

HEALTH AND WELLBEING BOARD

Date and Time:- Wednesday 25 June 2025 at 9.00 a.m.

Venue:- Rotherham Town Hall, The Crofts, Moorgate Street,
Rotherham. S60 2TH

The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

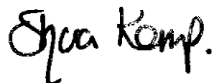
- 1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972**
- 2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency**
- 3. Apologies for absence**
- 4. Declarations of Interest**
- 5. Questions from members of the public and the press**
- 6. Communications**
- 7. Minutes of the previous meeting (Pages 5 - 24)**
- 8. Rotherham Breastfeeding Friendly Borough Declaration (Pages 25 - 32)**
Update on the work to implement the Breastfeeding Friendly Borough Declaration
Sam Longley, Public Health Specialist, to present

9. **Joint Strategic Needs Assessment (Pages 33 - 53)**
To present the refreshed Joint Strategic Needs Assessment
Lorna Quinn, Public Health Intelligence Specialist, to present
10. **Rotherham Suicide Prevention and Self Harm Action Plan 2025-28 (Pages 55 - 94)**
To present on progress against the Suicide Prevention Action Plan
Ruth Fletcher-Brown, Public Health Specialist, to present
11. **Health and Wellbeing Board Annual Report 2024-25 (Pages 95 - 140)**
To present the Health and Wellbeing Board's annual report
The Chair and Oscar Holden, Corporate Improvement Officer, to present
12. **Health and Wellbeing Board - Terms of Reference (Pages 141 - 150)**
To review the Health and Wellbeing Board's Terms of Reference
Oscar Holden, Corporate Improvement Officer, to present

For Information

13. **Items escalated from Place Board**
14. **Better Care Fund (BCF) Year End 2024-25 (Pages 151 - 198)**
15. **Rotherham Place Board Minutes Partnership Business (Pages 199 - 216)**
Minutes of meeting held on 19th February, 19th March and 16th April, 2025
16. **Rotherham Place Board ICB Business (Pages 217 - 230)**
Minutes of meeting held on 19th February, 19th March and 16th April, 2025

**The next meeting of the Health and Wellbeing Board will be
held on Wednesday 24 September 2025
commencing at 9.00 a.m.
in Rotherham Town Hall.**



**SHARON KEMP OBE,
Chief Executive.**

HEALTH AND WELLBEING BOARD
26th March, 2025

Present:-

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health
	In the Chair
Councillor Cusworth	Cabinet Member, Children and Young People's Services
Jo Brown	Assistant Chief Executive
Nicola Curley	Strategic Director, Children and Young People's Services
Chris Edwards	Executive Place Director, NHS SYICB
Kym Gleeson	Healthwatch Rotherham
Alex Hawley	Acting Director of Public Health
Shafiq Hussain	Voluntary Action Rotherham
Joanne McDonough	RDaSH (representing Toby Lewis)
Ian Spicer	Executive Director, Adults, Housing and Social Care

Report Presenters:-

Gilly Brenner	Public Health Consultant
Ruth Fletcher-Brown	Public Health Specialist
Katy Lewis	Carers Strategy Manager
Lorna Quinn	Public Health Intelligence Principal
Kate Tuffnell	Integrated Care Partnership
Hannah Thornton	Voluntary Action Rotherham
Andrew Turvey	Public Health Consultant, RMBC

Also Present:-

Sunday Alonge	Policy Officer, RMBC
Oscar Holden	Corporate Improvement Officer, RMBC
Jaimee Wylam	Acting Consultant in Public Health
Dawn Mitchell	Governance Advisory, RMBC

Apologies for absence were received from Andrew Bramidge, Helen Dobson, Bob Kirton, Toby Lewis, Jason Page, Claire Smith and Chief Supt. Andy Wright.

65. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

66. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

No questions had been received in advance of the meeting and there were no members of the public or press present at the meeting.

67. COMMUNICATIONS

There were no communications to bring to the Board's attention.

68. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting held on 22nd January, 2025, be approved.

69. AIM 1 UPDATE - ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

Board Sponsors:-

Nicola Curley, Strategic Director, Children and Young People's Services
Dr. Jason Page, Medical Director, Rotherham Place, SYICB

Nicola Curley, together with Alex Hawley presented a review of the success of the current Strategy under Aim 1:-

Best Start and Beyond Framework

- A framework was developed to derive optimum value from work already underway within the system and to improve interoperability of the 0-19 Service and the wider system
- This has been used to understand opportunities for partnership working

Strategic Priority 1 – Develop our approach to give every child the best start in life

Family Hubs and Best Start in Life Programme

- Rotherham's multi-agency transformational work to deliver the Family Hubs and Start for Life Programme has been co-produced alongside a wide range of partners
- Focussed on the first 1001 days with support available to all families
- Building on existing partnership working has been a real strength with joined up working across health, local authority and voluntary and community sector organisations
- Development of family hub network, Parent and Carer Panel and funded workstreams
- A website and printed resources have been developed to support children getting the best start in life

Breastfeeding Friendly Borough

- Rotherham's leaders pledged to work towards becoming a Breastfeeding Friendly Borough
- Peer Support Workers have been trained to support breastfeeding
- The first breastfeeding friendly business has been recruited with further work in this area to follow
- Breastfeeding friendly signage in libraries and Family Hubs

3-4 Month Visits

- A universal 3-4 month visit was introduced
- 73% uptake was achieved
- An evaluation of pilot underway
- Potential challenges in funding the current service beyond the pilot

Local Maternity and Neonatal Services

- A 3 year delivery plan which aimed to make care safer, more personalised and more equitable resulted in progress across 4 themes
 - Listening to women and families with compassion which promotes safer care
 - Supporting the workforce to develop their skills and capacity to provide high quality care
 - Developing and sustaining a culture of safety to benefit everyone
 - Meeting and improving standards and structures that underpin the national ambition

Baby Packs

- A Rotherham Baby Pack offer has been developed to ensure every newborn baby's family has access to essential items
- Baby packs will be available from the end of March 2025

Strategic Priority 2 – Support children and young people to develop well Mental Health of Children and Young People

- Covid-19 presented a challenge to the mental health and wellbeing of children and young people
- Targeted support was provided including a Team Around the School (TAS) approach, having Mental Health Support Teams in school settings and Kooth (an online mental health and wellbeing service) being available to 11-25 year olds

SEND

- An independent travel training (ITT) offer has been created to support children with special educational needs or disabilities
- A new post-14 specialist campus opened in September 2023 providing 50 school places for people with additional needs

Compassionate Approach

- A compassionate approach has been introduced with initial focus on weight management
- Training delivered and opportunities identified to incorporate into practice
- Reflects personalised holistic approach

Moving Forward

- A greater focus on school age children/young people
- Director of Public Health report 2025
- Continuing to roll-out breastfeeding friendly places

- Transition from Family Hubs short-term programme to an embedded model
- Continued roll-out and monitoring of baby packs
- Evaluation of the 3-4 month Health Visiting check

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

- To help the greater focus on school aged children/young people, the Director of Public Health's annual report would be used to gain an understanding of what the needs and gaps were in school aged children and those transitioning to adulthood
- Access to play was recognised in Rotherham's Strategy and was a key part of the provision through the Family Hubs and various drop-in sessions. They were clearly a key part of the early education offer but also needed to be included within the assessment for older children
- The starting point for Family Hubs was one per locality and inevitably had concentrated most of the resources where there was greater access e.g. public transport. However, due to the extensive spaces in Rotherham where there was no public transport, the opportunity had been taken to extend through VAR. This had been done in an opportunistic manner and needed to be planned
- A number of local authorities had declared themselves as Trauma Informed. Although Rotherham was not a Trauma Informed Borough, Rotherham's Children's Services did operate on a Trauma Informed basis, provided Trauma Informed training through the Safeguarding Board and a number of schools took a Trauma Informed Approach. There were a number of things that impacted on children and young people including issues around children and young people's mental health and emotional wellbeing
- The opening of the Post-14 specialist academy in September had been a significant achievement of the previous Strategy
- The Rotherham Family Hubs model had not been traditional; it had worked in partnership with all providers and included rural areas

Resolved:- (1) That the successes presented under Aim 1 be noted.

(2) That there be a greater focus on school age children/young people going forward.

(3) That the Board help with transition from family hubs short term programme to an embedded model.

(4) That the uncompleted actions highlighted in the Aim be rolled over to the Action Plan of the new Strategy.

(5) That a briefing note be circulated to the Board on the progress of the Post-14 specialist academy.

70. AIM 2 UPDATE - ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

Board Sponsors:-

Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust

Claire Smith, Director of Partnerships/Deputy Place Director (Rotherham Place)

Ruth Fletcher-Brown and Kate Tuffnell presented a review of the success of the current Strategy under Aim 2:-

Strategic Priority 1 – Promote better mental health and wellbeing for all Rotherham people

- Health and Wellbeing Board became a signatory of the Prevention Concordat for Mental Health in September 2023
- Good data to inform planning and commissioning – JSNA, Young People Lifestyle Survey, Real Time Surveillance, Mental Health Needs Assessment
- Evidence of early intervention and prevention projects delivered by partner organisations e.g. Smiles for Miles, Mental Health Small Grants, Open Arms, Alcohol Outreach, Wellbeing in Later Life
- Better Mental Health Funding (2021-2022)
- Launch of RotherHive. Regular updates now included a Working Well and Wellness hive
- Promotion of Five Ways to Wellbeing messages used in mental health campaigns throughout the year by partners
- In 2021 Rotherham people shared how they kept themselves happy and healthy and this resulted in the Great Big Rotherham To Do List
- Work has commenced with partners to develop a Measuring Mental Health Toolkit so that good practice can be captured and shared

Strategic Priority 2 – Take action to prevent suicide and self-harm

- Partnership Suicide Prevention Group delivering Rotherham's action plan
- Launch of Rotherham's Suicide Prevention Campaign, Be the One, in 2019 with men's groups across Rotherham
- Suicide prevention and women were the focus of Be the One in 2022
- Films of local people sharing their lived experience
- Promotion of Zero Suicide Alliance Training to all partners and now also promoting to taxi drivers' training
- Work with national organisations on making locations/places safer
- Work on early intervention and prevention measures

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- Now working with neurodivergent adults and young people to further develop the website so that it is accessible and promoting the ZSA Autism training
- SPOT and Speak suicide prevention courses delivered by Papyrus January-March 2024. 223 people trained
- Suicide Prevention Guidance issued for staff and volunteers across Place to assist with spotting the signs, asking and signposting
- Internal courses run on suicide prevention for teams within partner organisations – South Yorkshire Police, Voluntary and Community Sector, Rotherham Council (Revenues and Benefits and Adult Care staff)
- Taxi drivers encouraged to complete the Zero Suicide Alliance Training (ZSA) and taxi driver training
- Domestic Homicide and Suicide Prevention Learning events held for partner organisations
- Suicide prevention training for Primary Care in person in 2024 and online in previous years
- Safeguarding Awareness Week (SAW) – suicide prevention workshops held every year since 2020
- ZSA promoted to the public in libraries across Rotherham
- Self-Harm Awareness sessions run for parents/carers and practitioners by Early Help
- ‘Talking to Children and Young People when there has been a suicide’ courses run for staff
- Amparo service was supporting children, young people and adults across South Yorkshire who have been bereaved/affected/exposed to suicide
- 4 Survivors of Bereavement by Suicide (SOBS) Groups operating across South Yorkshire
- The toolkit ‘Walk with Us’ was launched in 2022 co-produced with young people bereaved by suicide. It won the Public Partnership LGC Award in 2023. 603 schools and alternative providers in South Yorkshire and Bassetlaw received the resource when it was launched with an easy read version about to be launched
- From 2021 there had been 4 memorial events for families and friends in South Yorkshire who had been bereaved by suicide
- Looking at developing a peer support service for young people across South Yorkshire following consultation with young people

Strategic Priority 3 – Promote positive workplace wellbeing for staff across the partnership

- Using the Five Ways to Wellbeing messages to promote good mental health and wellbeing for staff and then sharing good practice
- Mental Health Awareness training/workshops and staff wellbeing events held across the Partnership
- Improving support for staff who are affected by the death of someone to suicide

- Brunch and Learn sessions
- Wellbeing guides for staff
- Promotion of Be Well @ Work

Strategic Priority 4 – Enhance access to Mental Health Services

Milestone - Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation. This will include:

- Implementation of Mental Health Additional Roles Reimbursement Scheme roles (MHARRS)
- Long term plan eating disorders, Individual Placement Support (IPS) and Early Individual Psychosis targets by March 2024
- Implementation of Community Mental Health Integrated primary/secondary care transformation programme by 2024
 - To better support more people with serious and enduring Mental Health needs/other complex needs in their local communities
 - Create a more accessible and flexible system by bringing together Mental Health Services with GP practices, Social Care, voluntary sector, community groups and activities (Integrated Care Systems)
 - To redesign Community Mental Health Services in and around Primary Care Networks (PCNs)
 - To help prevent people from falling between gaps in services

What have we achieved?

- Integrated Care Pathway between Primary and Secondary care established (step-up/step-down)
- Increase in the number of people with a severe mental illness (SMI) receiving an annual health check
- Outcome framework developed (dialog, dialog+ and ReQoI-10) reporting and new guidance expected
- Closer to home services e.g. e-prescribing, services etc.
- 70% of people with a SMI have received an annual health check in the last 12 months
- Reduction in waiting times to access Mental Health Services
- Positive working relationships within Primary and Secondary Care to work collaboratively to initially transform and continue to ensure the CMHT Pathway is streamlined
- Working to embed the patient voice and VSC in Mental Health Pathway and development of Mental Health Alliance
- Workforce expansion and skill mix development
 - Primary Care Integrated Mental Health Hub Team established – increase skill-mix Psychology, Mental Health Practitioners, Occupational Health etc.
 - Mental Health Additional Roles Reimbursement Scheme (MHARRS) (19 additional posts created)

- Individual Placement Support (IPS) for employment (Good Work)
 - new team recruited 7 wte team. In December 2024 the Individual Placement Support Service had reported receiving 163 referrals, 31% of people who have achieved an employment outcome and 62% of employment outcomes sustained for more than 13 weeks
- Mental Health Community Connectors (Voluntary Action Rotherham – a team of 7 people recruited
- S62's Peer Support Workers (team of 3) people with lived experience recruited. Supported 22 people over the last 9 months
- Review/Transformation of Social Care Crisis Pathway in place (service specification agreed between RDaSH and RMBC)
- Kooth and Qwell Online Mental Health Support established
- Enhanced NHS Talking Therapies (RDaSH and IESO) – hours, modality etc.
- Improved access to information – RotherHive launched May 2020
- Expansion of Crisis Helpline (RDaSH text line for hard of hearing, 111 and SY Crisis line (to be launched later in 2025)
- 24/7 Adult Liaison Service based at The Rotherham Foundation Trust
- Mental Health Yorkshire Ambulance Service vehicle
- Expansion of the 24/7 Crisis Resolution (including older people) and Home Treatment Team
- Building capacity in the BSCE including Community Crisis Grants and wider Mental Health grants, Mental Health Alliance
- Rotherham Safe Space (Thursday-Monday, 6.00 p.m.-midnight) Out of Hours
- Samaritan's Support Pathway
- Vista Rotherham project to be launched April 2025

Moving Forward

- Working with Health and Wellbeing Board partners to update the Public Mental Health Strategy and action plan
- Implementation of the new Suicide Prevention action plan for Rotherham 2025-2028
- Commencement of the pilot Suicide Prevention Service for those who have attempted suicide – Vista Rotherham project
- Early intervention and prevention work to address themes and at-risk groups
- Suicide prevention work across South Yorkshire with partners

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

- RotherHive was a brilliant success and had been designed for both individuals and organisations. The voluntary sector had been really clever as to how they used it e.g. it was available at food banks. Further work was taking place on whether there could be live RotherHive and how to get the information

- There had been a very holistic/partnership approach in terms of the whole spectrum of mental health with regards to prevention and acute need; the voluntary sector had embedded in the workstreams with lots of examples where the VCS had organised prevent work and worked alongside partners to engage with families and individuals to work to stabilise mental health and prevent escalation. Targeted work had worked extremely well
- There was a Sudden and Trauma Bereavement Pathway that was not just for those who had lost someone to suicide. The organisations around the young person should be notified in order to provide timely and appropriate care. The Educational Psychology Service worked extremely closely with schools to provide that support and signpost and there was also an officer within South Yorkshire Police who would offer AMPARO. It was hoped that the peer-to-peer group support would provide another tool for young people to identify with other young people who had gone through that experience as well
- Concern that, should a school not recognise that it was a close enough family member/friend, that the child may not be offered any support. No system was perfect but generally speaking all of the Rotherham schools were very live to the wider emotionally health and wellbeing and needs of children and young people. If it was not an obvious individual or someone in the wider family it may be that the school needed to be alerted
- The Vista Project would support those that had attempted suicide some of whom may have told their families but some may not. The Project may be able to address wider support for families of those who could have been bereaved by suicide but thankfully were not as that was a very traumatic experience to go through and sadly could be a repeated experience going forward. AMPARO was only contracted to work with families where someone had died from suspected suicide

Resolved:- (1) To the successes presented under Aim 2 be noted.

(2) That work take place with HWB Partners to update the Public Mental Health Strategy and Action Plan.

(3) That the implementation of the new Suicide Prevention Action plan for Rotherham 2025-2028 be supported.

(4) That Early Intervention and Prevention work be supported to address themes and at-risk groups.

(5) To the uncompleted actions highlighted in the Aim be rolled over to the Action Plan of the new Strategy.

71. AIM 3 UPDATE - ALL ROTHERHAM PEOPLE LIFE WELL FOR LONGER

Board Sponsors:-

Jo Brown, Assistant Chief Executive, Rotherham Metropolitan Borough Council

Bob Kirton, Deputy Chief Executive, The Rotherham NHS Foundation Trust

Jo Brown, together with Katy Lewis, Gilly Brenner and Hannah Thornton, presented a review of the success of the current Strategy under Aim 3:-

Strategic Priority 1 – Ensure support is in place for carers

Borough That Cares Strategic Framework 2022-2025

- The Borough that Cares Strategic Group formed to co-produce strategic framework
- Strategic Group reformed as The Borough that Cares Network to represent the voice of the carer and influence change
- Strength-based approach to support carers linking them to community provision
 - Increased community provision through a Small Grants Programme
 - Linked voluntary and community sector groups to VAR to support sustainability
- Established a carer community
 - Carers Week and Carers Rights Days Events with visible social media presence
 - Strong links with VAR to support carers' health and wellbeing
- Robust Co-Production Platform
 - Borough That Cares Network, Unpaid Carers Multi-Agency Strategic Group, RASCAL Co-production Board and small VCS groups
 - Carer Conversations programme completed to inform commissioning decisions

Information, Advice and Guidance

- Re-designed Carers Information pages on Council website for the corporate digital platform refresh
- Carers Directory published and embedded in webpages
- Carers newsletter established
- Information Navigator roles incorporated into commissioned services
 - Making Space Dementia Cafes (Council)
 - Sight and Sound Sensory Impairment Service (Council)
 - Crossroads Carers Resilience Service (SY-ICB)
 - Crossroads Dementia Flexible Support Service (SY-ICB)
- Accelerating Reform Fund secured to develop a Carers app and increase respite opportunities through Shared Lives

Supporting Carers to Live Well

- Carer Link Officers established within Adult Care and Integration Supporting Independence Team to provide additional capacity for Carers Assessments
- Adult Care and Integration Service Carers offer reviewed
 - Practice guidance issued to ensure offer is clear, legally compliant and improves outcomes for carers
- Carers Emergency Scheme re-commissioned with contract in place until April 2027
- Moving forward
 - Carers Strategy to be revised through co-production
 - Ensure revised Strategy continues to build on the cornerstones put in place by the current strategic framework
 - Utilise ARF funding to develop a Carers app and increase the Shared Lives offer

Strategic Priority 2 – Support local people to lead healthy lifestyles including reducing the health burden from tobacco, obesity and drugs and alcohol

Tobacco Control

- Establishment of Tobacco Control Steering Group
- Tobacco Control Work Plan
- New Community Stop Smoking Service – October 2023
- Collaborative work across South Yorkshire – Tobacco Control Alliance established across the 4 local authorities
- Trading Standards activity on illicit tobacco and vapes
- Implementation of national initiatives e.g. Swop to Stop Scheme
- Local Stop Smoking Services and Support Grant – included additional investment in Stop Smoking Service with additional capacity in Community Services and local enhanced support through Primary Care and some hospital settings

Better Health Service: Smoking

Aim: For Rotherham to become smokefree by 2030 (<5% prevalence)

- Smoking prevalence has decreased to 14.5% (approximately 30,000 people) although the target of <5% prevalence is ambitious
- Local service performing in the top 10 in England – 1,500 people a year supported
- Quit rate of 72%

Better Health Service: Obesity

- 73.7% of the population were overweight - 155,000 in Rotherham were overweight (including obesity)
- Rotherham Healthwave had supported 1,800 people per year
- 4,500 activities booked on on 2024/25
- 40% of people achieving a 5% weight loss

Drugs and Alcohol

- Increased numbers of adults in treatment
- Young people supported by the Drug and Alcohol Treatment Service more than doubled since 2020/2021
- Improved rates of people accessing Community Treatment Services following release from prison
- Establishment of the Rotherham Combatting Drugs Partnership
- Several projects funded by the Supplemental Substance Misuse Treatment and Recovery Grant improved access to, quality of, and integration of wider services with drug and alcohol treatment
- Rotherham Individual Placement Support Service – 336 referrals
- Development of the Rotherham Recovery Community
- Local Drug Information System and Drug and Alcohol Death Related Review Processes

Rotherham Social Prescribing Service

- Helping people to manage their own health and wellbeing and live independently in their communities for as long as possible
- Working alongside clinicians and Adult Social Care within multi-disciplinary teams, the Service supports patients from:
 - Primary Care – people with long term conditions and/or frailty
 - Community Mental Health – support on discharge from services
 - TRFT – support on discharge from hospital
- 100+ funded referrals per month to specialist voluntary sector provision
- 6,000+ people supported since 2021/2022
- 25% living alone without regular support
- In 2023/24 the Service helped individuals secure £1.7M in additional benefits
- Sheffield Hallam University's 4 year evaluation of the service (published August 2024) identified:
 - Reduced in-patient admissions for all patients who had been admitted to hospital more than twice in the 12 months prior to RSPS support
 - Reduced attendances at A&E for patients below the age of 80 during the 12 months following RSPS support

Moving Forward

- Refresh of Tobacco Control work plan and continued collaboration
- Consideration of changes to weight management offers across Rotherham
- Continuation of partnership working through Combatting Drugs Partnership
- Continued working to support Rotherham Proactive Care model with priority on preventing unnecessary admissions
- Working with micro-commissioned VCS providers

It was noted that conversations had taken place with Barnardo's and their young carers. The young carers had been through a period of change with their service recently moving from Barnardo's to Family Action. Part of the new Strategy would be to incorporate young carers more widely with more outcomes around children and young people. The commencement of Family Action and connections therewith had been made and joint work would be taking place on a campaign run by Carers Trust around making sure anyone who met a young carer recognised the fact and made contact.

