

HEALTH AND WELLBEING BOARD

Venue: Town Hall, Moorgate
Street, Rotherham S60
2TH

Date: Wednesday 22 September 2021

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 Chairman 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. Communications
7. Minutes of the previous meeting (Pages 4 - 15)

For Discussion

8. Suicide and Self-Harm Prevention (Pages 16 - 19)
Update by Ruth Fletcher-Brown, Public Health Specialist
9. Carers Programme and Draft Carers Strategy (Pages 20 - 27)
Update by Jo Hinchliffe, Service Improvement and Governance Manager
10. Health and Wellbeing Board Priorities and Draft Action Plan September 2021-March 2023 (Pages 28 - 56)
Ben Anderson, Director of Public Health, to present
11. Smokefree 2030 Roadmap

12. Local Outbreak Engagement Board
Update by Sharon Kemp, Chief Executive RMBC
13. Issues escalated from the Place Board (Pages 57 - 97)
Sharon Kemp, Chief Executive RMBC and Chris Edwards, Chief Operating Officer RCCG, to report

For Information

14. Local Government Association 'must know' briefing about Drugs and Alcohol Treatment
[a 'must know' briefing about drugs and alcohol treatment](#)
15. Date and time of next meeting
Wednesday, 24th November, 2021, commencing at 9.00 a.m. venue to be confirmed

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Further information about COVID-19 can be found at
www.rotherham.gov.uk/coronavirus

www.rotherham.gov.uk/coronavirus

HEALTH AND WELLBEING BOARD 26th May, 2021

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health
Ben Anderson	Director of Public Health
Nathan Atkinson	Assistant Director, Commissioning (representing Anne Marie Lubanski)
Steve Chapman	Temporary Chief Superintendent/District Commander, South Yorkshire Police
Councillor V. Cusworth	Cabinet Member, Children and Young People
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Kathryn Singh	Chief Executive, RDaSH
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Gilly Brenner	Public Health
Jessica Dunphy	Public Health
Phil Hayes	RotherFed
Julie Hodgkinson	Live Inclusive
Hayley Rundle	B:Friend

Also Present:-

Lesley Cooper	Healthwatch Rotherham
Gavin Jones	South Yorkshire Fire and Rescue Service
Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from Dr. Richard Cullen (Rotherham CCG), Richard Jenkins (TRFT), Suzanne Joyner (RMBC), Anne Marie Lubanski (RMBC), Dr. Jason Page (Rotherham CCG) and Paul Woodcock (RMBC).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from the member of the press present at the meeting.

3. COMMUNICATIONS

Suspension of the requirement to produce Pharmaceutical Needs Assessments by April 2022

Following a national postponement last year in response to COVID pandemic, Pharmaceutical Needs Assessments were due to be renewed and published by Local Authority Health and Wellbeing Boards in April

2022. Normal practice in Rotherham was to start to prepare approximately a year prior to publication, to ensure thorough engagement and consultation periods.

However, due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the national requirement to publish renewed Pharmaceutical Needs Assessments had now been suspended further until October 2022. Local Authority Health and Wellbeing Boards would retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. Updated national Pharmaceutical Needs Assessments guidance was planned to be published in the summer. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 would be updated to reflect this change in due course. The intention in Rotherham was to await the new guidance and then begin preparations for the PNA review and consultations in the autumn.

Board Membership

The membership of the Board included 3 Elected Members one of whom was the Deputy Leader, however, due to the review of Cabinet Member portfolios that was no longer possible. Discussions were to take place with the Leader and senior officers as to a third Member. Once known, details would be circulated to the Executive.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board were considered.

Resolved:- That the minutes of the previous meeting held on 10th March, 2021, be approved as a correct record.

5. JOINT STRATEGIC NEEDS ASSESSMENT

Gilly Brenner, Public Health Consultant, and Jessica Dunphy, Public Health Consultant, gave the following powerpoint presentation on the Joint Strategic Needs Assessment:-

What is the JSNA

- “An assessment of current and future health and social care needs of the local community”
- This includes specific health and social care behaviours e.g. smoking but also wider determinants of health such as housing and access to green spaces
- The information found from the JSNA can be used to inform strategy, policy and action by an organisation in the Borough
- All local authorities must produce a JSNA but there was no specific format meaning that they varied between areas
- Rotherham’s version of the JSNA was the Rotherham Data Hub: <http://www.rotherham.gov.uk/data/>

What does the Rotherham JSNA contain

- People
- Socio-economic
- Environment
- Community and neighbourhoods
- Health behaviours

Structure of Theme Sections

- Initial introductory page introducing the topic, its overall relevance to good health and key points for Rotherham
- Covid lens – a page discussing the current impact of Covid on this topic and some potential impacts for the future
- Data for Rotherham – local authority level data or, where available, Ward level or lower super output area (LSOA) level data
- Useful links – links to further reading
- List of data sources

Impact of Covid

- The long term impacts of Covid were yet to be fully determined but they were likely to be worse in more deprived areas and to worsen any pre-existing inequalities in all areas
- Deprivation in Rotherham was high compared to England as a whole. A third of Rotherham residents lived within the top 20% most deprived areas in the country and overall deprivation increased between 2015 and 2019 according to the Index of Multiple Deprivation (IMD)

Risk Factors affecting DALYs (Disability Adjusted Life Years)

- Smoking
- High blood glucose
- Diet
- High BMI
- High blood pressure
- High cholesterol
- Alcohol use
- Occupational risk
- Cold homes
- Air quality

Headline Data Examples

- 75.6% of adults classified as overweight or obese
- 0.5% of workers cycle to work
- 25% of 16-64 year olds not economically active
- 14% of residents utilise outdoor space for health or exercise purposes
- Gismo search for 'weight' – RUCST weight loss programme

Links to the JSNA

- [Homepage – Rotherham Data Hub](#)
- [Socio-Economic – Rotherham Data Hub](#)
- [Environment – Rotherham Data Hub](#)
- [Community and Neighbourhoods – Rotherham Data Hub](#)
- [Health Behaviours – Rotherham Data Hub](#)
- [People – Rotherham Data Hub](#)

Future Actions

- Greater focus on prevention and inequalities
- Greater input across place – CCG, Healthwatch Rotherham and VAR all contributed data this year
- TRFT and RDaSH keen to contribute some data during this calendar year e.g. smoking, IAPT (Improving Access to Psychological Therapies)
- As part of input across place, greater inclusion of information about long term conditions such as cancer and cardiovascular disease
- Links to work around Population Health Management
- Incorporating an interactive 'Ward profile' element within the JSNA, collating all data at Ward level into one place rather than having to go through each section individually
- Acknowledging delays to data available at new Ward level
- Changes to Ward boundaries this year may reduce the degree of comparable data available for the next few years
- Incorporating a 'lifecourse' element where data relevant to each life stage (child, young adult, adult, elderly) across all themes was brought together

Discussion ensued with the following issues raised/clarified:-

- A JSNA should provide a good starting point for understanding the issues in Rotherham, but also provides links to further detail held
- It was person-centred with demographic information together with other influencers on health, from health behaviours to wider determinants and the interplay between these factors
- A summary of some key developing evidence or expected impacts of Covid. Some of the information was based on national surveys but it be some time before a full understanding was gained and ability to analyse the wide range of impacts of the pandemic
- The data page compared Rotherham to its nearest statistical neighbour and the England average as well as showing trends over time
- Some pages would have the old Ward data; the new Ward data was available under the Ward profiles
- The map was an initial look at the impact of Covid. It was already expected that areas with higher deprivation were likely to be impacted worse by the pandemic, due to higher rates of infection, loss of income, missed in-school education etc.

- For a significant proportion of residents, the pandemic was likely to have had a negative impact that would exacerbate inequalities
- DALYs = Disability Adjusted Life Years = The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. The top 10 risk factors were those that contributed most to ill health and reducing quality of life. This inclusion was welcomed as the agenda was moved to prevention and early intervention
- Whilst many of them were considered as health behaviours, it was known that they were highly influenced by the conditions in which people grow, play, learn and live
- It was hoped to incorporate a more interactive version of Ward profiles to enable Members and others to better understand the issues specifically relevant to their local area, acknowledging the challenges that the new Ward boundaries brought to the availability of data and trends
- It was also the aim to make it easier to see the data specifically relevant to different stages of the life-course
- Importance of feeding the JSNA into Directorates
- DALYs could be used to inform the Rotherham Place Plan
- The importance of an understanding of the impact of Covid on socio-economic in terms of the response and recovery plan

It was noted that a seminar was to take place in the summer on the JSNA.

Gilly and Jess were thanked for their presentation.

Resolved:- That the Joint Strategic Needs Assessments and future actions be noted.

6. UPDATE FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD

Sharon Kemp, Chief Executive RMBC, gave the following verbal update on behalf of the Local Engagement Board:-

- Since the last meeting of the Board, there had been further relaxing of the lockdown in accordance with the Government's roadmap
- Rotherham's rates as of 24th May for all ranges had been 24.5 per 100,000 population which was a much better position. In the over 60's it was 5.9 per 100,000. This was near to the England average (approximately 60th local authority). This was due to the hard work of many and the responsible behaviour of Rotherham's citizens
- There had been a reduction in the number of hospital admissions which was currently in single figures. This had been a stable position for the past few weeks
- A watchful eye was being kept on those areas where the Indian variant was present as to the impact on hospitals. Regional work with colleagues would continue to ensure Rotherham was in the best position should there be a change in the infection rate

- There was still good take-up of testing with the centres still available at Maltby, Midland Road and Dinnington. The need for supervised testing was being reviewed at the moment given that Riverside House was offering that facility. Increasing numbers of the public were taking up the offer of home testing and the collect service that was available through either the PCR site or customer services and libraries
- Local contact tracing work continued and had seen a completion rate of above 90% and much higher on most days
- There had been a positive uptake of the vaccines across the Borough. The decision to use the Primary Care network had made a number of local venues and GP surgeries available thereby making it much easier for members of the public to get access to the vaccine. There would be continued encouragement for everyone to take up the opportunity of a vaccine when offered
- There were no significant pockets of areas where vaccine take-up was low but it was constantly reviewed

Chris Edwards, CCG, reported that the model used in Rotherham for the roll out of the vaccine had been a real success with 24% of the population left to vaccinate. Rotherham was ahead of the 3 other authorities in South Yorkshire and other parts of England. The vaccine supply was probably the limiting factor but the deadline would be met.

Resolved:- That the update be noted.

7. TIMELINE - IMPLEMENTATION OF THE HEALTH AND SOCIAL CARE WHITE PAPER

Chris Edwards, CCG gave a verbal update on the implementation of the Health and Social Care White Paper.

On 11th February, 2021, the Department of Health and Social Care had published its White Paper Integration and Innovation: working together to improve health and social care for all. The proposals followed the journey of integrating care, a journey that South Yorkshire and Bassetlaw had been on since 2016, and put it on a statutory footing involving the 5 Clinical Commissioning Groups in South Yorkshire and Bassetlaw transforming into a national Integrated Care System.

It was proposed that it would become statutory from 1st April, 2022.

It was not envisaged that a big difference would be seen in Rotherham and maintain the existing strong working partnership and benefit from the effects of working in a wider footprint across South Yorkshire and Bassetlaw.

Resolved:- That the update be noted.

8. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Chair and Ben Anderson, Director of Public Health, presented the 2020/21 Annual Report “A Healthier Rotherham by 2025” with the aim of the following powerpoint presentation:-

Due to the COVID-19 pandemic, the Board had continued to meet virtually, and as the report showed, it had achieved much over the past year such as its work on loneliness, encouraging better physical health and activities, supporting young people’s mental health, setting up an unpaid carers group that was supporting the refresh of the Carers Strategy and placing an increasing emphasis on the wider determinants of health.

There was still a lot more work to be done on tackling health inequalities, including inequalities between Rotherham’s least and most deprived communities. The Board had committed that this would be its main area of focus, to ensure that the health of the most vulnerable was improving the fastest. In the coming year, The Board would need to refresh its priorities, taking into account the impact of the pandemic, as well as the changes that would be brought in through the Health and Care Bill.

As well as partners working closely together on the response to the COVID-19 pandemic, there has also been significant progress made over the past year to support delivery of the Health and Wellbeing Strategy:-

- Engaging with the Local Maternity System on the Maternity Transformation Plan
- Implementation of the Mental Health Trailblazer in schools ‘With Me in Mind’
- Delivery of the Suicide Prevention and Self-Harm Reduction Action Plan, including promoting information around debt advice and signposting to Rotherhive website, sharing information for people at risk of relationship breakdown, helping carers and following up missed appointments
- Pooling knowledge, expertise and resources across the partnership with regards to the mental health and wellbeing of our workforce
- Launching the Moving Rotherham campaign to encourage local people to be more physically active
- Establishing an unpaid carers group to ensure carers had the support they needed throughout the pandemic. This group has also been closely involved in the co-production of the Carers Strategy

- Tackling loneliness and social isolation during COVID-19, including reaching out to at-risk groups, raising awareness via social media and redeveloping the MECC training
- An estimated 400,000 people engaged in the Rotherham Together programme, which was developed to respond and support recovery from COVID-19. The programme focussed on 3 key themes: Joy, Gratitude and Hope and provided innovative and COVID-secure ways to foster connectedness
- Working with the other Boards across the Rotherham Together Partnership to deliver the safeguarding protocol, including coming together to discuss mental health as a cross-cutting issue
- Maintaining a link between the Health and Wellbeing Board and the Local Outbreak Engagement Board

What are we worried about?

- There were large gaps in life expectancy and healthy life expectancy both within the Borough and compared with the national average. Moreover, the coronavirus pandemic had exacerbated existing health inequalities, with the most disadvantaged communities being hit the hardest
- The leading causes of death in Rotherham included ischaemic heart disease (IHD), stroke, lung cancer, COPD and Alzheimer's / dementia
- Mental Health and wellbeing

What will the Board do next:-

- The current priorities and action plan ran until June, 2021. The next step would be to engage with Board members to update the Board's priorities and the action plan which underpinned the Strategy
- Embed a prevention-led systems approach across the Place
- Work with the South Yorkshire and Bassetlaw ICS to shape the future arrangements
- Continue to monitor the longer-term impacts of the pandemic on our communities
- Focus on reducing health inequalities between our most and least deprived communities.

The Challenges

- Health inequalities between our most and least deprived communities and between Rotherham and the national average
- Mental health and wellbeing remained a concern
- The leading causes of death in Rotherham were associated with preventable risk factors
- The pandemic would continue to impact on local people's lives in the long term

Forward Look

- Implementation of the Health and Social Care White Paper – implications for our system and our partnership
- Supporting our communities through Covid recovery
- Board members' feedback in the annual review survey:
 - Further prioritisation – not trying to do everything
 - Doing more to communicate with Rotherham people about our work
 - Involving partners engaged with the wider determinants
 - Increasing our focus on health inequalities

Discussion ensued with the following issues raised:-

- The 4 aims worked well but what sat under them needed to be reviewed in light of the Covid response-recovery and strengthen prevention of health inequalities
- Tobacco needed to be included
- Economic impact of Covid particularly as furlough came to an end in September as well as the impact on mental health
- The 4 Strategy Aim leads would be requested to discuss with the project leads how the action plan may be changed/the Strategy developed
- Older people had really suffered during the pandemic and an increase in referrals for dementia expected to be seen
- Establish whether the appropriate services were commissioned and how the priorities fitted under the aims
- TRFT's focus would be to not widen the health inequality gap and work with Public Health
- Access to Primary Care was becoming an issue and striking a balance between face-to-face appointments with a GP and non face-to-face
- Mental Health Services would need to find a different way of thinking about their services and understanding the impact of long Covid
- Voluntary Action Rotherham had a big role to play in prevention and early intervention and the need to understand where resources went/what worked well and what did not

- The need to embed into the Strategy the work currently being undertaken on social value and getting the best value for the residents of Rotherham

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

(2) That the current Strategy be circulated to all Board members and that Aim sponsors review the appropriateness of their Aims.

