

Public Agenda

Title of Meeting:	Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 18 February 2026
Venue:	Committee Room 1, Town Hall, Rotherham
Chair:	John Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

Apologies:	R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust
Conflicts of Interest:	
Quoracy:	No Partnership Business shall be transacted unless the following are present as a minimum: a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or RPCLG

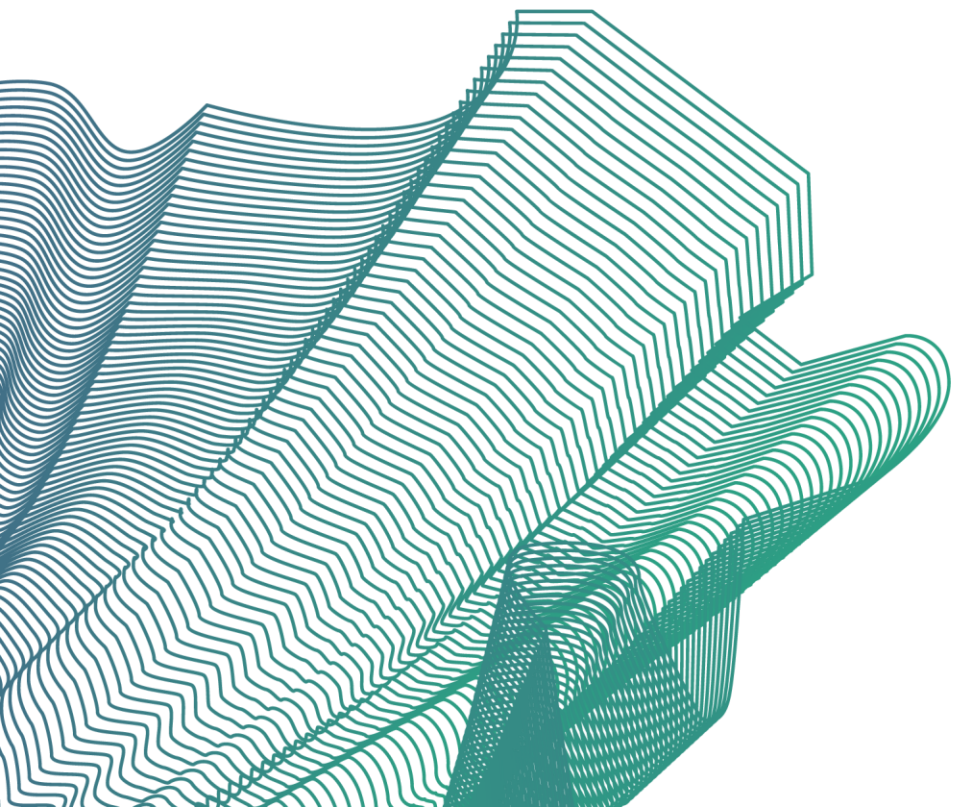
Item		Time	Pres By	Encs
1	Public & Patient Questions: <i>The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.</i>		<i>Chair</i>	<i>Verbal</i>
Business Items				
2	Palliative & End of Life Care Update	<i>20 mins</i>	<i>Matt Cottle-Shaw/ Emma Royle</i>	<i>Enc 2i & 2ii</i>
3	Healthwatch Update	<i>15 mins</i>	<i>Kym Gleeson</i>	<i>Enc 3</i>
4	Visit by National Neighbourhood Health Lead	<i>10 mins</i>	<i>Bob Kirton/ Clarie Smith</i>	<i>Enc 4</i>
Standard Items				
5	Communication to Partners/ Promoting Events & Consultations	<i>5 mins</i>	<i>Chair</i>	<i>Verbal</i>
6	Draft Minutes and Action Log from Public Place Board from 17 September 2025 – <i>for approval</i>	<i>5 mins</i>	<i>Chair</i>	<i>Enc7i & 7ii</i>
7	Risks and Items for escalation to appropriate board (e.g. <i>Health & Wellbeing Board, ICB Board</i>)		<i>Chair</i>	<i>Verbal</i>
8	Future Agenda Items: • to be confirmed			<i>Verbal</i>
9	The next meeting will be held on: Wednesday 18 March 2026 at 9.30 –10.30am John Smith Room, Rotherham Town Hall			

GLOSSARY

A&E	Accident and Emergency
BAME	Black Asian and Minority Ethnic
BCF	Better Care Fund
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
COI	Conflict of Interest
CQC	Care Quality Commission
DES	Direct Enhanced Service
DTOC	Delayed Transfer of Care
EOLC	End of Life Care
FOI	Freedom of Information
H&WB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDT	Integrated Discharge Team
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Service
LIS	Local Incentive Scheme
LOS	Length of Stay
LTC	Long Term Conditions
MMC	Medicines Management Committee
MOU	Memorandum of Understanding
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
OOA	Out of Area
PCN	Primary Care Network
PTS	Patient Transport Services
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
QOF	Quality Outcomes Framework
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RHR	Rotherham Health Record
RLSCB	Rotherham Local Safeguarding Childrens Board
RMBC	Rotherham Metropolitan Borough Council
RPCCG	Rotherham Primary Care Collaborative Group
RTT	Referral to Treatment
SATOD	Smoking at Time of Delivery
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Officer
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise sector
YAS	Yorkshire Ambulance Service

Palliative / End of life Update

Wednesday 18th February 2026



South Yorkshire
Integrated Care Board

**Rotherham, Doncaster
and South Humber**
NHS Foundation Trust

The Rotherham
NHS Foundation Trust



What's going well

Service delivery and outcomes

- Hospice at Home visits continue to rise each quarter, Q1-2,998, Q2-3,122, Q3-3,186, YTD 9,306
- New Hospice at Home referrals rebounded in Q3, Q1-313, Q2-190, Q3-303, showing a clear dip then recovery pattern
- Avoidance outcomes strengthened in Q3, GP appointments avoided Q3-372, YTD 1,015, hospital admissions avoided Q3-354, YTD 934 – saving c£363,845**
- New Paws for Peace service

Inpatient Unit

- Admissions Q3 100, up from Q2 95, YTD 269
- Occupancy improved in Q3 to 83.7%, up from 80.3% in Q2, YTD 82.9%, this shows a positive upward movement across the last quarter*

Community and volunteering workforce

- Public reach shows strong quarter on quarter growth, Q1 3.5m, Q2 5.1m, Q3 7.9m, YTD 16.6m
- Volunteering continues to build, Q3 48 new volunteers, YTD 113, volunteer hours Q3 12,402, YTD 34,632, estimated contribution YTD £372k

Finance, YTD and patterns

- YTD income April to November £6.35m, compared with £5.12m for the same period last year, up £1.24m, +24%
- YTD expenditure April to November £6.66m, compared with £5.34m for the same period last year, up £1.33m, +25%
- Net position improved slightly year on year for the same period, YTD deficit £151k, versus £195k last year, this is a £44k improvement YoY and £850k improvement on 25/26 original budget

**Does not include stays under 24-hour*

***Indicative cost equivalent using national unit costs, assumes 1 bed day per avoided admission*

External validation of quality and change delivery

Charity Times Awards 2025

- Winner, National Change Project of the Year
- Winner, National Charity of the Year (Income £1m–£10m)

Care Quality Commission (CQC)

- Overall rating: Outstanding

Great British Care Awards

- Regional Winner, Palliative Care / End of Life Award: Rotherham Hospice at Home Team
- National Great British Care Awards Finalist (pending)

