HEALTH AND WELLBEING BOARD

Venue: **Oak House, Moorhead Way, Bramley, Rotherham S66 1YY**

Date: **Wednesday, 26th October, 2011**

Time: **1.00 p.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 the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.

3. Minutes of Previous Meeting (Pages 1 - 6)

4. Yorkshire Ambulance Service 'Looking to the Future' Public Consultation (Pages 7 - 12)
   - presentation by Hannah Boyer, South Yorkshire Ambulance Service
   (please note the Health Select Commission have been invited to the meeting for this item)

5. Terms of Reference (Pages 13 - 22)

6. Armed Forces Community Covenant (Pages 23 - 26)

7. Exclusion of the Press and Public
   The following items are likely to be considered in the absence of the press and public as being exempt under Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006):-

8. Rotherham Safeguarding and Looked After Children, Peer Challenge Feedback (Pages 27 - 56)
   - Joyce Thacker

9. Rotherham Clinical Commissioning Group : Single Integrated Plan (Pages 57 - 63)
   - Robin Carlisle

10. Establishing a Common Understanding of Tobacco Related Issues (Pages 64 - 88)
    - John Radford/Alison Iliff

11. Any Other Business

12. Date of Next Meeting
- Wednesday, 7th December, 2011 commencing at 1.00 p.m.

HEALTH AND WELLBEING BOARD
21st September, 2011

Present:-

Councillor Wyatt	Cabinet Member, Health and Wellbeing **(In the Chair)**
Rebecca Atchinson	NHS Rotherham
Karl Battersby	Strategic Director, Environment and Development Services, RMBC
Michael Clark	Rotherham Partnership
Tracey Clarke	RDaSH
Tom Cray	Strategic Director, Neighbourhoods and Adult Services, RMBC
Councillor Doyle	Cabinet Member, Adult Social Care
Chris Edwards	NHS Rotherham/Rotherham CCG
Matt Gladstone	Director, Commissioning Policy and Partnerships, RMBC
Tracy Holmes	Corporate Communications, RMBC
Brian James	Rotherham NHS Foundation Trust
Shona McFarlane	Director, Health and Wellbeing, RMBC
Martin Kimber	Chief Executive, RMBC
Joyce Thacker	Strategic Director, Children and Young People's Services, RMBC
John Radford	Director of Public Health, NHS Rotherham
Kate Taylor	Scrutiny and Policy Officer, RMBC
Alan Tolhurst	PCT Cluster Board
David Tooth	Chair, Rotherham CCG
Fiona Topliss	Communications, NHS Rotherham
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were received from Councillor Lakin and Christine Boswell, RDaSH.

S1. WELCOME, INTRODUCTIONS AND APOLOGIES

The Chairman welcomed everyone to the first meeting of the Board.

S2. TERMS OF REFERENCE

Before consideration was given to the proposed interim Terms of Reference, the Chairman invited Alan Tolhurst, PCT Cluster Board representative, to give an update on the current situation regarding the governance of NHS Rotherham.

- On the 1st October the 4 PCTs in South Yorkshire and Bassetlaw would come together as PCT Clusters. Whilst there would be 5 organisations/statutory bodies, there would be 1 Board that would sit on all 5 bodies.

- Representatives from each of the 5 constituent parts would become members of the Cluster, 2 from each organisation.

- The Chair of the Cluster was Tony Pedder, current Chairman of NHS Sheffield. There would be a number of Executive and Non-Executives sitting on the Board.

- Locally, the work would be undertaken by the CCGs. The Chair of Rotherham CCG was Dr. David Tooth who would be responsible for most of the budget that up until the present time had been the responsibility of NHS Rotherham, approximately £380M.

- The purpose behind the change was to involve clinicians more in the commissioning of health services.

- The Cluster would remain in being for the next 18 months. One of its primary functions would be to develop the CCG such that on 1st April, 2013, it would take the lead and be responsible for all the commissioning of health services in its respective localities.

- Between now and April, 2013, the CCG would go through a phase of development, the first of which would be delegated responsibility. For Rotherham it would be the delegated responsibility for that part of the budget which in the future would be their responsibility under the CCG.

- The CCG was supported by staff whom up until now had been employed by the PCT.

The Chairman reported that he had been invited to be involved in the CCG.