ACTION:- Becky Woolley

9. HEALTH AND WELLBEING BOARD PRIORITIES AND ACTION PLAN

Becky Woolley, Policy Officer, presented the latest update on the Health and Wellbeing Board's priorities and action plan and gave a brief verbal update on the progress made.

It was noted that the final application bid was to be submitted to the Shaping Places Fund around Green Spaces and the use of Green Spaces for physical activity in Rotherham (Aim 3).

Resolved:- That the report be noted.

10. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Becky Woolley, Policy and Partnership Officer, submitted the updated Board's Terms of Reference for information.

Resolved:- That the updated Terms of Reference for the Health and Wellbeing Board be approved.

11. LONELINESS AND BEFRIENDING

The Chair welcomed Phil Hayes (RotherFed), Hayley Rundle (B:Friend) and Julie Hodgkinson (Live Inclusive), who gave a verbal presentation on the work that had been taking place on loneliness and befriending during the Covid pandemic.

RotherFed

- The initiative had started in a response to the pandemic in March 2020 involving some of the key VCF partners
- The Community Hub and Rotherham Heroes had been formed but very early on it had become quite clear that it was not only the practical issues of food and medicine but loneliness, isolation and disconnection were big issues too
- Resources had been deployed to make contact and had also combined forces with other providers including B:Friend, Live Inclusive, Rema, Rotherham Parents and Carers Forum, CAB, so as not to duplicate services. It became a formal network and met on a monthly basis

- Many of the calls were around welfare as much as financial issues and the clients received support much more quickly than they would have
- The next stage was to try to get people integrated into their community and how to do that
- It was not just older people but also young parents who had no-one else to talk to apart from their children
- Some of the volunteers were originally recipients of the service with their confidence having grown to such an extent as to enable them to offer support to others

Live Inclusive

- A small independent charity
- Normally worked with those referred via their GP as part of social prescribing, however, it had become quite apparent that their needs were quite different to what assessed as before the Government lockdown announcement e.g. they could not see their grandchildren etc.
- Loneliness was a massive issue
- Previously the focus had been on supporting clients in community groups; now it was to get them to go outside of their house
- Dedicated team of volunteers
- The community groups were not there presently for them to go to
- Close working in the VCS

B:Friend

- 2 case studies provided to illustrate the work of the project
- The project paired up local people from the community with old people who needed extra company for as long as they wanted it to be
- Live Inclusive would refer clients in who needed longer term support
- Approximately 600 pairings in the last year 78 of which were in Rotherham

Shafiq Hussain, VAR, reported that it was Volunteer Week shortly and there was a series of events planned with a spotlight on volunteers and the impact/benefit of them.

It was also important, as part of the collective recovery plan, to help the community groups start up again and identify where the gaps were.

It was noted that the Neighbourhoods Team had produced guidance on the opening of community buildings which was in the process of being circulated more widely.

Phil, Julie and Hayley were thanked for their presentation.

Resolved:- That an all Member seminar on Loneliness and Befriending be held in September, 2021.

12. SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM: HEALTH AND CARE COMPACT

The Board received for information the terms of reference for the Health and Care Compact Partnership.

13. DATE AND TIME OF MEETINGS 2021/22

Resolved:- That a further meeting be held on Wednesday, 21st July, 2021, commencing at 9.00 a.m. venue to be confirmed.

BRIEFING	TO:	Rotherham Health and Wellbeing Board
	DATE:	Wednesday 22 nd September 2021
	LEAD OFFICER	Anne Marie Lubanski, Director of Adult Care, Housing and Public Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC
	TITLE:	Suicide Prevention Update
Background		
1.1	Suicide Prevention National real time data which has been collected during the pandemic has not shown the increase in suicides that perhaps was expected in the UK during this time. However, as the pandemic moves through different phases communities and groups continue to be affected differently and the pandemic has exposed the inequalities that exist. Some of the things which may have supported vulnerable people during the initial stages of the pandemic, for example increased contact from people, may start to erode as people move back to a more normal way of life. For others their lives will now look very different with new financial hardships, loss of loved ones and an increased sense of loneliness.	
1.2	Rotherham Data The Fingertips Profiles Updates (PHOF and Suicide Prevention Profiles) for Rotherham in November 2020 (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population), shows:	
1.3	<p>➤ Suicide Rate Persons</p> The latest suicide data shows that Rotherham has seen a small decrease in suicides for the period 2018-2020 to 13.3 per 100 000 which is a decrease by 1.4 from 2017- 2019. Rotherham now ranks 6 th compared to CIPFA Nearest Neighbour local authorities. Rotherham's rate is still significantly higher than the rate for England at 10.4 per 100,000.	
1.4	<p>➤ Gender</p> Males still account for most deaths in Rotherham. The rate for Rotherham in 2017-2019 period was 22.3, and this has now dropped by 3.3 to 19 per 100,000 for 2018-2020. <p>➤ Female deaths for Rotherham for this period have risen by 0.4 to 7.9 per 100,000.</p> <p>➤ Yorkshire and Humber and England have seen increases in all person, male and female deaths during this period.</p>	
1.5	Since 2016 with assistance from the Safer Neighbourhood Team, Rotherham has looked at suspected suicides in real time to ensure that support can be put in place for those bereaved and affected and to mitigate against further suicides. This is now collated through the ICS Real Time Surveillance (RTS) Project.	

Key Issues	
2.1	<p>Place</p> <p>Real time data has been used during the pandemic to direct the actions within local plans, to offer support to those bereaved, affected and exposed to suicide and to mitigate against further suicides.</p>
2.2	<p>The real time data for Rotherham showed fewer suspected suicides recorded in 2020 compared to 2019. However, suicide data should be considered over three-year periods because there can be variations year on year.</p>
2.3	<p>The Suicide Operational Group, which reviews deaths has continued to meet during the pandemic to look at all suspected suicides. This group updated their action plan in line with emerging risk factors during the pandemic. Specific work has included promoting information on debt management and bereavement support including key messages for frontline staff.</p>
2.4	<p>The Chief Coroner for Doncaster and Rotherham is very supportive of the suicide prevention work. Both Public Health Leads for suicide prevention in Rotherham and Doncaster are auditing inquest records to see what impact the pandemic may have had on people and what actions need to be taken.</p>
2.5	<p>The Be the One campaign has been promoted throughout the pandemic. The campaign was also promoted across the partnership as part of Safeguarding Awareness week in November 2020 and will be promoted during this week in 2021. Be the One launched a new film targeting women on the 10th September 2021. This campaign is targeted at all women, those who have been touched by suicide, those who have contemplated suicide and anyone who wants to be better prepared to help someone else in a crisis. The campaign encourages hairdressers and nail bars to use their social media reach to promote the campaign.</p>
2.6	<p>Zero Tolerance Suicide prevention training has been promoted across the council and with other partners.</p>
2.7	<p>The NHSE suicide prevention funding has now finished but in Year 3 it enabled Rotherham to promote the third round of the small grants scheme to community groups who are addressing the underlying causes which can lead to suicide. This was led by Rotherham CCG with input from Public Health RMBC. The Chair of the Health and Wellbeing Board and Cabinet Member, Councillor Roche was a member of the grants panel.</p>
2.8	<p>The SY Listening Service for people bereaved and affected by suicide (Amparo) was promoted throughout the pandemic. The existing provider will run this service across South Yorkshire until January 2022. Rotherham CCG is leading on procurement of this service on behalf of all SY LAs for 2022/2023.</p>
2.9	<p>The Care Pathway for Children & Young People Bereaved by Sudden Traumatic Death has been updated with input from practitioners and is now on the Tri-x system for partners to adopt.</p>
2.10	<p>The pandemic has disrupted the face-to-face programme of suicide prevention and self-harm training which was planned. The challenge has been two-fold to deliver these courses in a way which achieves the same learning outcomes whilst keeping participants safe. Virtual courses for suicide prevention and mental health first aid are currently being offered to all partner organisations with an emphasis on the voluntary</p>

2.11	<p>sector, police and primary care.</p> <p>A second group of staff were trained as part of the Self Harm Train the Trainer project. After being signed off they will deliver this awareness training to either staff or parents/carers.</p>
2.12	<p>The Suicide Prevention Top Tips for Primary Care has been amended to include risk factors and groups emerging because of the pandemic.</p>
2.13	<p>The Public Health Specialist lead for suicide prevention has been working with Survivors of Bereavement by Suicide (SOBS) to advertise for volunteers to be trained to run a Rotherham peer support group. Rotherham may have a peer support group running by the end of 2021.</p>
2.14	<p>Following a successful symposium in June 2019 with partners of the Health and Wellbeing Board, a further event is planned as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan on 12th October. Following the symposium, the action plan will be amended and will go to the Health and Wellbeing Board for their approval. Professor Nav Kapur and national lead for suicide prevention and self-harm is attending this event.</p>
2.15	<p>ICS</p> <p>Suicide prevention is an ICS priority and the PH Lead for suicide prevention contributes to this work which includes: RTS, bereavement support, suicide audit, work in prisons, working with the media and maternal suicide prevention.</p>
2.16	<p>The ICS held a roadshow in June to showcase the work over the last three years. This was promoted to all partner organisations in Rotherham. The PH suicide prevention Lead was involved in the planning and chaired several of the workshops during the week.</p>
2.17	<p>Public Health leads in SYB ICS have been working with a local University to review and audit deaths by suicide in the region. Suicide audit refers to the systematic collection of local data about suicides to learn lessons and inform suicide prevention plans. The collection of such data is now considered a mandatory requirement of local authorities. This report has been finished and a workshop booked to share the findings. This information will inform Rotherham's suicide prevention action plans.</p>
Key Actions and Relevant Timelines	
3.1	<p>Rotherham's second suicide prevention symposium with partners of the Health and Wellbeing Board taking place on the 12th October. Following the symposium, the action plan will be amended and will go to the Health and Wellbeing Board for their approval (April 2022).</p>
3.2	<p>Delivery of suicide prevention training across the partnership, targeting different levels of training (March 2022).</p>
3.3	<p>Deliver self-harm awareness sessions for staff and parents/carers through the Self Harm Train the Trainer project (March 2022).</p>
3.4	<p>Procurement process for listening service for those bereaved, affected and exposed to suicide (work commenced July 2021 led by Rotherham CCG).</p>

3.5	Launch of Rotherham SOBS peer support group (December 2021).
3.6	Development and launch of Rotherham's Community Response Plan (December 2021).
3.7	Delivery of the Public Mental Health and Wellbeing Action plan which also includes actions to address loneliness and bereavement in addition to other risk factors associated with suicide.
3.8	Delivery of the Public Health England's Better Mental Health funded projects; Team around the School, Workplace Mental Health project for small and medium employers and Befriending project led by the VCS (May 2022).
3.9	To reflect on the findings of the ICS suicide audit and use this information to inform Rotherham's suicide prevention plans (September/October 2021).
3.10	<p>ICS</p> <p>To continue to work with ICS colleagues and partners on suicide prevention activity across the region in particular Real Time Surveillance, extending this to suicide attempts and improving support to children, young people and adults bereaved by suicide (Ongoing).</p>
Implications for Health Inequalities	
4.1	To use real time data to understand which communities and groups are most at risk and look to introduce preventative actions.
4.2	To use the suicide audit report to inform the local action plan.
4.3	To continue to audit Coroner's records to understand what impact the pandemic may have had on communities.
4.4	To work with BAME groups to ensure that the training on offer is appropriate to their needs.
4.5	To work with people with lived experience and BAME communities in the procurement of the new listening service for those bereaved, affected and exposed to suicide.
Recommendations	
5.1	To note the updates on suicide prevention.
5.2	To receive future updates on suicide prevention and public mental health activity.
5.3	Partners to commit to promote; training related to this topic, support services, particularly the service that is for people bereaved, affected or exposed to suicide and the Be the One campaign.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	21 st July 2021
	LEAD OFFICER:	Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health Jo Hinchliffe Adult Care Housing and Public Health - Service Improvement and Governance Manager jo.hinchliffe@rotherham.gov.uk
	TITLE:	Carers Programme – Update July 2021* *carried forward from cancelled July meeting

1. Background

- | | |
|------------|--|
| 1.1 | Rotherham's Adult Social Care Pathway puts the person at the centre of everything we do. For us to do our best work, every process, every interaction and every outcome must have the person at the core. |
| 1.2 | On the 21st October 2019 we introduced new a way of working to ensure a consistent, robust and sustainable Pathway; our work with carers is defined via a “sub-pathway” and in March 2020 plans were shared with the Health and Wellbeing Board explaining how we anticipated we would deliver a carers programme. |
| 1.3 | The week after the information was presented to the Health and Wellbeing Board in March 2020 the council mobilised resources appropriate for the management of the Covid 19 Pandemic and this had significant impact on the proposed programme timeline. |
| 1.4 | The programme outlined in March 2020 had to be reprofiled to take into account the Covid 19 emergency response work of all the partner agencies. In August 2020 these partners via the Unpaid Carers Group supported a refresh of the carers programme.
<i>Appendix 1: shows the refreshed programme timeline</i> |
| 1.5 | The Unpaid Carers Group came together during the emergency response work to ensure the network of partnerships was as strong as it could be in the most extreme of circumstances. The aim being that carers were fully supported throughout the pandemic.
<i>Appendix 2 shows some of the work progressed by the Unpaid Carer Group.</i> |
| 1.6 | At the time of the carers programme refresh Covid 19 funding become available to support carers. The council joined forces with Crossroads Care Rotherham to launch a carer grant initiative to help people who have a long-term commitment to supporting loved ones. £50,000 worth of funding was able to be accessed by unpaid carers.
<i>Appendix 3 shows some of the outcomes of this work.</i> |

1.7	In April 2021 a further £25,000 was made available to run a second round of carer grant funding. This is due to be evaluated in August 2021.
2. Key Issues	
2.1	Update on the key objectives - September 2020 (Quarter 2 of the Carers Programme)
2.2	<p>Quarter 2 Objectives:</p> <ul style="list-style-type: none"> • We will map the carer experience and ensure the carers programme addresses any gaps. • We will ensure effective communication processes are in place to fully support carers. • We will refresh our understanding of the profile of carers in Rotherham in the light of Covid 19. • We will invite reps from the Unpaid Carers Group to become members of the Carer Programme Project Group. • We will continue to progress the Carers Grant work.
2.3	<i>Appendix 4</i> shows what we have done to meet the agreed key objectives; it also outlines considerations for how we expand the work for maximum impact. These considerations are being progressed via the Unpaid Carer Group and feed the shared strategic approach that is to be formed into a Rotherham Carers Strategy.
2.4	It is important to note work started on the key objectives in September 2020 and carried through to March 2021. This was because partner agencies; most of which are voluntary sector organisations had to prioritise operational activity. Resources for partners were often stretched as they had to balance the day-to-day with strategic duties as well as Covid 19 compliant emergency responses.
2.5	Wider programme outputs: April – June 2021
2.6	Within the carer programme there was an outcome to explore the Assistive Technology (AT) offer for carers. Work to date on this outcome has expanded in two ways. Firstly, the use of digital tools, Zoom/Teams has also enabled a wider reach with carers and we are capturing the learning within the Adult Social Care AT Strategy Group. Secondly, learning from the carers grant initiative has demonstrated how carers often need support with the acquisition of technological devices. These devices have been a lifeline for many carers and the learning from both these examples will feed into the Rotherham Carers Strategy.
2.7	As referenced at the beginning of the report the Adult Social Care Pathway is a vital element of the carer journey. The Care Act 2014 clarifies that a carer is an individual who “provides or intends to provide care for another adult” and would qualify for an assessment where it “appears that the carer may have any level of needs for support” (Paragraph 6.16). In order to ensure we meet this stipulation a carer sub-pathway was introduced in 2019. Work has been happening over the last quarter to understand the level of carer assessment activity and highlight reports now form part of the overall performance reporting structure.
2.8	Rotherham was the only authority in the region to deliver a face to face event for Carers Week. Each year Carers Week provides an opportunity to recognise the invaluable work unpaid carers do to support their family and friends, and highlights the challenges they

	face. Members of the Unpaid Carer Group mobilised to ensure we raised the profile of carers and the vital role they play. A corner of the town centre was taken over by carer organisations who showcased their services. It was a well-supported event and was also backed-up by a social media campaign facilitated by the council's corporate communication team. It prompted carers to come forward and make link with the council and over 30 carers made direct contact with the Adult Care - Service Improvement and Governance Team.
2.9	A key element of the carer programme was to review the council run Carer's Centre. It is located within the Rain Building (Rotherham Town Centre), is currently a building-based offer which sets out to support carers of adults with social care needs. During the Corona Virus Pandemic in line with national and local restrictions the Carer's Centre closed as the limited space was conducive to social distancing measures. The centre has remained closed to date and this has significantly impacted on the review work. What has been happening is benchmarking with other local authorities and other agencies.
2.10	Crossroads re-opened "The Corner" in All Saints Square it is a carers hub comprising of; charity/coffee shop, training facility and meeting room for carers. This new project enables Crossroads to raise much needed funds to support carers through their expanding services. It is supported by the council as part of the Town Centre Masterplan. Conversations are planned via the Unpaid Carers Group to look at how this offer could be enhanced as part of the forthcoming Rotherham Carers Strategy
2.11	Work with Young Carers is being progressed by Barnardos and their Young Carer Council. Preparation work has been happening through June 2021 to ensure officers attend the Young Carer Council Meetings. Dates are now agreed and in place and the first meeting has been undertaken.