The UK's Favourite Charity Shop Awards 2025

- Finalist: Rotherham Hospice Herringthorpe shop

Third Sector Awards 2025

- Rotherham Hospice shortlisted in three categories

Barnsley & Rotherham Chamber Awards 2025

- Campaign of the year
- Highly commended for our approach and commitment to team development

YTD service performance

Activity	Apr-Dec	Capacity	% of capacity
Inpatient stay	3180	3832	83%
Hospice at Home Visit	9306	9623	97%
Adult counselling / bereavement session	1861	3384	55%
Children, TYA counselling / bereavement session	382	312	122%
Telephone contacts	8456	TBC	N/A
GP appointment avoidance	1015	TBC	N/A
Hospital admission avoidance	934	TBC	N/A
Therapy sessions / visits	1145	TBC	N/A

Patient feedback

- New process launched: Nov 25
- Respondents to date: 71
- Overall experience: 98.6% Very good/Excellent (94.3% Excellent)
- Compassion and care: 98.5% Excellent (67/68, excluding N/A)
- Cleanliness and accessibility: 100% Very good/Excellent (63/67 Excellent)
- Emotional support offers explained/offered: 94% Yes (49/52, excluding N/A)

What people told us

- Consistently strong themes: *kindness, dignity, staff availability, calm/homely environment*
- Most common improvement themes:
 - 24/7 support line consistency (small number of Fair/Poor ratings, feedback about advice and expectations)
 - Food (portion size, occasional “hit and miss”, menu preferences)
 - Care co-ordination / involvement (mostly positive, but a small number of lower ratings suggest inconsistency)

What we're doing next

- Tighten 24/7 line guidance and escalation, and reinforce call-back expectations
- Refresh food feedback loop (portion options, consistency checks, menu review)
- Use the restructure changes to strengthen joined-up communication between teams and keep families visibly involved in plans

Challenges and Risks

Financial pressure in early H2

- H1 delivered a small surplus (+£0.10m), but H2 to date is -£0.25m (Oct–Nov), YTD Apr–Nov is -£0.31m (income £6.35m, spend £6.66m). Key pattern shift.

Cost growth still running hot

- Expenditure Apr–Nov is up materially year on year, and the risk is margin squeeze if income growth softens, particularly across retail and support cost bases.

Demand and access volatility

- Hospice at Home new referrals dipped in Q2 (190) then recovered in Q3 (303), we need to sustain the recovery and keep referral flow consistent across partners through winter and service change activity.

Bereavement access risk

- Referrals reduced sharply in Q3 (17, down from 52 in Q2 and 133 in Q1), risk of unmet need, and reduced visibility of the offer.

Workforce capacity

- Vacancies remain present (15 in Q3), and long-term sickness has been higher in recent months (around 3.5% to 4.2% in Oct–Nov), both creating resilience risk, particularly across 24/7 services.

Quality and safety workload

- Incident reporting remains high, Q3 clinical incidents 123, and Q3 non-clinical/facilities incidents 535, we are focused on closure, learning themes and prevention, alongside operational pressures.

Costing / activity model

24/25 clinical operational costs

- Total: £5,987,345
 - ICB funding: £3,923,751
 - Clinical operating deficit: **-£2,063,594**

Activity	Current annual capacity	Cost per capacity unit	Current cost per unit
Inpatient stay	5,110	£645	£742
Hospice at Home Visit	12,831	£175	£192
Adult counselling / bereavement session	4,512	£64	£198
Children, TYA counselling / bereavement session	416	£46	£48

Changes at the hospice

Why we're changing, and what we're trying to achieve

- Demand and complexity are rising, and we need a model that is more responsive, more consistent, and easier to scale without need for significant premises alteration
- We are trying to close the gap between what we are commissioned to deliver and the true cost of delivery, while protecting quality and access
- Our focus is to keep care safe and outstanding, reduce avoidable crisis, and support more people earlier
- This work sits within our Living Life's Wishes strategy and builds on strong foundations, including our most recent CQC outcome

What is changing, the new care delivery model

A clearer, joined up operating model across hospice care:

- Moving to a single, clearer clinical leadership model with strengthened accountability and day to day operational grip
- Creating a more coordinated 'front door' through a new Care Navigation / triage function so patients get to the right support sooner, and the system sees a clearer picture of demand and flow
- Strengthening our 24/7 model across Inpatient and Hospice at Home through consistent workforce design and more robust rostering
- Embedding Allocate as our rota platform to improve safe staffing, forward planning, and reduce reliance on expensive ad hoc cover
- Protecting and strengthening clinical governance, with clearer ownership across senior roles and committee assurance already in place

What this means for Rotherham Place, outcomes and asks

What Place should see from us:

- Faster access and clearer pathways, including self referral development and earlier interventions
- A more visible, dependable 24/7 offer, supporting system pressures and reducing avoidable admissions where possible
- More consistent workforce planning and safer staffing, improving continuity for patients and families
- A hospice model that is scalable if investment grows, without needing repeated redesign

Financial and sustainability context:

- Our priority is to stabilise delivery, grow sustainability, and protect commissioned outcomes

Asks:

- Support consistent referral messaging across primary care, acute and community teams.
- Help us maintain system alignment during consultation and mobilisation, including comms discipline.

Communications & Reputation

- The process will start on March 13th
- We are being open that this is a significant organisational change, which may result in redundancies and some new roles, alongside changes to reporting lines and ways of working
- Finance is a key driver, but it is not the only driver, the changes are also about quality, resilience, clearer accountability, and capacity to meet rising demand We will run a formal staff consultation process, with a strong focus on respectful communication, staff wellbeing, and clarity about individual impact
- We are preparing a planned external communications release, to ensure messaging is accurate, timely, and consistent, and to avoid misinformation
- We will proactively brief key stakeholders, including Place partners on all communications
- Our public narrative will remain focused on: protecting commissioned care, strengthening the hospice offer, and building a sustainable model for the people of Rotherham

Other items

Service commissioning

- We have been working with partners on a refreshed, integrated Specialist Palliative and End of Life Care service specification, consolidating our previously separate specifications into a single document with aligned scope, outcomes, KPIs and reporting expectations.
- The draft is now with NHS South Yorkshire ICB for review, ahead of agreement through contract management arrangements.
- The specification reflects our proposed February 2026 model, including Care Navigation as the clinical front door and coordination hub, and the 24/7 support line embedded within this model to support timely triage, allocation and escalation across IPU, Hospice at Home and outpatient/wellbeing pathways.
- Subject to final commissioner feedback, this will provide clearer shared expectations for access standards, delivery, quality assurance and system interfaces across Rotherham Place.

Thank you



Palliative and End of Life Care - Update Feb 2026

Emma Royle, Senior Development and Transformation Manager,
SY ICB, Rotherham Place

Louise Potter, Transformation and Delivery (Palliative and End of Life
Care - South Yorkshire wide)



Potential Policy Changes

- **Assisted Dying Bill** - seeks to legalise assisted dying for adults in England and Wales. An outcome is expected in Spring 2026, and this may influence further policy changes and priorities.
- **PEOLC Modern Service Framework (MSF)** - a forthcoming policy *'forming an essential component of the 10-year health plan'* introducing national PEoLC standards and measures which ICBs will be expected to commission to, and providers will be expected to achieve.