Consideration was then given to the Terms of Reference which had been the subject of many versions. The following comments were made:-

- The consultation and involvement role was missing.
  The Board would be judged on its success by its interactions with communities

- Extension of membership – South Yorkshire Fire Service and VAR?
  Further Government guidance had been issued and appropriate to reconsider the membership. Need to be clear who attended with voting rights and who attended for information/involvement

- How would the Board relate to the other Panels that existed within the Authority? Would there be liaison with Licensing and/or Planning Boards both of which impinged on health?

- Where would the minutes of the Board go?
  The Board was a Sub-Committee of the Council. The minutes would be submitted to full Council for approval and the LSP Board for information
- Further Government guidance had been issued

Agreed:- (1) That further work take place on the Terms of Reference for submission to the next meeting.

(2) That any comments/suggestions for inclusion in the document be forwarded to Kate Taylor.

S3. PUBLIC HEALTH ANNUAL REPORT 2011

John Radford, Director of Public Health, presented the Public Health annual report which outlined the health needs of the local population. The 2011 report was based on the Marmot Report (2010) which had been produced as part of the Labour Government's examination of progress in addressing health inequalities.

The report had been approved by the Council's Cabinet. It would be the contextual document for the work of the Board in developing the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

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

(2) That the Marmot principles be supported as a policy framework for developing the Health and Wellbeing strategy for Rotherham and Rotherham's approach to addressing health inequalities.

S4. ROTHERHAM HEALTH SUMMIT

Rebecca Atchison reported on the Health Inequalities Summit which was to be held on 1st December, 2011. The objectives of the Summit were:-

- To re-energise the approach to address health inequalities in Rotherham

- To develop and deliver a framework that would make a difference to the people in Rotherham by:
  - Updating the progress against the original Health Inequalities action plan (2007/09)
  - Setting out a local vision for addressing health inequalities in Rotherham
  - Reviewing the current offer of services and agreeing areas for improvement
  - Providing additional focus on the needs of the communities who were classified within the 10% most deprived areas in England

- To assist the Council to develop and deliver a Rotherham Health Inequalities Action Plan

The 2 month evidence gathering exercise had commenced at the recent Rotherham Show with approximately 420 people asked about health issues. Consultation would also take place with Area Assemblies and focus groups.

Discussion ensued on the format of the Summit and the desired outcomes.

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

(2) That information packs be sent out to participants prior to the Summit.

S5. CHILDHOOD OBESITY SUMMIT

Joyce Thacker, Strategic Director, Children and Young People's Services, reported that a Childhood Obesity Summit was to be held on 23rd September, 2011.

The objectives of the Summit were:-

- To agree a vision for addressing childhood obesity in Rotherham
- To review the current offer of services and agree areas for improvement
- To agree a Rotherham Childhood Obesity Action Plan

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

(2) That RDaSH send a representative to the Summit if possible.

S6. COMMUNITY INVOLVEMENT AND HEALTHWATCH

Matt Gladstone, Director Commissioning Policy and Partnerships, introduced a report setting out the current position and plans around the development of a local HealthWatch as required by the Health and Social Care Bill.

The Department of Health Guidance highlighted the importance of continuity in service provision; a smooth transition between the current LINKrotherham contract and new Local HealthWatch arrangements would be required. Local HealthWatch organisations would also be required to fulfil additional functions, roles and responsibilities currently not provided by Local Involvement Networks LINks). A different model may be necessary to deliver successful local HealthWatch functions.

The report set out the current position and plans for LINKrotherham together with the commissioning plan and timescales for HealthWatch. It also suggested possible models for HealthWatch.

Discussion ensued on the report and possible models with the following comments made:-

- Inclusion of RFT and RDaSH?
- Innovative methods of consultation required
- There should be option appraisals for consideration

Agreed:- That the report be noted.

S7. CENTRE FOR PUBLIC SCRUTINY HEALTH REFORMS PROJECT

Kate Taylor, Scrutiny and Policy Officer, gave a verbal report on the above pilot project which had been completed at the end of August.

There had been a workshop for Board members together with a separate workshop for members of the Health Select Commission. The aim of the project was to have an early insight into the development and accountability arrangements within the Health Reform structures and look at the structure of Scrutiny, Board and CCG.

The workshops had produced a list of questions which the Board may wish to reflect in its Terms of Reference. Consideration needed to be given as to how the Board and Select Commission would work together and support each other.

The CfPS's report was due next month.

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

(2) That the CfPS report be submitted to the next meeting of this Board.

S8. PUBLIC HEALTH TRANSITION TO LOCAL AUTHORITY

John Radford, Director of Public Health, and Martin Kimber, Chief Executive, gave verbal reports on the above illustrating the following issues:-

- The financial return had been submitted to the Department of Health indicating that currently approximately 5% of NHS Rotherham spend was on Public Health.