Resolved:- (1) That the successes presented under Aim 3 be noted.

(2) That the refresh of Tobacco Control Work Plan and continued collaboration be supported.

(3) That the consideration of changes to weight management offers across Rotherham be noted.

(4) That the uncompleted actions highlighted in the Aim be rolled over to the Action Plan of the new Strategy.

72. AIM 4 UPDATE - ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

Board Sponsors:-

Andy Wright, Chief Superintendent, South Yorkshire Police

Andrew Bramidge, Strategic Director, Regeneration and Environment, Rotherham Council

Gilly Brenner presented a review of the success of the current Strategy under Aim 4:-

Strategic Priority 1 – Deliver a loneliness plan for Rotherham

- Better Mental Health Fund Befriending project 2021-2022 – 835 people benefitted
- Prevention and Early Intervention Fund – 13 grants allocated to community groups to tackle loneliness (July 2024-July 2025)
- Use of libraries for Warm Welcome and Open Arms Hubs and Shared Reading groups
- Making Every Contact Count loneliness training delivered to staff and volunteers – to date 216 have attended this training
- Communications messaging using Five Ways to Wellbeing and quotes from local people and The Great Big Rotherham To Do List
- Promotion of volunteering through films and case studies
- Promotion of local assets/buildings/activities regularly taking place via monthly Ward e-bulletins and other more traditional channels and investment in Gismo
- JSNA Loneliness Chapter and mapping of services

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Strategic Priority 2 – Promote health and wellbeing through arts and cultural initiatives

- 2022 CST COMF-funded Arts and Health programme with communities aged 55+ years
- Museums, Arts and Heritage – intergenerational family programmes
- Events and festivals
- Children’s Capital of Culture
- Rotherham Music

Creative Health

- Rotherham Creative Health symposium – held in July 2024
- Establishment of Rotherham Creative Health Board – currently developing an action plan
- Development of Creative Health commissioning framework for children and young people
- Pilot commissioning programme in 2025 as part of Children’s Capital of Culture
- Development of Creative Health Impact Framework based on five ways to wellbeing
- Legacy commissioning programme in 2026 funded by Arts Council England

Strategic Priority 3 – Ensure Rotherham people are kept safe from harm
Safer Rotherham Partnership Priorities 2022-2025

- Protecting vulnerable children
- Protecting vulnerable adults
- Safer stronger communities
- Protecting people from violence and organised crime

Action on counterfeit vapes, vape liquids and cartridges and illegal cigarettes (2022-2025)

- Joint Police and Council Trading Standards Officers operations resulting in over £639,000 worth of illegal tobacco and vape products removed from sale
- Tackling cannabis cultivation

Action on domestic abuse 2022-2025

- Improved domestic abuse pathway – 8,779 adults referred for support from April 2022 to December 2025. Average engagement rate 70%
- Awareness raising campaigns
- Tackling perpetrator behaviour – 72 adults have completed the intensive Cranstoun Inspire To Change programme to find better ways to manage and control abusive behaviour
- Cranstoun: Level Up – 31 young people (11-15 year old) have successfully completed trauma-informed psychoeducational interventions to help address the use of abusive behaviours

Safe accommodation support for domestic abuse victims/survivors 2022-2025

- 13 Local Authority specialist properties – fully furnished and equipped with target hardening essentials. These homes have accommodated 90 adults and 108 children
- 10 refuge and 10 safer options properties have supported 182 families
- Homeless Prevention Fund – 471 awards made supporting domestic abuse survivors with essential funds to prevent homelessness
- Target hardening – security measures installed in 142 properties to enable domestic abuse survivors to remain safely in their own homes

Community Payback

- An alternative to a prison sentence for people who had committed a crime
- Offenders carry out unpaid work to benefit communities as punishment and reparation
- From April 2022 to January 2025 over 27,000 hours of work have been completed with an equivalent real living wage value of £294,000

Strategic Priority 4 – Develop a Borough that supports a healthy lifestyle
Food

- Local Food Partnership established
- Bronze award obtained from Sustainable Food Places
- RotherHive eating well support information
- Links into a variety of work programmes e.g. Food in Crisis Partnership, Auto-enrolment of free school meals, MECC cost of living training

Physical Activity – Moving Rotherham

- Local Authority Declaration on Health Weight 2020
- Strategic Review 2021 and Big Active Conversation engagement – set priorities
- Highlights of delivery – 368 hours of volunteer time
- Sport England Place Expansion Programme

Moving Forward

- Work with partners to develop a new loneliness action plan
- 2025 Children's Capital of Culture Festival Year
- Development of Creative Health action plan for Rotherham
- Refreshing the Food Network action plan
- Delivery of Sport England Place Expansion Development Award
- Delivery on new priorities of SRP including new team in Town Centre tackling anti-social behaviour and review of partnership domestic abuse pathway

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

- The Creative Health Board was launched in May 2024. It met regularly and was developing an action plan looking at the priorities that arose from the Symposium. It would be submitted to the next Board meeting to formalise
- Children were a focus of the Place Expansion Development Award Sport England grant funding. One of the 4 priorities that had arisen from Sport England's work would be a new post of a Children and Young People Officer around physical activity. The post would specifically look at adding to the Children's Capital of Culture and link into community green spaces, a new development of Splash Zone in Clifton Park, the other playgrounds in the Borough as well as working with schools. One of real successes was the School Partnership event and special sports day
- RDaSH was to commence some work in Doncaster with Sport England around integrating physical activity into its talking therapy work. If some improvement in people's mental health was seen as well as increased levels of physical activity, RDaSH would look to consider expanding it into Rotherham and North Lincs

Resolved:- (1) That the successes presented under Aim 4 be noted.

(2) That work with partners to develop a new loneliness action plan be noted.

(3) That a Creative Health action plan be developed for Rotherham.

(4) That the Food Network action plan be refreshed.

(5) That the uncompleted actions highlighted in the Aim be rolled over to the Action Plan of the new Strategy.

73. **CROSS-CUTTING PRIORITIES AND THE JOINT STRATEGIC NEEDS ASSESSMENT**

Lorna Quinn presented a review of the success of the current Strategy under the cross-cutting aims with a focus on the Joint Strategic Needs Assessment:-

Strategic Priority 1 – Work in partnership to maximise the positive impact of anchor institutions

RDaSH Poverty Proofing

- RDaSH have formed a partnership with Children North East to Poverty Proof all services (in line with the Promise)
- Around 35% of Rotherham's population live in the 20% of most deprived areas nationally
- Phased approach over 18 months with positive feedback from the pilot service in Rotherham: Early Intervention in Psychosis in Rotherham

Strategic Priority 2 – Support safe and equitable recovery from the Covid-19 pandemic

- Strategic impact assessment of Covid-19 on residents and Council services
- Regular meetings of the Humanitarian and Community Group
- MECC training (484 as at February 2025)
- IPC Care Home Champions Network

Strategic Priority 3 – Develop the Pharmaceutical Needs Assessment

- Regular steering group meetings
- Published 2022-2025 and next update underway
- Public consultation being hosted by Healthwatch Rotherham

Strategic Priority 4 – Work in partnership to further develop the Rotherham Data Hub and assess population health

- Joint Strategic Needs Assessment – new additions – Deprivation, Food, Unpaid Care, Core20Plus50 but also includes Children and Young People, Ward profiles, long-term conditions, small geographies (LSOA and MSOA) loneliness, end of life care and inclusion health
- Population Health Monitoring – Excel training, Power BI training, 'How to use and interpret the JSNA' training

Moving Forward

- Quarterly JSNA newsletter
- Additional JSNA, Excel and Power BI training
- PNA update for 2025-2028
- Continued monitoring of the Prevention and Health Inequalities Assurance Framework
- The use of the JSNA to inform the Health and Wellbeing Strategy

Resolved:- (1) That the successes presented under the Cross-cutting priorities be noted.

(2) That the quarterly JSNA newsletter be published.

(3) That the PNA be updated for 2025-28.

(4) That the JSNA be utilised to inform the Health and Wellbeing Strategy.

(5) That the uncompleted actions highlighted in the Aim be rolled over to the Action Plan of the new Strategy.

74. NEW ROTHERHAM JOINT HEALTH AND WELLBEING STRATEGY

Andrew Turvey reported that the 2020-2025 Rotherham Health and Wellbeing Strategy was due for refresh this year. Since September 2024, a working group had met to oversee a programme of consultation and evidence review to support the development of the 2025-2030 Strategy.

The draft Strategy consisted of:-

Overview of evidence gathering process

- Summary of consultation work and approach
 - Board members – 1:1 discussions
 - Working Group – shaping the engagement plan
 - Stakeholders – working group, bespoke survey, individual submissions, events
 - Population – review of existing consultation; bespoke survey
 - Evidence – JSNA and partnership discussion around opportunity
- Follow-up at Board development session to agree focus of content

Vision – To enable the people of Rotherham to live happy, healthy, independent lives within thriving communities regardless of background and personal circumstance

Our strategic aims

1. Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives
2. Support the people of Rotherham to live in good and improving physical health throughout their lives, accessing and shaping the services and resources they need to be able to do so
3. Support the people of Rotherham to live in good and improving mental health throughout their lives, accessing and shaping the services and resources they need to be able to do so
4. Sustain an environment where detrimental impacts from commercial and wider determinants of health are reduced and opportunities for healthier living are nurtured

Our ways of working

- Ensuring our practice is evidence informed
- Applying a strong emphasis on prevention
- Strengthening population, independence and resilience
- Tackling health inequality and provide help to those that need it most
- Taking a compassionate approach
- Strengthening and making the most of community assets
- Taking joint responsibility across the system to tackle difficult challenges

Next Steps

- Prioritisation workshop in May
- Narrow the focus from 16 priorities to 3 or 4
- Select priorities which fit the following criteria:
 - Is it an issue which would benefit from cross-partner intervention?
 - Would tackling this issue have a significant impact on our population as a whole or on one of our key vulnerable groups?
 - Is it possible to make substantial measurable progress within the given timeframe?
- Agree ways to come together and deliver

The Strategy

- Will be published on the Health and Wellbeing Board website
- Full version will not be printed
- An easy-read version will be produced once the full version is approved
- Require some additional prompts in cover papers for Board reports

Discussion ensued with issues raised on the draft Strategy as follows:-

- Support for the Board to focus on 3/4 priority actions that could be realistically achieved in the 5 years
- More emphasis on tackling inequalities
- Possible alignment with RDaSH under the proposed third aim (mental health for all people) and work collectively
- That the Children and Young People Partnership Board be invited to the workshop for their contributions
- It was hoped to engage patients and communities in the decision making process. Working was ongoing as to how to do that
- The full document would not be printed. The easy to read version would be printed as well as a 1 page summary and available in all partner locations

Resolved:- (1) That the stakeholder consultation that had taken place and how comments had been incorporated into the Strategy, where appropriate, be noted.

(2) That Board members discuss the Strategy within their own organisations and networks.

(3) That, following endorsement by partner organisations and the Cabinet, the Strategy be submitted to the September 2025 Board meeting for final sign-off.

75. ITEMS ESCALATED FROM PLACE BOARD

Chris Edwards reported that, with regard to the GP collective action, a settlement had been offered and approved by the GP Committee England. It was hoped this would lead to reconciliation.

76. BETTER CARE FUND

It was noted that the BCF Quarter 3 Template (Appendix 1) would be submitted to NHS England regarding the performance, expenditure, capacity and demand and actual activity of Rotherham's Better Care Fund Plan for 2024/25.

The overall delivery of the Better Care Fund continued to have a positive impact and improve joint working between health and social care in Rotherham.

Resolved:- To note the information.

77. ROTHERHAM PLACE BOARD PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board Partnership Business meetings held on 18th December, 2024, and 15th January, 2025, were noted.

78. ROTHERHAM PLACE BOARD ICB BUSINESS

The minutes of the Rotherham Place Board ICB Business meetings held on 18th December, 2024, and 15th January, 2025, were noted.

79. DATES OF FUTURE MEETINGS 2025/26

Resolved:- That meetings of the Health and Wellbeing Board be held as follows:-

Wednesday,	25th June 2025
	24th September
	3rd December
	28th January 2026
	25th March

all commencing at 9.00 a.m. venue to be confirmed.

Rotherham Breastfeeding Friendly Borough Declaration

June 2025 Update

Sam Longley – Public Health Specialist
Best Start and Beyond

The Declaration

SUPPORTING A BREASTFEEDING BOROUGH DECLARATION

Our commitment

The Health and Wellbeing Board is committed to protecting, promoting and supporting breastfeeding through advocacy to the whole of its population, whether they be a member of the public or a member of staff.

To achieve this, we support the implementation of a Breastfeeding Borough, which includes some of the measures from the Baby Friendly Initiative (BFI) and adapt these to our local authority ethos and services where appropriate.

Stage One: Building a firm foundation

1. We will have a signed breastfeeding statement for the Council that is routinely communicated to all staff. We will share this with all new starters via our electronic induction system and, where appropriate, will have a routine reminder of this policy through our annual training updates.
2. We will continue to show commitment to maintaining an evidence-based level of understanding in relation to infant feeding. This will inform our commissioning and our wider public health agendas.
3. We will work collaboratively with our partners to support a Breastfeeding Borough whilst doing this, we will hold central the well-being of the baby and their mother / parents.

Stage Two: An educated workforce

1. We will maintain a level of education that enables staff within, not only our Public Health department, but also our leadership team across the Local authority, to recognise the health and wellbeing benefits of breastfeeding.
2. We will raise the profile of breastfeeding across all our departments through social media postings and local campaigns.

Stage Three: Parents' infant feeding experience, the local authority and partners will:

1. Support the appropriate wider strategic health and wellbeing agenda including 1001 days, the Rotherham Healthy Weight Declaration, the Inequalities and Prevention Strategy and promote the importance of breastfeeding for the health and well-being of their baby.
2. Advocate that the appropriate wider strategic agendas, where possible, support infrastructure which promotes, and supports breastfeeding for every mother and every baby.
3. Recognise that breastfeeding has multifaceted complex challenges within our population, however we will work with our partners to deliver national and local campaigns to support responsive feeding for all babies.

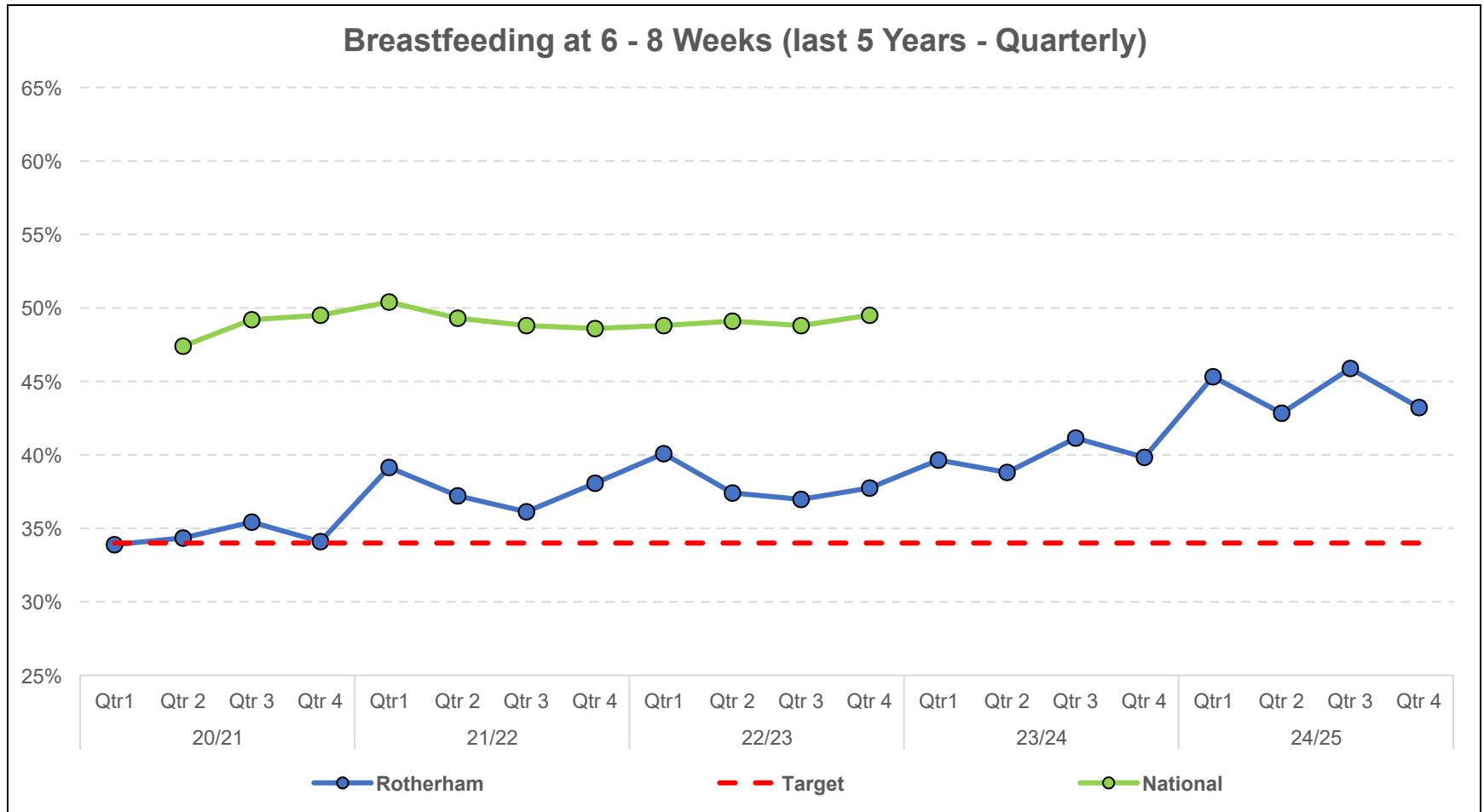
Cllr David Roche

Cabinet Member for Adult
Social Care and Public Health

Health and Wellbeing Board Members

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Rotherham Breastfeeding Rates



UNICEF Breastfeeding Friendly Accreditation



- Children Centre's have had their Stage 1 assessment for Baby Friendly Initiative (BFI) accreditation.
- 3 Breastfeeding Friendly Champions are in place across the 3 localities in Rotherham to support sustaining the work beyond the Family Hub Project.
- Breastfeeding Friendly guardians remain active and supportive of The Baby Friendly Initiative
- Stage 3 accreditation assessments have been completed in midwifery and the Rotherham Children's Public Health Nursing Service (0-19's).
- Systems in place for shared learning and support across systems in Rotherham.