The first four 'highest confidence' interventions will be:

- Increased identification of people with PEoLC needs
- Specialist palliative care provision in all settings
- Integrated, holistic PEoLC care delivered in the home
- Out of hours (24/7) access to support

Government scrutiny and New National Policy

- Health Select Committee on the Parliamentary [Commission on Palliative and End-of-Life Care](#) Report (January 2026)
- Parliamentary Public Accounts Committee on the Financial Sustainability of Adult Hospices in England (12 Jan). <https://committees.parliament.uk/event/25283/formal-meeting-oral-evidence-session/>
- [10 Year Health Plan for England: fit for the future](#)
- [Medium Term Planning Framework – delivering change together 2026/27 to 2028/29](#)

Specific PEOLC guidance – strategic and commissioning

[Handbook for the Statutory Guidance](#) -

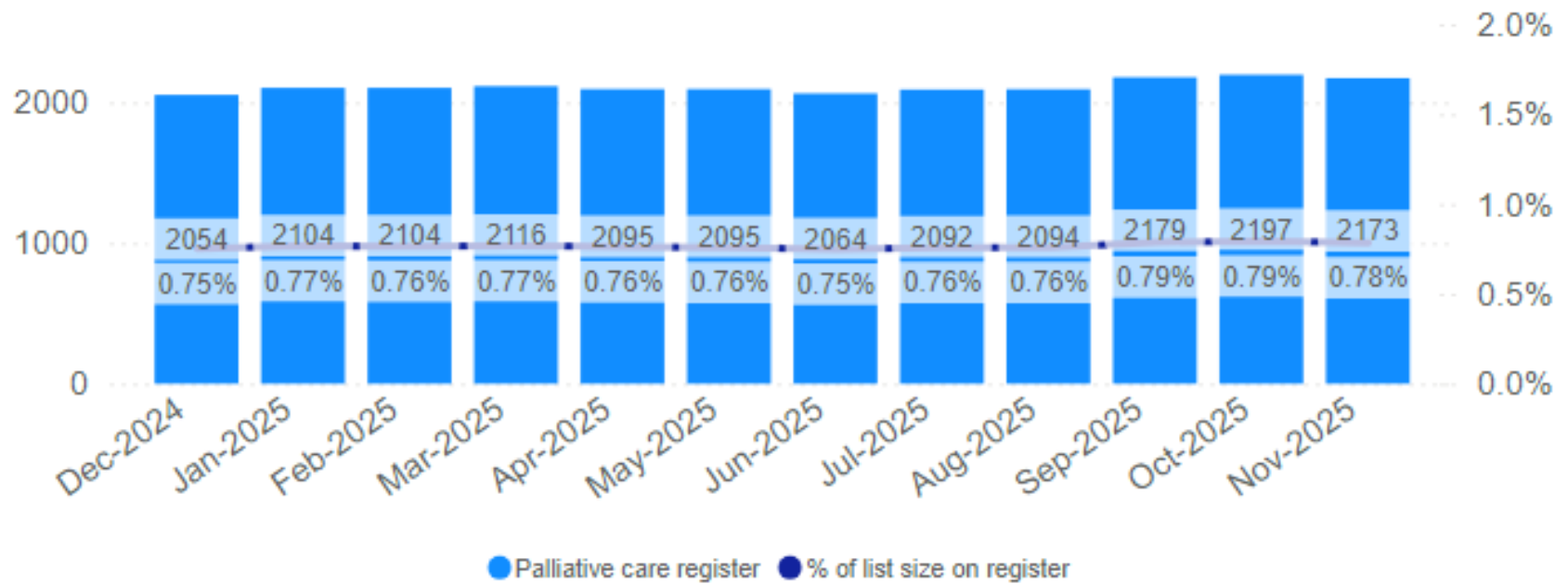
Supports the statutory guidance and suggests what good looks like and actions for ICBs

[Ambitions for Palliative and end of care: A national framework for local action 2021-2026](#) -

This framework sets out our vision to improve end of life care through partnership and collaborative action between organisations at local level throughout England.

Palliative care early identification

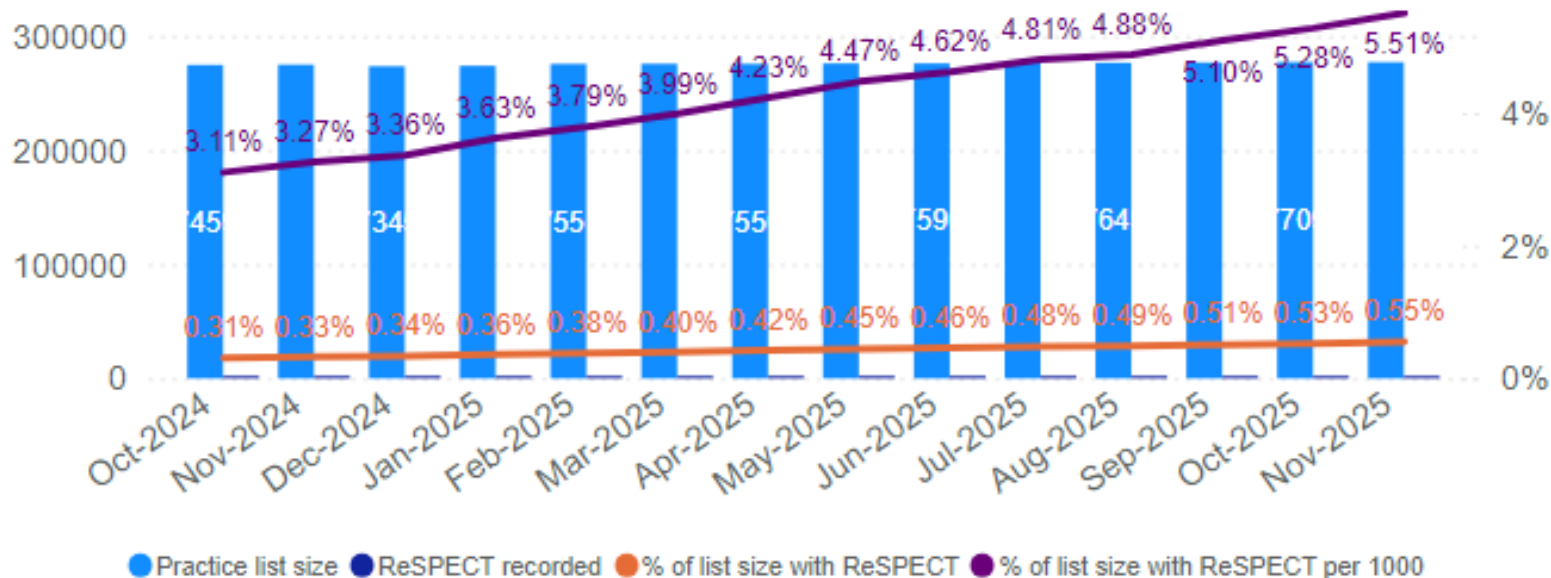
People on palliative care register as a proportion of list size



Rotherham - 0.78% of people identified as being palliative and in the last year of life. This is achieving the South Yorkshire strategy target of 0.7%. This target is likely to increase to 90% based on modern service framework discussions.

ReSPECT Implementation

People on practice list with ReSPECT recorded



- In the last 12 months the number of ReSPECT plans has increased from 853 (0.31% of the practice population) to 1,526 (0.55% of the practice population).
- 17% of people on the palliative care register have a ReSPECT plan – increasing trend (from 10% in Dec 2024).