- The Secretary of State would then decide the amount of non-regulation funding he gave to local authorities for the transfer of Public Health.

- National determination in relation to the funding was awaited. Eventually funding would move to a formula basis but initially likely to be based around historical spend.

- Nationally, in October, there would be a number of operational documents issued

- The local transition target date was April, 2013

- Partnership work had been undertaken to gain an understanding of the breadth of activity involved in Public Health and discussions held to clarify the interpretation of the Guidance

- Consideration was required as to the best way of preparing for the transition

Agreed:- That the report be noted.

S9. FUTURE WORK PROGRAMME

Agreed:- That the forward plan include the following:-

New Community Stadium
Children's Centre Review
Public Health Funding
Public Health Transition
Health Inequalities Summit
Childhood Obesity Summit
"Wellbeing"
JSNA

S10. COMMUNICATIONS

The 3 following key campaigns were noted:-

Flu jabs
Choose Well
New NHS Number 111

It was noted that a press release was to be issued on 1st October, 2011, regarding the formation of CCG.

Agreed:- That a press release be issued regarding the 1st meeting of the Board.

S11. DATES OF FUTURE MEETINGS

Agreed:- (1) That the next meeting of the Board be held on Wednesday, 26th October, 2011, commencing at 1.00 p.m. at Oak House, Bramley.

(2) That further meetings be held on:-

7th December, 2011
18th January, 2012
29th February
11th April.

Have your say… help to shape the future of your local ambulance service

Yorkshire Ambulance Service is looking to apply for foundation trust status in 2012.

They have developed plans for how they would like to take the new organisation forward in the future. However, they want to be sure that you as a resident and colleague have a say in what they are proposing.

Between now and 4 December 2011everyone across Yorkshire is invited to share their views about the plans, and help to shape the way that ambulance services are provided in the future.

They are also starting to recruit 'members' to the new organisation - who will be made up of staff and public across Yorkshire. Members will help to influence decisions that are made and ensure that they really benefit our local communities.

Have Your Say –join in the consultation and share your views.

Click on the link below, or visit the ambulance trust's website for more information about their future plans and how to become a member:
www.yas.nhs/ourfutureplans

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

Looking to the future

Our plans to become an NHS Foundation Trust

Summary consultation document

Our Services

Yorkshire Ambulance Service provides 24-hour emergency and healthcare services to more than five million people across Yorkshire, including:

- An accident and emergency ambulance service which responds to 999 calls. This includes our communications centre in Wakefield and York where staff arrange the most appropriate response to meet patients' needs, and our ambulance staff who go out to patients and provide immediate clinical care.
- A non-emergency patient transport service which takes patients who are eligible for the service to and from their hospital appointments.
- A private and events service which includes medical cover for football matches, race meetings, concerts, festivals and so on. We also provide ambulance transport for private hospitals, corporations and individuals.
- A GP out-of-hours service which handles calls to some primary care trusts across Yorkshire and beyond.
- Commercial first-aid training services in our local community, approved by the Health and Safety Executive.

Have Your Say…

We are looking to become an NHS foundation trust next year, which will bring with it several significant benefits.

We have developed plans for how we would like to take the new organisation forward in the future. However, we want to be sure that you have a say in what we are proposing.

Between now and 4 December 2011 we will be inviting everyone across Yorkshire to share their views about our plans, so that you can help shape the way that ambulance services are provided in the future.

We will also be starting to recruit 'members' who will be made up of staff, patients and public across Yorkshire, to help influence our decisions and make sure that they really benefit our local communities.

Have Your Say - visit our website for more information about our future plans and how to become a member: www.yas.nhs/ourfutureplans

What are foundation trusts?

NHS foundation trusts are membership organisations that are free from central government control. This means that we will have a lot more freedom to shape the way that we provide and develop services for our patients.

If foundation trusts make a profit from providing services they can invest this money back into their organisation. As a foundation trust we would also have more freedom to borrow money to fund projects to benefit our patients.

Like all other NHS organisations, NHS foundation trusts are still inspected each year by the Care Quality Commission to ensure that they are achieving national targets and standards. They are also controlled by an independent regulator called Monitor to ensure that the public's interest is protected.

Our plans and priorities for the future

We have identified the following plans and priorities as ways in which we can continue to improve our services:

Proposed public constituencies

111 number

People who call 999 sometimes don't need an emergency ambulance, but they don't know how else to get the help that they need. This is why we are planning to support a different option – a 111 number for calls that are less urgent than 999 calls, which would be introduced in 2013.