Breastfeeding Friendly Spaces

- RMBC Health and Wellbeing page now develop to allow businesses to register.
- Play centres, cafes and community youth provisions are now signed up.
- Business packs with signage available.
- Utilising the Voice event to promote the scheme.
- Libraries and Children's Centres provided with signage.
- Grimm&Co. used as a community venue for the Big Latch On and also a breastfeeding support group.

Infant Feeding Support

- Family Hub Strategic Infant Feeding Co-ordinator plus a band 5 nurse continue in post with continued Family Hub funding.
- Voluntary Action Rotherham co-ordinating 17 active peer supporters and volunteers.
- Peer support training continues, recent course completed at REMA.
- 3 individuals have since secured paid employment.
- Midwifery have increased their support for tongue tie.
- Additional support groups are being planned.
- Some peer supporters have also become trained in perinatal mental health peer support by Light.



Community Events

- Rotherham Show 2024 and plans to attend again 2025.
- Big Latch On event 4/4/2025 was very successfully hosted by Grimm&Co.
- The Voice event to promote Breastfeeding Friendly Spaces.



Next Steps

- Prepare for level 2 Unicef BFI accreditation assessment in children's centres by May 2027 in line with Unicef new Community Standards.
- To focus on sustaining transformation of infant feeding practice utilising continued Family Hub Funding.
- Whole family hub partnership members to be supported by public health to work together to increase initiation and continuation of breastfeeding in Rotherham.
- Increase business sign up to the Rotherham Breastfeeding Friendly Spaces scheme.

JSNA Summary of key findings

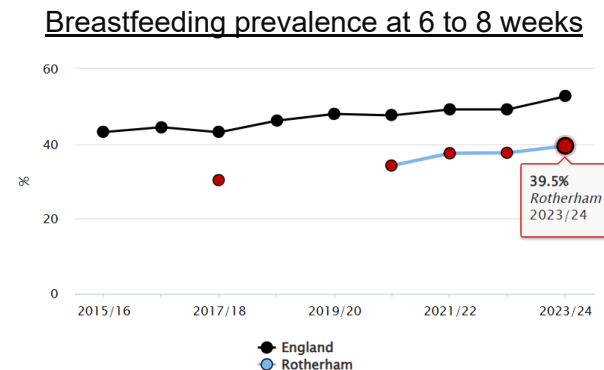
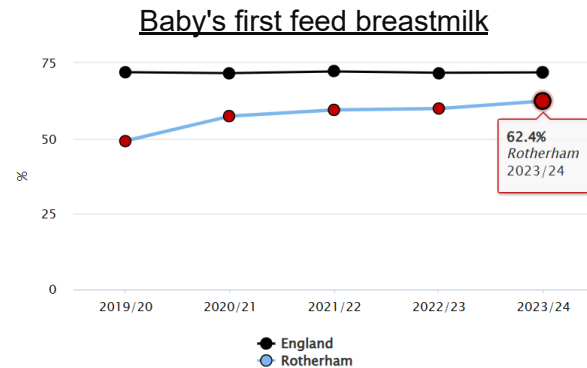
Lorna Quinn – Public Health Intelligence Principal

Where are we seeing improvements?

Breastfeeding

Increased percentage of babies whose first feed is breastmilk from 49% in 2019/20 to 62% in 2023/24.

Increased breastfeeding prevalence at 6-8 weeks from 34% in 2020/21 to 39% in 2023/24.



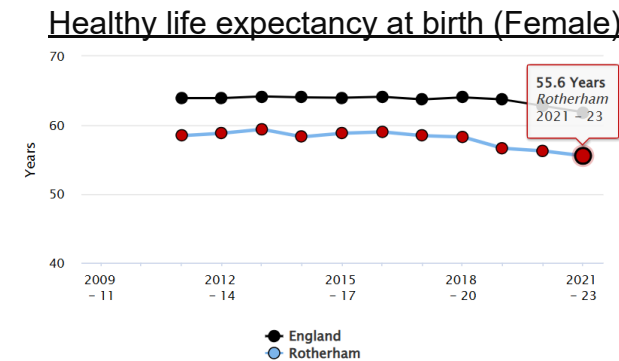
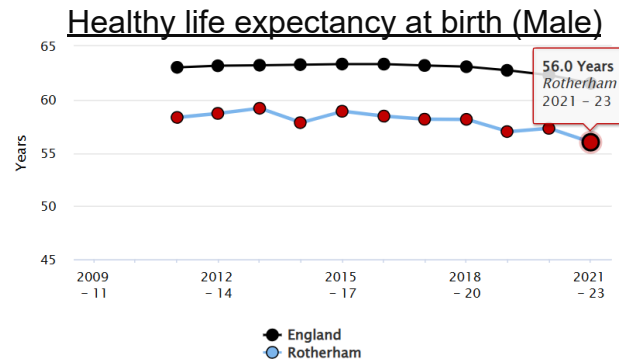
Other improvements

- Cancer screening coverage for bowel cancer has increased from 62% in 2019 to 73% in 2024.
- STI testing rate is increasing and both this and our HIV testing rate remain one of the highest across the region.
- The percentage of eligible 2-year-olds in Rotherham taking up an Early Education place has remained stable and above our comparators (88.4% taking up a place in the academic year 23/24).
- Children Centre Engagement rates for children in the 30% most disadvantaged areas have increased to 82% in 2023/24.

Where are we seeing things get worse?

Healthy Life Expectancy has been decreasing from 59 in 2015-17 to 56 years in 2021-23 for both males and females.

Prevalence of depression in Rotherham has increased between 2013 and 2022, from 9.9% to 17.3%, remaining above the England average of 13.2%.

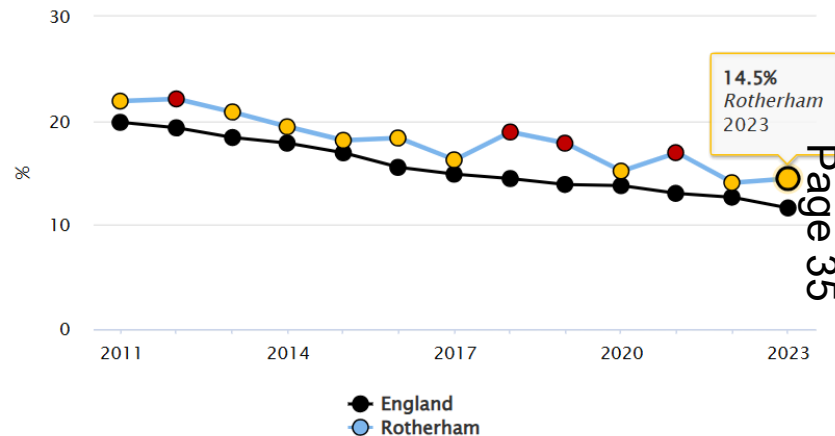


Unpicking complexity (1)

Smoking

Across the country, Rotherham has one of the highest proportion of quitters for smokers who set a quit date (higher is better).

However, prevalence is still showing a slow decline; currently at 14.5% compared to England at 11.6%.

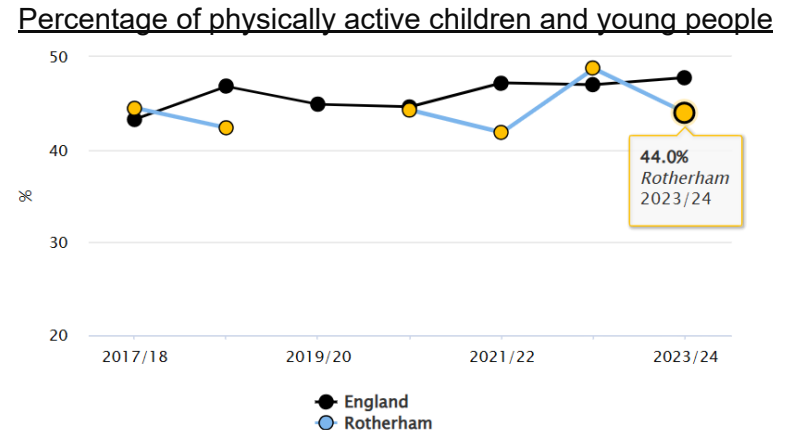
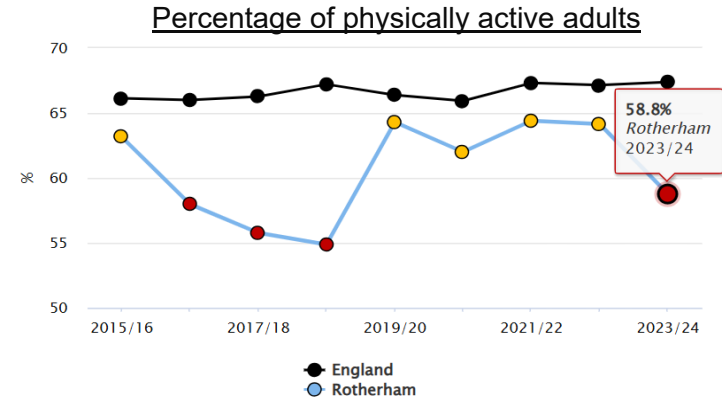


Unpicking complexity (2)

Physical activity

We have seen a decrease in the percentage of adults that are physically active to 58.8% in Rotherham which leaves us the lowest in Yorkshire and the Humber.

Physical activity in children and young people has also seen a decrease to 44%.



Summary

- Refreshed data at <https://www.rotherham.gov.uk/data/>
- Some important improvements to note
- Some significant challenges remain
- Work to impact on complex issues requires whole systems approaches

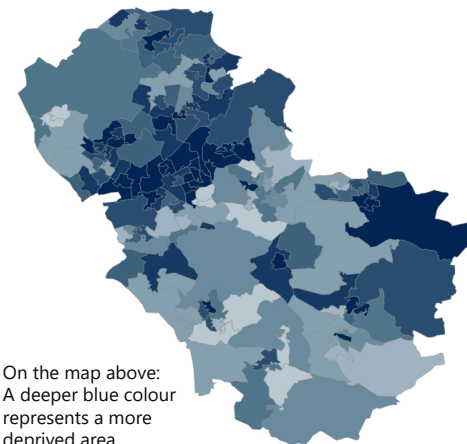
All data findings

For information

- This JSNA summary provides key headlines structured into the key domains:
 - People
 - Health behaviours
 - Community and neighbourhoods
 - Environment
 - Socioeconomic
- Please note this document has been produced to summarise key points from the JSNA however more detailed and additional findings are available in the main sections of the [JSNA website](#) under each domain.
- *All data sources are listed in detail on the corresponding JSNA dashboard. Please use the link at the bottom of each page to access these.*

People (1)

- The most recent estimate of the population of Rotherham is 271,195 (2023 mid-year (30 June)) estimate of population) with an age structure that is slightly older than the national average.
- Rotherham has a mainly White British population, with the percentage from minority ethnic groups being lower than the national average, although the Pakistani communities have above average proportions.
- On the Index of Multiple Deprivation 2019 (IMD 2019) Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 authorities.
- In all, 59 Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 20% most deprived in England and 36 LSOAs are in the top 10% most deprived.

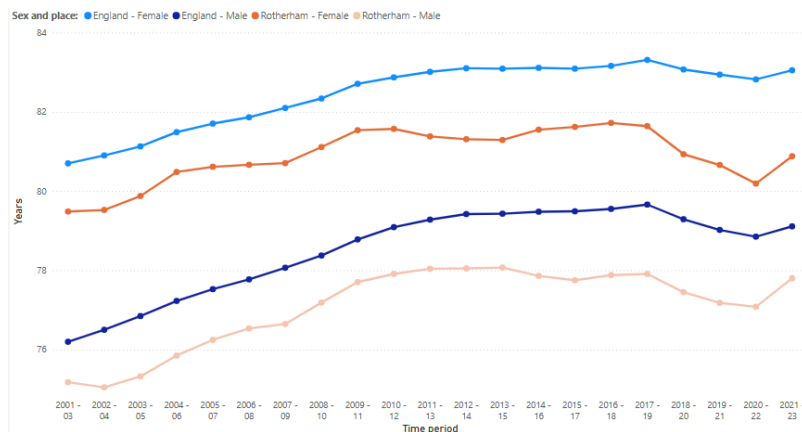


Link to JSNA: [People – Rotherham Data Hub](#)

Data sources: Life expectancy and healthy life expectancy data are from Fingertips - [Public health profiles - OHID \(phe.org.uk\)](#) data source:
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>
Index of Multiple Deprivation: [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](#)

Life expectancy

- Life expectancy at birth for males in Rotherham, 2021-23, is 77.8 years; significantly lower than the England value of 79.1 years.
- Life expectancy at birth for women in Rotherham, 2021-23, is 80.9 years; significantly lower than the England rate of 83.1 years.



Link to JSNA: [People – Rotherham Data Hub](#)

Data sources: Life expectancy and healthy life expectancy data are from Fingertips - [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) data source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>
Index of Multiple Deprivation: [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

Healthy life expectancy

- The healthy life expectancy at birth, 2021-23, in Rotherham is 56.0 years for a male, significantly lower than the England average of 61.5.
- The healthy life expectancy at birth, 2021-23, in Rotherham is 55.6 years for a female, significantly lower than the England average of 61.9.

Health behaviours (1)

- The Rotherham Drug and Alcohol service have been supporting more people with substance and alcohol use; the number of new presentations to treatment for adults increased from 784 in 2021/22 to 959 in 2022/23; the number of new presentations to treatment for children aged under 18 increased from 27 in 2021/22 to 36 in 2022/23.
- There were 17.5 per 100,000 admission episodes for alcohol-specific conditions in under 18s (2021/22 - 23/24)
- The government gambling-related harms evidence review (OHID and PHE, 2019) produced estimates of the proportion of gambling participation in each local authority. Rotherham had the fourth-highest level of gambling participation with 72.9% of people estimated to participate in gambling.
- Smoking prevalence in Rotherham resumed its steady decline in 2022, after a spike in 2021, and is currently at 14.5% of adults smoking, compared with 11.6% across England (2023). Quit rates in Rotherham have nearly doubled from 1,580 in 2018 to 3,155 in 2022.

Link to JSNA: [Health Behaviours – Rotherham Data Hub](#)

Data sources: Alcohol dependence: [Alcohol dependence prevalence in England - GOV.UK \(www.gov.uk\)](#)

All other data taken from Fingertips profiles - [Public health profiles - OHID \(phe.org.uk\)](#)

Health behaviours (2)

- Prevalence of depression in Rotherham has increased between 2013 and 2022, from 9.85% to 17.3%, with the gap between England and Rotherham growing to 4 percentage points.
 - 49.9% of adults social care users aged 18+ who have a much social contact as they would like (2022/23)
 - 10.4% of adults (aged 16+) reported a low happiness score (self-reported data) (2022/23)
 - 24.3% of adults (aged 16+) reported a high anxiety score (self-reported data) (2022/23)
- All new STI diagnosis rate was 601 per 100,000 population, below the England average of 704 (lower is better) (2023)
 - Chlamydia detection rate was 2,549 per 100,000 women aged 15 to 24 years, above the England average of 1,962 (higher is better) (2023)
 - HIV testing rate was 2,355 per 100,000 population, below the England average of 2,771 but the second highest in the CIPFA neighbours (higher is better) (2023)
 - Around 1 in 4 (24.0%) of children aged 4-5 years were categorised as overweight or obese in for the 2021/22 - 2023/24 period.
 - Around 2 in 5 (40.1) of children aged 10-11 years were categorised as overweight or obese for the 2021/22 - 2023/24 period.
 - Almost 3 in 4 (73.7%) of adults (18+) were categorised as overweight or obese in 2022/23.

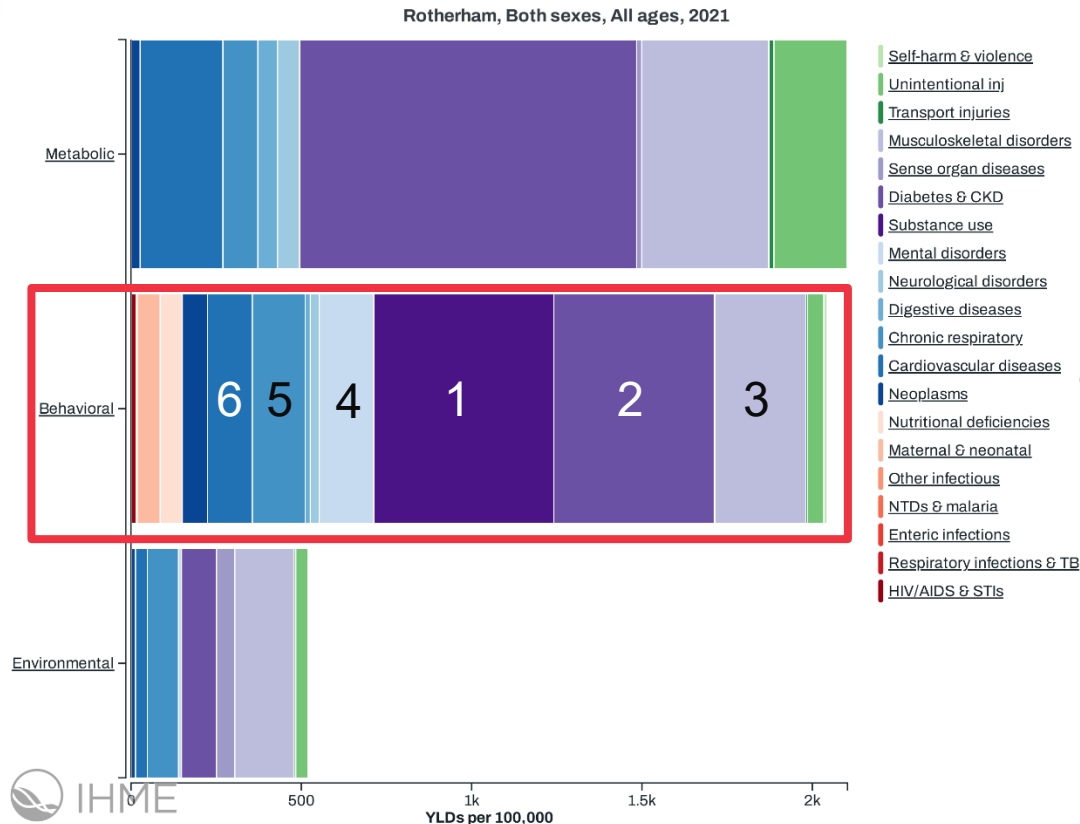
Link to JSNA: [Health Behaviours – Rotherham Data Hub](#)

Data sources: All data taken from Fingertips profiles- [Public health profiles - OHID \(phe.org.uk\)](#)

Global burden of disease 2021

Common (preventable) behavioural risk factors contribute to a significant number of years lived with disability in Rotherham for the following condition groups:

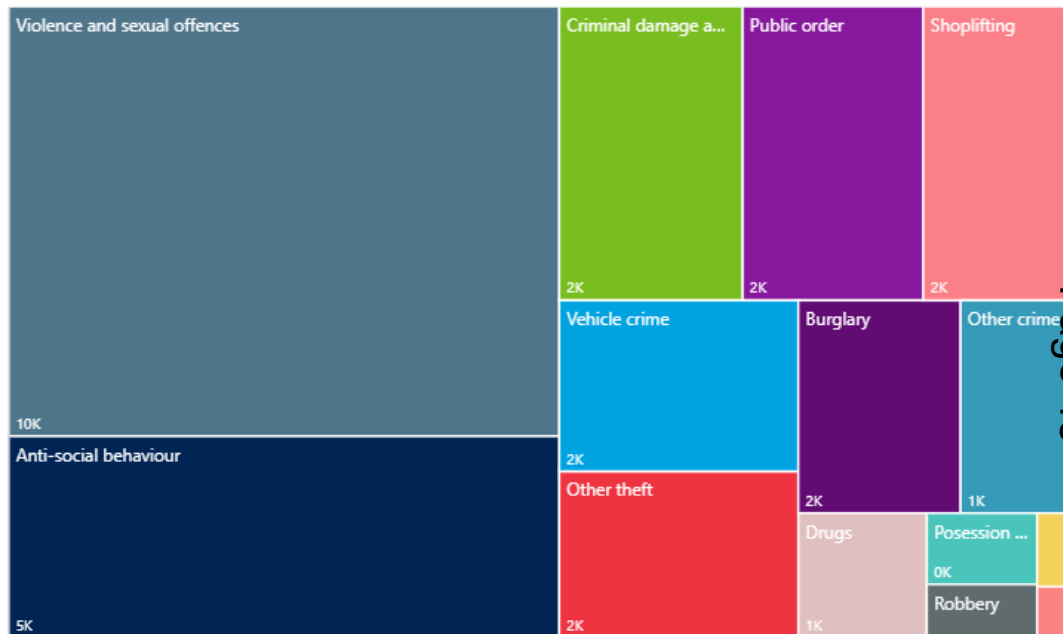
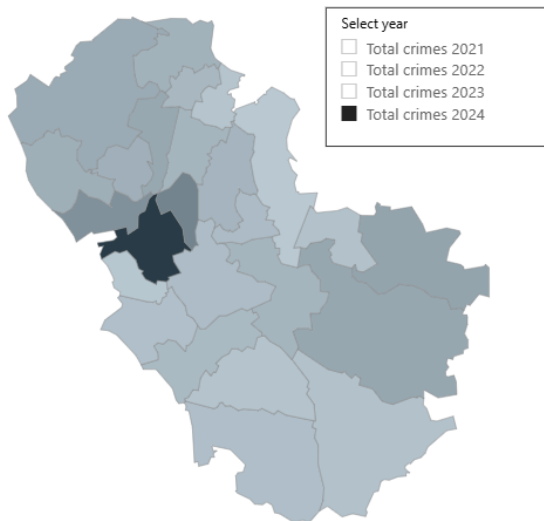
1. Substance use disorders
2. Diabetes and kidney disease
3. Musculoskeletal diseases
4. Mental disorders
5. Chronic respiratory disease
6. Cardiovascular diseases



Community and neighbourhoods

- The diagrams show the total number of crimes in the borough by type of crime for 2025, right (on the map, a higher number per ward is represented by a darker colour).