Costings – based on 2024 data

Care home	Deaths	Hospital Spells	Bed days in Hospital	Hospital costs	Bed days per Death	Cost per Death	Ave hospital spells per death
Rotherham	569	1183	11950	£4,599,405	21	£8,083	2.08
Home	Deaths	Hospital Spells	Bed days in Hospital	Hospital costs	Bed days per Death	Cost per Death	Ave hospital spells per death
Rotherham	743	1995	11079	£5,675,481	14.91	£7,639	2.69
Hospice	Deaths	Hospital Spells	Bed days in Hospital	Hospital costs	Bed days per Death	Cost per Death	Ave hospital spells per death
Rotherham	258	1279	4671	£2,866,584	18.1	£11,111	4.96
Hospital	Deaths	Hospital Spells	Bed days in Hospital	Hospital costs	Bed days per Death	Cost per Death	Ave hospital spells per death
Rotherham	1093	3611	25889	£12,865,782	23.69	£11,771	3.3

National Audit of Care at End of Life (NACEL)

- Rotherham are above NACEL national average for 7 of 9 indicators in 2025; an improvement from 6 / 9 in 2024.
- This includes 100% access to specialist palliative care face to face service, 95% with anticipatory medication prescribed and recorded, 86% of deaths as expected during the final admission (identification).
- Those still below national average have made good progress in the last year - moving from 56% to 70% of bereaved rating overall care & support to themselves, and 71% to 88% with ethnicity recorded.

PEoLC Programme Risks

- Changing role of ICB to commissioning / provider model. Capacity and prioritisation of PEoLC in the new ICB structure. Ending of the Macmillan leadership funding in May 2026; removing dedicated capacity to oversee the programme.
- Hospices across SY reporting challenging budgets despite increased ICB investment.
- Speed of implementation may change – eg adherence to the Modern Service Framework.
- Widespread adoption of My Personal Wishes is needed across Rotherham.
- Strategic positioning of PEoLC in integrated neighbourhood working has started but is in its infancy.
- Hospital admissions in the last 90 days of life remain higher than national average. This highlights the need for further scrutiny to build a better understanding of the key factors driving this - using population health approach gaining more intelligence on the impact of the work to date. Alongside exploring broader strategic conversations with urgent and emergency care, hospitals, virtual wards and community integrated care.

2026 Further Priorities

- My Personal Wishes - IT and launch
- Marie Curie opportunity for Integrated Neighbourhoods
- Information for the public
- Acute Trust Federation Project
- Bereavement Implementation Plan
- Children and Young People workstream

Further Achievements

- Marie Curie Funding- agreement in principle for 2 PEOLC nurses and 2 HCA roles for 2 years to work in the community and with care homes and primary care.
- A newly transformed Children's and Young People's model of care.
- Bluebell Wood Children's hospice received a CQC good rating. Re-established 7 day a week bereavement service and end of life hospice provision.
- Rotherham Hospice Received a CQC outstanding rating
- New ICB InSYghts data dashboard developed and continues to develop, presenting all PEOLC for SY in the same way for all four Places.
- Dedicated webpages for the public and professionals to help people navigate the system.

healthwatch
Rotherham



**Healthwatch
Rotherham**

About Healthwatch

Healthwatch Rotherham is the independent champion for people who use health and social care services in Rotherham.

We make sure NHS and social care leaders and decision makers hear the voice of Rotherham residents and use the feedback that residents give us to improve standards of care.

Feedback is gathered through our face to face engagement work, Let's talk events, targeted project work, Enter & View and via our dedicated website form, email address and telephone line.

Recommendations for change are fed back via our reports and continuous engagement with service providers.

We also help residents find reliable and trustworthy information through our signposting service.

Our statutory duties

- 1. Promoting and supporting the involvement of local people** in the commissioning, provision and scrutiny of local care services.
- 2. Enabling local people to monitor the standard of provision of local care services** and whether and how local care services could and ought to be improved.
- 3. Obtaining the views of local people** regarding their needs for, and experiences of, local care services and importantly to make these views known.
- 4. Making reports and recommendations about how local care services could or ought to be improved.** These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- 5. Providing advice and information** about access to local care services so choices can be made about local care services.
- 6. Formulating views on the standard of provision** and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.
- 7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews** or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- 8. Providing Healthwatch England with intelligence** and insight to enable it to perform effectively.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and social care better.



Our values

- **Equity:** Embracing inclusivity and compassion, establishing profound connections with the communities we serve and empowering them.
- **Collaboration:** Nurturing both internal and external relationships, fostering transparent communication, and partnering to amplify our impact. .
- **Independence:** Championing the public's agenda, serving as purposeful and critical allies to decision-makers.
- **Truth:** Operating with unyielding integrity and honesty, fearlessly advocating truth to those in power.
- **Impact:** Pursuing ambitious endeavours to effect meaningful change for individuals and communities while remaining accountable and holding others accountable.

Healthwatch Rotherham Team

Service Manager – Kym Gleeson

Engagement & Projects Officer – Holly Barlow

Research and Campaigns Officer – Danielle Payne

Information and Signposting Officer – Nicola Fells

The team are supported by:

- **4 Statutory Advisory Board members**
- **1 Student**

Our reach in Q2



From July – Sep 2025:

949

People have **shared their experiences** of health & social care with us, helping to raise awareness of issues and improve care.

323

137 People have come to us for **information and signposting** services (both directly and via our website).

362

People seen through **22 outreach** engagements & events

40

People have attended one of our **Let's talk** events

125

People received our monthly **Newsletter**

31467

People reached through **social media** (Facebook & X)

Our reports in Q2



From July – Sep 2025, we have produced:

7 Targeted project reports:

- [Acquired Brain Injury](#)
- [VA Health Passport](#)
- [The impact of having ADHD and Autism](#)
- [Taking Paracetamol During Pregnancy](#)
- [Opening up access: Communication cards](#)
- [How to improve ADHD support for people](#)
- [How can self employment affect Health and Care](#)

1 Enter & View report: [AMU Enter and View](#)

2 Let's Talk reports on:

- [Preparation for Adulthood](#)
- [CPR and Defibrillators](#)

You said, we did reports:

- ## 3
- [You said, we did July.](#)
 - [You said, we did August](#)
 - [You said, we did September](#)

Our reach in Q3



From Oct – Dec 2025:

581

People have **shared their experiences** of health & social care with us, helping to raise awareness of issues and improve care.

158

87 People have come to us for **information and signposting** services (both directly and via our website).

259

People seen through **10 outreach** engagements & events

58

People have attended one of our **Let's talk** events

150

People received our monthly **Newsletter**

57499

People reached through **social media** (Facebook & X)

Our reports in Q3



From Oct – Dec 2025, we have produced:

- 5 Targeted project reports:**
 - [Healthwatch Rotherham and Sight & Sound Rotherham collaboration](#)
 - [Menopause](#)
 - [Waiting well report](#)
 - [Rainbow Project](#)

- 1 Enter & View report: [Market Surgery](#)**

- 1 Let's Talk reports on:**
 - [Breast Cancer Awareness](#)

- 3 You said, we did reports**
 - [You said, we did October](#)
 - [You said, we did November](#)
 - [You said, we did December](#)

What we've heard in Q2 & Q3



Hospital services

We have heard from **90** people about their hospital care.