Major trauma

Major trauma is a serious or life-threatening physical injury which often happens after an accident. We are committed to working with all our partner NHS organisations to improve the ways that we identify major trauma as quickly as possible, increase our expert emergency clinical response, and make best use of major trauma centres.

Improving clinical outcomes

Over the next five years we are also going to be looking at how we can improve the lives of our patients who have had a stroke, a cardiac arrest or an ST elevation myocardial infarction, which is a type of heart attack.

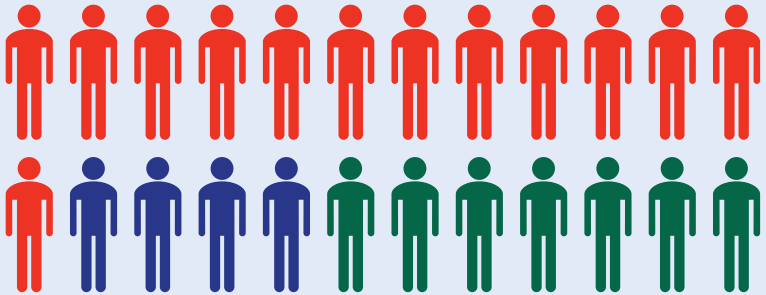
What will our members do?

Everyone who lives in the Yorkshire area and is over the age of 16 will be able to become a member or governor. Membership is free.

Our members will work with us to represent the views of their local communities or groups, and tell us about their needs. They will be represented by a Council of Governors (most governors will be elected and a few will be appointed) which will work with the Yorkshire Ambulance Service Board of Directors to influence how we develop and provide services in the future.

We understand that some people will want to be more involved than others and our membership scheme will allow you to do this.

Council of Governors



- **Thirteen public governors**
- **Four staff governors -** three front-line/one support staff
- **Seven appointed governors**

View the full consultation document online at:
www.yas.nhs.uk/ourfutureplans

Questions we would like you to consider

Do you support our plans for the future? Yes ☐ No ☐

Comments:

Do you agree with the minimum age of 16 for membership? Yes ☐ No ☐

Comments:

Do you agree that the minimum age of governors should be 16? Yes ☐ No ☐

Comments:

Do you agree with the proposed public constituencies? Yes ☐ No ☐

Comments:

Do you agree with the split between front-line and support staff? Yes ☐ No ☐

Comments:

Do you agree with our proposals for how the Council of Governors will be made up? Yes ☐ No ☐

Comments:

How do you think we should encourage people to become members and governors?

Comments:

Do you have any other comments? Yes ☐ No ☐

Comments:

Your chance to become a member

I would like to become a member of the Trust.

Title: First name:

Surname:

Address:

Postcode: Date of birth: ☐☐/☐☐/☐☐☐☐

Email

Home phone:

Mobile:

This information will remain confidential and will be held in accordance with the Data Protection Act (1998).

Thank you for applying to become a member of our Trust. We look forward to working with you in the future.

Your signature: Date:

Detach this page and return in an envelope (no stamp needed) to:

Foundation Trust Consultation
FREEPOST XXXXXX
Yorkshire Ambulance Service NHS Trust
Springhill 2, Brindley Way
Wakefield 41 Business Park
Wakefield, West Yorkshire
WF2 0XQ

Alternatively, you can register your interest online at:
www.yas.nhs.uk/ourfutureplans and then go to the 'Get Involved' section.

17 October 2011

Health and Wellbeing Board

Interim Terms of Reference – Additions/amendments since the previous meeting have been highlighted in red

1. Context

These terms of reference set out how the Health and Wellbeing Board will operate in Rotherham during the transition to formal establishment of the proposed statutory board. These will need to be kept under continual review taking into account any changes made by the government as the new Health and Social Care Bill is debated through Parliament.

The terms of reference aim to build upon the collaborative working between NHS Rotherham, Rotherham MBC and other key partners. Importantly the focus of the Health and Wellbeing Board will be wide ranging looking at the health, social, environmental and economic issues which all impact on the health and wellbeing of people in Rotherham. The scope will also include the new responsibilities for local government in terms of public health.

2. Function

The Health and Wellbeing Board will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing in order to secure better health and wellbeing outcomes for the whole Rotherham population, better quality of care for all patients and care users and better value for the taxpayer.