Total number of crimes in ward (select year)



- Since the publication of model outputs from the Environment Agency's second National Flood Risk Assessment, direct comparison between the present-day risk of flooding and the projected risk by mid-century under a defined climate change scenario [*Representative Concentration Pathway 8.5*] is now available for both surface water flooding and flooding from rivers. Addresses in areas at risk are identified as those for which the corresponding building footprint [*e.g., the external walls of a house, in the case of a residential address*] are within 5 metres of the modelled flood outline, for a given flood depth and [*likelihood-based*] risk band. **On this measure, the number of residential buildings in areas at high risk of flooding i.e., with '1 in 30 years' or higher chance of flooding over an annual return period, will be 11.36% higher by 2040 - 2060 than the present day, due to climate change.** This figure does not account for defences at the individual property level, but it gives a high-level indication of the way climate change will exacerbate existing flood risk in the Borough. 11.36% greater financial, social and human costs than have been experienced already in 2007, 2019 and 2023 would be devastating: other comparisons are still more stark.
- In a significant revision of previous years' consideration of extreme heat as a health effect of climate change, this year's submission investigates people's relative exposure to the urban heat island effect in Rotherham, from a sample of Landsat 9 surface temperature data published by the U.S. Geological Survey, at a spatial resolution of 30 metres. Aggregated at the level of Census output areas and LSOAs, relative 'Urban Heat Island scores' may be compared with the English Index of Multiple Deprivation and standardised mortality ratios for underlying health conditions that are exacerbated by extreme heat, available at the LSOA- and MSOA-levels, respectively. **61.37% of people living in output areas with the 20% greatest Urban Heat Island scores, were also living in areas in the top two deprivation deciles, as measured by the 2019 IMD.**

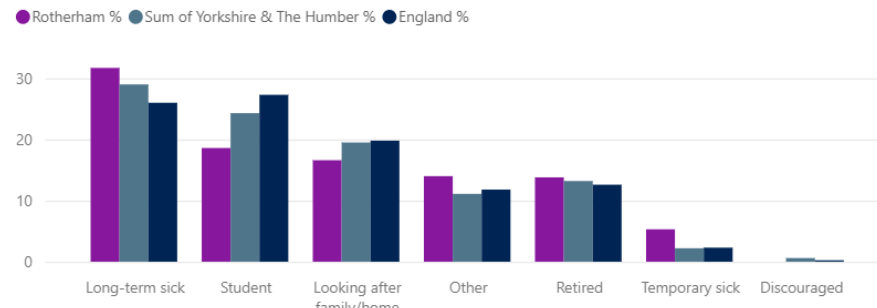
Environment (2)

- The 2021 Census indicates that the Private Rented Sector (PRS) accounts for 15.3% of Rotherham households, which is a 2.3 percentage point increase from 2011, although ONS estimates suggest that the size of the PRS in Rotherham has decreased year-on-year since 2016. The number of households in social housing has decreased slightly between 2011 and 2021.
- The latest fuel poverty data at local authority level is from 2022, where fuel poverty levels in Rotherham increased using the Low Income Low Energy Efficiency definition of fuel poverty from the previous year. However, national figures from 2023 indicate that 36.4% of households (8.91 million) spend more than 10% of their income on energy bills, up from 27.4% in 2022 (6.66 million). In 2022-23 the Council's Energy Crisis Support Scheme provided financial support to residents with no more than £150 a month left over after paying for all their essential costs such as food / rent / utility bills.
- House prices continue to rise, and the average house price in Rotherham in December 2024 was £179,812, an increase of 4% over twelve months. This average is below regional and national averages; the average for Yorkshire and the Humber region was £203,983 in December 2024 and for the United Kingdom, £268,087. The average house price for first-time buyers in Rotherham is £161,094 in December 2024; this is an increase of 5.5% over twelve months. Although house prices are lower than average in Rotherham, the average salary is also lower, and the average house price in Rotherham is now 5.5 times higher than the average annual wage.
- The demand for social housing is increasing in Rotherham whilst stock levels see a net decrease; this is due to sales of Council homes through the Right to Buy scheme. The number of people on the housing register was 7,037 at 1st March 2025 and an average of 93 bids were made on every Council home let in 2024, an 80% increase in the number of bids over the last three years.

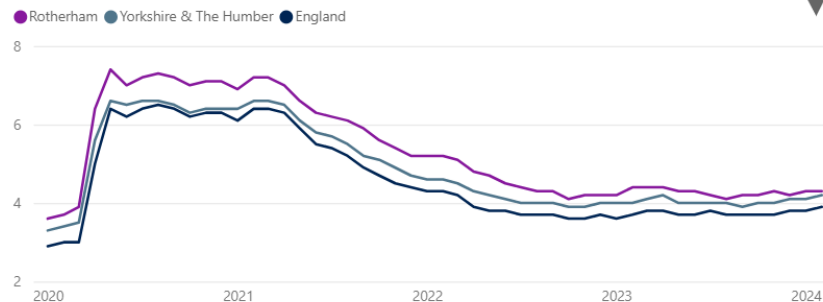
Socioeconomic (1)

- Economic inactivity is still a problem for the borough, with over 44,000 economically inactive residents, 1 in 3 of the working population, as of September 2024. The majority of people living in the more deprived areas of Rotherham.
- In 2023 (Jan-Dec) there were 18,100 workless households in Rotherham, which equates to 22.8% of households.
- Of the 44,100 residents (aged 16-64) who were economically inactive, 6,100 (13.9%) wanted a job and 38,000 (86.1%) did not want a job (Oct 2023-Sept 2024).
- In January 2025, Rotherham's JSA/UC claimant count (as a proportion of residents aged 16-64) was 4.4%. Although this is lower than the count in January 2021 (6.9%), it has still not returned to the pre-Covid level of 3.6% seen in January 2020.

Percentage of people aged 16-64 who are economically inactive broken down by type of inactivity, Oct 2023-Sept 2024



Percentage of population aged 16-64 claiming out of work benefits (Jan 2020-Feb 2024)



Link to JSNA: [Socio-Economic – Rotherham Data Hub](#)

Data sources: Data on population were accessed from the Office of National Statistics.

Children's social care data were provided by Rotherham Metropolitan Borough Council.

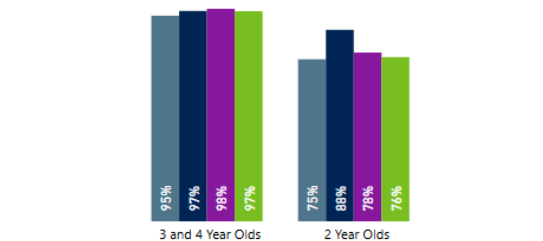
Data on education and/or learning were accessed from the 'Annual NEET Scorecard' published by Department for Education.

Claimant count data were accessed from NOMIS Official Labour Market Statistics.

Socioeconomic (2)

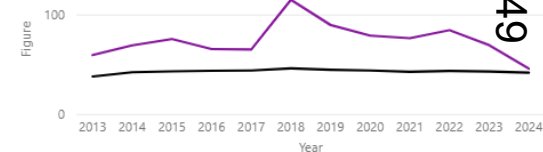
- The percentage of eligible 2-year-olds in Rotherham taking up an Early Education place has remained stable, with 88.4% taking up a place in the academic year 23/24 which is above our comparators. Take-up of early education has a positive impact on outcomes for children.
- 5.5% of Rotherham school pupils had a reported Education, Health and Care Plan, which is 0.7% higher than Rotherham's statistical neighbours (4.8%) and the national average (4.8%). Using data from the Spring School Census in 2025, we can report that Speech, Language and Communication Needs, remain the highest identified primary need across all pupils with Special Educational Needs and Disabilities (SEND) followed by Social, Emotional & Mental Health Needs.
- Data on the rate of children who have been referred to social care (per 10,000 young people aged 10-17 in each area) and are on a child protection plan shows a continued safe and steady decline. Low child protection rates are good. Rotherham has seen a reduction from a peak in 2018 of 114.8 to 45.6 at the end of March 2024.
- Data on the rate of young people aged 10-17 years old (per 100,000 young people aged 10-17 in each area) who enter the youth justice system for the first time (145.00) shows a decline of 36.00 from the previous reported year (181.00) and is lower than all comparators.
- Children Centre Engagement rates** for children in the 30% most disadvantaged areas increased between 2015/16 and 2019/20 from 64% to 75%, however due to Covid 19 restrictions they fell to 69% in 2021/22 but have now increased to 82% in 2023/24.

Take Up Rate by Year



Area ● England ● Rotherham ● Statistical Neighbours ● Yorkshire & Humber

CP Trend: England vs Rotherham



LA ● England ● Rotherham

Children's Centre Registration and Engagement Rates



- As of April 2025, there were over 3,800 individuals in Rotherham who are accessing adult social care. Approximately 47% of these people are aged 75 years or older, and around 55% are female. The primary support reason for more than half of users is for 'physical support'.
- The 2021 census shows that over 23,000 people, around 10% of the population, provide some amount of unpaid care. 12,785 people, around 5% of the population, provide over 35 hours of unpaid care per week. Central areas of Rotherham, among some of the more deprived areas of the borough, have the highest proportion of claimants of carers allowance and disability-related benefits.
- Inclusion health is a new profile for the JSNA and covers a range of groups that experience health inequalities, including people in contact with the criminal justice system, vulnerable migrants and refugees, and people experiencing homelessness. For the financial year 2022/23, there were 1,236 households in Rotherham assessed as being owed a prevention or relief duty for homelessness (Department for Levelling Up, Housing and Communities, 2023). Of this, 428 household were assessed as being threatened with homelessness within 56 days, with a homelessness prevention duty being owed as a result.

Link to JSNA: [Socio-Economic – Rotherham Data Hub](#)

Data sources: Data on population were accessed from the Office of National Statistics.

Children's social care data were provided by Rotherham Metropolitan Borough Council.

Data on education and/or learning were accessed from the 'Annual NEET Scorecard' published by Department for Education.

Claimant count data were accessed from NOMIS Official Labour Market Statistics.

**Please visit the JSNA website for
additional information**

[JSNA website](#)

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Rotherham Suicide Prevention Action Plan, 2025-2028

Ruth Fletcher-Brown,
Public Health Specialist

Suicide rates for Rotherham, 2021-2023

- → The latest suicide data shows that Rotherham has seen a small increase in suicides from 12.4 in 2020-2022 per 100 000 to 12.6 in 2021-2023, however the rate is statistically similar to the average for England at 10.7 per 100,000.
- → Rotherham mirrors the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate has slightly increased in the period 2021-2023 to 17.3 per 100,000 compared to 16.5 in 2020-22. However, it is still statistically similar to the national average for England at 16.4 per 100,000.
- → Female deaths in Rotherham, whilst still lower than males became significantly worse than the national average for England from 2017-2019. The rate in 2021-2023 is now 8.1 per 100,000 and statistically similar to England at 5.4 per 100,000.

Progress from the previous action plan

These are some of the achievements from the previous action plan:

- SPOT and Speak suicide prevention courses delivered by Papyrus Jan- March 2024, 223 people trained.
- Internal courses run on suicide prevention for teams within Partner organisations: SYP, VCS, RMBC (Revenues and Benefits and Adult Care staff).
- Taxi Drivers encouraged to complete the Zero Suicide Alliance Taxi Driver Training (ZSA)
- Domestic Homicide and Suicide Prevention Learning events held for Partner organisations.
- Suicide Prevention training for primary care in person in 2024 and online in previous years.
- Safeguarding Awareness Week (SAW)- suicide prevention workshops held every year since 2020.
- ZSA promoted to the public in libraries across Rotherham.
- Amparo support for children, young people and adults across South Yorkshire who have been bereaved/affected/exposed to suicide.
- 4 Survivors of Bereavement by Suicide (SOBS) Groups operating across SY.
- From 2021 there have been 4 Memorial Events for families & friends in South Yorkshire who have been bereaved by suicide.

2025-2028 Suicide Prevention Action Plan

- In December 2024, a Symposium was held with Partners of the Suicide Prevention and Self Harm group, Operational and Strategic Groups, with input from Andy Bell, CEO of Centre for Mental Health.
- The Action Plan was developed based on discussions at the symposium, local data, evidence-based practice.
- The action plan is aligned to the 2023-2028 National Suicide Prevention Strategy.
- Action Plan drafted and shared with Partners from end of January to April 2025.

2025-2028 Suicide Prevention Action Plan

- Aim 1. Making Suicide Prevention Everyone's Responsibility.
- Aim 2. To support to those bereaved, affected and exposed to suicide.
- Aim 3. Reducing suicides amongst high-risk groups by reaching people where they live and work.
- Aim 4. Using data to inform delivery of suicide prevention in Rotherham.

The Rotherham Suicide Prevention Action Plan should be read in context with other supporting plans which will address the wider determinants.

Suicide Prevention Actions

Actions identified in the 2025-2028 are already progressing. For example:

- Launch of the Vista Project, a pilot project to support people who have attempted suicide due to a life event (April 2025).
- Domestic abuse and suicide prevention training May and September 2025.
- Older Adults suicide prevention training for Adult Care, Voluntary and Community Sector (VCS), Care Homes and Domiciliary Care (June 2025).
- Working with Speakup and Rotherham Autism Support Service to look at the Be the One Campaign. New film and resources will be promoted in September 2025.
- Training from SAYiT on LGBTQ+ communities and suicide prevention (starting May-October 2025).
- Distribution to schools, colleges, VCS and CYPS of the easy read, Walk with Us Guide (May 2025).

Next steps

- Implementation of the action plan will be overseen by the Suicide Prevention and Self Harm Group, Partners of the HWB are represented on this group.
- Some actions will take place at a South Yorkshire level, subject to funding.
- The Board will receive updates on progress and any emerging concerns.

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BRIEFING	TO:	Health and Wellbeing Board
	DATE:	25 th June 2025
	LEAD OFFICER:	Ruth Fletcher-Brown Public Health Specialist, Adult Care, Housing and Public Health 01709 255867
	TITLE:	Rotherham Suicide Prevention Action Plan, 2025-2028
1. Background		
1.1	In September 2023, the Government published a five-year cross sector strategy on suicide prevention for England.	
1.2	<p>This 5-year cross sector strategy, addresses the following themes:</p> <ul style="list-style-type: none"> • Improve data and evidence. • Provide tailored and targeted support to priority groups. • Address common risk factors. • Promote online safety and responsible media content. • Provide effective crisis support across sectors. • Reduce access to means and methods. • Provide effective bereavement support. • Make suicide everybody's business. 	
1.3	There are no targets attached to this strategy or funding for local areas. It is a call to action, acknowledging that suicide is a collective responsibility.	
1.4	The Rotherham Suicide Prevention and Self Harm Action Plan was refreshed in 2023 until the end of 2024 in line with the national strategy.	
1.5	In December 2024, a Symposium was held with Partners of the Suicide Prevention and Self Harm group, Operational and Strategic Groups, with input from Andy Bell, CEO of Centre for Mental Health. The Symposium was an opportunity to review progress and to look at priorities for the 2025-2028 Action Plan. Local and national data and evidence-based practice was used to inform and develop the 2025-2028 Action Plan for Rotherham.	
1.6	The draft 2025-2028 Suicide Prevention Action Plan has been shared with Partner organisations during a consultation period, from the end of January to April. It will be presented to the Health and Wellbeing Board in June 2025.	
1.7	Local areas no longer receive national funding for suicide prevention. The funding to support the delivery of the 2025-2028 Rotherham Suicide Prevention Action Plan is limited, with funding from the SY ICB for 2025/2026 for the web-based system for recording suicides QES, the Amparo contract and the memorial event only.	

2. Key Issues	
2.1	<p>The latest data for Rotherham, shows that Rotherham rates per 100,000 for suicide are statistically similar to the national average:</p> <ul style="list-style-type: none"> • The latest suicide data shows that Rotherham has seen a small increase in suicides from 12.4 in 2020-2022 per 100 000 to 12.6 in 2021-2023, however the rate is statistically similar to the average for England at 10.7 per 100,000. • Rotherham mirrors the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate has slightly increased in the period 2021-2023 to 17.3 per 100,000 compared to 16.5 in 2020-22. However, it is still statistically similar to the national average for England at 16.4 per 100,000. • Female deaths in Rotherham, whilst still lower than males became significantly worse than the national average for England from 2017-2019. The rate in 2021-2023 is now 8.1 per 100,000 and statistically similar to England at 5.4 per 100,000.
2.2	<p>Progress to date from the 2024 action plan for suicide prevention has included.</p> <ul style="list-style-type: none"> • SPOT and Speak suicide prevention courses delivered by Papyrus Jan- March 2024, 223 people trained. • Suicide Prevention Guidance issued for staff and volunteers across Place to assist with spotting the signs, asking and signposting. • Internal courses run on suicide prevention for teams within Partner organisations: SYP, VCS, RMBC (Revenues and Benefits and Adult Care staff). • Taxi Drivers encouraged to complete the Zero Suicide Alliance Training (ZSA) and Taxi Driver training. • Domestic Homicide and Suicide Prevention Learning events held for Partner organisations. • Suicide Prevention training for primary care in person in 2024 and online in previous years. • Safeguarding Awareness Week (SAW)- suicide prevention workshops held every year since 2020. • ZSA promoted to the public in libraries across Rotherham. • The service Amparo is supporting children, young people and adults across South Yorkshire who have been bereaved/affected/exposed to suicide. • 4 Survivors of Bereavement by Suicide (SOBS) Groups operating across SY. • From 2021 there have been 4 Memorial Events for families & friends in South Yorkshire who have been bereaved by suicide.
2.3	<p>In December 2024, a Symposium was held with Partners of the Suicide Prevention and Self Harm group, Operational and Strategic Groups, with input from Andy Bell, CEO of Centre for Mental Health. The Symposium was an opportunity to review progress and to look at priorities for the 2025-2028 Action Plan. Local and national data and evidence-based practice was used to inform and develop the 2025-2028 Action Plan for Rotherham.</p>
2.4	<p>Rotherham is part of a South Yorkshire real time suicide surveillance system, so receives details of suspected suicides which enables; timely support for those bereaved an affected, identification of trends and patterns and early intervention and prevention actions. This information has been used to inform the 2025-2028 priorities.</p>
2.5	<p>The Rotherham Suicide Prevention and Self Harm Action Plan for 2025-2028, will address the national strategy with actions which:</p>

<p>2.6</p> <p>2.7</p>	<ul style="list-style-type: none"> • Improve data and evidence. • Provide tailored and targeted support to priority groups. • Address common risk factors. • Reduce access to means and methods. • Provide effective bereavement support. • Make suicide everybody's business.
<p>2.8</p>	<p>In addition, work has progressed with Place Partners to look at the crisis offer.</p> <p>The 2025-2028 Suicide Prevention Action will address four theme areas which looks at suicide prevention across the life course:</p> <ul style="list-style-type: none"> • Aim 1. Making Suicide Prevention Everyone's Responsibility. • Aim 2. To support to those bereaved, affected and exposed to suicide. • Aim 3. Reducing suicides amongst high-risk groups by reaching people where they live and work. • Aim 4. Using data to inform delivery of suicide prevention in Rotherham.
<p>2.9</p>	<p>The Rotherham Suicide Prevention Action Plan should be read in context with other supporting plans which will address the wider determinants. These include:</p> <ul style="list-style-type: none"> • The Rotherham Better Mental Health for All Strategy (2017-2025) • The Rotherham Loneliness Action Plan (2023-2025) • Humanitarian and Communities Group Action Plan (2024/25) • Rotherham Prevention and Health Inequalities Strategy and Action Plan • Rotherham Domestic Abuse Action Plan
<p>2.10</p>	<p>Progress with the local actions within the 2025-2028 Action Plan will be overseen by partners on the Rotherham Suicide Prevention and Self Harm Group.</p>
<p>2.11</p>	<p>The Rotherham Suicide Prevention Operational Group looks real time cases resulting in actions to address themes, priority groups, ensuring that support is offered to all those bereaved and affected. Information from this process will shape future actions.</p>
<p>2.12</p>	<p>The Rotherham Suicide Prevention and Self Harm Group and the Rotherham Suicide Prevention Operational Group are best placed to oversee the refresh of some of the actions within the current plan. Both groups have membership from all Health and Wellbeing Board Partners.</p> <p>Some actions with the local plan are addressed at a South Yorkshire wide level by working with partners represented at the ICB Suicide Prevention Group. This group agreed a plan of action for 2025/2026 which includes:</p> <ul style="list-style-type: none"> • Consider the impact of deaths at high-risk locations (including railways and motorways) • Consider inclusion groups including: <ul style="list-style-type: none"> people who are neurodiverse LGBTQ+ communities Older adults • Maintain and develop the existing RTS workstream to monitor and response to suspected suicides in real time. • Maintain and further develop the existing Bereavement Support offer across SY with a particular focus on developing a peer support model for children and young people.