Key concerns:

- **Waiting times for appointments and procedures**
- **Prescription wait times at the Hospital**
- **Appointment cancellations**

Positives:

- **Some people receive excellent care**
- **Rheumatology, Surgery, A&E, Oncology, Orthopaedics all received positive feedback**

"Clients partner was rushed into Rotherham hospital early hours one morning with severe stomach cramps and by that evening he'd had his appendix removed and was feeling much more comfortable. He also got a follow-up phone call a week later to check to see how he was doing.

Rotherham Hospital, Outpatient Rheumatology. Excellent. The appointment came within 2 weeks of the referral been sent by the GP. The Doctor was thorough, explained everything and listened to the issues. Further tests were done straight away: bloods, x-rays.

Hospital inpatient (day treatment or overnight), Hospital outpatients' appointments, Mental health support. Not enough face to face and verbal contact. Appointments often cancelled and rescheduled. I'm 7 years on after bowel cancer surgery and only just receiving mental health care I waited far to long. Earl of Scarborough cancer care Rotherham hospital. Poor care."

What we've heard in Q2 & Q3



GP services

We have heard from **92** people about their GP services.

Key concerns:

- **Difficulties getting appointments**
- **Poor communication - results and follow up appointments**
- **Issues with referrals**

Positives:

- **Some excellent examples of quality care provided by specific doctors**

" I walk to my local GP surgery because I can't get through on the phone and if I do, they always ask me to use Anima which I can't use.

"Quick to be seen, tests done for bloods, warts but not good in relaying results. Service overall – good / easy to access the help and support you needed / Experience of care- good

Would like to change GP surgery from Swinton to a surgery in Greasbrough where my parents lives & needs support doing this

I have a great GP surgery. I have never had to wait long for an appointment to see a doctor. If they can't see you on the day, it's no more than a couple of days later. "

What we've heard in Q2 & Q3



Dental services

We have heard from **84** people about dental services.

Key concerns:

- **60 people have been unable to register with an NHS dentist**

Positives:

- **Fantastic treatment provided by one dentist for a patient with learning disabilities, allowing them to access dental treatment with respect and understanding**

“Dental service very calm clinic
Obvious SEND trained dentists, nurses & receptionists
Introduced to everyone & shown all equipment at every appointment”

“My dentist burnt my face when I underwent root canal treatment. I'm wanting some advice please, my dentist burnt my face and I'm worried it is going to scar. I have complained but I don't feel like they are going to take responsibility. I would like some advice please.”

Unable to access a dentist

Asylum seeker - does not know the area well and speaks little english - does not know where to go to help access a dentist'

What we've heard in Q2 & Q3



Mental health services

We have heard from **23** people about mental health services.

Key concerns:

- **Lack of support waiting for assessment**
- **Waiting times for ADHD/Autism assessments**
- **Lack of support for family and carers**

Positives:

- **Community support groups in Rotherham can make a difference**

"Looking for information on Mental health support staff at CPL.

My child is autistic but also has terrible mental health issues. He never leaves the house and his anxiety at times is through the roof. The support has been awful. As his Mum, I am his carer but he won't allow me to put in a request for a carers assessment as he says he'll lose his benefits. My life isn't my own. I'm left with picking up the pieces and dealing with the stress of it all. But I'm not allowed a voice as a carer!

Service: CAMHS, waiting times too long for CAMHS."



Our impact Q2 & Q3

The challenge of living with an acquired brain Injury

Acquired Brain Injury (ABI) is an injury caused to the brain after birth. There are many possible causes of ABI.

It is the **leading cause of death and disability** for people aged under 40 in the UK. The latest data provided by **Headway** shows that In the UK in 2023–2024:

- **335,409** people were admitted to hospital with an ABI, which equates to **1 admission every 90 seconds**.

In Rotherham in 2019–2020, the Headway data shows:

- **1,568** people were admitted to hospital with an ABI, of which
- **714** were women
- **855** were men

This is in line with UK wide statistics that show that **males are 1.5 times more likely** to be admitted for a head injury.

The social impact can be huge

Social isolation after an ABI is common. It can be caused by many different factors including others being unable to accept the changes in the person, or due to difficulties being in certain environments or physical challenges. Emotional and behavioural changes can make keeping friendships difficult, especially as ABI can result in a lack of empathy and irritability.

- Over 70% of ABI survivors feel that people in their lives don't understand the effects of their condition.
- **up to 60% of prisoners** have a history of traumatic brain injury, with some studies identifying even higher rates among female prisoners.
- **over 50% of those experiencing homelessness** have a history of traumatic brain injury.

[Read full report here](#)

Communication cards

My Communication Card
My communication needs are..

What best describes me..

I need a BSL interpreter at

I am

I us

I have a learning disability
You can help me by.....

Information for health and social care providers

The Accessible Information Standard (AIS) aims to ensure that people who have a disability, impairment or sensory loss:

- can access and understand information about NHS and adult social care services
- receive the communication support they need to use those services

Under the AIS, all NHS and adult social care providers should:

- **Ask:** if someone has communication or information needs related to a disability or sensory loss and find out how to meet those needs
- **Record:** the needs of the individual
- **Alert:** flag or highlight the needs
- **Share:** the needs with the relevant people with consent
- **Act:** take action to meet the needs
- **Review:** if someone's needs or situation changes, information must be updated

This card belongs to:

To find out more, please scan the QR code

healthwatch Rotherham

The cards have now been shared via a template to all four Places, including RDaSH.

We are currently co-designing a visual impairment communication style card with Sight & Sound users. (orange)

To ensure it meets all their communication needs and supports them to have less health inequalities. This will naturally lead to better health outcomes.

IMPACT:

- All the cards have been adopted by South Yorkshire ICB & our health partners, such as RDaSH.
- We will share the template free of charge to any organisation that supports these cohorts, to enable better health outcomes for as many people as possible.

[Read more here](#)

Enter & View visit to AMU

Survey responses:

Prior to the visit, surveys and QR codes linking to online questionnaires were left with the service to enable patients, relatives, and staff to provide feedback.

"From admission to ward - professional care and friendly. Explained everything carefully so I understood everything"

"The staff have given me all the help and more, I could not be more thankful" "Staff are very caring & nothing is too much trouble for them"

"Care okay, overall, I'm happy"

"Long wait at A&E But necessary, staff nice & approachable and explained everything"

"I haven't had much updates on my care"

"Kind, helpful & patient" "It takes a medal to look after to me and they deserve a medal"

100% commented that they were happy with how their friend/family member was being cared for.

[Read full report here](#)



Staff Wellbeing and Break Management

- Introduce a system (e.g. digital reminders or break champions) to monitor and enforce scheduled breaks based on shift length.
- Carry out regular audits of break compliance to identify barriers and ensure every team member takes their entitled rest periods.



Waiting well focus

Introduction

Rotherham Hospital offers a Waiting Well Service which provides information to patients who are waiting for treatment to help them look after their health whilst they wait.

We wanted to understand how aware people are of this service, and whether it is accessible to all.