The Health and Wellbeing Board is a statutory board (The Health and Social Care Bill 2011) set up by the local authority and brings together key decision makers to address issues of local significance and to seek solutions through integrated and collaborative working.

The Health and Wellbeing Board advocates and acts as ambassador for Rotherham collectively on local, regional, national and international forums.

The Health and Wellbeing Board gives guidance and support, offers challenge, and adds value to both the collective partnership working, and the work of individual partners where appropriate.

2.1 Key responsibilities of the Board

- To reduce health inequalities and close the gap in life expectancy by targeting services to those who need it the most
- To develop a shared understanding of the needs of the local community and approve the statutory joint strategic needs assessment (JSNA).
- To ensure public engagement and involvement in the development of the JSNA so that the experiences of local people influence policy development and service provision.
- To promote the development and delivery of services which support and empower the citizen taking control and ownership for their own health (addition by Brian James to be approved)
- To develop a joint Health and Wellbeing Strategy to provide the overarching framework for commissioning plans for the NHS, social care, public health and other services that the Board agrees to consider.
- To assess whether the commissioning arrangements for social care, public health and the NHS are sufficiently in line with the joint Health and Wellbeing Strategy.
- To prioritise services (through the development of the Health and Wellbeing Strategy) that are focused on prevention and early intervention to deliver reductions in demand for health and social care services.
- To promote integration and partnership working across areas, including promoting joined up commissioning plans and pooled budget arrangements across the NHS, social care and public health where all parties agree this makes sense
- To advocate for Rotherham nationally and regionally to maximise resource opportunities.
- To oversee at strategic level the relevant joint communications, marketing/social marketing and public relations programmes and campaigns required to support the delivery of health and wellbeing objectives in the borough and ensure that local people have a voice in shaping and designing programmes for change.
- To ensure that the people of Rotherham are aware of the Health and Wellbeing Board, have access to the relevant information and resources around the different work streams and can contribute where appropriate.
- To ensure that communications across the members' host organisations are consistent and appropriate to the intended audience.

2.2 Operating principles

It will be important for the Board to have some agreed business principles to aid decision making and discussion on key issues. The following principles are:

a) Working in collaboration with partners to ensure people get the support and services they need as early as possible
b) Ensuring best interest for the Rotherham community
c) Involving the right people early on to make sure we get it right first time, reducing bureaucracy and getting better value for money
d) Having the right people with the right skills in the right place
e) Supporting and enabling our communities to help themselves whilst safeguarding the most vulnerable
f) Focussing on prevention and early intervention
g) Talking and listening to all Rotherham people and treating everyone fairly and with respect
h) Working to a set of agreed communications standards, including openness and transparency; clarity and use of plain English; consistency, co-ordination and timeliness

(Additions to operating principles by Brian James – to be approved)

- Setting clear strategic objectives and priorities
- Seeking opportunities to increase efficiency across Service Providers
- Establish effective quality assurance processes
- Holding partners to account

3. Membership, representation and conduct

The membership of the Health and Wellbeing Board is made up of leaders from across the NHS, social care, public health and other services directly related to the health and wellbeing agenda (as defined in The Health and Social Care Bill 2011).

The membership of the Health and Wellbeing Board may be reviewed periodically to ensure that the membership is representative of the identified priorities. The membership may be subject to change in the early months as a result of structural changes within the NHS.

The membership of the Health and Wellbeing Board is outlined in Appendix A.

The Board will be chaired by the Cabinet Member for Health and Wellbeing. The Board is a statutory sub-committee of the Council; therefore in the absence of the official Chair, meetings will be chaired by either of the two other nominated Cabinet Members.

Members of the Board should be of sufficient seniority to be able to make key decisions in relation to their relevant organisations and budgets. In the event of the nominated representative being unavailable, a deputy should be provided, who is equally at a suitable level for decision making.

The Health and Wellbeing Board is a commissioning body, therefore members will be in attendance first and foremost as 'commissioners', however, members may also have a provider role and should therefore identify themselves as providers and declare any conflict interest as and when appropriate.

3.1 The responsibilities of a Health and Wellbeing Board member include:

a) To attend meetings as required and to fully and positively contribute to meetings
b) To act in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests
c) To fully and effectively communicate outcomes and key decisions of the Health and Wellbeing Board to their own organisations
d) To contribute to the development of the Joint Strategic Needs Assessment
e) To ensure that commissioning is in line with the requirements of the joint Health and Wellbeing Strategy
f) To deliver improvements in performance against the indicators within the public health, NHS and Adult Social Care outcomes frameworks
g) To declare any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services
h) To act in a respectful, inclusive and open manor with all colleagues to encourage debate and challenge
i) To read and digest any documents and information provided prior to meetings to ensure the Board is not a forum for receipt of information
j) To act as ambassadors for the work of the Health and Wellbeing Board
k) To participate where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board, including working with the media.