2.13	<ul style="list-style-type: none"> • Complete a South Yorkshire coroner's audit and any recommendations. • Annual suicide memorial service. <p>There is no recurrent national funding for suicide prevention. The funding from the SY ICB is limited and is committed to the three area of QES renewal, the Amparo contract and the memorial event. This is for 2025/2026 only. This may impact on future activity.</p>
3. Key Actions and Timelines	
3.1	The Rotherham 2025-2028 Suicide Prevention Action Plan has been shared with Partners during the consultation period January to April 2025.
3.2	The Public Health Lead for Suicide Prevention is collaborating with colleagues to complete Part B of the Equality's Impact Assessment (May 2025).
3.3	A public plan on a page version will be produced, with input from Partners (June 2025).
3.4	The Rotherham Suicide Prevention and Self Harm Group will oversee the implementation of the Action plan through the quarterly meetings. (Quarterly meetings for 2025).
3.5	The Rotherham Suicide Prevention Operational Group will look at emerging trends, themes and groups needing further support. (Operational Group meetings held every six weeks).
3.6	<p>Actions identified in the 2025-2028 are now progressing. For example:</p> <ul style="list-style-type: none"> • The launch of the Vista Project, a pilot project to support people who have attempted suicide due to a life event (April 2025). • Domestic abuse and suicide prevention training planned for May and September 2025. • Older Adults suicide prevention training for Adult Care, Voluntary and Community Sector (VCS), Care Homes and Domiciliary Care (June 2025). • Working with Speakup and Rotherham Autism Support Service to look at the Be the One Campaign. • Training from SAYiT on LGBTQ+ communities and suicide prevention (starting May-October 2025). • Distribution to schools, colleges, VCS and CYPS of the easy read guide, Walk with Us Guide (May 2025).
3.7	Rotherham Public Health Lead for Suicide Prevention is collaborating with other South Yorkshire colleagues to secure funding for suicide prevention activity beyond 2025/2026. This includes the Real Time Surveillance post on which all areas rely on for accurate and timely data. This SY Police post is funded until March 2026.
3.8	The Rotherham Public Health (PH) Suicide Prevention Lead will continue to work with Partners of the SY ICB Suicide Prevention Group to progress actions across South Yorkshire (2025/2026 Plan on a Page).
3.9	The Rotherham Public Health (PH) Suicide Prevention Lead will work the Y&H OHID Community of Interest Group to look at female deaths to suicide, drawing in national expertise. Findings from this will inform the Rotherham action plan (ongoing).
3.10	The Office of National Statistics Suicide Prevention data should be September 2025, which along with the Real Time South Yorkshire data, will help monitor changes and inform new areas to action.

4. Recommendations	
4.1	The Board to receive the updated plan, noting the work across the Partnership to identify key themes and priority areas which are based on local data and evidence-based practice.
4.2	The Board to note the Partnership work across South Yorkshire which will also support delivery at Place.
4.3	The Board to continue to receive regular updates on progress against priority areas identified in the action plan and emerging concerns will be escalated when necessary, including concerns regarding funding pressures.

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Rotherham Suicide Prevention and Self Harm Action Plan 2025-2028

‘Be the one to Talk, Listen and Care’

Introduction

Suicide prevention is a collective responsibility. Whilst the numbers in recent years have been reducing, action needs to be taken by all Partners of the Health and Wellbeing Board, communities, and individuals to reduce the lives lost to suicide.

Suicide prevention strategy for England: 2023 to 2028

In 2023, the Government launched the latest suicide prevention strategy. The overall ambitions set by this strategy are to:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
- continue to improve support for people who self-harm.
- continue to improve support for people who have been bereaved by suicide.

Using available data, evidence, and from speaking with experts (including people with living experience), the following priorities for action were identified:

- Improve data and evidence to ensure that effective, evidence-informed, and timely interventions continue to be adapted.
- Provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes: children and young people, middle-aged men, people who have self-harmed, people in contact with mental health services, people in contact with the justice system, autistic people and pregnant women and new mothers.
- Address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are: physical illness, financial difficulty and economic adversity, gambling, alcohol and drug misuse, social isolation and loneliness and domestic abuse.
- Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Provide effective crisis support across sectors for those who reach crisis point.
- Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Provide effective bereavement support to those affected by suicide.
- Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

(Suicide prevention strategy for England: 2023 to 2028)

ICB South Yorkshire

Suicide prevention is a priority area within the South Yorkshire Integrated Care System (ICS) and joint working is taking place across the ICS to address the following areas:

- Using information from the Real Time Surveillance System to develop specific actions which address vulnerable and at-risk groups and high-risk locations.
- Suicide prevention and Inclusion Groups.
- Supporting children, young people and adults bereaved by suicide with a focus in 2025/26 on peer support for young people.
- Deaths at frequently used locations.
- South Yorkshire Coroners Audit 2025/26.

Locally suicide prevention is an area of focus within the Rotherham Place Plan and will support the delivery of Aim 3 within the Health and Wellbeing Board Strategy.

Aim 3: Support the people of Rotherham to live in good and improving mental health throughout their lives, accessing and shaping the services and resources they need to be able to do so.

This plan outlines the actions Rotherham Health and Wellbeing Boards Partners, and wider organisations are implementing to prevent suicides. These are aligned to the national suicide prevention strategy and are supported by real time suicide data for Rotherham, and feedback from partners and people with living experience.

Governance arrangements

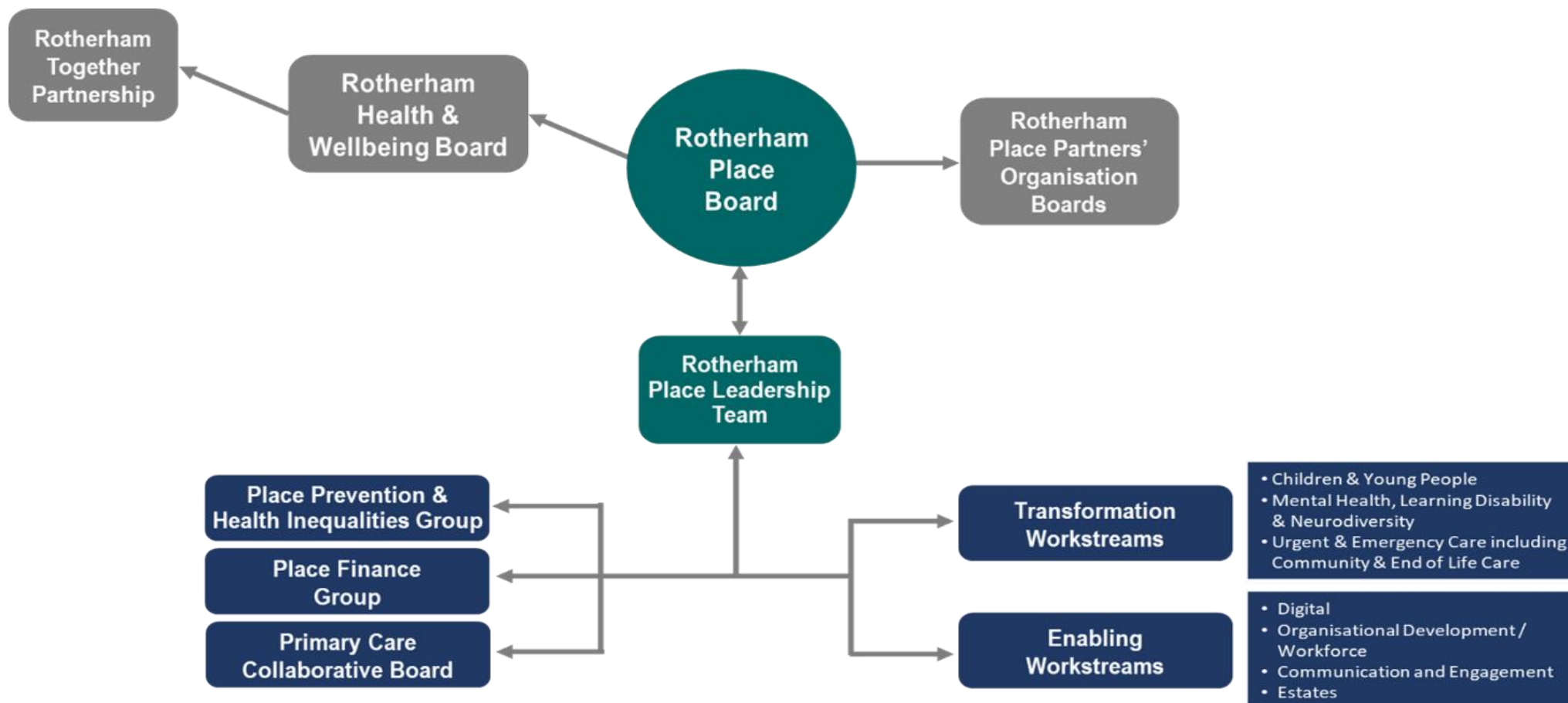
Rotherham takes suicide prevention seriously. The multi-agency Rotherham Suicide Prevention and Self Harm Group meets quarterly and is tasked to implement this plan. Partners represented on the Rotherham Suicide Prevention and Self-Harm Group include:

- Andy's Mans Club
- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- NHS South Yorkshire, ICB- Rotherham (SY ICB)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust

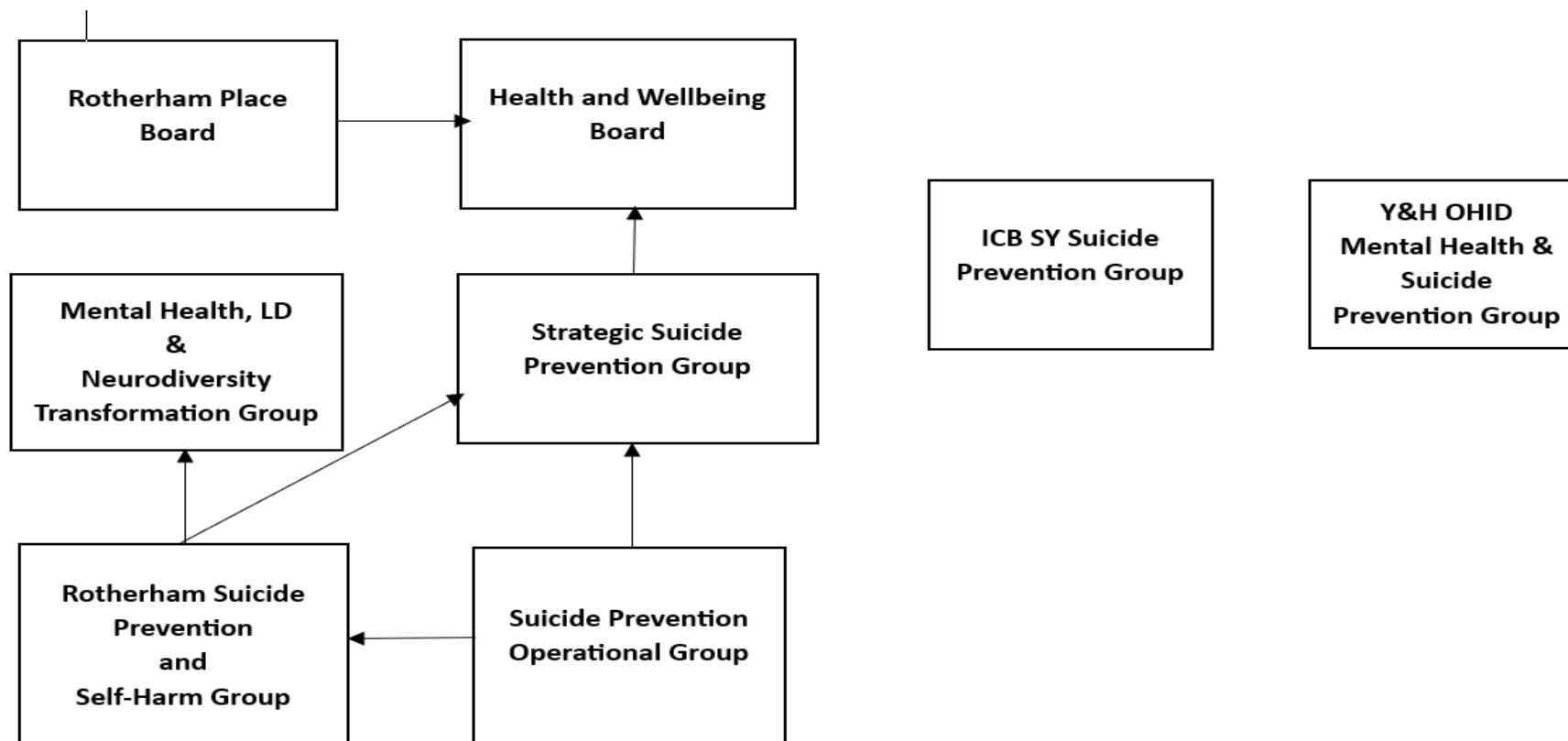
- RMBC Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications and Engagement
- RMBC Regeneration & Environment Services Directorate
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Trust (RUCT).
- South Yorkshire Police
- We are With You, Rotherham Drug & Alcohol Service

The Suicide Prevention Operational Group meets every six weeks to review real time data chaired by Public Health Specialist- Lead for Suicide Prevention and Head of Service – Safeguarding and Mental Health, Adult Social Care. Members of this group include NHS, SYP, Drug and Alcohol Services, Adult Care, Children and Young People's services and domestic abuse services.

There is a Strategic Suicide Prevention Group, chaired by Director of Public Health, which ensures that prompt action is taken in response to real time data and the resourcing of necessary actions is available.



Progress against this action plan is reported monthly to the Rotherham Mental Health, Learning Disability and Neurodiversity Transformation Group, a subgroup of the Rotherham Place Plan Board. Annual updates are given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the Mental Health, Learning Disability and Neurodiversity Transformation Group and Strategic Suicide Prevention Group chaired by the Director of Public Health. The diagrams on page 5 shows the reporting structure for suicide prevention.



This diagram shows the relationship of the Suicide Prevention Groups in Rotherham to each other and Governance structures in Rotherham. Rotherham suicide prevention is also aligned to work at a South Yorkshire and Yorkshire and Humber level. and the SY ICB and Yorkshire and Humber Suicide Prevention Groups.

National Picture

In 2023, 6,069 suicides were registered in England and Wales, equivalent to an age-standardised mortality rate (ASMR) of 11.4 deaths per 100,000 people. This was an increase of 7.6% in the number of suicides since 2022 (427 deaths).

Males continued to account for around three-quarters of suicide deaths registered in 2023 (4,506 male deaths; 1,563 female deaths), a trend seen since the mid-1990s.

In 2023, suicide rates for males (17.4 deaths per 100,000) and females (5.7 per 100,000) increased to their highest levels since 1999 and 1994, respectively. ([ONS, Suicides in England and Wales](#)).

Regional Picture

The information below shows the suicide rate per 100,000 for Persons, Male and Female suicides across the Yorkshire and Humber region in the period 2021-2023. Red indicates this is statistically worse than the average for England, yellow statistically similar and green statistically better. (Source: [Fingertips/Public Health Profiles](#))

Indicator	Period	England	Yorkshire and the Humber region (stat)	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire UA	Rotherham	Sheffield	Wakefield	York
Overall suicide rate for population aged 10 years and older (3 years pooled)																		
Suicide rate (Persons, 10+ yrs)	2021 - 23	10.7	12.3	14.2	10.8	17.6	14.9	12.4	13.0	12.2	11.6	10.9	9.5	12.2	12.6	9.2	16.7	9.7
Suicide rate (Male, 10+ yrs)	2021 - 23	16.4	18.5	22.7	16.6	30.9	21.1	18.1	20.1	18.1	16.9	16.8	14.1	20.0	17.3	12.6	24.8	15.5
Suicide rate (Female, 10+ yrs)	2021 - 23	5.4	6.3	6.1	5.2	5.0	8.8	7.1	5.8	6.6	6.7	5.2	4.8	4.7	8.1	6.1	8.8	4.3

Rotherham can also be compared to statistically similar local authority areas.

