

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 18 February 2026
Venue:	Committee Room 1, Rotherham Town Hall
Chair:	John Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Wendy Allott, Director of Financial Transformation - Roth, NHS SY ICB Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Chris Edwards, Executive Place Director, NHS SY ICB Anand Barmade, Clinical Director, Connect Healthcare Rotherham Dr Jason Page, Medical Director, Rotherham Place, NHS SY ICB Shahida Siddique, Non-Executive Member, NHS SY ICB Shafiq Hussain, Chief Executive, Voluntary Action Rotherham Cllr Joanna Baker-Rogers, H&WB Board Chair, Rotherham MBC Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust Andrew Russell, Director of Nursing Rotherham & Doncaster, NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members:

John Edwards (**JE**), Chief Executive, Rotherham MBC
Emily Parry-Harries (**EPH**), Director of Public Health, Rotherham MBC
Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB

Participants:

Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB
Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust
Simon Langmead (**SL**), Clinical Director,
Ian Spicer (**IS**), Deputy Chief Executive, Rotherham Metropolitan Borough Council

In attendance:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
Joanne Martin (**JM**),
Emma Royle (ER), NHS SY ICB

Minute Taker:

Wendy Commons, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
44/02/26	Public & Patient Questions
There were no questions from members of the public.	
45/02/26	Palliative and End of Life Care Update
<p>NHS SY ICB ER presented slides summarising hospice services from a commissioning perspective including:</p> <p>an update on national policy developments, including the Assisted Dying Bill, increased parliamentary scrutiny of palliative care and hospice sustainability, and the forthcoming PEOLC Modern Service Framework, which will introduce national standards for identification, 24/7 access, integrated care, and specialist provision.</p> <p>Rotherham continues to meet the South Yorkshire early identification target, with 0.78% of the population identified as being in the last year of life; this target is expected to increase under the new national framework.</p> <p>ReSPECT implementation is improving, with a significant increase in recorded plans and a growing proportion of people on the palliative care register having a plan in place.</p> <p>Quality performance remains strong, with Rotherham exceeding the national average on the majority of National Audit of Care at the End of Life (NACEL) indicators, and continued improvement in previously weaker areas.</p> <p>Costing analysis highlighted variation in hospital use and costs by place of death, reinforcing the importance of strengthening community-based and hospice care to reduce avoidable hospital activity.</p> <p>Key risks include ICB capacity following organisational changes, the ending of Macmillan leadership funding in May 2026, financial pressures on hospices, and higher-than-average hospital admissions in the last 90 days of life.</p> <p>2026 priorities include implementation of My Personal Wishes, further development of integrated neighbourhood working, bereavement and children and young people workstreams, and continued system-wide improvement in PEOLC delivery.</p> <p>The Board noted further achievements, including additional Marie Curie funding, strengthened children and young people’s services, strong CQC ratings across hospice provision, and improved data and public-facing resources.</p> <p>JM advised that this work will be incorporated into the Neighbourhood programme for people with co-morbidities, including the rollout of <i>My Personal Wishes</i>. There is a statutory requirement to hold an End of Life Care meeting, which will need to be considered further going forward.</p> <p>JE thanked ER for the update.</p>	

Rotherham Hospice Update

MCS gave the key highlights:

Hospice at Home activity remains stable, with referrals now possible at the point of end-of-life care diagnosis, a relatively new development.

Inpatient occupancy for Quarter 3 is around 83%; activity for patients with stays of less than 24 hours is not fully captured in datasets. Most patients are admitted for symptom control rather than to die, with effective flow being critical.

Hospice at Home referrals and visits contributed positively to the avoidance of hospital admissions and GP appointments.

Additional counselling staff have been introduced, and partners were asked to be mindful that the Hospice offers children’s bereavement and counselling services, although noting that the service is currently over capacity.

Financially, income and expenditure have both increased year on year, with a small improvement in the year-to-date deficit, although cost pressures and sustainability risks are emerging in the second half of the year. MCS explained that an independent charity it is reliant on fund raising and legacies, both of which are non-recurrent. Although the overall position remains positive.