4. Meetings

The Health and Wellbeing Board will meet six-weekly (The 2011/12 schedule of meetings is included as appendix B). The schedule of meetings will be reviewed annually by the Board.

The meetings of the Health and Wellbeing Board are public meetings, however, the Board will retain the ability to exclude representatives of the press and other members of the public from a defined section of the meeting having regard to the confidential nature of the business to be transacted, publicly on which would be prejudicial to the public interest (Section 1 (2) Public Bodies (Admission to meetings) Act 1960).

Papers for the Health and Wellbeing Board will be distributed one week in advance of the meeting. Additional items may be tabled at the meeting in exceptional circumstances at the discretion of the Chair.

All agenda items brought to the Health and Wellbeing Board need to clearly demonstrate their contribution to the delivery of the Board's priorities.

Non-members of the Health and Wellbeing Board may attend the meeting with the agreement of the Chair.

Decisions are to be taken by consensus. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting.

The following should be taken into account by Board members when taking decisions:

(a) The priorities and objectives contained within the Health and Wellbeing Strategy.
(b) Any recommendations made by other Boards/groups.
(c) The business case (strong and robust)

Decisions of the Health and Wellbeing Board will not override organisational decisions, but are intended to influence partners to work for the benefit of the borough as a whole.

Minutes of the Health and Wellbeing Board will be circulated in advance of the next meeting and approved at the meeting.

4.1 Support to the Health and Wellbeing Board

Administrative and organisational support for the Health and Wellbeing Board will be provided by Rotherham Metropolitan Borough Council.

Rotherham MBC and NHS Rotherham will be the lead partners for communications, marketing and public engagement, but operational delivery of activity will be shared across Board partners, as appropriate.

5. Governance and Reporting Structures

The Health and Wellbeing Board has a direct reporting link to the over-arching Rotherham Partnership Board. The Chair of the Health and Wellbeing Board is also allocated a place on the Rotherham Partnership Board.

Minutes of Board meetings will be forwarded to the LSP Board, Cabinet and the Health Select Commission (Scrutiny) for information.

The governance and reporting lines are illustrated at Appendix C.

Appendix A

Core Membership of the Health and Wellbeing Board

Core Members with Voting Rights
Cabinet Member for Health and Wellbeing (Chair) Cabinet Member with responsibility for Adult Services Cabinet Member with responsibility for Children's Services Director of Public Health Chief Executive, RMBC Strategic Director of Neighbourhoods and Adult Services Strategic Director of Children and Young People's Services Strategic Director of Environment and Development Services Chair of Clinical Commissioning Group (CCG) Chair of PCT Cluster Board (until April 2013, when position will be reviewed)

Without Voting Rights (In attendance)
Director of Policy, Performance and Commissioning, RMBC Director of Health and wellbeing (Adult Services) Chief Operating Officer, NHS Rotherham and CCG Chief Executive, Rotherham Foundation Trust Chief Executive, RDaSH HealthWatch Representative (to be reviewed once body is in place) Voluntary/Community Sector Representatives Head of Communications RMBC/NHSR/TRFT or other