[Suicide rate \(Persons, 10+ yrs\)](#) 2021 - 23

Directly standardised rate - per 100,000

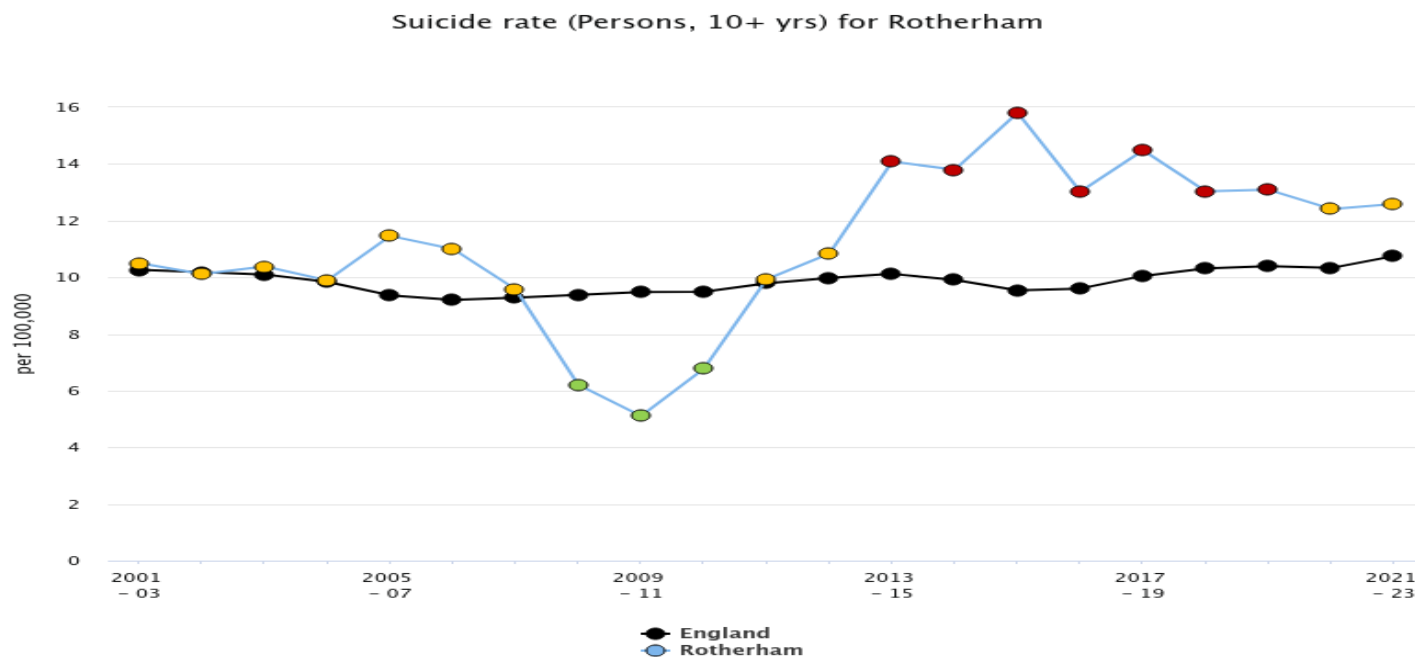
Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	—	-	16,159	10.7		10.6	10.9
Neighbours average	—	-	-	-		-	-
Calderdale	—	13	95	17.6		14.2	21.5
Wakefield	—	1	157	16.7		14.1	19.3
St. Helens	—	8	77	15.9		12.5	19.9
Wigan	—	4	138	15.7		13.1	18.4
Knowsley	—	10	62	15.2		11.6	19.5
Doncaster	—	2	121	14.9		12.3	17.6
Barnsley	—	3	92	14.2		11.4	17.4
Halton	—	14	45	13.2		9.7	17.7
Rotherham	—	-	88	12.6		10.1	15.5
Stockton-on-Tees	—	9	61	11.9		9.1	15.3
Telford and Wrekin	—	5	57	11.7		8.9	15.2
North East Lincolnshire	—	15	44	10.9		7.9	14.6
Tameside	—	7	59	9.7		7.4	12.6
Gateshead	—	6	50	9.5		7.0	12.5
Swindon	—	11	55	9.0		6.8	11.8
Dudley	—	12	74	8.8		6.9	11.1

Local picture- Rotherham Data

➤ Suicide Rate Persons

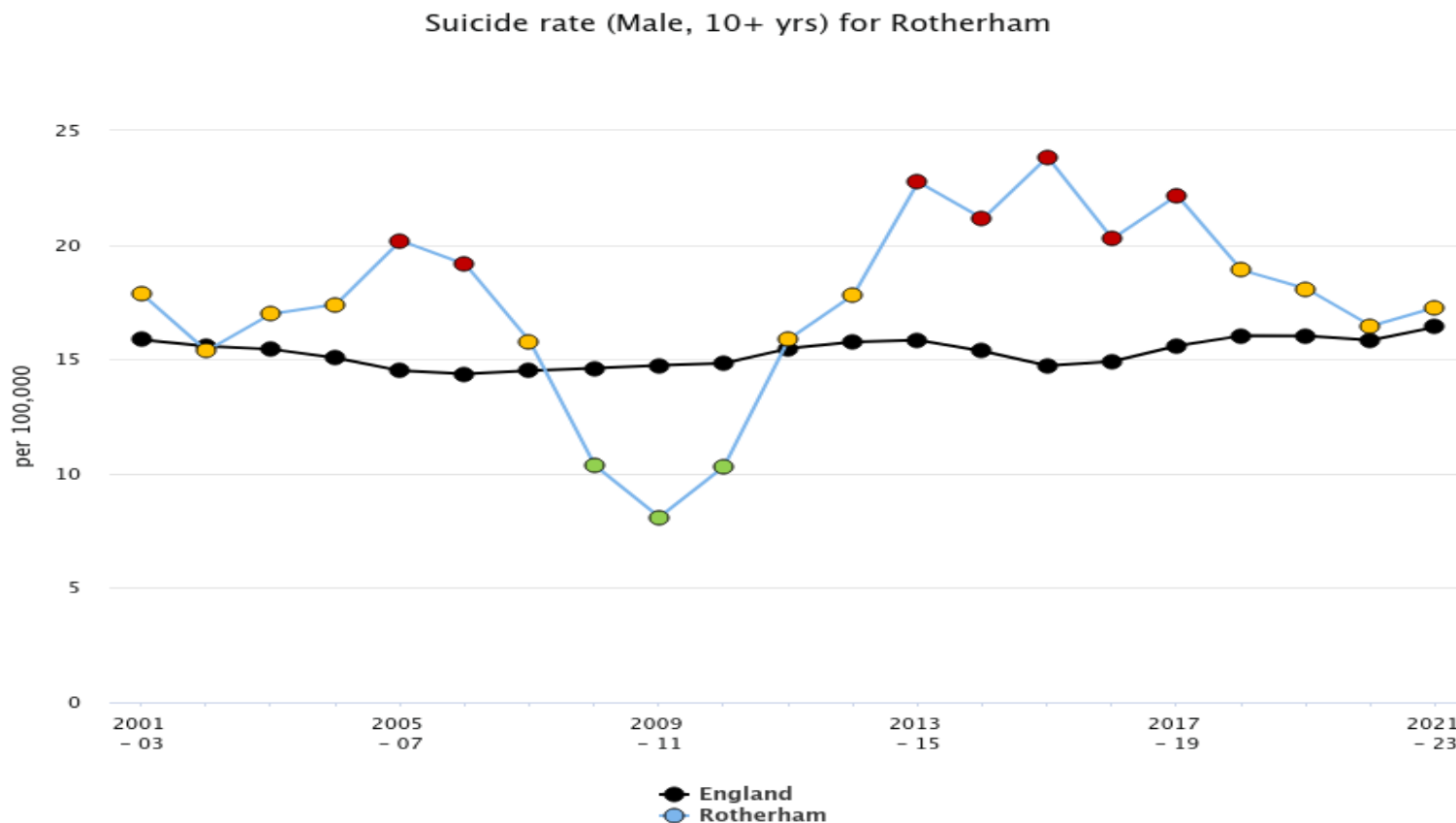
The latest suicide data shows that Rotherham has seen a small increase in suicides from 12.4 in 2020-22 per 100 000 to 12.6 in 2021-2023, however the rate is statistically similar to the average for England at 10.7 per 100,000.

Rotherham ranks 9th compared to CIPFA Nearest Neighbour local authorities.



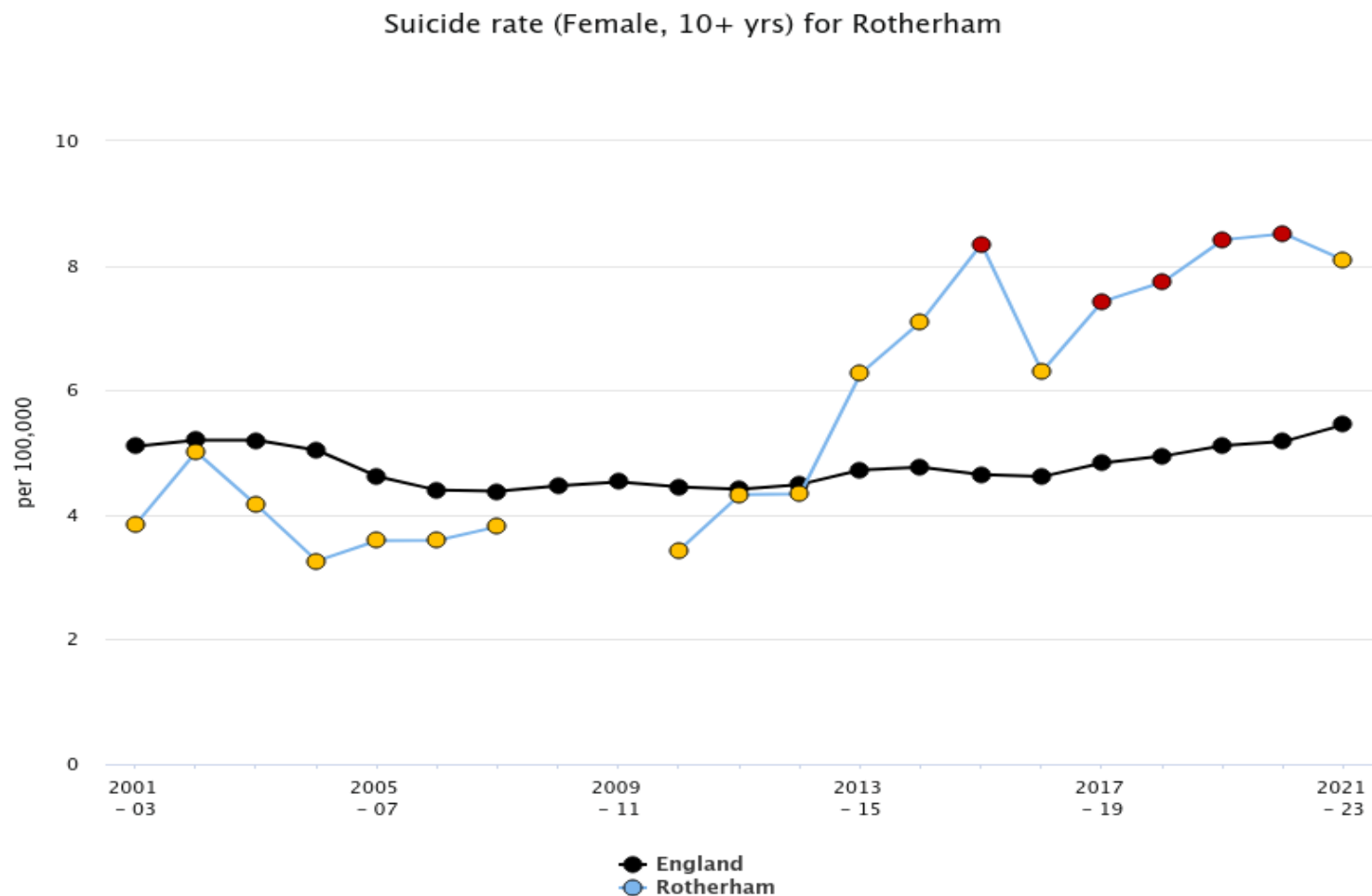
➤ Gender

Rotherham mirrors the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate has slightly increased in the period 2021-2023 to 17.3 per 100,000 compared to 16.5 in 2020-22. However, it is still statistically similar to the national average for England at 16.4 per 100,000.



➤ Female deaths

Female deaths in Rotherham, whilst still lower than males became significantly worse than the national average for England from 2017-2019. The rate in 2021-2023 is now 8.1 per 100,000 and statistically similar to England at 5.4 per 100,000.



For further information on suicide rates please refer to the [Rotherham Data Hub](#).

Achievements in the 2024 action plan

- Place Suicide Prevention Guidance refreshed and reissued.
- Suicide prevention training for staff and volunteers across Health and Wellbeing Board Partners

- Information on [RotherHive](#)- cost of living, pain management, and moving more.
- The DASH tool (Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment) training starting in September 2024, includes pathway to support for victims and perpetrators with suicidal ideation.
- Making Every Contact Count (MECC)- Tackling Loneliness and Cost of Living training for staff and volunteers
- Promotion of Kooth, Qwell and Safe Space provision to staff and public
- Adult Care Prevention and Early Intervention Small Grants (July 2024-July 2025)- to tackle loneliness and isolation- 13 grants awarded.
- Be the Ones- comms and engagement plan for 2024/25, coproduction looking at Neurodiversity and suicide prevention.
- Y&H Gambling Related Harms training- promoted to Adult Care, Housing, VAR, Citizens Advice, NHS staff.
- Promotion of [Walk with Us Guidance](#) to all schools, colleges, VCS and CYP settings
- Reducing access to means- designing out suicide, work with local and National Highways colleagues, Samaritans signage
- Mobilisation of Suicide prevention pilot service for people who have attempted suicide.
- Sudden and Traumatic Bereavement Pathway for Children and Young People has been refreshed and will be loaded onto Tri-X
- Community Response Plan for suicides, through Adult and Children's Safeguarding Boards
- Long Term Chronic Pain Group has been established.

Helpful resources on suicide prevention

[Be the One: Rotherham's suicide prevention campaign](#)

[Office of Health Improvements and Disparities, Fingertips Public Health Data: Suicide Prevention Profile](#)

[Public Health England, \(2019\), Identifying and responding to suicide clusters: A practice resource](#)

[Public Health England \(2020\) Local suicide prevention planning: A practice resource](#)

[RotherHive](#)

[South Yorkshire Amparo](#)

[Support After Suicide Partnership, Help is at Hand](#)

[Walk with Us- South Yorkshire Toolkit for children and young people bereaved by suicide](#)

The following action plan should be read conjunction with the following plans which support action to address the wider determinants:

- Rotherham Loneliness Action Plan
- Rotherham Better Mental Health for All Action Plan
- Rotherham Prevention and Health Inequalities Strategy and Action Plan
- Rotherham Domestic Abuse Action Plan

Aim 1. Making Suicide Prevention Everyone's Responsibility

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
1. Staff and Volunteers across health, SYP, VCS, and social care system are equipped to identify and support people at risk of suicide.	<p>1.1 Annual refresh and promotion of the Place guidance sheet to enable staff to deal with suicidal ideation.</p> <p>1.2 Ongoing promotion and adoption of the Zero Suicide Alliance Training (ZSA).</p> <p>1.3 Promotion of RotherHive, Be the One, Hub of Hope, Amparo, to partners across Rotherham.</p> <p>1.4 Training programme for suicide prevention and self-harm promoted during 2025/26 for staff and volunteers across Place.</p> <p>1.5 Bespoke training sessions for HWB Partners utilising themes from real time data. (SYP, primary Care, Social Care Staff).</p> <p>1.6 Promotion of the Stay Alive app and associated tools.</p>	<p>1.1.PHS, RMBC & RDASH to update the guidance sheet. Place Comms and Engagement and Safeguarding leads across Place to promote.</p> <p>1.2 All Partners of the Strategic Suicide Prevention Group: SY ICB, SYP, RDASH, RMBC and VCS</p> <p>1.3 Through PH delivery of MECC training, SY ICB Rotherham- MH Commissioning. Safe guarding leads and Safeguarding Champions/. Partners of the Suicide Prevention Group.</p> <p>1.4 PHS & Learning and Development, RMBC.</p> <p>1.5 PHS, MH Lead Safer Neighbourhood Service, Head of Service – Safeguarding and Mental Health Adult Social Care (RMBC)</p>	<p>Guidance sheet refreshed and updated Summer 2025 and then annual updates.</p> <p>Zero Suicide Alliance Training promoted via guidance sheet and through Be the One from April 2025.</p> <p>Comms briefing sessions for staff on RotherHive March 2025 onwards.</p> <p>Training programme launched July/August 2025.</p> <p>Stay Alive app promoted via training and through Be the One website.</p>	<p>A reduction in the number of suicides amongst people receiving mental health support:</p> <p>Number of staff trained across the sectors.</p> <p>Staff and volunteers feeling more confident and knowledgeable.</p> <p>Increasing number of visits to local websites Be the One and RotherHive website.</p> <p>Numbers of people accessing ZSA training.</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		Suicide Prevention Operational Leads			
2. Employees and Employers equipped to identify and support people at risk of suicide.	<p>Delivery of suicide prevention messages/training through Be Well @ Work Award.</p> <p>Organisations to consider sign up to the Baton of Hope pledge:</p>	PH Lead on Workplace Health, Employers, Strategic Suicide Prevention Group Leads for their organisations	Suicide prevention embedded within Be Well @ Work is reviewed annually and updates included where new evidence and best practice is available.	Suicide aware workplaces where people can access appropriate help and support	
3. To equip people living and working to Rotherham to understand how to identify and support someone at risk of suicide.	<p>Continue to build on the success of the Be the One Campaign developing a year comms and engagement plan with a particular focus on:</p> <ul style="list-style-type: none"> - Promoting the Zero Suicide Alliance Training to the public. - Promotion of Amparo and Survivors of Bereavement by Suicide Group. 	PHS, RMBC and Place Comms Lead working with Place Comms and Engagement Group, Neighbourhood Colleagues and local venues like libraries and community centres. Including the voice of people with Living Experience.	Quarterly updates to Suicide Prevention and & SH Group and the Mental Health, Learning Disability and Neurodiversity Transformation Group which will include ZSA training uptake, campaign information.	<p>A reduction in suicides amongst high-risk groups:</p> <p>An increase in people understanding how to identify and support someone at risk of suicide.</p> <p>Promotion and uptake of Zero Suicide Alliance online training.</p> <p>Promotion and uptake of Amparo support.</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<ul style="list-style-type: none"> - Promoting the Stay Alive App and hub of Hope - Promotion of the grassroots support to help people at risk of suicide. 				

Aim 2. To support to those bereaved, affected and exposed to suicide.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
2.1 To provide support and early intervention to children and young people bereaved by suicide.	<p>2.1.1 To annually review with Partner organisations, the Child Bereavement pathway, brief all organisations and upload onto Tri-x.</p> <p>2.1.2 To continue to offer support to schools following a death by suicide and to review the effectiveness of this offer.</p> <p>2.1.3 To offer training to schools and CYPS practitioners working across the partnership re supporting children, young people and families bereaved by suicide.</p> <p>2.1.4 Amparo to work with CYP services and organisations across HWB Partners to promote the offer of support for children and young people.</p> <p>2.1.5 To promote Walk with Us –including the new easy read version.</p> <p>2.1.6 To work with SY Colleagues to design, implement and evaluate a peer-to-peer support service for young people.</p>	<p>2.1.1 PHS collaborating with partners from RMBC C&YP services, SY Police and CAMHS.</p> <p>2.1.2 Educational Psychology Service (EPS) will contact schools to offer support and help coordinate a response.</p> <p>2.1.2 Review of offer to schools will be led by EPS and PH. The review will incorporate any feedback from families where this is available.</p> <p>2.1.3 EPS to promote & deliver a suicide bereavement course for CYPS practitioners working across partner organisations.</p>	<p>2.1.1 Review due July 2025.</p> <p>2.1.2 Review of Critical Incident information for schools and settings Sept 2025.</p> <p>2.1.3 Training available upon request from EPS.</p> <p>2.1.4 Amparo to promote briefing sessions to CYPS.</p>	<p>Children bereaved or affected by suicide receiving appropriate support:</p> <p>Pathway renewed annually.</p> <p>Organisations to cascade updated pathway to their staff.</p> <p>Updated pathway on Tri-x.</p> <p>Critical Incident information to schools reviewed and updated.</p> <p>Positive feedback from Children, young people, and families.</p> <p>Evidence of CYPS practitioners across partner organisations attending training and measured improvements in knowledge and confidence.</p> <p>ICB CYPS Toolkit, Walk with Us,</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		<p>2.1.4 Amparo to work with services from April 2024.</p> <p>2.1.5 PHS Lead working with NHS, RMBC, Schools, Colleges, and VCS.</p> <p>2.1.6 PHS working with SY colleagues in the ICB Suicide Bereavement Task Group and ICB Comms and Engagement.</p>		<p>promoted, practitioners understand their role in supporting children, young people and families bereaved by suicide. Referrals to appropriate services.</p> <p>Children and young people supported through Amparo.</p> <p>Peer support available for young people living in South Yorkshire.</p>	
2.2 To ensure that timely, coordinated, and appropriate support is provided to adults bereaved and affected by suicide.	<p>2.2.1 To continue to work with PH Leads and Commissioning Leads (SY ICB Rotherham) to contract manage the suicide listening service, Amparo, for adults (CYP from April 2024) living in SY and/or registered with a GP in SY.</p> <p>2.2.2 To promote Amparo across Place organisations with a particular focus on primary care, VCS, funeral directors, libraries, and Registrars.</p> <p>2.2.3 To promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham.</p> <p>2.2.4 To deliver an annual Memorial Event for families and friends bereaved by suicide.</p>	<p>2.2.1 PHS Lead & SY ICB Rotherham MH Commissioning Lead, working with SYP and PH Leads across SY.</p> <p>Amparo Partnership Lead, working with suicide prevention colleagues from across SY ICB.</p> <p>2.2.2 & 2.2.3 Suicide Prevention Group.</p>	<p>2.2.1 2.2.1 Bimonthly contract and performance meetings held between SY ICB Rotherham, PH Leads and Amparo.</p> <p>2.2.1 Monthly reviews reported to Strategic Suicide Prevention and the Mental Health, Learning Disability and Neurodiversity Transformation Group.</p>	<p>Adults bereaved or affected by suicide receiving appropriate support:</p> <p>Current provision reviewed on a regular basis and changes made where necessary.</p> <p>Adults accessing Amparo support.</p> <p>Positive feedback from people receiving support.</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		2.2.4 ICB SY Suicide Bereavement task Group working with local Survivors of Bereavement by Suicide Group (SOBS).	2.2.2 Information circulated to Place Partners with a focus on key stakeholder groups April 2025 onwards. 2.2.3. Promotion of group through channels of communication across Place. 2.2.4 December 2025.	SY SOBS peer groups promoted. Reports of uptake to Strategic Suicide Prevention and the Mental Health, Learning Disability and Neurodiversity Transformation Group on Amparo referrals.	
2.3 Frontline staff in contact with families able to offer support and signposting.	Equip frontline staff to be able to offer appropriate support to families they have contact with: 2.2.1 Use briefing sessions/newsletters/ internal training, Protected Learning Time Events/ Safeguarding Awareness workshops to promote Amparo and the importance of supporting people after suicide. 2.2.2 To collaborate with the Provider to ensure that regular Zoom workshops raising awareness of the service, are available on a regular basis for frontline staff are available. 2.2.3 To promote Amparo and SOBS peer support groups on Place websites, Be the One, RotherHive.	Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisations. Working with Communication Leads from: SY ICB Rotherham, TFRT, RMBC, RDaSH, SYP Collaborating with Amparo and SOBS.	2.2.1 Evidence and reports to SP & SH Group. 2.2.1 Services promoted throughout the year at various workshops and training events. 2.2.2 Work with Provider at bimonthly contract and performance meetings commencing April 2024.	Adults bereaved or affected by suicide receiving appropriate support: Quarterly reports showing an increase in number of people accessing Amparo. Staff distributing the Help is at Hand guide. Staff aware of the Amparo service and SOBS peer support	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	2.2.4 Promote the Help is at Hand guide to all services so that workers can distribute this to families: https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/		2.2.3 Comms and Engagement Leads to provide reassurance that services are promoted on	group and know how and when to refer people into this service.	
2.4 For partners of the H&WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.	2.4.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide. 2.4.2 Promotion of Amparo Service to staff through staff briefings and Zoom sessions.	2.4.1 Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, ICB SY Rotherham, RDaSH, TRFT). 2.4.2 OD/HR within Health and Wellbeing Partner organisations.	Evidence of policies/procedures in place by end of December 2025.	A reduction in suicides amongst high-risk groups: Sharing of good practice across partner organisations. Evidence of written policies/procedures. Evidence of Rotherham managers and staff attending Amparo briefing sessions.	