3. Key Actions and Timelines


3.1	The carer programme was intended to close June 2021 with the result being the production of a refresh Rotherham Carers Strategy. Due to the impact of the pandemic this is slightly off track and will now conclude with a draft strategy being reviewed in July 2021 at the next Unpaid Carers Group Meeting.
3.2	The Carers Centre review work will continue over the summer and again will be supported by the Unpaid Carers Group and is also governed via the Adult Social Care Project Assurance Meeting. Options appraisal work is happening now and a formal report is due at the end of July 2021.
3.3	A carers newsletter will be issued with the first edition scheduled for the 31 st August 2021 – this will become a monthly feature and will form part of the information offer that is to be embedded within the Rotherham Carers Strategy development work.
3.4	Sharing the Draft Rotherham Carers Strategy will be the focus for the period July – September 2021. With the lifting of national restrictions, it is hoped that more face-to-face engagement work can happen so we can really capture the carers voice within the strategy development work. To date all focus group work has been virtual and although this has allowed us to reach a draft stage of the Strategy all the agencies involved feel more work is needed directly with the carers they support. This phase will be reviewed early in September 2021 with the Unpaid Carer Group taking a view on the timeframe for a formal launch of the Rotherham Carers Strategy.

4. Recommendations

4.1	Health and Wellbeing Board note the completion of the key objectives (September 2020-
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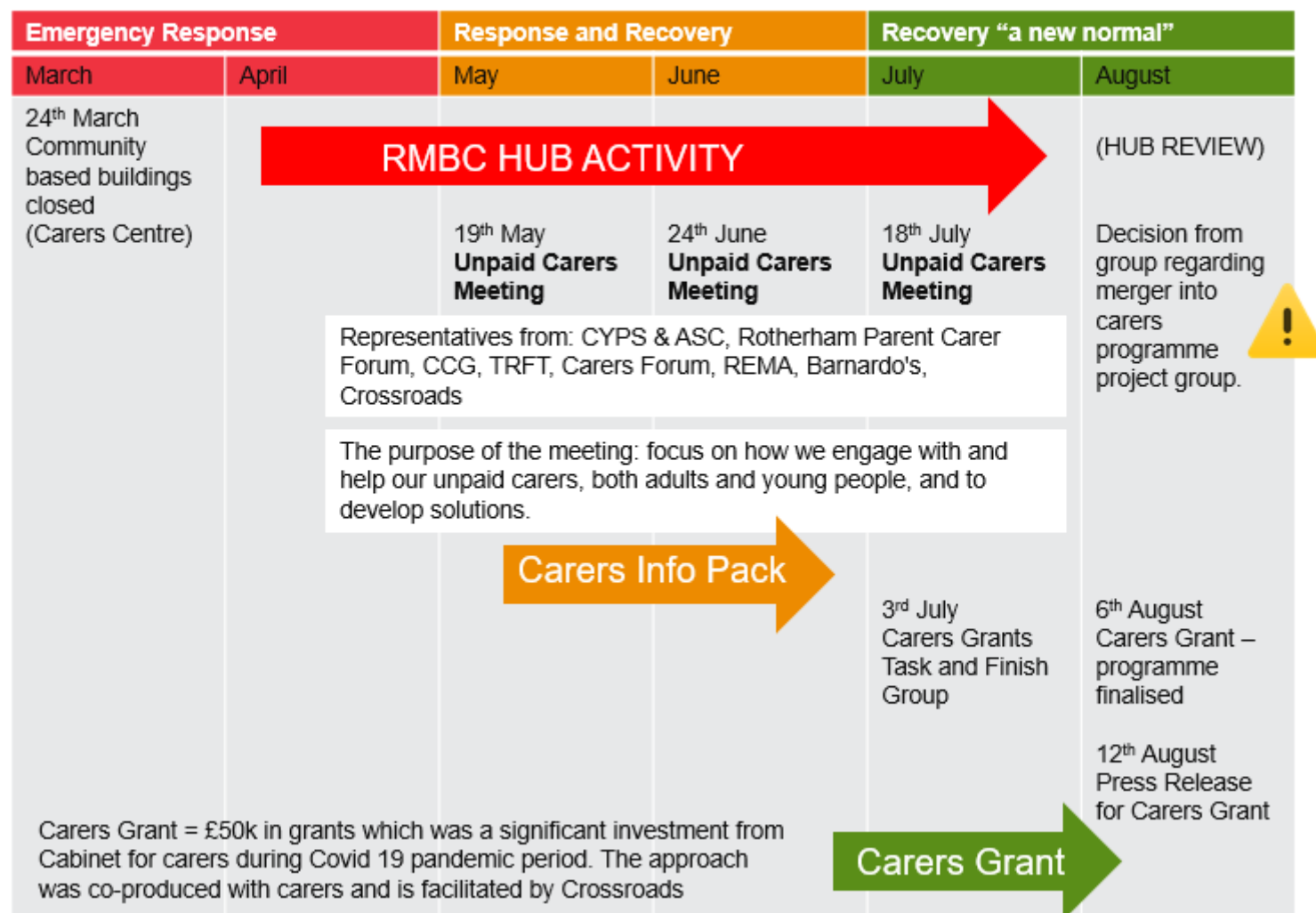
	March 2021)
4.2	Health and Wellbeing Board to note the care programme output April-June 2021
4.3	Health and Wellbeing Board to note the progress made on the Rotherham Carers Strategy

Appendix 1: Refreshed Carers Programme Timeline – August 2020

Quarter 2 July, Aug, Sept 2020	Quarter 3 Oct, Nov Dec 2020	Quarter 4 Jan, Feb, Mar 2021	Quarter 1 Apr, May, June 2021
PMO: Governance Reset: Establish Carers Programme Project Group - reports into ASC Project Assurance Meeting (PAM) 17th Sept & then into Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM: 15th October 19th November 3rd December 1/4 highlight report to Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM 1/4 highlight report to Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM 1/4 highlight report to Health and Wellbeing Board
WS1: Review of the Carer Strategy	Coproduction work for the strategy	Consultation work for the strategy	Refreshed Carer Strategy
WS2: Assistive Technology (AT) requirements for carers feeding into the Digital Solutions Programme	Engagement activity (Sandi Whiting)	AT pathway proposed and out to consultation.	AT Carer Offer launch
WS3: ASC Pathway: Process mapping / assessments consistency checks Young Carers: transition work mirrors ASC Pathway	Carer Journey Mapping (with all partners) ASC Pathway: Refresh Policy / Guidance for Carers		<div><p>ASC Pathway consistently applied.</p><p>Carer Centre offer re-profiled</p><p>Information, Advice and Guidance Offer refreshed.</p></div>
WS4: Carers Centre - Review / Impact Assessment	Carers Centre - future options / consultation	Decision making	
WS5: Information Offer - scoping work (Partner conversations)	Coproduction work (Digital channels)	Consultation linked to the strategy work	
Routine Activity: Training Programme for carers / staff Support for carers through covid (Carers Grant) Regular and sustained communications (Diane Clarke) Activity and Events (Carers Week / Carer Rights Day)			

Appendix 2: Work of the Unpaid Carer Group during the emergency response to the pandemic

Covid 19 High Level Timeline



Appendix 3: Carers Grants

Carers Grants – August 2020

Aim:

Rotherham Council has joined forces with Crossroads Care Rotherham to launch an initiative to help people who have a long-term commitment to supporting loved ones who would otherwise struggle on their own.

The project is the result of £50,000 worth of funding to help unpaid carers in Rotherham to access the help and the support they need through the COVID-19 pandemic and beyond.

The project aims to reach out to local unpaid carers to ensure their rights and support needs are met in the same way as they would be for the people they care for.

Those caring for a family member or friend who is ill, frail, disabled or has mental health or addiction problems will benefit from the project, which, hopes to ease isolation, provide respite and support with skills training.

Key outcomes:

1. 146 people got a grant for what they wanted and it is easy to prove / audit.
2. 14 Grants were made to Carers Trust and if they are all successful this will bring in £4000+ into the Borough.
3. Skilled conversation were required; need to create a relationship with the carer, needed to understand the carer responsibilities and to support them with the wants and wishes.
4. Found a lot of new carers – so spin-off support.
5. 200+ Wellbeing Packs given out – added value.
6. Positive feedback from carers received.
7. Main reasons for the IT Kit: online shopping, social media, keeping in contact with people, ordering medication, accessing training.

Appendix 4:

Key Objectives: September 2020

Carers Programme: Quarter 2 Key Objectives	What we have done to meet the objective:	Considerations for ongoing work:
We will map the carer experience and ensure the carers programme addresses any gaps.	Focus group work with: <ul style="list-style-type: none"> ✓ Rotherham Parent Carers Forum ✓ Carers Forum ✓ Crossroads Care ✓ REMA ✓ Barnardos ✓ CCG ✓ Linked with Age UK / Active Independence 	Regular meetings in place with: <ul style="list-style-type: none"> ➤ Rotherham Parent Carers Forum ➤ Carer Forum ➤ Crossroads ➤ Age UK ➤ Active Independence ➤ Barnardos Young Carer Council ➤ ADASS Regional Meetings
We will ensure effective communication processes are in place to fully support carers.	<ul style="list-style-type: none"> ✓ Re-issued information pack post the C19 Emergency Response ✓ Carers database established ✓ Website updating work ongoing 	<ul style="list-style-type: none"> ➤ Information pack to be updated to reflect the national changes inline with restrictions easing ➤ RMBC Carer Newsletter to be issued from the 30th August 2021
We will refresh our understanding of the profile of carers in Rotherham in the light of Covid 19	<ul style="list-style-type: none"> ✓ Intelligence captured in support of the carer vaccine programme – needs looking at post pandemic. 	<ul style="list-style-type: none"> ➤ Regular mapping and a data dashboard to be set-up via the Unpaid Carers Group
We will invite reps from the Unpaid Carers Group to become members of the Carer Programme Project Group.	<ul style="list-style-type: none"> ✓ March 2021 Unpaid Carer Group agreed the governance of the carer programme. 	<ul style="list-style-type: none"> ➤ August 2021 the Terms of Reference to be strengthened with new chair and membership of partners reviewed.
We will continue to progress the Carers Grant work	<ul style="list-style-type: none"> ✓ Phase 1 of Carers Grant allocation complete Feb 2021 ✓ Phase 2 of Carers Grant due to close July 2021 – Evaluation work to be undertaken in August 2021 	<ul style="list-style-type: none"> ➤ Evaluation of the grant work to inform the carer strategy refresh.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	22 nd September 2021
	LEAD OFFICER	Ben Anderson Director of Public Health Rotherham Metropolitan Borough Council Becky Woolley Policy Officer Rotherham Metropolitan Borough Council
	TITLE:	Refreshed Health and Wellbeing Board priorities and draft action plan
Background		
1.1	At the meeting of the Health and Wellbeing Board in May 2021, a discussion took place regarding the strategic direction. This discussion aimed to build on the refresh of board priorities that took place in November 2020.	
1.2	As part of this discussion, board members agreed that the existing aims of the strategy remain relevant and should still be the overarching outcomes that the board is working towards. These are: <ul style="list-style-type: none">• Aim 1: All children get the best start in life and go on to achieve their full potential• Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life• Aim 3: All Rotherham people live well for longer• Aim 4: All Rotherham people live in healthy, safe, and resilient communities	
1.3	The board also recommended that a refresh of the strategic priorities took place. Based on input from board sponsors and other relevant leads, a draft version of the refreshed board priorities was circulated to board members for consultation in July 2021. Engagement with wider stakeholders, including delivery leads has also taken place since July, to inform the setting of priorities and the refresh of the action plan.	
Key Issues		
2.1	Several points and comments were raised as part of consultation with board members and wider stakeholders. Some of the feedback included that: <ul style="list-style-type: none">• Maintaining alignment with the Place Plan remains a priority. This has particularly informed the development of the priorities for aims 1 and 2.• Activity to reduce the health burden from tobacco, drugs, and alcohol should feature within the plan. This is now one of the priorities within aim 3.• The relationship between the Health and Wellbeing Board’s priorities and the priorities of other partnership boards, such as the Safer Rotherham Partnership should be considered. This will be picked up by the Policy Officer supporting the board, working with other officers supporting boards within the Rotherham Together Partnership.	

2.2

- Childhood obesity should be captured as part of the aim 1 section of the plan. Relevant actions have now been included under the 'developing well' priority, including a review of the childhood obesity pathway.
- Work around SEND and Youth Offending Provision should also be incorporated within aim 1. An action around SEND has been included, and discussions are ongoing regarding Youth Offending Provision and where activity sits between the Health and Wellbeing Board and the Safer Rotherham Partnership.
- There was some discussion regarding the overlap between aims 3 and 4 and where activity should sit. It was emphasised that lifestyle interventions should sit within aim 3 and developing a borough that supports healthy lifestyles should sit within aim 4. This has informed some changes to the aim 3 and aim 4 priorities.
- A priority around partners' roles as anchor institutions and promoting social value should be included. This is now a priority within the cross-cutting priorities section.

Informed by the engagement with board members and stakeholders, the refreshed Health and Wellbeing Board priorities are set out as follows:

- *Aim 1: All children get the best start in life and go on to achieve their full potential:*
 - Develop our approach to give every child the best start in life.
 - Support children and young people to develop well.
- *Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life:*
 - Deliver the Better Mental Health for all Strategy.
 - Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan and further enhance crisis support services.
 - Promote positive workplace wellbeing for staff across the partnership.
 - Enhance access to mental health services.
- *Aim 3: All Rotherham people live well for longer:*
 - Ensure support is in place for carers.
 - Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.
- *Aim 4: All Rotherham people live in healthy, safe and resilient communities:*
 - Deliver a loneliness plan for Rotherham.
 - Promote health and wellbeing through arts and cultural initiatives.
 - Ensure Rotherham people are kept safe from harm.
 - Develop a borough that supports a healthy lifestyle.
- *Cross-cutting priorities:*
 - Work in partnership to maximise social value across the borough.
 - Assess and respond to the impact of the COVID-19 pandemic.
 - Develop the Pharmaceutical Needs Assessment.
 - Work in partnership to further develop the Rotherham Data Hub and assess population health.