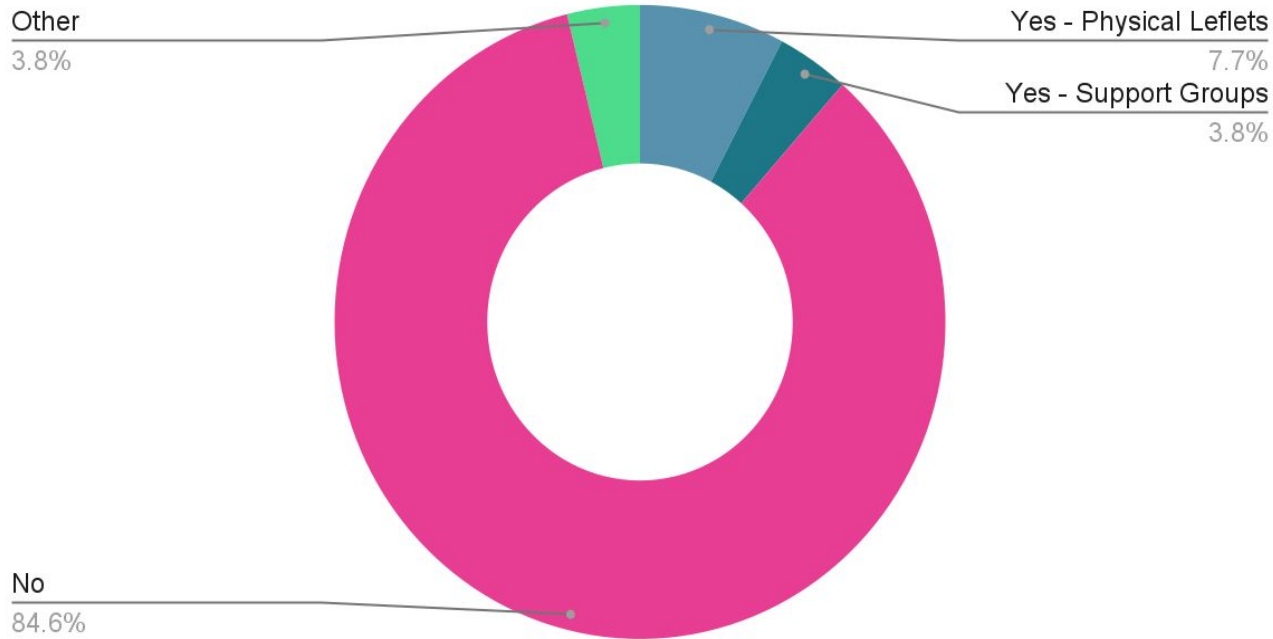
Healthwatch Rotherham findings show that **89.3%** of people are currently waiting to receive treatment at Rotherham Hospital, this percentage equates to **232,180** patients per year.

What this means for TRFT:

There is a clear opportunity to strengthen proactive communication and wellbeing support for patients on waiting lists.

Waiting well results

Have you been given any information about looking after yourself whilst waiting for treatment?



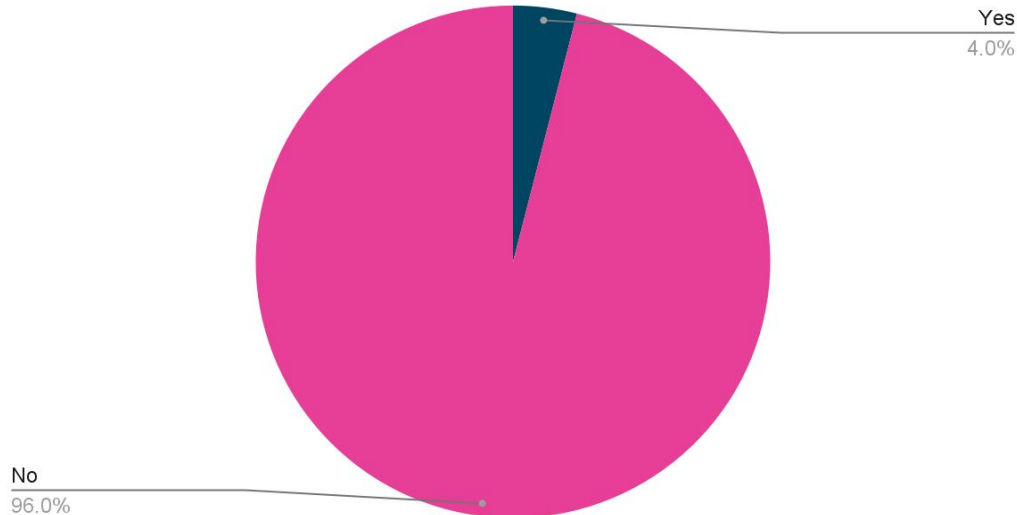
Only a small number of participants indicated they had been provided with physical resources or signposted to relevant support services. A few respondents selected 'Other' and provided individual comments.

These findings highlight a significant gap in pre-treatment patient support and suggest an opportunity to enhance communication and resource provision for individuals on waiting lists.

Among those who had not received any information about looking after themselves while waiting for treatment, a significant majority expressed that such information would be beneficial. Specifically, most respondents answered 'Yes' when asked if this

Waiting well results

Are you aware of the Waiting Well service? (this is a service providing information to patients who are waiting for treatment to help them look after their health whilst they wait)



64%

Use of Digital Platforms
for Health Information:

A majority of respondents reported using digital platforms to access healthcare-related information.

Waiting Well: What Patients Need

What we found:

- ★ 89.3% of respondents are currently waiting for treatment
- ★ Very few have received information on how to stay well while waiting
- ★ Most said support would be helpful
- ★ Patients want:
 - ★ Symptom-management advice
 - ★ Clear guidance on when to seek help
 - ★ Signposting to resources
 - ★ Regular updates on waiting times

What this means for TRFT:

There is a clear opportunity to strengthen proactive communication and wellbeing support for patients on waiting lists.

healthwatch
Rotherham

We want to hear about **YOUR** experiences

Have you recently accessed:

- Hospital services
- GP services
- Dental services
- Optician services
- Care home services
- Social care support
- Fostering/adoption services
- Mental health services
- Pharmacy services

If so, we would love to hear more from you

We have the power to make NHS and social care services listen to your feedback and improve care

Tell us what **YOU** think about health and social care in Rotherham



2025-2026 in
summary

Our reach this year



From April 2024 to Dec 2025:

1559

People have **shared their experiences** of health & social care with us, helping to raise awareness of issues and improve care.

638

People have come to us for **information and signposting** services (both directly and via our website).

1036

People seen through **60 outreach** engagements & events

209

People have attended one of our **Let's talk** events

155

People received our monthly **Newsletter** throughout the year

104,390

People reached through **social media** (Facebook & X)

This year we have produced:



13

Targeted project reports on:

- Veterans Health Passport
- Healthwatch Rotherham and Sight & Sound Rotherham collaboration
- Menopause
- Waiting well report
- Rainbow Project
- Acquired Brain Injury
- VA Health Passport

2

Enter & View reports

8

Let's Talk reports

9

You said, we did reports

3

Quarterly insight reports that are shared at stakeholder board level

3

Easy Read guides

Our impact this year



Healthwatch Rotherham has supported the development of new communication cards to improve access to healthcare for people who are deaf or hard of hearing. Co-designed with Rotherham Sight and Sound and Rotherham Deaf Futures, the cards allow patients to clearly explain their communication needs during appointments, helping to reduce barriers and improve understanding. This work, which was also featured in the [Rotherham Advertiser](#), reflects Healthwatch commitment to championing reasonable adjustments and promoting inclusive, person-centred care across local health services.



Healthwatch Rotherham's *Waiting Well* report explored residents' experiences of waiting for healthcare services and the impact this had on their wellbeing. On behalf of Rotherham residents, we fed back key themes to the service, highlighting concerns around long waiting times, lack of clear communication, and the emotional and practical strain caused by uncertainty while waiting for care. We also shared residents' suggestions for improvement, including better updates, clearer information about waiting processes, and more support for people while they are on waiting lists.