Work is underway nationally with Hospice UK and the government on a revised costing and funding model, with local data from partners contributing to the national picture.

The organisation is undergoing significant change, including plans for growth, exploration of a larger building and restructuring of clinical services. Which will help respond to rising demand, improve access and 24/7 resilience, strengthen governance, and close the gap between commissioned funding and delivery costs. Consultation with staff has commenced.

Subject to additional staffing, the Hospice aims to increase capacity and rebalance its workforce. MCS will circulate the press release on the proposed changes and consultation to partner organisations for cascading as appropriate.

SL acknowledged the work with families on end-of-life conversations and proposed that MCS attends a Primary Care Clinical Directors meeting to outline the forthcoming Hospice changes to GPs.

The Chair thanked MCS for the update, recognised the quality and strong reputation of the Hospice, including its national awards and Outstanding CQC rating, and confirmed partners’ support as the Hospice undertakes significant change, with a commitment to consistent messaging across Place.

46/02/26	Healthwatch Update
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KG presented the Healthwatch report covering Quarters 2 & 3 for information.

KG highlighted that the team has been expanded with the addition of two new members. Demand for information and access to services continues to increase, and this will need to be considered in the context of future changes to the Healthwatch service.

Communications cards and templates are available to partners to support care navigation. The patient communications group within TRFT has now been formalised into a committee, with an expanded role including the Waiting Well service, and a framework is being developed in partnership with TRFT.

Surveys have been undertaken, with some concerns identified in relation to a pharmacy; further information can be shared if required, although a report is due next quarter.

KG advised that further communications work is needed to ensure the public understand how to access services, and that a clear communications strategy is required.

A report on adult social care is being drafted, following a recent mystery shopping exercise.

On behalf of TRFT, BK acknowledged and welcomed Healthwatch’s work in engaging with people.

JE thanked KG for the update.

47/02/26

Visit by National Neighbourhood Health Lead

Members noted the communications briefing outlining a visit to Rotherham by Minal Bakhai, Clinical Lead for the National Neighbourhood Health Implementation Programme, as part of the Rotherham and Doncaster neighbourhood pilot sites.

Discussions had focused on three priority areas: prevention (including targeted health checks for over-40s), reducing risk in 18–39 year olds, and coordinated support for people with complex frailty, aligning with Rotherham’s neighbourhood health ambitions.

The visit included observation of a multidisciplinary team (MDT) meeting at Broom Lane Medical Centre, demonstrating joined-up working across primary care, community services, social care, and social prescribing to support people with complex needs.

Engagement with the Voluntary, Community and Social Enterprise (VCSE) sector highlighted the role of social prescribing, including a visit to You Asked We Responded (YAWR) Services, showcasing culturally appropriate and community-based support.

Feedback from the national team was highly positive, recognising the strength of partnership working, the local delivery model, and the long-term vision for neighbourhood health in Rotherham.

JE thanked all those who attended and noted that the visit had been successful.

48/02/26

Communications to Partners/Promoting Events & Consultations

Rotherham Show (September 2026) – noted scope for collaborative working around the Neighbourhood approach; MCS to co-ordinate nearer the time.

49/02/26

Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 17 September 2025 were agreed as a true and accurate record.

The action log was reviewed.

50/02/26

Risks and Items for Escalation to Appropriate Board

None.

51/02/26

Future Agenda Items:

Standing Items

- To be confirmed

52/02/26

Date of Next Meeting

There will be no meeting held in October due to a Place Board development session. The next Place Board will be on **Wednesday 18 March 2026** in the John Smith Room, Town Hall, Rotherham.

Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
John Edwards (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Emily Parry-Harries	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Bob Kirton	Managing Director	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)

Participants

Cllr Joanna Baker- Rogers	Chair of H&WB Board	Rotherham Health and Wellbeing Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Matt Cottle-Shaw	Chief Executive	Rotherham Hospice
Kym Gleeson	Service Manager	Healthwatch Rotherham
Lydia George	Transformation and Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Christina Harrison	Rotherham Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust