Communications, RCCG – Gordon Laidlaw
Senior Planning and Assurance Manager, RCCG – Lydia George (as Place Plan Board Manager)
Policy and Partnership Officer, RMBC – Kate Green (H&WB Board Manager)
Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place)

Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	PUBLIC Rotherham ICP Place Board
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 2 nd May 2018
Venue:	Elm Room (2.03), Oak House
Chair:	Chris Edwards
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@rotherhamccg.nhs.uk
Apologies:	Connect Healthcare, GP Federation Representative
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:

Chris Edwards (**CE**), Chairing Chief Officer, Rotherham Clinical Commissioning Group (CCG)
 Sharon Kemp (**SK**), Chief Executive, Rotherham Metropolitan Borough Council (RMBC)
 Kathryn Singh (**KS**), Chief Executive, Rotherham Doncaster and South Humber Foundation Trust (RDaSH)
 Louise Barnett (**LB**), Chief Executive, The Rotherham Foundation Trust (TRFT)
 Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham (VAR)

Participating Observers

Dr Richard Cullen (**RCu**), Chair, Rotherham CCG
 Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

In Attendance:

Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
 Lydia George (**LG**), Rotherham ICP Place Board Manager, RCCG
 Kate Green (**KG**), H&WB Board Manager, RMBC
 Gordon Laidlaw (**GL**), Head of Communications, RCCG
 Chris Holt (**CHO**), Director of Strategy & Transformation, TRFT
 James Scott, Project Manager, SYMYND Working Together Vanguard - Observing
 Wendy Commons, Minute Taker

No members of the public were present.

Item Number	Discussion Items
1	Terms of Reference Review
<p>Members reviewed the Terms of Reference and requested a couple of minor amendments. Place Board will be asked to sign off the updated version at June Board.</p> <p style="text-align: right;">Action: CE/LG</p>	
2	Transformation Group Updates
<p>The Place Board took assurance from presentations given from the transformation groups on the three areas specified below:</p> <ul style="list-style-type: none"> – Children & Young People’s – CAMHS – Mental Health & Learning Disability – Core 24 – Urgent & Community Care – Integrated Discharge Team <p>Members supported the principles of ‘Home First/Home Best’ from a partnership perspective but wished a holistic approach to be taken when discharging to include the voluntary sector to help manage the impact on families and carers where possible and to mitigate the risk of social isolation.</p> <p>The Place Board were very happy with the feedback they received and would welcome a Delivery Dashboard, however current updates are appropriate and at the correct level. Place Board Members requested that the Delivery Team choose three areas to provide assurance updates next month.</p> <p style="text-align: right;">Action: IA</p>	
3	Place Plan Update
<p>Members noted a verbal update on progress with the Place Plan. A skeleton outline of its contents had been agreed and it is in the process of being populated. A draft version of the Plan is expected to be available for Confidential Place Board to review in June with a final draft anticipated for approval to Public Place Board in July.</p> <p style="text-align: right;">Action: LG</p>	
4	Communications to Partners
<p>GL gave a verbal update on progress with the Place Plan Strategy and Branding.</p> <p>The Place Board aspires to have a Place Plan Communications Strategy and asked the ICE Communication Team to prioritise this piece of work.</p> <p style="text-align: right;">Action: GL</p> <p>Each Partner Chief Executive will discuss further with their organisation’s Communications Lead.</p> <p style="text-align: right;">Action: SK/KS/LB</p>	
5	Risk/Items for Escalation
None	
6	Future Agenda Items

	<p>Future Agenda Items</p> <ul style="list-style-type: none"> • Rotherham ICP Place Plan • Rotherham Health Care Record Update • Update on ICP Agreement – July • Hospital Service Review <p>Standard Agenda Items</p> <ul style="list-style-type: none"> • Delivery Dashboard • Transformation Groups Update
7	Date of Next Meeting
<p>Wednesday 6th June 2018, at 8am in Elm Room (G.04) Oak House.</p>	

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 – Louise Barnett
Voluntary Action Rotherham - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) - Rotherham GP Chair

Participating Observers:

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

In Attendance:

Director of Legal Services, RMBC – Dermot Pearson
Head of Communications, RCCG – Gordon Laidlaw
Senior Planning and Assurance Manager, RCCG – Lydia George (as Place Plan Board Manager)
Policy and Partnership Officer, RMBC – Kate Green (H&WB Board Manager)
Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place)