2.3

Additionally, some feedback was received regarding the current position with board sponsors. It was noted that:

- The role of board sponsors could be clearer, and it would be useful to have a

	<p>document that sets this out in further detail.</p> <ul style="list-style-type: none"> • Having a better balance of board sponsors from all partner organisations would be desirable, to ensure that all partners of the board are able to take a leading role. • There is currently no board sponsor for the cross-cutting priorities and aim 2 is the only aim with a single board sponsor (rather than two).
Key Actions and Relevant Timelines	
3.1	A first draft of the Health and Wellbeing Strategy action plan is appended to this briefing note (appendix 1.) The intention is for this action plan to be a 'live' document that evolves over the duration of delivery. The action plan will continue to be monitored and updates against the plan will come to each Health and Wellbeing Board meeting.
3.2	It is also proposed that the Policy Officer supporting the Health and Wellbeing Board works with board sponsors to draft a memorandum of understanding that sets out the role of board sponsors in more detail.
Implications for Health Inequalities	
4.1	<p>A key aim of the Health and Wellbeing Strategy is reducing health inequalities for people in Rotherham. There is evidence of significant inequalities between both Rotherham and the national average and between the most and least deprived communities within the borough:</p> <ul style="list-style-type: none"> • Life expectancy and healthy life expectancy are both below the national and regional averages. (PHOF, 2017-2019.) • Life expectancy is 9.9 years lower for men and 9.5 years lower for women in the most deprived areas of Rotherham than in the least deprived areas. (PHOF, 2017-2019.) • Men in the most deprived areas of Rotherham live 20.2 years of their lives in poor health before death compared to 15.7 years in the least deprived areas. In comparison, women in the most deprived areas of Rotherham live on average 23.8 "unhealthy" years before death compared to 19.1 years for those in the least deprived areas. (PHOF, 2009-2013.)
4.2	<p>The development of these priorities has focussed on addressing these outcomes. This has included using information presented as part of the JSNA regarding the risk factors affecting disability adjusted life-years (DALYs) in Rotherham; (DALYs are the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.) According to the Global Burden of Disease Study 2019, the top 10 risk factors affecting DALYs in Rotherham are:</p> <ol style="list-style-type: none"> 1. Smoking 2. High blood glucose 3. Diet 4. High BMI 5. High blood pressure 6. High cholesterol 7. Alcohol use 8. Occupational risk 9. Cold homes 10. Air quality

4.3	Consideration of these factors has informed the development of the first draft of the action plan, including a greater focus on smoking, alcohol, healthy weight, and active travel. This evidence will continue to be referred to as the plan develops and evolves.
4.4	It is also a requirement for all board papers to include analysis of the implications for health inequalities. This will ensure that the board retains strategic oversight around this role of partnership working in reducing health inequalities across Rotherham and between Rotherham and the national average.
Recommendations	
5.1	Discuss and agree the refreshed strategic priorities and provide feedback on the draft action plan.
5.2	Discuss the feedback from the engagement with board members regarding board sponsors.
5.3	Agree for a memorandum of understanding to be produced which outlines the role of Health and Wellbeing Board sponsors.

Rotherham Health and Wellbeing Strategy Action Plan:

September 2021-March 2023

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Introduction

The Health and Wellbeing Strategy was agreed in 2018 and is structured around four high-level aims. These are the outcomes that partners agreed to work towards collectively to improve the health and wellbeing of people in Rotherham. They are:

1. All children get the best start in life and go on to achieve their full potential
2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
3. All Rotherham people live well for longer
4. All Rotherham people live in healthy, safe and resilient communities

Health and Wellbeing Board members have confirmed that these aims are still relevant and should be the key drivers of partnership activity. However, it was agreed in May 2021 that the time was right to review the strategic priorities of the board, building on the previous refresh that took place in November 2020.

The strategic priorities outlined within this document will run to March 2023 (with flexibility to review at an earlier stage if required.) This document also includes an action plan to oversee delivery against these priorities; this will be a 'live' plan which will be updated on an iterative basis. To monitor progress against the action plan, board sponsors will present regular updates at board meetings. All partners of the Health and Wellbeing Board will collectively be responsible for assuring delivery.

It should be noted that these priorities have been informed by data and intelligence, including the JSNA. The priorities are also informed by engagement with board members and are based on an understanding that the impacts of the coronavirus pandemic continue to be felt across local communities and within partner organisations. Therefore, the Health and Wellbeing Board's approach as a partnership will need to remain flexible and responsive to emerging needs.

Health and Wellbeing Strategy aims and priorities

Four aims

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

Develop our approach to give every child the best start in life.

Support children and young people to develop well.

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

Deliver the Better Mental Health for all Strategy.

Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan and further enhance crisis support services.

Promote positive workplace wellbeing for staff across the partnership.

Enhance access to mental health services.

Aim 3: All Rotherham people live well for longer.

Ensure support is in place for carers.

Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

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

Deliver a loneliness plan for Rotherham.

Promote health and wellbeing through arts and cultural initiatives.

Ensure Rotherham people are kept safe from harm.

Develop a borough that supports a healthy lifestyle.

Twelve strategic priorities

Cross-cutting priorities

Underpinned by cross-cutting priorities, including:

- Delivering the JSNA and PNA as part of the statutory duties of the board.
 - Working in partnership to maximise social value.
- Assessing and responding to the impacts of the COVID-19 pandemic.

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

Board sponsors: Suzanne Joyner, Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough Council and Dr Jason Page, Vice Chair, Rotherham Clinical Commissioning Group

Priority	#	Milestones	Timescale	Delivery group or lead organisation	Lead(s)
Cross-cutting	1.1	Work with Health and Wellbeing Board partners to develop a 'Best Start and Beyond' strategy. * *N.B. the strategy will be developed in five stages.	April 2022 – stage one developed April 2023 – complete strategy developed	First 1001 Days Group (to be set up)	Alex Hawley, RMBC
	1.2	Deliver the 0-19 service with a universal offer to support all children and young people and their families, with an enhanced offer for those that need it, ensuring that there is equality across the service.	Ongoing for the duration of the plan	TRFT	Alison Cowie, Head of Nursing Children's Services, TRFT
Develop our approach to give every child the best start in life.	1.3	Develop a local action plan to deliver on the first 1001 days.	September 2021	ICP Place Board	Alex Hawley, RMBC
	1.4	Develop a breast-feeding friendly charter and campaign for Health and Wellbeing Board partners to sign up to.	November 2021	First 1001 Days Group (to be set up)	Alex Hawley, RMBC
	1.5	Work with the LMS with the aim to achieve 35% of women on a continuity of carer pathway by March 2022.	March 2022	TRFT	Sarah Petty, Head of Midwifery, TRFT
Support children and young people to	1.6	Review the childhood obesity pathway.	Review of current pathway – March 2022	Public Health, RMBC	Alex Hawley RMBC

develop well.			Review of recommissioned 0-19 pathway – April 2023		
	1.7	Explore opportunities to increase the number of schools in Rotherham with the Food for Life award.	October 2021	RMBC	Best Start - Public Health Specialist, RMBC
	1.8	Deliver against PHE funding to develop a team around the school model of working and report learning to the Health and Wellbeing Board.	July 2022	RMBC	Nathan Heath, RMBC
	1.9	Develop the response to the final COVID survey report, including promoting what young people can do to support their own mental health, delivering actions within schools and developing our partnership response to the findings.	March 2022	TBC	Nathan Heath, RMBC
	1.10	Deliver the SEND development plan.	Ongoing	RMBC	Nathan Heath, RMBC

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

Board sponsor: Kathryn Singh, Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Priority	#	Milestones	Timescale	Delivery Group	Lead(s)
Promote better mental health and wellbeing for all Rotherham people.	2.1	Sign up to the Public Health England prevention concordat for better mental health as a Health and Wellbeing Board.	March 2022	Better Mental Health for all Group	Ruth Fletcher-Brown, RMBC
	2.2	Develop and deliver a communications campaign centred around various themes to promote 'self-help', early intervention, and prevention.	March 2022	ICP Comms and Engagement Group and Better Mental Health for all Group	Gordon Laidlaw, CCG & Diane Clarke, RMBC
Take action to prevent suicide and self-harm.	2.3	Deliver training to 100 people across the partnership on self-harm and suicide prevention awareness.	March 2022	Rotherham Suicide Prevention and Self Harm Group	Ruth Fletcher-Brown, RMBC
	2.4	Launch the Be the One campaign focussed on women.	September 2021	Rotherham Suicide Prevention and Self Harm Group	Ruth Fletcher-Brown & Diane Clarke, RMBC
	2.5	Hold the Suicide Prevention Symposium, develop action plan in light of new priorities and implement.	October 2021	Rotherham Suicide Prevention and Self Harm Group	Anne Marie Lubanski & Ruth Fletcher-Brown, RMBC
Promote positive workplace wellbeing for	2.6	Ensure Health and Wellbeing Board partners are signed up to the Be Well @ Work award.	Ongoing	Better Mental Health for all Group	Colin Ellis, RMBC
	2.7	Deliver the workplace project as part of the better	March 2022	RMBC	Colin Ellis and

staff across the partnership.		mental health for all fund and identify learning.			Jacqueline Wiltchinsky, RMBC
Enhance access to mental health services.	2.8	Develop an action plan to enhance the access to IAPT for BAME groups, older people, unemployed and those who are post-COVID.	March 2022	ICP Mental Health, Learning Disabilities and Neuro-developmental Care	Kate Tufnell, CCG
	2.9	Deliver an IAPT provision communications plan.	March 2022	ICP Mental Health, Learning Disabilities and Neuro-developmental Care	Kate Tufnell and Gordon Laidlaw CCG

Aim 3: All Rotherham people live well for longer

Board sponsors: Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council and Michael Wright, Deputy Chief Executive, The Rotherham NHS Foundation Trust

Priority	#	Milestones	Timescale	Delivery group or lead organisation	Lead(s)
Ensure support is in place for carers.	3.1	Support the stabilisation of voluntary sector carers groups/services.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Unpaid Carers Group	Jo Hinchliffe, RMBC
	3.2	Strengthen the unpaid carers group meetings.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Unpaid Carers Group	Jo Hinchliffe, RMBC
	3.3	Establish a voice, influence, and engagement task group with a focus on the health and wellbeing of carers.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Unpaid Carers Group	Jo Hinchliffe, RMBC
	3.4	Refresh information, advice and guidance available to carers, including the launch of the carers' newsletter.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Unpaid Carers Group	Jo Hinchliffe, RMBC
Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and	3.5	Review delivery of enhanced tier 2 weight management service, being delivered as part of the PHE Adult WM Grant Programme.	March 2022	RMBC Public Health	Michael Ng / Kate Green, RMBC
	3.6	Undertake health needs assessments for healthy weight and tobacco.	January 2022	Public Health	Jessica Dunphy and Kate Gray, RMBC
	3.7	Identify and treat inpatient smokers as part of the QUIT	End of October	The Rotherham	Trevor Ripley,

drugs and alcohol.		<p>programme with:</p> <ul style="list-style-type: none"> • 30% of inpatient smokers prescribed nicotine replacement therapy within 24 hours of admission • 50% of inpatient smokers referred to Trust Tobacco Treatment Advisors within 24 hours of admission 	2021	Foundation Hospital Trust	Healthy Hospitals Manager, TRFT
	3.8	Offer the free smoking cessation service to all hospital staff as part of the QUIT programme.	End of October 2021	The Rotherham Foundation Hospital Trust	Trevor Ripley, Healthy Hospitals Manager, TRFT
	3.9	Increase the number of non-opiate and alcohol treatment completions in line with PHE Average.	September 2021-March 2023	RMBC- Public Health	Jacqui Wiltchinsky and Anne Charlesworth. RMBC
	3.10	Review and establish the drug-related death pathway to identify improvements across the system.	September 2021-March 2023	RMBC- Regeneration and Environment working with Public Health	Sam Barstow and Anne Charlesworth, RMBC
	3.11	Deliver against funding from PHSE to support frequent attenders to ED with complex Alcohol and Mental Health needs through a newly established outreach team.	March 2022	The Rotherham Foundation Hospital Trust	Amanda Marklew, TRFT

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

Board sponsors: Steve Chapman, Chief Superintendent, South Yorkshire Police and Paul Woodcock, Strategic Director of Regeneration and Environment, Rotherham Metropolitan Borough Council

Priority	#	Milestones	Timescale	Delivery group or lead organisation	Lead(s)
Deliver a loneliness plan for Rotherham.	4.1	Launch and deliver MECC training on loneliness, with a target to reach 150 people.	September – March 2022	Public Health, RMBC	Phillip Spencer, RMBC
	4.2	To deliver the Public Health England (PHE) Better Mental Health Fund Befriender project.	July 2021- April 2022	VCS working with Public Health, RMBC	Ruth Fletcher-Brown, RMBC and organisation that is awarded the contract (TBC)
	4.3	Develop a communications and engagement plan to address loneliness and deliver this plan working with VCS and wider partnership.	September-March 2022	RMBC Comms working with VCS and other partner organisations	Diane Clarke, RMBC working with VCS and other partner organisations
Promote health and wellbeing through arts and cultural initiatives.	4.4	Deliver Rotherham Show as a three-day festival, including implementing additional COVID secure measures to reassure residents and instil confidence.	September 2021	RMBC with community partners	Leanne Buchan, RMBC
	4.5	Develop a cultural programme using COMF funding targeting over 55s to support physical and mental reconditioning.	Autumn-March 2022	RMBC	Leanne Buchan, RMBC
	4.6	Launch a Rotherham Year of Reading event which will target disadvantaged pupils.	January 2022	RMBC	Zoe Oxley, RMBC
	4.7	Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end	March 2023	RMBC	Zoe Oxley, RMBC

		of life planning and legacy.			
Ensure Rotherham people are kept safe from harm.	4.8	Embed the Home Safety Partnership Referral Scheme with key partners in Rotherham.	March 2022	South Yorkshire Fire and Rescue	Steve Adams and Toni Tranter, South Yorkshire Fire and Rescue
	4.9	Work with other partnership boards on crosscutting issues relating to safety and safeguarding.	Ongoing for the duration of the plan	Rotherham Together Partnership Safeguarding Board Chairs Group	Board chairs, RTP
Develop a borough that supports a healthy lifestyle.	4.10	Undertake a review of the strategic positioning of physical activity in Rotherham.	December 2021	Yorkshire Sport Foundation	Sam Keighley, Yorkshire Sport Foundation (supported by Kate Green, RMBC)
	4.11	Deliver a range of programmes to welcome women and girls into football, focussing on under-represented groups.	Ongoing for the duration of the plan (up to July 2023)	WEuro'22 Rotherham Legacy Group	Chris Siddall, RMBC
	4.12	Use football to encourage more women and girls to adopt and maintain a healthier lifestyle.	Ongoing for the duration of the plan (up to July 2023)	WEuro'22 Rotherham Legacy Group	Chris Siddall, RMBC
	4.13	Complete public consultation on the draft Cycling Strategy and present the final draft for approval.	October 2021	RMBC	Andrew Moss, RMBC

Cross-cutting priorities

Priority	#	Milestones	Timescale	Delivery group or lead organisation	Lead(s)
Work in partnership to maximise social value across the borough.	5.1	Undertake a baselining assessment regarding social value through the Rotherham Anchor Network.	March 2022	Rotherham Anchor Network	Karen Middlebrook, RMBC
Assess and respond to the impact of the COVID-19 pandemic.	5.2	Commission State of the Sector Research to understand the impact of the pandemic on the voluntary and community sector.	Early 2022	Voluntary Action Rotherham	Shafiq Hussain, VAR
	5.3	Update the GISMO directory, taking into account the impact of the pandemic of voluntary and community sector organisations.	End of September – 50% updated End of December – 75% updated End up of March 2022 – 100% updated	Voluntary Action Rotherham	Shafiq Hussain, VAR
Develop the Pharmaceutical Needs Assessment.	5.4	Host stakeholder consultation to support needs assessment	January 2022	Public Health, RMBC	Gilly Brenner, RMBC
	5.5	Publish updated Rotherham Pharmaceutical Needs Assessment	September 2022	Public Health, RMBC	Gilly Brenner, RMBC
Work in partnership to further develop the Rotherham Data Hub and assess population	5.6	Establish a partnership steering group to prepare the 2021/22 JSNA.	December 2021	Public Health, RMBC	Gilly Brenner, RMBC
	5.7	Refresh the JSNA for 2021/22.	April 2022	JSNA steering group	Gilly Brenner, RMBC

health.					
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DRAFT

Health and Wellbeing Board priority refresh

22nd September

Refresh of priorities

- As agreed at the last Health and Wellbeing Board meeting, the four key aims set out within the Health and Wellbeing Strategy will remain the headline outcomes that the board is working towards.
- The underpinning priorities will now be refreshed. It is proposed that the new priorities run until March 2023 to align with financial years – (with flexibility to refresh priorities sooner if required.)
- It is proposed that the Health and Wellbeing Strategy delivery plan will be updated based on these priorities – (additional milestones and actions may need to be agreed at appropriate intervals for the latter part of the plan period.)