Aim 3. Reducing suicides amongst high-risk groups by reaching people where they live and work.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.1 To provide support for those who have attempted suicide.	<p>Pilot the service, Vista Rotherham Project to support people who have attempted suicide and have been assessed and referred by Crisis and Hospital Liaison Service.</p> <p>Regular performance and monitoring meetings between RMBC Public Health, the Provider and RDASH to review pathways, referrals, data collection, signposting.</p>	RMBC Commissioning, Connect Healthcare, PHS, RDASH and people with lived experience.	Pilot to commence April 2025 to end of June 2026.	<p>A reduction in suicides amongst high-risk groups:</p> <p>Building emotional resilience and increasing people's coping skills.</p> <p>Reduction in people presenting again at Crisis and Hospital Liaison Service.</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.2 To ensure there are robust processes in place to prevent suicide contagion and support all those affected.	<p>3.2.1 Suicide Community Response Plan to be approved by Children and Adults Safeguarding Boards.</p> <p>3.2.2. To run a table top exercise with Partners on the Suicide Community Response Plan.</p> <p>3.2.3. Incorporate learning by exercise and promote plan.</p>	<p>3.2.2. PHS Lead working with Adult and Children's Safeguarding Leads.</p> <p>PHS to work with OHID Lead to plan exercise. Exercise will be attended by members of the Adult and Children Safeguarding Boards and Child Death Overview Panel.</p> <p>4.2.3 PHS and Safeguarding Leads to look at additional learning and amend plan.</p>	<p>by Summer 2024.</p> <p>Exercise run by August/September 2024.</p> <p>Plan adapted to incorporate learning, September 2024.</p>	<p>Risk of suicide contagion reduced.</p> <p>People bereaved and affected by suicide supported.</p>	
To develop bespoke actions to reduce suicides for inclusion groups.	<p>Delivery of bespoke activities to target inclusion groups. Actions for 2025/26 include:</p> <ul style="list-style-type: none"> ◦ ECHO training for care homes, domiciliary care, Adult Care staff and others working with older adults. ◦ Domestic Abuse and Suicide Prevention Training. ◦ SayIt to deliver training for staff and volunteers on LGBTQI+ communities and suicide prevention. 	<p>Partner organisations (SayIt, ECHO) Community Safety Officer, PH Lead, SY PH Leads, L& D colleagues, Mental Health Clinical Lead RDASH, SY PH Leads, members of the ICB Neurodiversity and Suicide Prevention Group.</p>	<p>ECHO training by end of 2025.</p> <p>LGBTQI+ training 2025/26</p> <p>Domestic Abuse and Suicide Prevention training- 2 courses during 2025.</p> <p>Training for Faith Leaders, first session by March 2025.</p>		

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<ul style="list-style-type: none"> Training for faith leaders. Work with RANSS, Speak Up, RDASH and RMBC to ensure Be the One is accessible to neurodivergent communities. Sharing good practice with SY colleagues on resources for Autistic Adults. Promotion of ZSA Suicide and Autism training. 		<p>Refreshed Be the One website end of December 2025.</p> <p>Promotion of ZSA Autism training through Be the One website Dec 2025.</p>		

Aim 4. Using data to inform delivery of suicide prevention in Rotherham.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
4.1 To use the real time data to inform practice at a Place level	<p>4.1.1 Suicide Operational Group to continue to review all deaths by suspected suicide and deliver actions which will: address risk factors & groups, prevent contagion, support those affected.</p> <p>4.1.2 To present the real time data at bespoke training sessions for staff, using</p>	4.1.1 PHS and Head of Service – Safeguarding and Mental Health, Adult Social Care, will chair Operational Group, memberships will include colleagues from CYPS, Adult Care, Adult Safeguarding, Drug and Alcohol Services, Housing,	<p>4.1.1 Meetings take place every 6 weeks. Reports given to Strategic Suicide Prevention Group.</p> <p>4.1.2 Bespoke sessions delivered through 2024/25. Procurement of external courses from April 2024.</p> <p>4.1.3 Top Tips for Suicide Prevention</p>	<p>Timely action taken to prevent suicide contagion and ensure that people affected are supported. Preventative actions can be taken.</p> <p>Partners aware of findings of Real Time Surveillance Data, using this knowledge to inform practice both at provider and commissioning levels.</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<p>case studies to generate discussions on actions.</p> <p>4.1.3 To use real time data to update Top Tips for suicide prevention in primary care and other frontline settings.</p> <p>4.1.4 To use real time data to inform local action plans, commissioning intentions and pathways on issues like: domestic abuse, drug and alcohol services and preventative work, debt, and money management.</p>	<p>SYP, VCS, TRFT and RDASH.</p> <p>4.1.2 PHS and Head of Service – Safeguarding and Mental Health Adult Social Care, to coordinate sessions with colleagues from Learning and Development and Operational Group Leads.</p> <p>4.1.3 PHS, Head of Service – Safeguarding and Mental Health Adult Social Care, RDASH Leads.</p> <p>4.1.4 Members of the Strategic Suicide Prevention Group and Mental Health, Learning Disability and Neurodiversity Transformation Group.</p>	<p>updated September 2024.</p> <p>4.1.4 Themes discussed at Strategic Suicide Prevention Group and actions agreed. Findings shared with groups like Adult Safeguarding, Domestic Abuse Priority Group</p>	<p>Commissioned services and pathways evidence links to suicide prevention actions.</p>	
4.2 To use data from SYP and BTP 136 reports to target frequently used locations.	<p>4.2.1 To work with local teams, (Highways and SYP Designing Out Crime Officers), and national organisations (BTP and National</p>	<p>4.2.1 Service Manager, Local Schemes and Road Safety (Regeneration and Environment) SYP</p>	<p>Monthly reports from SYP & BTP re 136 incidents. Reviewed at Operational Group.</p>	<p>Actions taken to reduction in the number of suicides in public places.</p>	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	Highways) to prevent suicides in public places. 4.2.2 To use the data to promote training in these areas so that communities are suicide aware.	Designing Out Crime Officers and PH Lead. 4.2.2 PH Lead working with Neighbourhood colleagues.			

Glossary

EPS- Educational Psychology Service
 ICB SY Integrated Care Board, South Yorkshire
 MECC Making Every Contact Count
 ONS- Office of National Statistics
 PH- Public Health
 PHS- Public Health Specialist
 SOBS- Survivors Bereaved by Suicide
 SP Suicide Prevention Group

Grey	Not due to start
Red	Not on target
Amber	Almost achieving target

Green	Achieving Target On track
Blue	Complete

Health and Wellbeing Board Annual Report – 2024/25

25th June 2025

The Context

- Life expectancy at birth for both men and women in Rotherham continues to be significantly lower than the England average (77.8yrs vs 79.1yrs for men and 80.9yrs vs 83.1yrs for women).
- The difference in healthy life expectancy at birth is particularly stark with a 7.4-year gap for Rotherham women compared with the national average (2021-2023) (55.6yrs vs 61.9yrs) and a 4.4-year gap for men (56yrs vs 61.5yrs).
- Rotherham ranks as being in the top 20% of most deprived areas in England with 11,904 children living in “absolute poverty” in 2022/23, according to Department for Work and Pensions figures.
- The population aged 65 and over is projected to increase to 60,939 people by 2029, with over 10% of the population aged 75 or over (Office for National Statistics).

Timeline of Achievements

In 2020-21 the previous Strategy achieved:

All children get the best start in life and go on to achieve their potential.

All Rotherham people enjoy the best possible mental health and wellbeing.

All Rotherham people live well for longer.

All Rotherham people live in healthy, safe, and resilient communities.

Launched the Moving Rotherham campaign.

Delivered the Suicide Prevention and Self-harm Reduction Action Plan.

Implemented the Mental Health Trailblazer in schools 'With Me in Mind.'

An estimated 400,000 people engaged in the Rotherham Together programme, which was developed to respond and support recovery from COVID-19.

Established an unpaid carers group to ensure carers have the support they need throughout the pandemic.

Tackled loneliness and social isolation during COVID-19.

Engaging with the Local Maternity System on the maternity transformation plan.

Pooled knowledge, expertise, and resources across the partnership.

Worked with the other Boards across the Rotherham Together Partnership to deliver the safeguarding protocol.

Timeline of Achievements

In 2021-22 the previous Strategy achieved:

All children get the best start in life and go on to achieve their potential.

All Rotherham people enjoy the best possible mental health and wellbeing.

All Rotherham people live well for longer.

All Rotherham people live in healthy, safe, and resilient communities.

Catering Services have achieved a Food for Life award.

The Unpaid Carers Group formed to support the emergency response work, and this ensured the carer partnership was as strong as it could be in the most extreme of circumstances.

Delivered the loneliness plan, Making Every Contact Count (MECC) training

Developed a Team Around the School (TAS) model of working, working with schools and creating new resources based on their needs.

Programmes were delivered to support local people to lead healthy lifestyles.

Programmes were delivered to welcome women and girls into football, focussing on under-represented groups, in preparation for the Women's Euros.

Libraries launched programmes, including film screenings and death cafes, to become death positive spaces.

Timeline of Achievements

In 2022/23 & 2023/24 the previous Strategy achieved:

All children get the best start in life and go on to achieve their potential.	All Rotherham people enjoy the best possible mental health and wellbeing.	All Rotherham people live well for longer.	All Rotherham people live in healthy, safe, and resilient communities.
Independent travel training (ITT) offer has been created to support children with special educational needs or disabilities.		Rotherham has outperformed the national average in terms of successful completion of alcohol and non-opiate drug treatment.	New mobile CCTV unit launched to reduce crime and anti-social behaviour.
Forest View - a new post-14 specialist campus opened in September 2023, providing 50 school places.	Mental Health Awareness and Suicide Prevention training courses were promoted across the partnership for practitioners.		Rotherham was a host city in delivering a record-breaking UEFA Women's Euros 2022.
Rotherham's leaders pledged to work towards becoming a Breastfeeding Friendly borough.		A new diagnostic centre opened at Badsley Moor Lane, providing an out-patient respiratory and sleep physiology service.	
launched the new universal youth offer website 'Places to Go and Things to Do'.	Developed the 'Walk With Us' toolkit for supporting children, young people and families affected or bereaved by suicide.		Activities were delivered in libraries, including development of the Warm Welcome programme to support Rotherham people through the cost-of-living crisis.
A 'Best Start and Beyond' framework has been developed to derive optimum value from work that is already ongoing within the system.		For Carers Week, the Council organised an event, in partnership with Crossroads Care Rotherham, to offer information, support and advice to Rotherham's unpaid carers.	The annual Rotherham Show took place on 2 nd - 3 rd September, with approximately 88,000 spectators.

Timeline of Achievements

In 2024-25 the previous Strategy achieved:

All children get the best start in life and go on to achieve their potential.	All Rotherham people enjoy the best possible mental health and wellbeing.	All Rotherham people live well for longer.	All Rotherham people live in healthy, safe, and resilient communities.
New Youth Parliament members for Rotherham.		Rother Valley and Thrybergh Country Park are the latest two locations to install a Changing Place facility to support the needs of disabled visitors.	Rotherham’s Reclaim the Night returned for its tenth year on 21st November 2024.
	The Mental Health Community Connectors service was established in April 2024		
‘Giving Your Child the Best Start in Life’ guide is now available for all families across Rotherham with children up to 2- years old.		Rotherham patients with COPD marked World COPD Day by taking part in an event designed to help them learn how to manage the condition.	Rotherham’s Reclaim the Night returned for its tenth year on 21st November 2024.
	RotherHive was launched in 2020 originally as a mental health resource.		Developed a programme of learning events to support Safeguarding Awareness Week.
Council opens registration for its universal baby packs.		Sustainable Food Bronze Award Rotherham Food Network has won a prestigious award for tackling the food challenges that are faced by communities.	The biannual Rotherham Together Partnership event was held in September 2024 at The Arc Cinema in Forge Island.

Delivering the Strategy

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

- Rotherham Council opens registration for its universal baby packs.
- 'Giving Your Child the Best Start in Life' guide is now available for all families across Rotherham with children up to 2-years old.
- The Rotherham Youth Cabinet provides an opportunity for young people to come together, to participate in formal governance structures.
- New Youth Parliament members for Rotherham. The UK Youth Parliament (UKYP) enables young people aged 11-18 to use their energy and passion to change the world for the better.

Delivering the Strategy

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

- The Mental Health Community Connectors service was established in April 2024 as a response to NHS England guidance to improve the physical health care of adults living with severe mental illness.
- The National Academy for Social Prescribing published a new report highlighting the measurable benefits of social prescribing.
- A domestic homicide review was conducted in December 2024 by Rotherham and Doncaster Humber Trust (RDaSH) Crisis Team Manager and Clinical Lead, who considered how they could enhance understanding and learning around domestic abuse and suicide in the workplace.

Delivering the Strategy

Aim 3: All Rotherham people live well for longer

- Rother Valley and Thrybergh Country Park are the latest two locations to install a Changing Place facility to support the needs of disabled visitors.
- The Council worked in collaboration with partners to spotlight the unwavering commitment and tireless efforts of unpaid carers.
- Rotherham patients with COPD marked World COPD Day by taking part in an event designed to help them learn how to manage the condition.
- The Adult Social Care Co-Production Board has been established where residents can codesign adult social care services to ensure their experiences shape the future delivery of services.

Delivering the Strategy

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

- Taking place on the weekend of 7th-8th September 2024, the annual Rotherham Show how saw over 45,000 people enjoy an eclectic mix of live music, dance, comedy, outdoor theatre and creative workshops.
- Rotherham's Reclaim the Night returned for its tenth year on 21st November 2024.
- The Council's community tension monitoring process enables the Council to track and monitor local issues, alongside any national or international events, which may threaten cohesion.
- The Council and local partner organisations came together and developed a programme of learning events to support Safeguarding Awareness Week, which took place from 18th-22nd November 2024.

Looking Ahead

The Health and Wellbeing Board over the next year will:

- Launch our refreshed Health and Wellbeing Strategy for 2025-2030.
- Develop an action plan setting out the core activities that the Board will oversee in 2025/26.
- Continue to work with Board sponsors to monitor delivery of our strategy.
- Further develop relationships with the new South Yorkshire Integrated Care.
- System and ensure each of our aims is aligned with the South Yorkshire Integrated Care Strategy.
- Continue to focus on reducing health inequalities between our most and least deprived communities.
- Influence other bodies and stakeholders, including those that address the wider determinants of health to embed health equity in all policies.
- Produce an annual report each year with case studies, giving people the chance to hear about what has been achieved and the impact it has had.

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Health and Wellbeing Board Annual Report, 2024/2025

A healthier Rotherham by 2025



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Foreword

Rotherham's Health and Wellbeing Board is a multi-agency Board of equal partners, who are working together to improve the health and wellbeing of local people. The role of the Health and Wellbeing Board is to support and encourage effective partnership working, share good practice, understand and build on local assets, as well as taking action where needed to remove barriers, identify gaps, and hold organisations to account for delivery.

I am delighted, as the Chair of the Health and Wellbeing Board, to present our seventh annual report. Health and wellbeing are important to everybody in Rotherham, enabling people to lead fulfilling lives and to be actively engaged in their community. The way individuals achieve good health will differ according to their experiences, life chances, abilities, and resources.

The Health and Wellbeing Strategy contains some ambitious aims, but by working creatively and in partnership, we feel that they are achievable and that we can make long-lasting changes that will improve the health and wellbeing of all Rotherham people.

I am proud to see that the Board is a strong and effective partnership. In the five years since we produced the strategy, partners have faced huge challenges, from the Covid-19 pandemic to the surge in living costs have continued to cause real hardship across our communities. However, the connections and relationships that have been fostered through the Board enabled us to respond quickly and decisively to these challenges, mitigating the impact for local communities.

Over the past year, Board members have not only been working to improve the health and wellbeing of the town's population, but also been taking stock, assessing the progress we've made and identifying where our efforts and resources need to focus on the coming years. A development session was held in January 2025 on proposals for a refreshed Health and Wellbeing Strategy. The strategy will be endorsed by the Board and published in June 2025, setting out our updated priorities and what we intend to deliver together.

But we should also take the time to celebrate what we have already achieved. Kooth, the online mental health and wellbeing service, has been available to all children and young people aged 11-25 in Rotherham since November 2021, as part of a range of work to support children and young people's mental health and wellbeing.

A variety of programmes were delivered to welcome women and girls into football, focussing on under-represented groups, in preparation for the Women's Euros being hosted in Rotherham in summer 2022.

Libraries have launched programmes, including film screenings and death cafes, to become death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy.

The Council hosted an event at Rotherham United's New York Stadium in February 2023, which brought together partners from across South Yorkshire to discuss inequalities across a range of health outcomes.

As the cost-of-living crisis hit, the Council collaborated with local partners to develop the Warm Welcome spaces initiative, providing residents with a warm, safe place where they could receive advice and guidance and stay connected with friends and family during the winter months.

Rotherham's leaders pledged their support to make Rotherham a Breastfeeding Friendly Borough at a launch event in August 2023, to support mums to make the right choice for themselves and their babies.

£3.4m in government funding enabled the delivery of Family Hubs and the Best Start in Life programme locally. Families can now access information, advice, and support across a range of areas, including pregnancy and birth, preparation for parenthood, health and wellbeing, education and childcare, family support and parenting, and employment and training - all in one place.

In the last year, several events celebrating and championing equality, diversity, and inclusion or marking significant days, were promoted by the Council and local partners. This included Holocaust Memorial Day, International Women's Day, Carers' Rights Day, Inter-Faith Week, The Rotherham Show, Armed Forces Day, and Mental Health Awareness Week. Rotherham town centre's much-loved Christmas lights switch-on, which regularly sees attendances of 6,000 people, returned with a free programme of street entertainment, live music, outdoor market, and artworks to inspire the whole family.

I invite everyone to join us in celebrating our successes to date, as we continue to work together to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach.

Councillor Joanna Baker-Rogers

Chair of the Health and Wellbeing Board



Rotherham's Health and Wellbeing Board brings together local leaders and decision makers to deliver our Health and Wellbeing Strategy, aiming to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services.

The Board supports and encourages effective partnership working, shares good practice, and takes action where needed to remove blockages, identify gaps, and hold organisations to account for delivery.

Organisations represented on the Board include:

- Rotherham Metropolitan Borough Council
- NHS South Yorkshire Integrated Care Board (Rotherham Place)
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police

The Board has several specific responsibilities, including producing Rotherham's Joint Strategic Needs Assessment, overseeing the delivery of the Rotherham Health and Wellbeing Strategy, and producing a Pharmaceutical Needs Assessment. Further detail around the role of the Board, including how it has met the statutory duties in 2024/25, are outlined below.

Joint Strategic Needs Assessment (JSNA)

The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from various sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery. The JSNA is refreshed annually, and last year's update was presented to the Board in June 2024. The JSNA includes a section on small geographies, where relevant information can be accessed at ward level, or even more local level.