We have made **27** recommendations across **2** Enter & View visits. Improvements adopted include: Increasing the diversity of the PPG to make the group more representative of the patient population; Improving signage and patient information on entrances and waiting areas; Introducing multilingual posters and signage; Ensuring complaint procedures are clearly displayed; adapting patient care to suit technical abilities, language barriers and physical and non-visible disabilities.

Our impact this year



Collaborative work between Healthwatch Rotherham, and Rotherham Sight and Sound to produce arrange of communication cards for Hearing impaired, Visually impaired, and stroke/brain injury people to to use when attending healthcare appointments.



Ongoing work with the Deaf community, we have since expanded the work we do based on this, to other communities where health inequalities are greater due to not being able to communicate with health services effectively



Our commitment to put rotherham people's voice into the Neighbourhood health pilot. We will be undertaking some engagement work on this in the upcoming months.



We were commissioned by ADASS to conduct a mystery shopper exercise of RMBC's Social Care services to assess how easy it is to access high quality information and support. Our findings and recommendations will help RMBC improve their service ahead of their peer review with the Care Quality Commission (CQC). We have since attended a second time for a revisit to see what improvements have been made, with the help from one of our medical students.

Healthwatch Rotherham feedback

April 2025 - December 2025

“Staff not only helped with my enquiry but were extremely timely and professional, outstanding customer service. I have spoken with a Andrea and another lady I believe, both were courteous, understanding and sincere. Thank you”

“Nicola kept in touch with me and did everything she could to help. Without Healthwatch I wouldn't have known what to do.”

“Client's GP has done a report for her which she has been dropped off at the Rotherham Council office Client thank Healthwatch for help and said we do a wonderful job.”

“Thank you. You are the first people I've spoken to that have been able to help. No one at the hospital even Physic could tell me where to get a wheelchair. You do a good job.”

“Thank you I can now order my prescriptions over the phone. This is a big help as I can't get to the surgery.”



“Thank you Danielle for actually giving a crap about me and others like me, usually we get fobbed off or passed pillar to post because were homeless”

For more information:

Healthwatch Rotherham
2 Upper Millgate
S60 1PF



Website: healthwatchrotherham.org.uk

Telephone: 01709 717130

Email: Info@healthwatchrotherham.org.uk

Let's stay connected:



www.facebook.com/healthwatchrotherham



[@HWRotherham](https://twitter.com/HWRotherham)



**Committed
to quality**

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.

National Neighbourhood Health Lead Visits Rotherham and Doncaster Pilot Sites

28 January 2026

Rotherham recently welcomed a visit from Minal Bakhai, Clinical Lead for the National Neighbourhood Health Implementation Programme, who came to learn more about the innovative work being delivered across our neighbourhood pilot sites.

Minal met with members of the Rotherham Place Board to hear more about our shared vision for neighbourhood health and the priority areas we are developing as a neighbourhood pilot site.



Discussions focused on three key pilot programme areas:

- Prevention — including targeted over-40s health checks to identify risks earlier and support people to stay well for longer
- Reducing risk in 18–39 year olds — proactively supporting younger adults to address emerging health risks and inequalities
- Complex frailty — delivering coordinated, proactive care for people with complex and long-term needs

These priorities reflect Rotherham’s commitment to prevention, early intervention, and tailored support across different life stages, ensuring neighbourhood health approaches meet the needs of local communities.

The visit then moved to Broom Lane Medical Centre, where Minal observed a proactive care multidisciplinary team (MDT) meeting in action. These MDTs bring together professionals from social care, community nursing, GP practices, care coordination, geriatrics and social prescribing. By working collaboratively, the team develops joined-up care plans for people with complex frailty needs, helping them stay well and supported in their communities.



A key focus of the national team’s visit was to explore models that strengthen links with the Voluntary, Community and Social Enterprise (VCSE) sector. To highlight this, Minal visited You Asked We Responded (YAWR) Services, a valued social prescribing partner based at Clifton Park. Founded in 2012 to support the health and wellbeing of Rotherham’s Pakistani community, YAWR has grown into a vital partner in local social prescribing. The organisation provides culturally appropriate support and works to reach marginalised communities to stay connected and resilient. Its services now include befriending, enabling, benefits advice, advocacy, green social prescribing and employability support.

Feedback from Minal was extremely positive. She praised the strength of partnership working across Rotherham and highlighted how impressed she was with both the local approach to the pilot and the long-term vision for neighbourhood health. The visit provided a valuable opportunity to share Rotherham’s insights and experiences with the national team, helping to build understanding of what works well and how best practice can be spread across the region.

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	10.00am – 10.45am
Date of Meeting:	Wednesday 17 September 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris 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 Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust John Edwards, Chief Executive, Rotherham Metropolitan Borough Council Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Anand Barmade, Clinical Director, Connect Healthcare Rotherham
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:

Chris Edwards (**CE**), Rotherham Place Director, NHS South Yorkshire ICB
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB
Emily Parry-Harries (**EPH**), Director of Public Health, Rotherham MBC

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, Rotherham MBC
Andrew Brankin (**AB**), Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (deputising)
Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust
Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB
Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB
Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB
Ian Spicer (**IS**), Deputy Chief Executive, Rotherham Metropolitan Borough Council

In attendance:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
Sue Panesar (**SP**), Public Health Specialist, Rotherham MBC
Steph Watt (**SW**), Health & Care Portfolio Lead – Rotherham, NHS SY ICB
Eloise Summerfield (**ES**), Senior Pharmacist – Rotherham, NHS SY ICB
Sarah Boul (**SB**), Portfolio Director for Mental Health, NHS SY ICB

Minute Taker:

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

Item Number	Discussion Items
34/09/25	Public & Patient Questions
There were no questions from members of the public.	
35/09/25	Prevention and Health Inequalities Update
<p>Sue Panesar updated on the work undertaken since her last update including:</p> <ul style="list-style-type: none"> – A development session was held with partners in April, leading to agreement on a new template for the 2025/26 Prevention and Health Inequalities Action Plan. – A new Teams Channel was introduced for external collaborators to update the Action Plan. – Preparations are underway for a Chronic Pain workshop in September. – Stronger links have been established with Housing and Neighbourhoods. – Staff have been recruited for the Sports England Place Expansion Programme. – Progress has been made on the rural health toolkit and the Humanitarian Group Action Plan. <p>Challenges and risks remain around the impact of poverty, cost of living, financial constraints, leadership changes across the system and maintaining momentum, as well as data-sharing challenges and creating a unified narrative on health inequalities</p> <p>EPH explained that a workshop is taking place on Thursday 2 October Health for Rotherham senior leaders to come together to decide on the priorities for the new Health and Wellbeing Strategy for the next five years. The output from this along with the emerging neighbourhood's work will then be mapped to identify any overlaps and gaps and produce an action plan. The intention going forward is to ensure that health inequality priorities become integrated into all areas of the Place Plan rather than seen as separate.</p> <p>EPH encouraged all Place Board members and their senior teams to attend as appropriate.</p> <p>CE thanked SP and EPH for the update. Place Board is supportive of the approach and is committed to ensuring that addressing inequalities becomes an integral part and core to the Place Plan going forward.</p>	
36/09/25	Rotherham Winter Plan Update
<p>SW outlined key changes between last year's winter plan and this.</p> <ul style="list-style-type: none"> • The emergency department demand peaked at 381 attendances last March averaging around 300 daily. • System performance was 65.8%, below the target of 78.8%. • Flu vaccination rates were favourable compared to the region. • Yorkshire Ambulance Category 2 handover was 27.11. • Rotherham was an outlier for 'No Criteria to Reside'. <p>This year Rotherham is well prepared for winter with the new medical Same Day Emergency Care (SDEC) Centre and a transfer of care hub (TOCH). There has been a significant reduction in enablement waiting lists going from 66 to just 9 currently. However, pressure remains on discharge pathways with high emergency department attendances.</p>	

The national performance metrics for this year include reducing ambulance waiting times from 35 to 30 minutes, achieving 78% of ED patients admitted, transferred or discharged within 4 hours and focussing on reducing discharge delays and lengths of stay for emergency admissions.