Strategy principles

- **Reduce health inequalities** by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- **Prevent physical and mental ill-health** as a primary aim, but where there is already an issue, services intervene early to maximise impact
- **Promote resilience and independence** for all individuals and communities
- **Integrate commissioning** of services to maximise resources and outcomes
- **Ensure pathways are robust**, particularly at transition points, so that no one is left behind
- **Provide accessible services** to the right people, in the right place, at the right time.



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

Previous priorities (November 2020- June 2021)

Develop our strategy for a positive first 1001 days.

Support positive mental health for all children and young people.

Support children and young people to achieve their full potential.

Proposed priorities (July 2021-March 2023)

Develop our strategy to give every child the best start in life.

Support children and young people to develop well.

Board sponsors: Suzanne Joyner (RMBC) and Dr Jason Page (RCCG)

The new priorities that are being proposed have been consolidated and are broader in focus:

- **Best start** – this priority will include alignment with first 1001 days work within the Place Plan.
- **Developing well** – this will align with other aspects of the Place Plan, including mental health and wellbeing, SEND, LAC and transitions.
- This priority will also encompass other key partnership priorities, including work to tackle childhood obesity.

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

Previous priorities (November 2020- June 2021)

Deliver the Better Mental Health for All Strategy.

Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan.

Promote positive workplace wellbeing for staff across the partnership.

Proposed priorities (July 2021-March 2023)

Deliver the Better Mental Health for all Strategy.

Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan
and further enhance crisis support services.

Promote positive workplace wellbeing for staff across the partnership.

Enhance community Mental Health services.

Board sponsors: Kathryn Singh (RDaSH)

- 2021-23 Priorities Continued
- Focus on IAPT and crisis support.

Aim 3: All Rotherham people live well for longer

Previous priorities (November 2020- June 2021)

Build a social movement to support local people to be more physically active.

Ensure support is in place for carers.

Develop a whole-systems approach to tackling obesity in Rotherham, with consideration of the impact of COVID-19.

Proposed priorities (July 2021-March 2023)

Ensure support is in place for carers.

Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

Board sponsors: Sharon Kemp (RMBC) and Michael Wright (TRFT)

- Michael Wright will be joining as co-sponsor.
- Based on evidence from the JSNA, tobacco has been raised as an important priority. It has also been commented that action around drugs and alcohol was a gap within the previous plan.
- Aim 3 will therefore include a focus on lifestyle interventions aimed at: tobacco, obesity and drugs and alcohol.
- There will be a close relationship between aims 3 and 4. Social movement around physical activity will now sit in aim 4.

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

Previous priorities (November 2020- June 2021)

Delivery of a loneliness plan for Rotherham.

Promote health and wellbeing through arts and cultural initiatives.

Ensure Rotherham people are kept safe from harm.

Proposed priorities (July 2021-March 2023)

Delivery of a loneliness plan for Rotherham.

Promote health and wellbeing through arts and cultural initiatives.

Ensure Rotherham people are kept safe from harm.

Develop a borough that supports a healthy lifestyle.

Board sponsors: Steve Chapman (SYP) and Paul Woodcock (RMBC)

- We will maintain our focus on our three previous priorities, around loneliness, arts and culture and keeping Rotherham people safe from harm.
- We will also focus on ensuring that Rotherham as a place supports healthy lifestyles, through:
 - Promoting active travel.
 - Building on the social movement around physical activity, including using the Women's Euros as a focal point of activity.
 - Delivering against the Local Authority Declaration on Healthy Weight.

Cross-cutting priorities

Previous priorities (November 2020- June 2021)

Work with the Local Outbreak Engagement Board to ensure the negative impacts on health and wellbeing from COVID are minimised.

Develop our understanding of the impact of COVID-19 on our communities and on health inequalities.

Deliver on Phase 2 of the Joint Strategic Needs Assessment, capturing the impact of COVID-19.

Proposed priorities (July 2021-March 2023)

Use partners' roles as anchor institutions to promote social value across Rotherham.

Assess and respond to the impact of the COVID-19 pandemic.

Develop the Pharmaceutical Needs Assessment.

Work in partnership to further develop the Rotherham Data Hub and assess population health.

- Work is taking place to build an anchor network – there may be opportunities to link this with other priorities e.g. healthy weight declaration.
- VAR have identified actions to contribute to the plan, including State of the Sector research and updates to Gismo.
- Delivering on PNA and JSNA duties.

Engagement with board members

- Maintaining alignment with the Place Plan remains a priority.
- Activity to reduce the health burden from tobacco, drugs, and alcohol should feature within the plan.
- The relationship between the Health and Wellbeing Board's priorities and the priorities of other partnership boards, such as the Safer Rotherham Partnership should be considered.
- Childhood obesity should be captured as part of the aim 1 section of the plan.
- Work around SEND and Youth Offending Provision should also be incorporated within aim 1.
- There was some discussion regarding the overlap between aims 3 and 4 and where activity should sit. It was emphasised that lifestyle interventions should sit within aim 3 and developing a borough that supports healthy lifestyles should sit within aim 4.
- A priority around partners' roles as anchor institutions and promoting social value should be included.



Role of board sponsors

- Additionally, some feedback was received regarding the current position with board sponsors. It was noted that:
 - The role of board sponsors could be clearer, and it would be useful to have a document that sets this out in further detail.
 - Having a better balance of board sponsors from all partner organisations would be desirable, to ensure that all partners of the board are able to take a leading role.
 - There is currently no board sponsor for the cross-cutting priorities and aim 2 is the only aim with a single board sponsor (rather than two)

Recommendations

- Discuss and agree the refreshed strategic priorities and provide feedback on the draft action plan.
- Discuss the feedback from the engagement with board members regarding board sponsors.
- Agree for a memorandum of understanding to be produced which outlines the role of Health and Wellbeing Board sponsors.



Rotherham ICP Place Board – Wednesday 8 September 2021

Briefing Paper: Rotherham ICP Agreement

Lead Executive	Chris Edwards, Chief Officer
Lead Officer	Lydia George, Strategy and Delivery Lead

Purpose

The purpose of this paper is to provide an update to the Place Board on the updated agreement underpinning the Rotherham ICP arrangements (the “Agreement”).

The current ICP agreement, signed in September 2018, provides an overarching framework for the Place arrangements in Rotherham, including the governance arrangements through the Place Board and Delivery Team. The updated Agreement is intended to facilitate the further development of an ICP model for Rotherham, in line with the policy direction set out in the DHSC White Paper – *Integrating Care* – and in the Health & Care Bill. The Agreement has been updated with legal support from Hill Dickinson LLP with input from the Design Team reporting into the Place Board.

The proposal is that the updated Agreement, once in agreed form, is entered into by the partner organisations following approval by each organisation’s board/governing body.

Background

Further development of the Rotherham ICP

The Partners have, for a number of years, been working collaboratively across Rotherham under the current ICP agreement to integrate services and provide care closer to home for local people. The Partners established the Place Board in 2018 through which to collaborate, reporting into Partner organisations and the Health & Wellbeing Board.

It is clear from the policy direction of the White Paper that a formal place-based partnership will need to be in place in Rotherham from April 2022 and that the Partners will need to undertake a programme of work to in 2021/22 to prepare for the transition. The development of the ICP will be undertaken in parallel with, and linked to, the further development of the South Yorkshire & Bassetlaw Integrated Care System (ICS). The ICS is expected to become a statutory entity in its own right in April 2022, with the CCG being dissolved and its functions transferred to the ICS.

The Agreement

The updated Agreement documents the current policy and legislative context, and direction of travel, together with existing governance arrangements in Rotherham including updated terms of reference for both the Place Board and the Delivery Team. It also incorporates an outline development plan for the ICP, identifying key areas of development for the ICP and linking into programmes of work to be undertaken during 2021/22 in readiness for ‘shadow operation’ from September/October 2021. The Agreement documents the agreed vision and objectives of the Partners for the ICP and the shared principles of the Partners in developing a place-based health and care operating model for the people of Rotherham and focusing on a number of priorities in line with the Rotherham Place Plan.

The updated Agreement is intended to work alongside and facilitate provider collaboration at

Place, providing a flexible framework for identifying opportunities for service improvements or developments in priority areas aligned to the ICP principles.

Updates to the Agreement

The Agreement has been updated to set out:

- updated principles that the Partners will comply with in working together to achieve the common vision and objectives;
- updated terms of reference for the Place Board and Delivery Team;
- the updated Place Plan;
- the ICP development plan as referred to above; and
- provisions enabling provider collaboration as a key part of the Place arrangements.

As a framework, the Agreement is designed to be flexible and to evolve over time; this is particularly important because of the upcoming period of transition in 2021/22 to formalise the place-based partnership for Rotherham.

The future governance arrangements are to be developed and will need to take into account guidance issued by NHS England & Improvement, the Health & Care Bill and the approach developed by the ICS with Partners. It is anticipated that the Health and Wellbeing Board will continue to play a central role in the ICP approach. The White Paper sets this out in broad terms and we expect further guidance on how the Health and Wellbeing Board will work together with the ICS Partnership and as part of a place-based partnership to be published shortly.

Approval history

ICP Place Board (confidential) – 7 July 2021

Recommendations

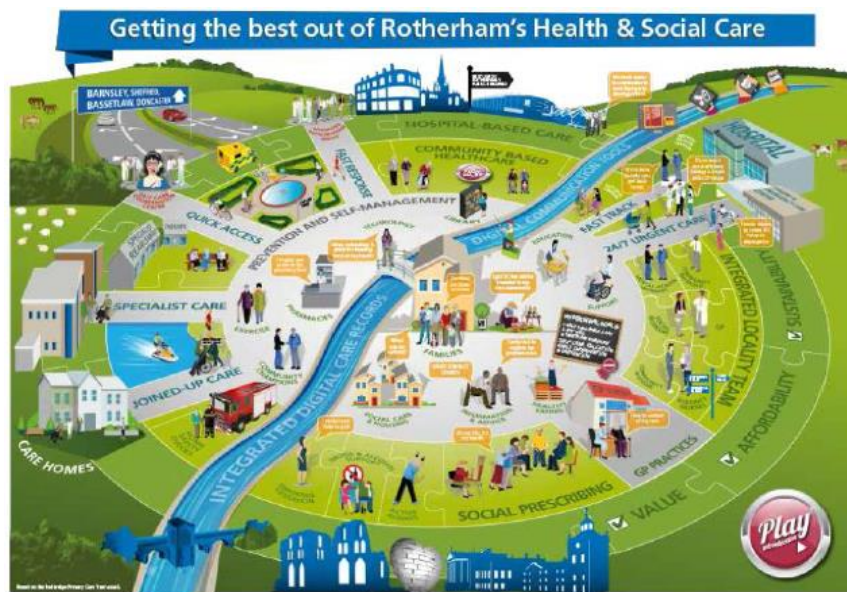
The Place Board will be kept informed of developments in relation to the ICS and the ICP generally, including the implications for Rotherham of any further guidance published centrally on place-based partnerships and the Health & Care Bill itself, in due course.

Recommendation

The Place Board is asked to approve the updated Agreement and note that the ICP approach will be subject to further development over 2021/22 in line with policy and legislation and as such the Agreement will need to be kept under review and updated further for April 2022

[DATED [INSERT] 2021]

- OVERARCHING INTEGRATED CARE PARTNERSHIP AGREEMENT FOR THE
TRANSFORMATION AND BETTER INTEGRATION OF HEALTH, CARE, SUPPORT AND
COMMUNITY SERVICES FOR THE POPULATION OF ROTHERHAM**



No	Date	Version Number	Author
3-1	300421	1	EV
3-2	290621	2	EV
3-3	140721	3	EV

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SCHEDULE 539

Rotherham Place Plan39

Overarching Note – Rotherham Integrated Care Partnership Agreement for the transformation and better integration of Health, Care, Support and Community Services

This Agreement provides an overarching framework for the continued development of an Integrated Care Partnership (ICP) for Rotherham. The arrangements set out are intended to build on the existing integrated governance structures between the health and care partners in Rotherham and the previous partnership agreement dated 5 September 2018 between the Parties, to further strengthen relationships between the Parties for the benefit of the Rotherham population.

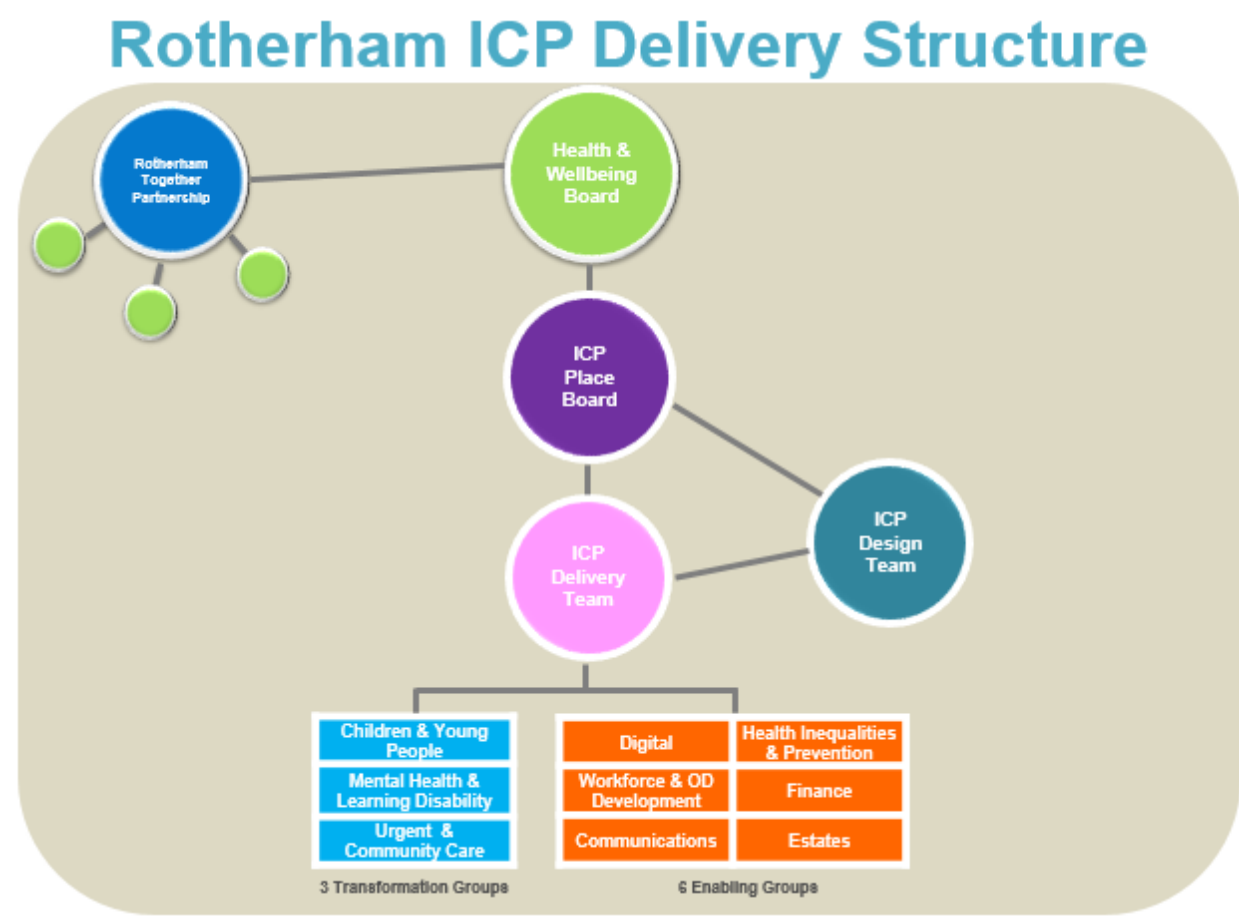
Figure 1 below includes a diagram illustrating the governance arrangements for Rotherham Integrated Care Partnership as at the Commencement Date.