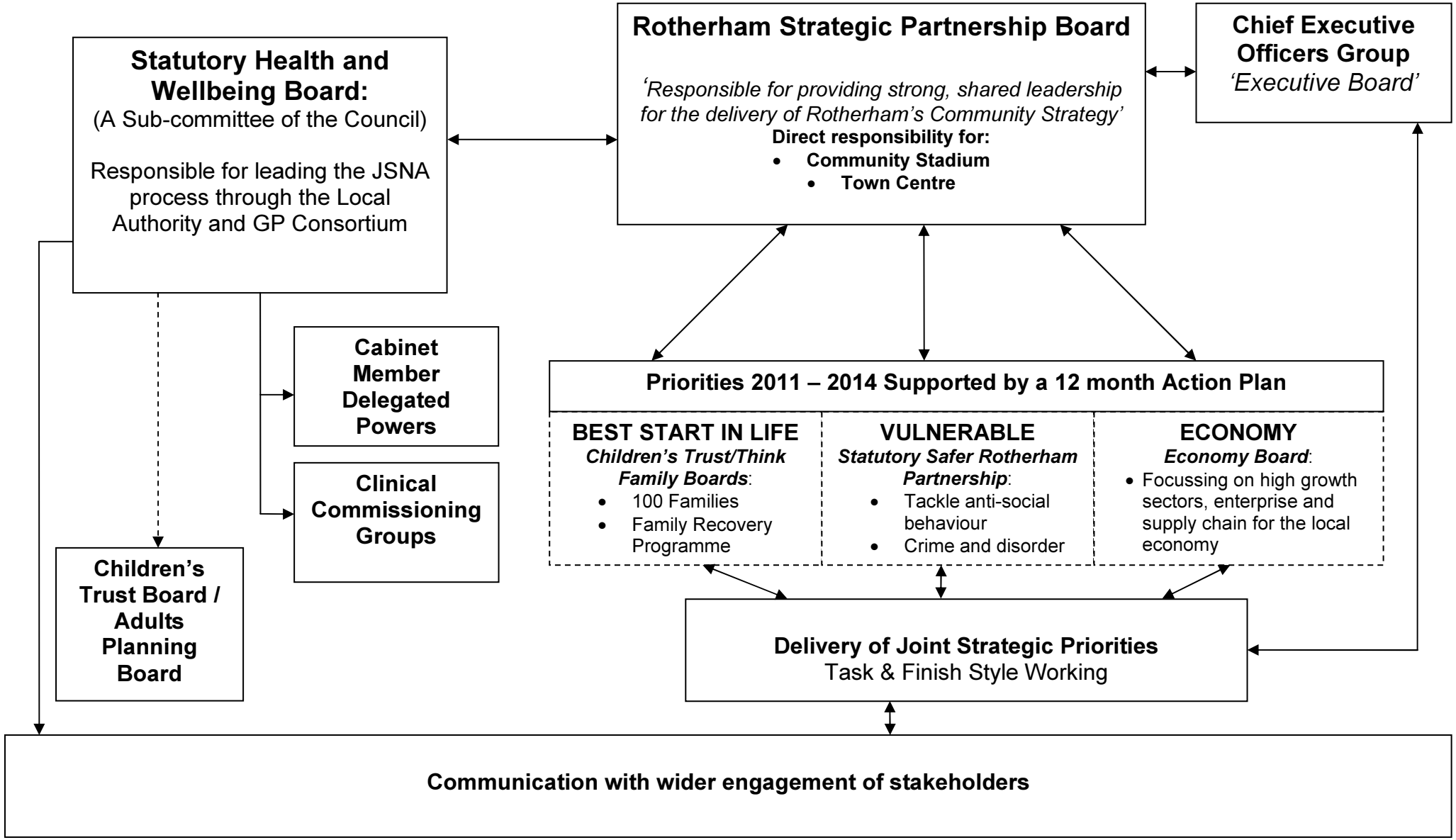
In addition to the core members outlined above, the following may be required by invitation
NHS Commissioning Board South Yorkshire Ambulance Service South Yorkshire Fire and Rescue Clinicians South Yorkshire Police Rotherham Force Commander Representatives from the Adults and Children's Safeguarding Boards Chair of Rotherham School Improvement Partnership Executive Medical Directors and Chief Nurses Coroner Chief Emergency Planning Officer Representatives from the Charity Sector Environment Agency Other provider organisations as required Private Sector Representation as required i.e. workplace health issues

Appendix B

Schedule of Meetings for 2011/12

All meetings will take place in six-weekly in Rotherham Town Hall at 1.00pm, unless stated differently:

- 21 September 2011
- 26 October 2011
- 7 December 2011
- 18 January 2012
- 29 February 2012
- 11 April 2012


Rotherham Strategic Partnership Board
'Responsible for providing strong, shared leadership for the delivery of Rotherham's Community Strategy'
Direct responsibility for:
Community Stadium
Town Centre
Chief Executive Officers Group
'Executive Board'
Statutory Health and Wellbeing Board:
(A Sub-committee of the Council)
Responsible for leading the JSNA process through the Local Authority and GP Consortium
Cabinet Member Delegated Powers
Clinical Commissioning Groups
Children's Trust Board / Adults Planning Board
Priorities 2011 – 2014 Supported by a 12 month Action Plan
BEST START IN LIFE
Children's Trust/Think Family Boards:
100 Families
Family Recovery Programme
VULNERABLE
Statutory Safer Rotherham Partnership:
Tackle anti-social behaviour
Crime and disorder
ECONOMY
Economy Board:
Focussing on high growth sectors, enterprise and supply chain for the local economy
Delivery of Joint Strategic Priorities
Task & Finish Style Working
Communication with wider engagement of stakeholders

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health & Wellbeing Board**
2.	**Date:**	**26th October 2011**
3.	**Title:**	**Armed Forces Community Covenant. (AFCC)**
4.	**Programme Area:**	**Chief Executive.**

5. Summary

The purpose of this report is to provide a briefing to Members of the Board on the progress made in the preparation of an Armed Forces Community Covenant.