It was noted that work has also been carried out on organisational development, communications and engagement to support better whole system working on right care, right time and place to reduce pressure on individuals and teams. Weekly performance messages will also be agreed across the system.

It was noted that the virtual ward target this year is 100 patients and includes respiratory and heart failure as well as other additional pathways. This is an area that Rotherham has excelled in previously. BK advised members of a project to enable hospital at home, to meet one of TRFT's internal ambitions to avoid people staying in hospital when they don't need to be

SW highlighted work done by the local authority on service redesign with discharge and reablement teams introducing new roles which has proved successful. Also, in order to better understand demand, a proactive approach has been taken that involved Healthwatch undertaking a deep dive into data to see why people come to emergency department front door rather than accessing primary care services.

SW outlined the multiple governance and assurance routes for the plan with sign off being via the Urgent and Emergency Care Group, and being sought through the Rotherham Place, RMBC and TRFT Executive Teams, Health & Wellbeing Board and the ICB Board as part of NHS England requirements.

It was noted that Place Board had agreed the Winter Plan in today's confidential session, and it will be scrutinised by Rotherham Health Select Committee in November as well as resilience scenario testing and monitoring national key lines of enquiry throughout winter.

Place Board noted the risks associated with the plan including, the impacts of unprecedented demand, perceived or real lack of primary care appointments, the impact on discharge processes and community capacity following system changes/redesign and potential industrial action. Mitigation plans are in place.

CE thanked SW for outlining the comprehensive plans put in place for Rotherham's winter plan and requested that thanks from Place Board is conveyed to all those involved.

37/09/25

Healthwatch Annual Report 2024-25

Kym Gleeson, Healthwatch Manager presented the Healthwatch 2024-25 Annual Report entitled 'Unlocking the power of people-driven care'. She highlighted that Healthwatch has supported over 11,000 people, an increase of over 33% on the previous year. The support has included topics such as finding an NHS dentist, right to choose, making a complaint, mental health support and finding a support group. The increase in funding had given the service an additional post that had assisted the team to reach out and support more people.

With changes imminent for Healthwatch England, KG said it would be important for Rotherham to maintain an independent patient voice, and this should be considered in the discussions around the neighbourhood model with an opportunity to showcase the engagement work carried out in Rotherham. KG advised that a current case study was being undertaken on 'Right to Choose' and the journey mapped out, the findings from which will help and support Place going forward.

SH congratulated KG and the Healthwatch Team on the high-quality annual report acknowledging the significant amount of work achieved over the year.

Place Board expressed its thanks to KG and team for Healthwatch's dedicated work in representing the people of Rotherham and ensuring their voices are heard. While clarity is still awaited on the timescales for the proposed abolition of Healthwatch and the transfer of its functions, Place Board remains committed to monitoring developments closely to ensure that the local patient voice continues to be effectively represented.

38/09/25

Rotherham Place Partnership Update

Place Board received the update for July and August 2025. Partners are encouraged to share the update widely within their own organisations and Boards highlighting the positive work taking place across the partnership.

Suggestions for content to be included in future editions are welcome and can be directed to Lydia George.

39/09/25

Communications to Partners/Promoting Events & Consultations

- Neighbourhoods Workshop 2 – Wednesday 24 September 2025 – New York Stadium.
- Health & Wellbeing Strategy Setting – Thursday 2 October 2025, Town Hall

Partners to ensure appropriate representation at both.

40/09/25

Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 16 July 2025 were agreed as a true and accurate record.

The action log was reviewed. There was one amber rated action (19/05/25) which related to the mapping of public/partner consultation activity which has been re-scheduled for November Place Board.

41/09/25

Risks and Items for Escalation to Appropriate Board

In light of the proposed changes regarding the abolition of Healthwatch, KG will draft a risk entry for the register concerning the future of Healthwatch.

Action: KG

42/09/25

Future Agenda Items:

Standing Items

- Updates from all groups (as scheduled)
- Bi-Monthly Place Partnership Updates
- Feedback from SY ICP Meetings – (bi-monthly)
- Place Achievements (as and when)
- Neighbourhoods (monthly)

43/09/25

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 19 November 2025** 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
Andrew Brankin	Rotherham Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - 01 April 2025 - 31 March 2026

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion	Lead Officer	Action Status	Date Completed	Comments
16.04.25	03/04/2025	Prevention and Health Inequalities Update	CS to discuss the work on the health accelerator programme that is being funded by the ICB with Sue Panesar to link and co-ordinate it with local P&HI work.	21.5.25	CS	Green	18.04.25	
16.04.25	04/04/2025	Mental Health Update	Noting the amount of consultation taking place in Rotherham across a variety of services and the importance of co-ordinating an approach to address consultation fatigue as well as partners sharing resources already in place to avoid duplication, it was agreed to share with the Communication and Engagement Team will be asked to consider how this can be achieved	21.5.25	IS/LG	Green	13.05.25	Forwarded to GL for Comms & Engagment Team to discuss
16.04.25	07/04/2025	Risks and Escalation Items	An item will be added to PLT agenda going forward so that partners can be updated on any further information received on the future ICB model and decide how it can be risk assessed and communicated .	21.5.25	CS/LG	Green	30.05.25	ICB Organisational change added as standing item on PLT agenda
21.05.24	15/05/2025	Director of Public Health Update	AH to circulate link for UKSA guidance detailing changes to health protection notification regulations and adding new notifiable disease including chicken pox.	31.5.25	AH	Green	22.05.25	Circulated with Confidential Place Board minutes
21.05.24	15/05/2025	Director of Public Health Update	AH to circulate information on launch of Mpox and Gonnorrhoea vaccinations to Members	31.5.25	AH	Green	22.05.25	Circulated with Confidential Place Board minutes
21.05.25	16/05/2024	Place Plan Quarter 4 Performance Report	IS to share MS Teams background with Partners to use to promote Rotherham Foster Care during fostering fortnight.	31.5.25	IS	Green	22.05.25	Circulated to Place Board Members.
21.05.25	19/05/2025	Communications to Partners/Promoting Events & Consultation	GL to map public/partner consultation activity taking place and share with partners.	19.11.25	GL	Green		Due to development sessions and discussions around future of place board the schedule of regular updates has suspended.
18.06.25	18/06/2025		No Meeting held due to Annual Review					
16/07/2025			No actions					
20/08/2025			No public meeting held.					
17/09/2025		41/09/25	KG to draft a risk for the register concerning the public voice representation following the abolition of Healthwatch.	31.10.25	KG	Green	31.10.25	
15/10/2025			No public meeting held.					
19/11/2025			No public meeting held.					
17/12/2025			No public meeting held.					
21/01/2026			No public meeting held.					