The Parties intend to work together under the governance framework set out in this Agreement to embed and further develop the ICP approach to ultimately include requirements in relation to population health outcomes, risk/gain share, and financial and contract management and regulatory requirements. The Parties acknowledge that 2021/22 will be a transitional year during which they will work together through this Agreement to implement a development plan (the ICP Development Plan – set out in Schedule 4) to create a thriving ICP for Rotherham. The Parties intend to work towards documenting such arrangements as may be agreed in a formal legally binding agreement for April 2022, in line with the policy direction in respect of the development of Integrated Care Systems and place-based partnership set out in the White Paper, *“Integration and Innovation: working together to improve health and social care for all”* (February 2021).

This Agreement is designed to work alongside existing NHS Standard Contracts (commonly the Contracts) and arrangements for the delivery of non-NHS care, support and community services via the Council to the extent such services are within the scope of the Agreement. The Agreement is only intended to be legally binding for specific elements, which are identified, such as confidentiality and intellectual property.

The Parties will review progress made against the ICP Development Plan and the terms of this Agreement no later than September 2021 and at such intervals as the Parties may agree thereafter. The Parties may agree to either vary the Agreement to reflect developments or enter into a new agreement for April 2022.

Figure 1: Rotherham Integrated Care Partnership governance structure



DATE:

2021

This Integrated Care Partnership Agreement (the **Agreement**) is made between:

1. **NHS ROTHERHAM CLINICAL COMMISSIONING GROUP** of Oak House, Bramley, Rotherham S66 1YY (the “**CCG**”);
2. **CONNECT HEALTHCARE ROTHERHAM CIC** (Company number 10648960) whose registered office is Clifton Medical Centre, Doncaster Gate, Rotherham, S65 1DA (“**Connect**”);
3. **ROTHERHAM METROPOLITAN BOROUGH COUNCIL** of Riverside House, Main Street, Rotherham S60 1AE (the “**Council**”);
4. **ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST** of Woodfield House, Tickhill Road Site, Weston Rd, Doncaster DN4 8QN (“**RDASH**”);
5. **THE ROTHERHAM NHS FOUNDATION TRUST** of Rotherham Hospital, Moorgate Road, Rotherham S60 2UD (“**TRFT**”); and
6. **VOLUNTARY ACTION ROTHERHAM LIMITED** a registered charity (Registered Charity Number 1075995) and a company limited by guarantee (Registered Company number 02222190) whose registered office is The Spectrum, Coke Hill, Rotherham S60 2HX (“**VAR**”),

together referred to in this Agreement as the “**Parties**”.

The CCG and the Council (in its role as commissioner of social care and public health services) are together referred to in this Agreement as the “**Commissioners**”.

Connect, TRFT, RDASH, VAR and the Council (in its role as a provider of social care services, whether directly or through contracting arrangements with third party providers) are together referred to in this Agreement as the “**Providers**”.

BACKGROUND

- a) The NHS Five Year Forward View set out a clear goal that “*the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care*”. The NHS Long Term Plan, published in January 2019, provided a vision of health and care joined up locally around population needs.
- b) The white paper published by the Department of Health and Social Care in February 2021¹ (the “**White Paper**”) builds on the NHS Long Term Plan vision and sets out the key components of an integrated care system (“**ICS**”). One of these components is “*strong and effective place-based partnerships*” in local places between the NHS, local government and key local partners, interfacing with a statutory ICS for South Yorkshire &

¹ *Integration and Innovation: working together to improve health and social care for all* ([Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://publishing.service.gov.uk))

Bassetlaw and provider collaboratives established both at Place and on a broader sector-based footprint

- c) In addition, as at the Commencement Date, the Covid-19 pandemic is continuing, and the Parties acknowledge that they will need to continue to support each other and work in partnership through this Agreement to address the significant health and care challenges, including health inequalities, facing the people of Rotherham.
- d) The Parties have been working collaboratively across Rotherham to integrate services and provide care closer to home for local people for some time, under a collaborative agreement signed in 2018. This updated Agreement sets out the values, principles and shared ambition of the Parties in supporting continued work to further develop place-based health and care provision for the Rotherham population using a population health management approach and building on the progress achieved by the Parties to date.
- e) Rotherham's Integrated Health & Social Care Place Plan (the "**Place Plan**") detailed the Parties' joined up approach to delivering five key initiatives that will help achieve the Health and Wellbeing Strategic Aims. The ICP governance framework set out in this Agreement will enable the Providers to collaborate in order to identify opportunities for service improvement or redesign in line with the vision and objectives in the Place Plan.
- f) In light of the White Paper, the Parties recognise that from the Commencement Date until April 2022 they will need to undertake a programme of work through the governance arrangements set out in this Agreement to further develop their place arrangements to become a thriving Integrated Care Partnership ready to manage Rotherham resources together for the benefit of the Rotherham population. This programme of work is set out, in outline terms, in the ICP Development Plan in Schedule 4 to this Agreement. The Parties will review the operation and contents of this Agreement regularly during 2021/22 as the ICP arrangements evolve.
- g) The Commissioners are the statutory bodies responsible for planning, organising and buying social care, NHS-funded healthcare, support and community services for people who live in Rotherham. The Providers together are providers of social care, NHS funded healthcare services, community and support services to the population of Rotherham.
- h) The Parties acknowledge that the Council has a dual role within the Rotherham health and care system as both a commissioner of social care and public health services but also as a provider of social care and public health services either through direct delivery or through various contracts. In its role as commissioner of social care and public health services the Council shall work in conjunction with the CCG and in its role as a provider of social care services the Council shall work in conjunction with the other Providers. The Council recognises the need to ensure and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified to the other Parties and managed.

- i) This Agreement is an overarching agreement setting out how the Parties will work together in a collaborative and integrated way for the delivery of the Services to achieve the objectives set out in the Place Plan in accordance with the ICP Principles. As the arrangements develop, the Parties will consider whether further, legally binding, arrangements including section 75 agreements (between the Commissioners) or contracts for integrated service delivery are required to implement the Place Plan.
- j) This Agreement is intended to work alongside:
 - a. the Place Plan;
 - b. the Contracts between the CCG and the Providers and between the Council and the Providers for the delivery of the Services; and
 - c. the Section 75 Agreement between the Commissioners under which they commission the services listed in the schedules to that agreement.

IT IS AGREED AS FOLLOWS:

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a “person” includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
 - 1.2.3 a reference to a “Provider”, the “Council”, the “CCG” or the “Commissioner” or any Party includes its personal representatives, successors or permitted assigns;
 - 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and
 - 1.2.5 any phrase introduced by the terms “**including**”, “**include**”, “**in particular**” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

2. STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Parties have agreed to work together to further develop the Integrated Care Partnership in order to develop an improved financial, governance and contractual framework for delivering integrated health, support, and community care for the

Rotherham population (covered by the CCG and the Council) and to deliver the Place Plan.

2.2 This Agreement sets out the key terms that the Parties have agreed, including:

2.2.1 the vision of the Parties, and key objectives for the development and delivery of integrated services in Rotherham;

2.2.2 the key principles that the Parties will comply with in working together through the ICP;

2.2.3 the governance structures underpinning the ICP; and

2.2.4 the areas for further development in 2021/22 (in the ICP Development Plan) which the Parties will work together to further develop and implement through this Agreement.

2.3 Notwithstanding the good faith consideration that each Party has afforded the terms set out in this Agreement, the Parties agree that save as provided in Clause 2.4 below this Agreement shall not be legally binding. The Parties each enter into this Agreement intending to honour all of their respective obligations.

2.4 Clauses 9 (*Transparency*), 177 (*Liability*), 19 (*Confidentiality and FOIA*), 20 (*Intellectual Property*), 21.4 (*Counterparts*) and 21.5 (*Governing Law and Jurisdiction*) shall come into force from the date of this Agreement and shall give rise to legally binding commitments between the Providers.

2.5 Each of the Providers has one or more individual Contracts (or where appropriate combined Contracts) with the CCG or Council. This Agreement will work alongside these Contracts and any Section 75 Agreement between the CCG and the Council as appropriate.

2.6 The Parties will work together in a collaborative and integrated way on a Best for Rotherham basis and the Contracts set out how the Providers provide Services to the Population. This Agreement is not intended to conflict with or take precedence over the terms of the Contracts unless expressly agreed by the Parties in writing.

3. APPROVALS

Each of the Parties acknowledges and confirms that as at the date of this Agreement it has obtained all necessary authorisations to enter into this Agreement and that its own organisational leadership body has approved the terms of this Agreement.

4. DURATION AND REVIEW

4.1 This Agreement shall commence on the Commencement Date and will continue in full force and effect and will expire on 31 March 2023 (the “**Initial Term**”), unless and until terminated in accordance with its terms.

- 4.2 At the expiry of the Initial Term this Agreement will expire automatically without notice unless, no later than six (6) months before the end of the Initial Term, the Parties agree in writing that the term of the Agreement will be extended for a further term to be agreed between the Parties (the “**Extended Term**”).
- 4.3 The Parties will review progress made against the ICP Development Plan and the terms of this Agreement by September 2021 and at such intervals thereafter as the Parties may agree. The Parties may agree to vary the Agreement to reflect developments as appropriate in accordance with Clause 18 (*Variations*).

SECTION A: PLACE PLAN VISION, OBJECTIVES AND PRINCIPLES

5. THE PLACE PLAN VISION AND OBJECTIVES

- 5.1 The Place Plan agreed by the Parties is intended to deliver sustainable, effective, and efficient health and care support and community services with significant improvements underpinned by collaborative working through the development of the ICP. The Parties have agreed to work together in order to achieve the objectives set out in the Place Plan.
- 5.2 The Parties’ shared vision as set out in the Place Plan is:
“Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery”
- 5.3 The Parties acknowledge that they will have to make decisions together in order for the ICP to work effectively. The Parties agree that they will always look to work together and make decisions on a Best for Rotherham basis in order to achieve the objectives in the Place Plan, save for the Reserved Matters listed at Clause 8.2.

6. THE ICP PRINCIPLES

- 6.1 The ICP Principles underpin the delivery of the Parties’ obligations under this Agreement and set out key factors for a successful relationship between the Parties. The Parties acknowledge and confirm that the successful delivery of the Place Plan will depend on the Providers’ ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the provision of the Services in conjunction with the Commissioners.
- 6.2 The ICP Principles are that the Parties will work together in good faith and, unless the provisions in this Agreement state otherwise, the Parties will:
 - 6.2.1 focus on people and places rather than organisations, pulling pathways together and integrating them around people’s homes and localities; adopt a way of working which promotes continuous engagement with and involvement of local people to inform this;

- 6.2.2 actively encourage prevention, self-management, and early intervention to promote independence and support recovery, and be fair to ensure that all the people of Rotherham can have timely access to the support they require to retain independence;
- 6.2.3 design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better;
- 6.2.4 be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in Rotherham in the most cost-effective way;
- 6.2.5 strive for the best quality services based on the outcomes we want within the resource available;
- 6.2.6 be financially sustainable and this must be secured through our plans and pathway reform;
- 6.2.7 align relevant health and social care budgets together so we can buy health, care, and support services once for a place in a joined up way;
- 6.2.8 work together to reduce health inequalities and tackle the wider determinants of health to ensure that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest; and
- 6.2.9 promoting and striving to adhere to the Nolan Principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership),

(together these are the “**ICP Principles**”).

- 6.3 In addition to the ICP Principles set out above, the Parties will have regard to the values and principles set out in the South Yorkshire & Bassetlaw ICS Compact.

7. PROBLEM RESOLUTION AND ESCALATION

- 7.1 The Parties agree to adopt a systematic approach to problem resolution which recognises the objectives in the Place Plan and the ICP Principles and which:
 - 7.1.1 seeks solutions without apportioning blame;
 - 7.1.2 is based on mutually beneficial outcomes;
 - 7.1.3 treats the Parties as equal parties in the dispute resolution process; and
 - 7.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.

- 7.2 If a problem, issue, concern or complaint comes to the attention of a Party which relates to the Place Plan or the ICP Principles or any matter within the scope of this Agreement and is appropriate for resolution between the Commissioners and the Providers such Party shall notify the other Parties and the Parties each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion and/or negotiation within 20 Operational Days of such matter being notified.
- 7.3 Any Dispute arising between the Parties which is not resolved under Clause 7.2 above will be resolved in accordance with Schedule 3 (*Dispute Resolution Procedure*).
- 7.4 If any Party receives any formal enquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this Agreement) the receiving Party will liaise with the Delivery Team as to the contents of any response before a response is issued.

SECTION B: OPERATION OF AND ROLES IN THE ICP

8. RESERVED MATTERS

- 8.1 The Parties acknowledge that each of the CCG and the Council is required to comply with certain statutory duties as statutory commissioners and will be required to act in accordance with their statutory duties in relation to certain matters. Consequently, the CCG and Council reserve the matters set out in Clause 8.2 for their respective determination as they see fit in accordance with Clauses 8.3 and 8.4.
- 8.2 Each of the Commissioners shall be free to determine the following Reserved Matters:
 - 8.2.1 making any decision or action where necessary to ensure compliance with their respective statutory duties, including the powers and responsibilities conferred on each of the Commissioners respectively by Law, its constitution or the Section 75 Agreement; or
 - 8.2.2 any matter upon which they may be required to submit to public consultation or in relation to which they may be required to respond to or liaise with a local Healthwatch organisation.
- 8.3 The Parties agree that:
 - 8.3.1 the Reserved Matters are limited to the express terms of Clause 8.2 above; and
 - 8.3.2 the Place Board may not make a final recommendation on any of the matters set out in Clause 8.2, which are reserved for determination by the CCG or Council respectively.
- 8.4 Where determining a Reserved Matter, subject to any need for urgency because to act otherwise would result in the relevant Commissioner breaching their statutory obligations, the relevant Commissioner will first consult with the Place Board in respect

of their proposed determination of a Reserved Matter in line with the objectives of the Place Plan and the ICP Principles.

9. TRANSPARENCY

- 9.1 The Parties will provide to each other all information that is reasonably required in order to achieve the objectives in the Place Plan.
- 9.2 The Parties have responsibilities to comply with Law (including Competition Law). The Parties will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the Place Board and the Delivery Team will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
 - 9.2.1 it is essential;
 - 9.2.2 it is not exchanged more widely than necessary;
 - 9.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
 - 9.2.4 it may not be used other than to achieve the aims of this Agreement or the Place Plan in accordance with the ICP Principles.
- 9.3 Subject to compliance with Clause 9.1 above, the Parties will ensure that they provide the Place Board and Delivery Team with all financial cost resourcing, activity or other information as may be reasonably required so that the Place Board and Delivery Team can be satisfied that the Place Plan objectives are being satisfied.
- 9.4 The Commissioners will make sure that the Place Board and Delivery Team establish appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Place Plan and for no other purpose whatsoever so that the Parties do not breach Competition Law.
- 9.5 It is accepted by the Parties that the involvement of the Providers in the Place Board and Delivery Team is likely to give rise to situations where information will be generated and made available to the Providers, which could give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the CCG and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in the ICP, other than as a result of a breach of this Agreement, does not preclude the CCG and the Council

(where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.

- 9.6 Notwithstanding Clause 9.5 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

10. OBLIGATIONS AND ROLES OF THE PARTIES

CCG and Council (acting as a commissioner) obligations and role

10.1 Each Commissioner will:

- 10.1.1 help to establish, maintain, and further develop an environment that encourages collaboration between the Providers in order to better achieve the Place Plan where permissible;
- 10.1.2 provide clarity on the resources available for Rotherham from their organisations, clearly articulating desired health, care and support outcomes for the Providers, performance standards, scope of services and technical requirements;
- 10.1.3 support the Providers in developing links to other relevant services;
- 10.1.4 comply with all of their statutory duties;
- 10.1.5 work collaboratively with the Providers to develop the ICP approach and to implement the ICP Development Plan; and
- 10.1.6 seek to commission the Services in an integrated, effective and streamlined way to meet the Place Plan objectives.