6. Recommendations

Members of the Board are asked to consider the report & contribute any ideas/ suggestions with regard to health related services provided for the ex service personnel and their families.

7. Proposals and Details

Background

The first duty of the Government is the defence of the realm which is carried out by our Armed Forces on their behalf. Members of our Armed Forces sacrifice some freedoms that as civilians we take for granted and as part of their duties they sometimes face danger, suffer serious injury or even pay the ultimate sacrifice. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return society has a moral obligation to support the Armed Forces, both Regular and Reservists, past and present along with their families.

With this in mind, the Government has agreed to adopt an Armed Forces Covenant, published in June 2011, which states the Armed Forces Community should not be disadvantaged compared to other citizens in the provision of public and commercial services. The Government will consider positive actions to allow equality with other citizens as well as considering special treatment for the injured and bereaved, as proper return for their sacrifice.
As part of the Armed Forces Covenant, the Government is asking local authorities to establish their own Armed Forces Community Covenant.

The Armed Forces Community Covenant is

- A voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the Nation, the Government and the Armed Forces at the local level.

- to encourage support for members of the Armed Forces Community living and working in the area, including ex-service personnel, their families and widow(ers)

- To provide an opportunity for the local authority and partner organisations to work together to make the transition easier for military personnel integrating into civilian life.

- Is a two way arrangement and the Armed Forces community are encouraged to do as much as they can to support their local community.

The AFCC and Rotherham Metropolitan Borough Council

- RMBC will lead on the AFCC, in particular Cllr Hussain, the Cabinet Member for Community Development, Equalities and Young People's Issues. Many of the partner agencies who have a role to play in this initiative have already been contacted. The aim is that agencies agree to be part of the AFCC and start to look at existing protocols and policies to see if they meet the needs of the clients. The second stage will be to develop an Action Plan to resolve any identified issues.

- Priority services provided by RMBC for people leaving the armed forces are housing and education. Human Resources will be contacted to see how job vacancies can be advertised by other agencies involved in the covenant.

8. Finance

At the moment, there is no budget allocation for this work, other than the staff time to develop the initiative. It is hoped that existing systems within organisations can be amended to meet the needs of the client group.

At national level, the Government has set aside £30m over 4 years, profiled at £5m for the first two years and £10m per year for the following two years.
Through an application process, community projects will be assessed against eligible criteria, with local authorities being asked to match any grant awarded on a pound for pound basis. This process will start in September 2011. An AFCC needs to be in place before the grants can be applied for.

9. Risks and Uncertainties

There is no data available to show the size of the client base in Rotherham. The advice given by the M.O.D is that 1 in 6 of the local population will be ex military personnel. For Rotherham, based on the 2010 mid year estimated population of 254,605, the local figure for ex military personnel is 15,276, however clarification of this is needed – does this figure relate to new leavers or those who have served in the forces in the past.

Through the various systems in place within the partner organisations it is hoped that an accurate figure for the client base can be identified.

10. Policy and Performance Agenda Implications

The Armed Forces Community Covenant is relevant to the One Town One Community Initiative, which has a focus of equality and fair treatment for all Rotherham citizens.

11. Background Papers and Consultation

Report to Improving Places Select Commission 7th September 2011 – Housing issues.
Report to Cabinet Member for Community Development, Equalities and Young People's Issues 12th September 2011

M.O.D The Armed Forces Covenant
M.O.D The Armed Forces Covenant: Today and Tomorrow.
Report of the Task Force on the Military Covenant
The Government's Response to the Report of the Task Force on the Military Covenant
M.O.D Community Engagement Officer, Major John Mayo

RMBC Housing and Education.
Ministry of Defence.
Rotherham Partnership
PCT/NHS
VAR
Barnsley & Rotherham Chamber of Commerce

Royal British Legion
Soldiers, Sailors and Families Association (SSAFA)
Department of Works & Pensions
Regular Forces Employment Association. (RFEA)
Yorkshire & Humber Veterans Advisory & Pensions Committee. (YHVA&PC)

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