Providers' obligations and role

10.2 Each Provider will:

- 10.2.1 act collaboratively and in good faith with each other in accordance with the Law and Good Practice to ensure more integrated and effective performance of the Services, having at all times regard to the best interests of the Population;
- 10.2.2 co-operate fully and liaise appropriately with each other in order to ensure a co-ordinated approach to promoting the quality of patient care across the Services so as to achieve continuity in the provision of the Services that avoids inconvenience to, or risk to the health and safety of, the Population, employees of the Providers or members of the public;
- 10.2.3 work collaboratively with any or all of the other Providers to identify and develop opportunities for service improvement/ redesign where such opportunities align

with the ICP Principles and Objectives, including where such opportunities are identified by the Parties through the Place Board; and

10.2.4 through high performance and collaboration, unlock and generate enhanced innovation and better outcomes and value for the Population in line with the Place Plan.

10.3 Each Provider acknowledges and confirms that:

10.3.1 it remains responsible for performing its own obligations and functions for delivery of the Services to the CCG and/or the Council in accordance with its Contracts;

10.3.2 it will be separately and solely liable to the CCG or the Council (as applicable) for the provision of the elements of the Services under its own Contracts;

10.3.3 it remains responsible for its own compliance with all relevant regulatory requirements and remains accountable to its board/cabinet and all applicable regulatory bodies; and

10.3.4 it will work collaboratively with the Commissioners and the other Providers to develop the ICP approach and implement the ICP Development Plan.

SECTION C: GOVERNANCE ARRANGEMENTS

11. INTEGRATED CARE PARTNERSHIP GOVERNANCE

11.1 In addition to the Parties' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Parties' respective functions, the Parties must communicate with each other in a clear, direct, and timely manner. The governance structure for the ICP will consist of:

11.1.1 the Health and Wellbeing Board for Rotherham;

11.1.2 the Place Board; and

11.1.3 the Delivery Team.

11.2 The diagram in Schedule 2 (Governance) sets out the governance structure and the links between the various groups in more detail. In addition to the three groups set out in Clause 11.1, as detailed on the diagram in Schedule 2 the Parties have formed a number of 'Enabling Groups' and 'Transformation Groups' which report into the ICP Delivery Team and focus on the Enablers and Transformation Workstreams respectively.

Rotherham Health and Wellbeing Board

11.3 The Rotherham Health and Wellbeing Board is a committee of the Council, charged with promoting greater health and social care integration in Rotherham. The Health and

Wellbeing Board will receive reports from the Place Board as to the development of the ICP arrangements under this Agreement and progress against the Place Plan.

Rotherham ICP Place Board

11.4 The Place Board is the group responsible for:

11.4.1 leading the ICP,

11.4.2 reporting to Party organisations and the Health and Wellbeing Board for Rotherham on progress against the Place Plan;

11.4.3 liaising where appropriate with:

(a) national stakeholders (including NHS England and NHS Improvement); and

(b) South Yorkshire & Bassetlaw ICS,

to communicate the views of the ICP on matters relating to integrated care in Rotherham.

11.5 The Place Board will act in accordance with the terms of reference set out in Schedule 2 (*Governance*) Part 1 and will:

11.5.1 promote and encourage commitment to the Place Plan and ICP Principles amongst all the Parties;

11.5.2 formulate, agree and implement strategies for implementing the Place Plan;

11.5.3 review performance of the Parties against the Place Plan and the ICP Outcomes and determine strategies to improve performance or rectify poor performance;

11.5.4 report on progress against the Place Plan to member organisations and the Health and Wellbeing Board as required;

11.5.5 provide a forum for parties to resolve disagreement relating to the Place Plan;

11.5.6 oversee the implementation of this Agreement and all related Contracts in terms of delivering the Place Plan in line with the ICP Principles;

11.5.7 in undertaking its role, consider recommendations from the Delivery Team in respect of the operation of the ICP and the delivery of the Services;

11.5.8 oversee the further development and implementation of the ICP Development Plan for 2021/22, drive progress in implementation and seek to overcome any barriers to implementation; and

11.5.9 operate as the key link between the ICP and the ICS and work with the ICS to help shape its development, in conjunction with the ICP's development. This may include nominating ICP representatives to sit on governance groups at ICS level, as required.

- 11.6 The Place Board may refer opportunities to develop specific service improvements / redesign (provided they align sufficiently with the ICP Principles and Objectives) to collaboratives of some or all of the Providers (dependent on the opportunity). Where the Place Board refers such opportunities, the Providers may choose to collaborate through existing governance groups (e.g. the Delivery Team), or set up specific task and finish groups, in either case aligning with the work of the Delivery Team and reporting into the Place Board. The scope and detail of delivery by the Providers of any such opportunities will be agreed by the relevant Partners through the Place Board and appended to this Agreement.

Rotherham ICP Place Delivery Team

- 11.7 The Delivery Team is the group responsible for managing the collaborative operation of the Parties and the delivery of the Place Plan. The Delivery Team will act in accordance with its terms of reference set out in Schedule 2 (*Governance*) Part 2 and will:

11.7.1 implement the Place Plan;

11.7.2 ensure a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda.

11.7.3 operate cost of care effectively in the context of the Rotherham health and social care financial circumstances.

11.7.4 realise cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring no adverse impact in regard to patient safety and experience.

11.7.5 make recommendations to the Rotherham ICP Place Board for its approval or rejection as to how the services should be delivered in a more integrated and Best for Rotherham way so as to deliver the Rotherham Place Plan (subject always to the terms of the Contracts and the consent of the CCG and Council).

11.7.6 provide clinical and professional leadership with regard to the services; and

11.7.7 develop and implement the ICP Development Plan for 2021/22.

- 11.8 The Parties will communicate with each other clearly, directly and in a timely manner to ensure that the Parties (and their representatives) present at the Place Board and Delivery Team are able to represent their nominating organisations to enable effective and timely decisions to be made for each respective Party under this Agreement.

- 11.9 Each Party must ensure that its appointed members of the Place Board and Delivery Teams (or their appointed deputies/alternatives) attend all of the meetings of the Place Board and the Delivery Team respectively and participate fully and exercise their rights on a Best for Rotherham basis and in accordance with Clause 5 (*Place Plan Objectives*) and Clause 6 (*ICP Principles*).

12. CONFLICTS OF INTEREST

- 12.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality the Parties agree to share all information relevant to the achievement of the Place Plan objectives in an honest, open and timely manner.
- 12.2 The Parties will:
- 12.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the performance of the Services or operation of the Place Board or Delivery Team, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Party or any person employed or retained by them for or in connection with the performance of the Services;
 - 12.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Parties) before they participate in any decision in respect of that matter; and
 - 12.2.3 use best endeavours to ensure that their Place Board and Delivery Team representatives comply with the requirements of this Clause 12 when acting in connection with this Agreement or the performance of the Services.

SECTION D: FINANCIAL PLANNING**13. PAYMENTS**

- 13.1 The Parties will continue to be paid in accordance with the mechanism set out in the Contracts in respect of Services they deliver.
- 13.2 The Parties have not agreed as at the Commencement Date to share risk or reward. However, the Parties will work together during the Initial Term to develop system financial principles including the potential development of risk/reward sharing mechanisms with the aim of achieving the Objectives in line with the ICP Development Plan. Any future introduction of such a mechanism would require additional legally binding provisions to be agreed between the Parties and incorporated into this Agreement in accordance with Clause 17.

SECTION E: FUTURE DEVELOPMENT OF THE ICP**14. ICP DEVELOPMENT PLAN**

- 14.1 The Parties have agreed to work together to further develop, and implement, the ICP Development Plan using the South Yorkshire and Bassetlaw ICS ICP Development Matrix to enable maximum delegation to a weight-bearing Rotherham ICP able to receive and make decisions about Rotherham's resource allocation, the initial draft of

which is set out in Schedule 4 (*ICP Development Plan*). The areas for development set out in the ICP Development Plan have been identified by the Parties as priorities for 2021/22 in order to ensure that the ICP is ready to transition to the new model of health and care planning and delivery in Rotherham by April 2022. The Parties will keep the ICP Development Plan under review through the governance structures set out in this Agreement and may agree to amend the ICP Development Plan as required during the Initial Term, in line with policy direction and legislative developments.

SECTION F: GENERAL PROVISIONS

15. EXCLUSION AND TERMINATION

- 15.1 A Provider may be excluded from this Agreement on notice from the Commissioners (acting in consensus) in the event of:
- 15.1.1 the termination of their Contract;
 - 15.1.2 an event of Insolvency affecting them.
- 15.2 A Party may withdraw from this Agreement by giving not less than 3 months' written notice to each of the other Parties' representatives on the Place Board.
- 15.3 A Party may be excluded from this Agreement on written notice from all of the remaining Parties in the event of a material or persistent breach of the terms of this Agreement by the relevant Party which has not been rectified within 30 days of notification issued by the remaining Parties (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Party.
- 15.4 The Place Board may resolve to terminate this Agreement in whole where:
- 15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or
 - 15.4.2 where the Parties agree for this Agreement to be replaced by a formal legally binding agreement between them.
- 14.5 Where a Party is excluded from this Agreement, or withdraws from it, the Parties recognise that the associated Contract may be terminated and/or varied to reflect how the impacted Services are to be delivered. In addition to any specific obligations under the relevant Contract and to ensure a smooth transfer of Services the Parties agree to work together in good faith to agree the necessary changes so that the Services continue to be provided for the benefit of the Population. The excluded Party shall procure that all data and other material belonging to any other Party shall be delivered back to the relevant Party or deleted or destroyed (as instructed by the relevant Party) as soon as reasonably practicable.

16. INTRODUCING NEW PROVIDERS

Additional parties may become parties to this Agreement on such terms as the Parties will jointly agree in writing, acting at all times on a Best for Rotherham basis. Any new Party will be required to agree in writing to the terms of this Agreement (including the legally binding elements) before admission.

17. LIABILITY

The Parties' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Contracts and not this Agreement.

18. VARIATION

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Parties.

19. CONFIDENTIALITY AND FOIA

- 19.1 Each Party shall keep in strict confidence all Confidential Information it receives from another Party except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Party. Each Party shall use Confidential Information received from another Party solely for the purpose of delivering the Services and complying with its obligations under this Agreement and for no other purpose.
- 19.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Party or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Party may have in respect of such Confidential Information.
- 19.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 19 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns, or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.
- 19.4 Nothing in this Clause 19 (*Confidentiality and FOIA*) will affect any of the Parties' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.
- 19.5 The Parties acknowledge that some of them are subject to the requirements of FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that any Party which is subject to FOIA is able to comply with their statutory obligations.

20. INTELLECTUAL PROPERTY

- 20.1 In order to develop and deliver the arrangements under this Agreement in accordance with the ICP Principles each Party grants each of the other Parties a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Party's obligations under this Agreement.
- 20.2 If any Party creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Party which creates the new Intellectual Property will grant to the other Parties a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Party's obligations for the Services and the development and delivery of the arrangements under this Agreement.

21. GENERAL

- 21.1 Any notice or other communication given to a Party under or in connection with this Agreement shall be in writing, addressed to that Party at its principal place of business or such other address as that Party may have specified to the other Party in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.
- 21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.
- 21.3 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Parties, constitute any Party the agent of another Party, nor authorise any Party to make or enter into any commitments for or on behalf of any other Party except as expressly provided in this Agreement.
- 21.4 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Party has executed at least one counterpart.
- 21.5 This Agreement, and any Dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Parties irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.

21.6 A person who is not a Party to this Agreement shall not have any rights under or in connection with it.

This Agreement for a Rotherham Integrated Care Partnership has been entered into on the date stated at the beginning of it.

Signed by CHRIS EDWARDS

for and on behalf of **NHS ROTHERHAM CLINICAL
COMMISSIONING GROUP**

.....
CHIEF OFFICER

Signed by DR GOKUL MUTHOO

for and on behalf of **CONNECT HEALTHCARE
ROTHERHAM CIC**

.....
CHAIR

Signed by KATHRYN SINGH

for and on behalf of **ROTHERHAM DONCASTER AND
SOUTH HUMBER NHS FOUNDATION TRUST**

.....
CHIEF EXECUTIVE

Signed by RICHARD JENKINS

for and on behalf of **THE ROTHERHAM NHS FOUNDATION
TRUST**

.....
CHIEF EXECUTIVE

Signed by SHARON KEMP

for and on behalf of **ROTHERHAM METROPOLITAN
BOROUGH COUNCIL**

.....
CHIEF EXECUTIVE

Signed by SHAFIQ HUSSAIN

for and on behalf of **VOLUNTARY ACTION ROTHERHAM
LIMITED**

.....
CHIEF EXECUTIVE

SCHEDULE 1**Definitions and Interpretation**

1 The following words and phrases have the following meanings:

Agreement or ICP Agreement	this agreement incorporating the Schedules
Best for Rotherham	best for the achievement of the Place Plan for the Rotherham population on the basis of the ICP Principles
Commencement Date	the date entered on page one (1) of this Agreement
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Party, its intellectual property rights or its business or which a Party has indicated would cause that Party significant commercial disadvantage or material financial loss.
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector by Monitor in accordance with the Health and Social Care Act 2012
Competition Sensitive Information	information which is owned, produced and marked as Competition Sensitive Information including information on costs by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Party, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
Confidential Information	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information
Contract	a contract entered into by one of the CCG or the Council and a Provider for the provision of the

	Services linked to the agreed Transformation Workstreams and references to a Contract include all or any one of those contracts as the context requires
Delivery Team	the Rotherham ICP Delivery Team which oversees the work programmes made up of Provider and Commissioner representatives
Dispute	any dispute arising between two or more of the Parties in connection with this Agreement or their respective rights and obligations under it
Dispute Resolution Procedure	the procedure set out in Schedule 3 for the resolution of disputes which are not capable of resolution under Clause 7 (<i>Problem Resolution and Escalation</i>)
Enablers	the enabling workstreams as set out in the Place Plan, being (as at the Commencement Date) digital, workforce development, communications, estates, finance, and prevention (the latter reporting directly to the Health and Wellbeing Board)
Extended Term	has the meaning set out in Clause 4.2
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Contracts), as appropriate
ICP or Integrated Care Partnership	the Integrated Care Partnership between the Parties as set out in this Agreement
ICP Principles	means the principles set out in Clause 6.2
ICS	Integrated Care System
Initial Term	the period from and including the Commencement Date up to and including 31 March 2023
Insolvency	(as may be applicable to each Party) a Party taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect

	the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world
Law	<ul style="list-style-type: none"> a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales; c) Guidance (as defined in the NHS Standard Contract); d) National Standards (as defined in the NHS Standard Contract); and e) any applicable code.
NHS Standard Contract	the current NHS Standard Contract for NHS healthcare services as published by NHS England from time to time
Operational Days	a day other than a Saturday, Sunday or bank holiday in England
Place Board	the Rotherham ICP Place Board
Place Plan	the Rotherham Integrated Health & Social Care Place Plan set out in Schedule 5 of this Agreement
Population	the geographical population group of Rotherham as covered by the CCG and Council
Reserved Matters	the matters set out in Clause 8.2
Section 75 Agreement	the agreement entered into by the CCG and the Council under section 75 of the National Health Service Act 2006 to commission the services listed in the Schedules to that agreement
Service Users	people within the Rotherham population served by the Commissioners and who are in receipt of the Services
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Contract as set out in the Place Plan
Transformation Workstreams	the workstreams set out in the Place Plan, being as at the Commencement Date: Children and Young People; Mental Health, Learning Disabilities and Neurodevelopmental Care; and Urgent and Community.

SCHEDULE 2

Governance

- 1.1 This Schedule 2 sets out the governance arrangements for the ICP under this Agreement.
- 1.2 The diagram below summarises the governance structure which the Parties have agreed to operate to provide oversight of the development and implementation of the ICP approach and the arrangements under this Agreement.
- 1.3 This Schedule also contains the terms of reference for the Place Board and the Delivery Team.

Rotherham ICP Delivery Structure



Part 1: Rotherham Integrated Care Partnership Place Board Terms of Reference



Rotherham Doncaster and
South Humber
NHS Foundation Trust



The Rotherham
NHS Foundation Trust



Rotherham
Metropolitan
Borough Council

NHS
Rotherham
Clinical Commissioning Group



Terms of Reference: Rotherham Integrated Care Partnership Place Board

Contact Details:	
Joint Chairs	Chief Executive, Rotherham Metropolitan Borough Council Chief Officer, Rotherham Clinical Commissioning Group

Version / Review Date:
<p>Version: Revised 14 July 2021.</p> <p>Next review due: September 2021.</p> <p>NOTE: These terms of reference have been updated to reflect developments in the ICP up to the version date set out above. In accordance with the Rotherham ICP Place Agreement, these terms of reference will be reviewed and updated regularly during 2021/22 and by no later than September 2021 to reflect the development of the ICP in line with anticipated legislative and policy changes during this period in relation to Place-based Partnerships and Integrated Care Systems.</p>

Purpose:
<p>The Scope of the group:</p> <p>Rotherham Integrated Care Partnership (ICP) Place Board has been established to provide strategic and collective leadership to deliver the ambitions of the Rotherham ICP and the Rotherham Place Plan. Strategic direction will be signed off by the Health and Wellbeing Board. The Health and Wellbeing Board will receive reports from the Rotherham ICP Place Board as to the development of the ICP arrangements against the Rotherham Place Plan.</p> <p>The Rotherham ICP Place Board will be the forum where all the partners across the health and care system come together to formulate, agree and implement strategies for implementing the Rotherham Place Plan. It will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations in the Rotherham health and social care community.</p> <p>The role of the Rotherham ICP Place Board is to:</p> <ul style="list-style-type: none"> • Lead the Rotherham ICP. • Promote and encourage commitment to the Place Plan and “ICP Principles” set out in the Place Agreement amongst all partner organisations; • Formulate, agree and implement strategies for implementing the Place Plan; • Oversee the implementation of the Place Agreement and all related contracts in terms of delivering the Rotherham Place Plan in line with the ICP Principles. • Review performance of the partners against the Rotherham Place Plan and determine strategies to improve performance or rectify poor performance. • Ensure a proactive approach to establishing the health and social care needs of Rotherham

citizens and to react to the changes within the health and social care agenda.

- Operate cost of care effectively in the context of the Rotherham health and social care financial circumstances.
- Realise cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring impact assessments are completed where appropriate to assess any adverse impact in regard to patient safety and experience.
- Provide a forum for parties to resolve disagreement relating to the Rotherham Place Plan.
- In undertaking its role, consider recommendations from the Rotherham ICP Delivery Team in respect of the operation of the Rotherham ICP and the delivery of the services.
- Report to the partner organisations and the Health and Wellbeing Board on progress against the Rotherham Place Plan.
- Oversee the development and implementation of the ICP Development Plan for 2021/22, drive progress in implementation and seek to overcome any barriers to implementation
- Liaise where appropriate with national stakeholders (including NHS England and NHS Improvement) and South Yorkshire & Bassetlaw ICS to communicate the views of the ICP on matters relating to integrated care in Rotherham.
- Operate as the key link between the ICP and the ICS and work with the ICS to help shape its development, in conjunction with the ICP's development. This may include nominating ICP representatives to sit on governance groups at ICS level, as necessary.

The role of the **Rotherham ICP Place Board** will vary over time as the Rotherham ICP develops.

The **Rotherham ICP Place Board** will at all times adhere to the ICP Principles set out within the Place Agreement.

Responsibilities:

The **Rotherham ICP Place Board** is not a separate legal entity and is therefore unable in law to bind any partner organisation. Each member will ensure that their representatives understand the status of the Rotherham ICP Place Board and the limits of the authority delegated to them. All recommendations from the **Rotherham ICP Place Board** will need consensus from its membership and will need to be made to relevant partner organisations through individuals with delegated responsibility.

Members acknowledge that the **Rotherham ICP Place Board** should encompass commissioners and providers who commission or provide health and social care across Rotherham and as such recognise that the membership of the **Rotherham ICP Place Board** may need revising periodically to include additional members.

Rotherham ICP Place Board members should seek to hold each other to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators on a Best for Rotherham basis. These arrangements do not supersede accountabilities between organisations and their respective regulators.

To manage any risks identified in the meeting that could potentially impact on the delivery of the priorities within the Rotherham Place Plan, when a risk is identified:

- The risk and onward escalation should be recorded within the minutes of the meeting
- The risk should be escalated to the Rotherham Health and Wellbeing Board. ***Note - it is the responsibility of the chair of the meeting to ensure escalation.***
- The risk should be escalated to partner organisation(s) where it has the potential to impact on the

organisations objectives. **Note - it is the responsibility of individual members of the group to escalate, as appropriate, within their respective organisation and for the risk to be managed through their organisations risk process.**

- If no risks are identified then this should also be recorded within the minutes of the meeting.

Chair:

Joint Chair – Chief Officer (RCCG) /Chief Executive (RMBC)

Composition of group:

Each member organisation will have one representative on the group. The Joint Chairs of the Health and Wellbeing Board will attend to ensure the delivery is consistent with the strategic direction.

NHS Rotherham CCG

Chief Officer (Joint Chair)

Rotherham Metropolitan Borough Council

Chief Executive (Joint Chair)

Director of Public Health

The Rotherham NHS Foundation Trust (TRFT)

Chief Executive

Voluntary Action Rotherham

Chief Executive

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Chief Executive

Connect Healthcare Rotherham Ltd (Rotherham GP Federation)

Rotherham GP Chair

Participating Observers:

Joint Chair, Health and Wellbeing Board, RMBC

Joint Chair, Health and Wellbeing Board, RCCG

In Attendance:

Executive Place Director, RCCG (as chair of the Rotherham ICP Place Delivery Team and Mental Health and Learning Disability Transformation Group Lead)

Urgent and Community Transformation Group Lead

Children and Young People's Transformation Group Lead

Head of Communications, RCCG/Rotherham ICP

Strategy & Delivery Lead, RCCG/Rotherham ICP

Deputising:

Member representatives may nominate deputies to attend on their behalf when they are unavailable to do so. Deputies should only be asked to attend a meeting in exceptional circumstances.

Quorum:

One member from each of NHS Rotherham CCG and Rotherham Metropolitan Borough Council and one Provider representative

Accountability:
The chair of the meeting will be responsible for reporting to the Health and Wellbeing Board on the outcome of meetings.
Conduct:
All members are required to notify the Chair of any actual, potential or perceived conflict of interest in advance of the meeting to enable appropriate management arrangements to be put in place. All members are required to uphold the Nolan Principles and adhere to their own member organisation's code of conduct at all times.
Frequency of meetings:
Monthly.
Agenda deadlines:
Agenda items one week before the meeting, agenda to be circulated Friday prior to the meeting.
Minutes:
To be provided by the chair to the Health and Wellbeing Board.

Part 2: Rotherham Integrated Care Partnership Delivery Team Terms of Reference



Rotherham Doncaster and
South Humber
NHS Foundation Trust



The Rotherham
NHS Foundation Trust



Rotherham
Metropolitan
Borough Council

NHS
Rotherham
Clinical Commissioning Group



Terms of Reference:
Rotherham Integrated Care Partnership Place Delivery Team

Contact Details:	
Joint Chairs	Deputy Chief Officer, Rotherham Clinical Commissioning Group Strategic Director for Adult Care & Housing, Rotherham Metropolitan Borough Council

Version / Review Date:
<p>Version: Revised 14 July 2021.</p> <p>Next review due: September 2021.</p> <p>NOTE: These terms of reference have been updated to reflect developments in the ICP up to the version date set out above. In accordance with the Rotherham ICP Place Agreement, these terms of reference will be reviewed and updated regularly during 2021/22 and by no later than September 2021 to reflect the development of the ICP in line with anticipated legislative and policy changes during this period in relation to Place-based Partnerships and Integrated Care Systems.</p>

Purpose:
<p>The Scope of the group:</p> <p>Rotherham Integrated Care Partnership (ICP) Place Delivery Team will be the operational group for the delivery of the Rotherham Place Plan, reporting to the Rotherham ICP Place Board. Strategic direction will be signed off by the Health and Wellbeing Board.</p> <p>The Rotherham ICP Place Board will be the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery and the Rotherham ICP Place Delivery Team will be held to account by the Rotherham ICP Place Board. It will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations in the Rotherham health and social care community.</p> <p>The Rotherham ICP Place Delivery Team will be made up of the officers accountable for the workstreams.</p> <p>The role of the Rotherham ICP Place Delivery Team is to:</p> <ul style="list-style-type: none"> • Implement the Rotherham Place Plan. • Ensure a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda. • Operate cost of care effectively in the context of the Rotherham health and social care financial circumstances. • Realise cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring no adverse impact in regard to patient safety and experience.

- Make recommendations to the Rotherham ICP Place Board for its approval or rejection as to how the services should be delivered in a more integrated and Best for Rotherham way so as to deliver the Rotherham Place Plan (subject always to the terms of the Contracts and the consent of the CCG and Council).
- Provide clinical and professional leadership with regard to the services.
- Develop and implement the ICP Development Plan for 2021/22.

The role of the **Rotherham ICP Place Delivery Team** will vary over time as the Rotherham ICP develops.

The **Rotherham ICP Place Delivery Team** will at all times adhere to the ICP Principles set out within the Place Agreement.

Responsibilities:

The Rotherham ICP Place Delivery Team is not a separate legal entity and is therefore unable in law to bind any partner organisation. Each member will ensure that their representatives understand the status of the Rotherham ICP Place Delivery Team and the limits of the authority delegated to them. Recommendations for funding will need to be made by the Place Board to the relevant statutory bodies, through individuals where responsibility is delegated by relevant statutory bodies. All recommendations from the Rotherham ICP Place Delivery Team will need consensus from its membership.

Rotherham ICP Place Delivery Team members should seek to hold each other to account for actions resulting from internal review, with member organisations sharing intelligence and pooling resources where possible, to improve system delivery against agreed key performance indicators on a Best for Rotherham basis. These arrangements do not supersede accountabilities between organisations and their respective regulators.

To manage any risks identified in the meeting that could potentially impact on the delivery of the priorities within the Rotherham Place Plan, when a risk is identified:

- The risk and onward escalation should be recorded within the minutes of the meeting
- The risk should be escalated to the *Rotherham Health and Wellbeing Board*. **Note - it is the responsibility of the chair of the meeting to ensure escalation.**
- The risk should be escalated to partner organisation(s) where it has the potential to impact on the organisations objectives. **Note - it is the responsibility of individual members of the group to escalate, as appropriate, within their respective organisation and for the risk to be managed through their organisations risk process.**

If no risks are identified then this should also be recorded within the minutes of the meeting.

Chair:

Joint Chairs – Deputy Chief Officer (RCCG)/Strategic Director for Adult Care & Housing (RMBC)

Composition of Group:

Each member organisation will be represented on the group. Rotherham ICP Place Board officers will be invited and attend as available/appropriate.

NHS Rotherham CCG (CCG)

- Executive Place Director (Joint Chair)

Rotherham Metropolitan Borough Council (RMBC)

- Strategic Director for Adult Care & Housing (Joint Chair)
- Director of Children's Services

The Rotherham NHS Foundation Trust (TRFT)

- Deputy Chief Executive

Voluntary Action Rotherham (VAR)

- Director of Services (Projects)

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

- Care Group Locality Director (Rotherham)

Connect Healthcare Rotherham Ltd (Rotherham GP Federation)

- Medical Director

In Attendance

- Assistant Director Strategic Commissioning, *RMBC*
- Joint Assistant Director Commissioning, Performance & Inclusion, *RMBC*
- Assistant Director of Independent Living & Support, *RMBC*
- Children's Care Group Director, *RDaSH*
- Director of Public Health, *RMBC*
- Strategy & Delivery Lead, *Rotherham CCG/Rotherham ICP*
- Head of Communications, *Rotherham CCG/Rotherham ICP* & Chair of ICP Communications & Engagement Enabler Group
- Chair of ICP Digital Enabler Group
- Chair of ICP OD & Workforce Enabler Group
- Chair of ICP Finance Enabler Group
- Chair of ICP Estates Enabler Group

Deputising:

Member representatives may nominate deputies to attend on their behalf when they are unavailable to do so. Deputies should only be asked to attend a meeting in exceptional circumstances.

Quorum:

One member from each of NHS Rotherham CCG and Rotherham Metropolitan Borough Council and one provider representative.

Accountability:

The members of the meeting will be accountable to the Rotherham ICP Place Board for the responsibilities set out in the terms of reference. The chair of the meeting will be responsible for reporting to the Rotherham ICP Place Board on the outcome of meetings.

Conduct:

All members are required to notify the chair of any actual, potential or perceived conflict of interest in advance of the meeting to enable appropriate management arrangements to be put in place. All members are required to uphold the Nolan Principles and adhere to their own member organisation's code of conduct at all times.

Frequency of meetings:

Monthly

Agenda deadlines:

Agenda items one week before the meeting, agenda to be circulated Friday prior to the meeting

Minutes:

To be provided by the chair to the Rotherham ICP Place Board.

SCHEDULE 3

Dispute Resolution Procedure

1 Avoiding and Solving Disputes

- 1.1 The Parties commit to working cooperatively to identify and resolve issues to the Parties' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Parties will look to collaborate and resolve differences under Clause 7 (*Problem Resolution and Escalation*) of this Agreement prior to commencing this procedure.
- 1.2 The Parties believe that by focusing on the delivery of the Place Plan and ICP Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the ICP.
- 1.3 The Parties shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of the ICP (each a "**Dispute**") when it arises.
- 1.4 In the first instance the Delivery Team shall seek to resolve any Dispute to the mutual satisfaction of the Parties. If the Dispute cannot be resolved by the Delivery Team within 10 Operational Days of the Dispute being referred to it, the Dispute shall be referred to the Place Board for resolution.
- 1.5 The Place Board shall deal proactively with any Dispute on a Best for Rotherham basis in accordance with this Agreement so as to seek to reach a unanimous decision. If the Place Board reaches a consensus that resolves, or otherwise concludes a Dispute, it will advise the Parties of its decision by written notice.
- 1.6 The Parties agree that the Place Board, on a Best for Rotherham basis, may determine whatever action it believes is necessary including the following:
 - (a) if the Place Board cannot resolve a Dispute within 20 Operational Days of referral, it may by consensus select an independent facilitator to assist with resolving the Dispute; and
 - (b) the independent facilitator shall:
 - (i) be provided with any information he or she requests about the Dispute;
 - (ii) assist the Place Board to work towards a consensus decision in respect of the Dispute;
 - (iii) regulate his or her own procedure and, subject to the terms of this Agreement, the procedure of the Place Board at such discussions;
 - (iv) determine the number of facilitated discussions, provided that there will be not less than three (3) and not more than six (6) facilitated discussions, which must take place within twenty (20) Operational Days of the independent facilitator being appointed; and
 - (v) have its costs and disbursements met by the Parties in Dispute equally.

- 1.7 If the independent facilitator cannot resolve the Dispute within 30 Operational Days of referral of the Dispute by the Place Board, the Dispute must be considered afresh in accordance with this Schedule 3 and only after such further consideration again fails to resolve the Dispute, the Place Board may decide to:
- (i) terminate this Agreement in accordance with Clause 15.4.1; or
 - (ii) agree that the Dispute need not be resolved.

SCHEDULE 4

ICP Development Plan 2021/22

1. The Parties will work together, through the governance structures set out in this Agreement, to develop the ICP during the Initial Term in line with the specific areas of focus set out in the outline ICP Development Plan set out below.



IC DEVELOPMENT
PLAN SUMMARY 13 (

SCHEDULE 5

Rotherham Place Plan



ICP Place Plan Final
March 2020.pdf