Rotherham context

Rotherham is one of four metropolitan boroughs in South Yorkshire. The borough is divided into 25 wards covering a wide diversity of urban, suburban, and rural areas. Rotherham developed as a major industrial centre of coal mining and steel making, which has shaped the borough's character. Following the decline of traditional industries, regeneration has brought new opportunities to the area, including advanced manufacturing.

Rotherham's population has grown from 257,600 in 2011 to 265,800 in 2021 (Census 2021). Population growth has resulted from natural increase (more births than deaths), net inward migration and longer life expectancy.

General demographic and socio-economic trends have included a growing and increasingly diverse population. The population is ageing, with a high likelihood of an increase in longer-term health conditions and age-related disabilities. Inequalities persist for workless, disabled, and low paid people, who have been adversely affected by welfare reform since 2012. Health inequalities are also significant in Rotherham: in 2021-2023, the average healthy life expectancy at birth was 56 years for males, compared with a national average of 61.5 years and 55.6 years for females, compared with a national average of 61.9 (OHID Public Health Profiles). Census 2021 data indicates the borough is becoming increasingly diverse and provides an up-to-date picture of the Rotherham population. This

data has been included in the report where relevant and shows how Rotherham has changed between the 2011 and 2021 censuses.

Ethnicity

The ethnic profile of the borough continues to change. Based on the 2021 census, the proportion of residents from ethnic minority communities increased from 8.1% in 2011 to 11.7% in 2021. Ethnic diversity is most evident amongst young people, as 20% of school age children were from an ethnic minority background (DfE 2021/22). The Pakistani community is the second largest ethnic group in Rotherham after white British. Rotherham's ethnic minority population is very concentrated in the inner areas of the town whilst the outer areas were 94% white British in 2021. 42% of ethnic minority residents live in areas that are amongst the 10% most deprived in the country and for some groups the figure is higher. This compares with the borough average of 19.5%.

Age

Rotherham has 52,228 people aged 65 years or over. This equates to 19.6% of the population, above the national average of 18.4% (2021 Census). The population aged 65 and over is projected to increase to 60,939 people by 2029, with over 10% of the population aged 75 or over (Office for National Statistics (ONS)). Rotherham has a polarised geography of deprivation and affluence. The most deprived communities are concentrated in the central area whilst the most affluent areas are to the south, although the overall pattern is complex (source: Department for Levelling Up, Housing and Communities, Index of Multiple Deprivation 2019).

Deprivation

Rotherham is in the top 20% most deprived areas in England and 11,904 children were living in "absolute poverty" in 2022/23, according to Department for Work and Pensions figures.

Sexual orientation

2.1% of residents in Rotherham identify as lesbian, gay, or bisexual (LGB) according to 2021 Census data.

Gender identity

The 2021 Census also reveals 0.6% of Rotherham residents aged over 16 identify as transgender, non-binary or have a gender identity different from their sex registered at birth, compared to 0.5% nationally.

Health inequality

Rotherham had 56,177 people, or 21.1% of the population, with a limiting long term health problem or disability in 2021, compared to 17.5% nationally. 9.8% of Rotherham residents have said that this limits their activity a lot, compared with the average of 7.5% nationally. Although there have been health improvements, health inequalities remain.

People in the most deprived parts of Rotherham experience poorer health and a higher mortality rate than residents living in the least deprived areas. Life expectancy at birth in the borough is 77.8 years for males, compared to 79.1 years nationally, and 80.9 years for females, compared to 83.1 years nationally (2021-2023). The gap between the most deprived 10% and least deprived 10% of Rotherham residents is 9.9 years for males and 9.5 years for females.

Health and Wellbeing Strategy

The Health and Wellbeing Strategy provides a high-level framework which directs the Health and Wellbeing Board's activity; it supports the Board's leadership role for health and wellbeing by making the most of collective resources within Rotherham. The strategy is developed based on the needs identified in the JSNA.

The four aims of the Health and Wellbeing Strategy are:

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

For each of the four aims, two Board members provide strategic oversight as 'sponsors'.

The core role of the Board sponsors is:

- To have strategic oversight and ownership of their respective aim, this includes
- Monitoring progress against aims and removing blockages.
- Providing strategic steer and identifying opportunities to develop their aim, including
- Action to reduce health inequalities and actions that support integration of delivery.
- To be champions for their aim within the Board and Board activities
- To be champions for health and wellbeing priorities in their organisations

Governance

The Health and Wellbeing Board is a statutory sub-committee of the Council and is an integral part of Rotherham's wider strategic partnership structures that sit under the Rotherham Together Partnership. Following the changes to Integrated Care Systems in July 2022, Rotherham became one of the four constitutive Places in the South Yorkshire Integrated Care System, with some Health and Wellbeing Board members providing representation at the South Yorkshire Integrated Care Partnership. The Rotherham Place Board continues to report into the Health and Wellbeing Board and takes strategic direction from the Health and Wellbeing Strategy.

South Yorkshire Integrated Care Board (NHS South Yorkshire)

South Yorkshire Integrated Care Board (NHS South Yorks Rotherham) is one of the four Places constituting the South Yorkshire Integrated Care Board (ICB). The ICB is directly accountable for NHS spend, delivery and outcomes within South Yorkshire. It is responsible for the commissioning of healthcare services for the population of South Yorkshire and ensuring the quality and performance of those services.

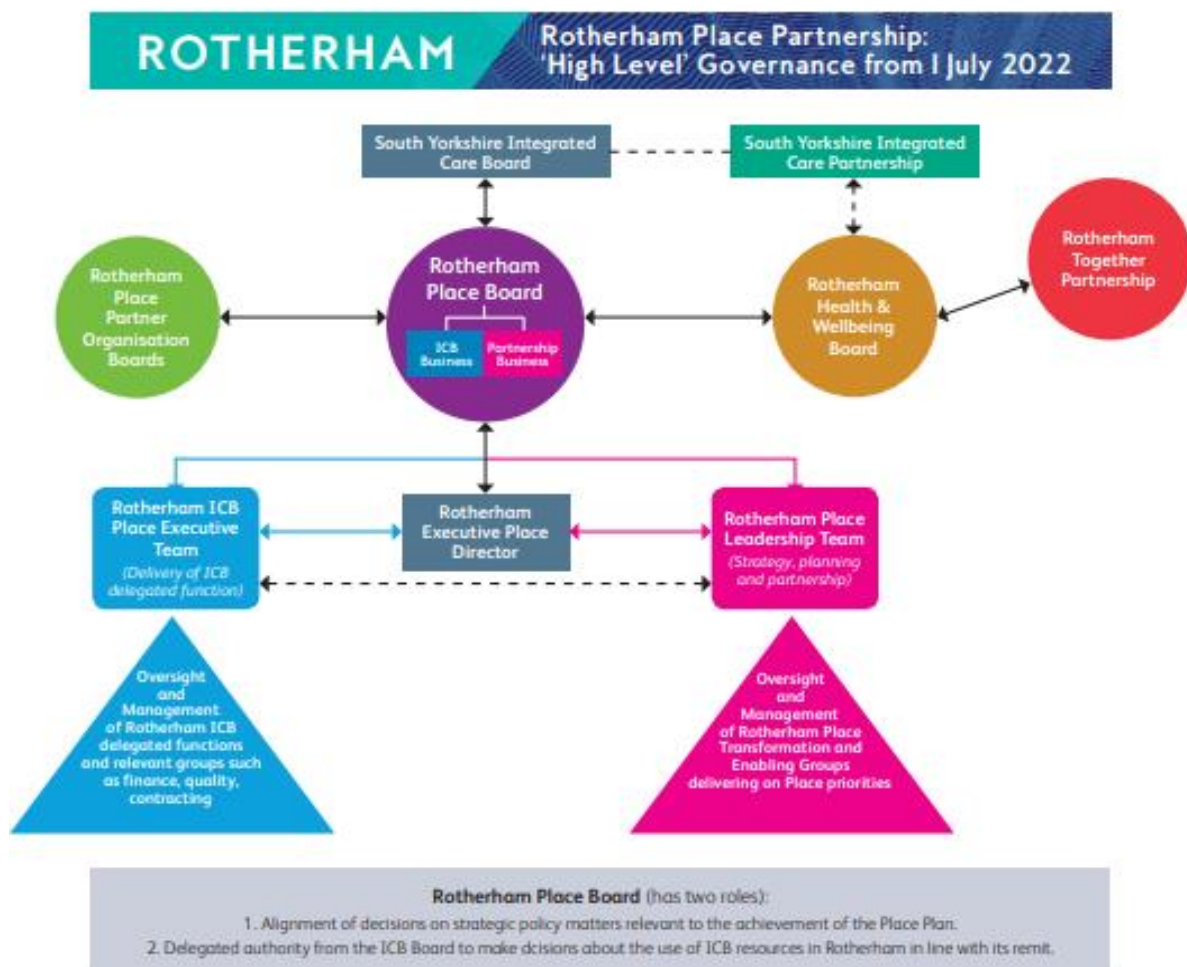
South Yorkshire Integrated Care Partnership (ICP)

South Yorkshire Integrated Care Partnership (I The South Yorkshire Integrated Care Partnership is a joint committee of the four local councils, (Rotherham, Doncaster, Barnsley, and Sheffield), and the South Yorkshire ICB. The ICP facilitates joint action to improve health and care outcomes and experiences across its population, and influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies. Between autumn 2022 and March 2023, the partnership oversaw development of the South Yorkshire Integrated Care Strategy, which directs sub-regional work and is complemented by the four local Health and Wellbeing Strategies. Rotherham's Health and Wellbeing Board nominated five representatives to sit on the ICP.

Rotherham Place Board

The Rotherham Place Board is responsible for partnership business, providing the strategic and collective leadership to deliver the ambitions of the Rotherham Place. The Place Board is the forum where all partners across health and care in Rotherham come together to formulate and agree strategies for implementing the Rotherham Place Plan. It ensures alignment of relevant health and social care budgets so health, care, and support services can be bought once for a place in a joined-up way. The Chair of the Health and Wellbeing Board, along with several other Board Members, sits on the Rotherham Place Board.

Diagram of Rotherham Place Partnership: 'High level' Governance from 1st July 2022



Safeguarding

Safeguarding is a priority area of collaboration for local partners, and the Health and Wellbeing Board is a signatory to the partnership safeguarding protocol. The protocol describes the roles, functions, and interrelationship between partnership Boards in relation to safeguarding and promoting the welfare of children, young people, adults, and their families. It aims to ensure that the complementary roles of the various Boards are understood so that identified needs and issues translate to effective planning and action.

Delivering on the protocol includes each Board delivering and receiving updates from one another, to ensure connectivity and appropriate oversight of issues relating to safeguarding. Chairs of the

relevant Boards continue to meet to discuss shared challenges and crosscutting issues, ensuring an integrated and coordinated approach to addressing issues relating to safeguarding.

Rotherham Together Partnership

The Rotherham Together Partnership brings together statutory Boards such as the Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver the priorities of the Rotherham Plan 2025. The Rotherham Plan was refreshed over 2022 and relaunched in January 2023.

Health and wellbeing continue to be one of the key themes in the plan, with a particular focus on embedding prevention and acting on inequalities, improving mental health, and making sure services are integrated and accessible.

The Health and Wellbeing Board contributes to achieving the vision of the Rotherham Plan, particularly in relation to improving health and wellbeing outcomes for local people in their neighbourhoods.

Progress Over the Past Five Years

With the 2020-25 Health and Wellbeing Strategy at an end, this annual report highlights the progress made over the past five years.

In implementing this strategy, we have seen the introduction of Family Hubs in Rotherham which provide a range of support and advice services to help families live well and children have the best start in life. Rotherham has pledged to become a Breastfeeding Friendly Borough, which is currently being implemented.

The strategy transformed key care pathways and established new health services to support patients, such as developing state-of-the-art orthopaedic surgery pathways to reduce patient waiting and recovery times and the introduction of lung health checks to detect lung cancer early.

The positive impacts of our suicide prevention and loneliness work have been nationally recognised, and the Board recently approved the Prevention Concordat for Mental Health. The Board has also implemented targeted mental health support for children and young people.

Rotherham continues to be a national leader in the design and delivery of social prescribing and voluntary sector initiatives to support good health in communities and patient groups. The [Rotherhive](#) website was launched to facilitate access to a range of services and groups for residents and the workers who support them.

The Health and Wellbeing Board has built a coherent strategic approach to tackle the socioeconomic determinants of health. This includes Rotherham's Sustainable Food Places Bronze award-winning food network, and promotion of physical activity through Healthwave and the voluntary sector. Several initiatives have also been developed to support staff and carers in the borough, such as workplace health checks and mental health support offers.

The following section summarises key achievements on an annual basis across the strategy's four aims.

The timeline of key achievements and activities showcases the Board's progress in delivering the Health and Wellbeing Strategy from April 2020 to March 2025.

All children get the best start in life and go on to achieve their potential.	All Rotherham people enjoy the best possible mental health and wellbeing.	All Rotherham people live well for longer.	All Rotherham people live in healthy, safe, and resilient communities.
<p>Launching the Moving Rotherham campaign to encourage local people to be more physically active. This has included activity such as the 'Moving in Nature' project, which is focussed on engaging local people with green spaces in their area.</p>	<p>Tackling loneliness and social isolation during COVID-19, including reaching out to at-risk groups, raising awareness via social media, and redeveloping the MECC training.</p>	<p>Pooling knowledge, expertise, and resources across the partnership with regards to the mental health and wellbeing of our workforce.</p>	
	2020-2021		
<p>Delivery of the Suicide Prevention and Self-harm Reduction Action Plan, including promoting information around debt advice and signposting to Rotherhive website, sharing information for people at risk of relationship breakdown, helping carers and following up missed appointments.</p>	<p>Establishing an unpaid carers group to ensure carers have the support they need throughout the pandemic. This group has also been closely involved in the co-production of the Carers Strategy.</p>	<p>An estimated 400,000 people engaged in the Rotherham Together programme, which was developed to respond and support recovery from COVID-19. The programme focussed on three key themes: Joy, Gratitude and Hope and provided innovative and Covid-secure ways to foster connectedness.</p>	
<p>Engaging with the Local Maternity System on the maternity transformation plan.</p>	<p>The implementation of the Mental Health Trailblazer in schools 'With Me in Mind.' Since children returned to school in September pilot schools are reporting a significant positive impact from having Mental Health Support Teams in their settings.</p>	<p>Working with the other Boards across the Rotherham Together Partnership to deliver the safeguarding protocol, including coming together to discuss mental health as a cross-cutting issue.</p>	

All children get the best start in life and go on to achieve their potential.	All Rotherham people enjoy the best possible mental health and wellbeing.	All Rotherham people live well for longer.	All Rotherham people live in healthy, safe, and resilient communities.
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A variety of programmes were delivered to welcome women and girls into football, focussing on under-represented groups, in preparation for the Women's Euros being hosted in Rotherham in summer 2022. *

Following engagement with Public Health colleagues, the Council's Catering Services have achieved a Food for Life award. Further opportunities to improve food available in schools are being explored. *

Libraries have launched programmes, including film screenings and death cafes, to become death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy. *

2021-2022*

Carer organisations came together in May 2020 to ensure a joined-up response to the Covid-19 Pandemic. The Unpaid Carers Group formed to support the emergency response work, and this ensured the carer partnership was as strong as it could be in the most extreme of circumstances. These organisations remained connected and through 2021 shaped and created our Strategic Framework for 2022-2025. *

A variety of programmes were delivered to support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol, including the establishment of an outreach team to support frequent attenders to the TRFT Emergency Department with complex alcohol and mental Health needs. *

The Covid-19 pandemic disrupted the lives and education of children and young people and impacted on their mental health and wellbeing. The Council's Children and Young People Services delivered targeted support for children and young people in schools. They developed a Team Around the School (TAS) model of working, working with schools and creating new resources based on their needs, with a focus on mental health wellbeing, transition and including recovery from the impact of Covid-19 on pupils' wellbeing. *

To deliver the Loneliness plan, Making Every Contact Count (MECC) training was launch and delivered to over 150 people. *

All children get the best start in life and go on to achieve their potential.	All Rotherham people enjoy the best possible mental health and wellbeing.	All Rotherham people live well for longer.	All Rotherham people live in healthy, safe, and resilient communities.
<p>New mobile CCTV unit launched to reduce crime and anti-social behaviour. ***</p> <p>An independent travel training (ITT) offer has been created to support children with special educational needs or disabilities. ***</p>	<p>Forest View - a new post-14 specialist campus opened in September 2023, providing 50 school places ***</p> <p>A range of activities were delivered in libraries, including development of the Warm Welcome programme to support Rotherham people through the cost-of-living crisis. **</p>	<p>A new diagnostic centre opened at Badsley Moor Lane, providing an out-patient respiratory and sleep physiology service. ***</p> <p>The annual Rotherham Show took place on 2nd- 3rd September, with approximately 88,000 spectators ***</p>	
2022-2023 **	**	2023-2024 ***	
<p>Rotherham was a host city in delivering a record-breaking UEFA Women's Euros 2022 **</p> <p>Mental Health Awareness and Suicide Prevention training courses were promoted across the partnership for practitioners. In 2022-2023, 7 courses were held with 95 attendees. **</p> <p>As part of this inclusive universal offer, the Council has commissioned youth work provision across the borough, working in partnership with the voluntary sector and launched the new universal youth offer website 'Places to Go and Things to Do' in November 2022. **</p>	<p>South Yorkshire and Bassetlaw Local Authorities and NHS partners have worked together to develop the 'Walk With Us' toolkit for supporting children, young people and families affected or bereaved by suicide **</p> <p>During 6-12 June 2022 Carers Week, the Council organised an event, in partnership with Crossroads Care Rotherham, to offer information, support and advice to Rotherham's unpaid carers. **</p> <p>Rotherham's leaders pledged to work towards becoming a Breastfeeding Friendly borough. **</p>	<p>A 'Best Start and Beyond' framework has been developed to derive optimum value from work that is already ongoing within the system and to provide a focused way of working for the interoperation of the 0-19s service and the wider system, including other key health resources. **</p> <p>Since emerging from the pandemic, Rotherham has outperformed the national average in terms of successful completion of alcohol and non-opiate drug treatment, demonstrating our real commitment to helping more people overcome addiction locally Rotherham has shown a steady increase. **</p>	

All children get the best start in life and go on to achieve their potential.	All Rotherham people enjoy the best possible mental health and wellbeing.	All Rotherham people live well for longer.	All Rotherham people live in healthy, safe, and resilient communities.
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The Mental Health Community Connectors service was established in April 2024 as a response to NHS England guidance to improve the physical health care of adults living with severe mental illness. ****

New Youth Parliament members for Rotherham. ****

Rother Valley and Thrybergh Country Park are the latest two locations to install a Changing Place facility to support the needs of disabled visitors. ****

Council opens registration for its universal baby packs. ****

Rotherham's Reclaim the Night returned for its tenth year on 21st November 2024. ****

Rotherham patients with COPD marked World COPD Day by taking part in an event designed to help them learn how to manage the condition. ****

2024-2025****

'Giving Your Child the Best Start in Life' guide is now available for all families across Rotherham with children up to 2- years old. ****

RotherHive was launched in 2020 originally as a mental health resource, it has since significantly expanded and now provides a range of verified practical mental health and wellbeing information, support, and advice for adults in Rotherham. ****

Rotherham's Reclaim the Night returned for its tenth year on 21st November 2024. ****

The biannual Rotherham Together Partnership event was held in September 2024 at The Arc Cinema in Forge Island. It allowed representatives from local organisations to come together to commemorate the opening of Rotherham's first cinema in more than 30 years and showcase the partnerships success throughout the year. ****

Sustainable Food Bronze Award Rotherham Food Network has won a prestigious award for tackling the food challenges that are faced by communities. ****

The Council and local partner organisations came together and developed a programme of learning events to support Safeguarding Awareness Week, which took place from 18th-22nd November 2024. ****

Board delivery in 2024/25.

The following section highlights the Board's progress in delivering the Health and Wellbeing Strategy during 2024/25.

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

This aim is focused on two priorities:

- Develop our approach to give every child the best start in life.
- Support children and young people to develop well.

This section sets out key achievements including a case study on the work delivered under this aim.

Key achievements in 2024/2025 include:

Rotherham Council opens registration for its universal baby packs. The Council has invested £360,000 in the Rotherham baby packs, which forms part of the Council's commitment to ensuring that every child in Rotherham gets the best possible start in life. Each pack contains clothing, a toy, a book, and other useful items for the first six months, all packed in a sturdy storage box that can later be used as a memory box.

Starting from 6th January 2025, pregnant women in Rotherham whose baby were due on or after 7th April 2025 will be offered the opportunity to register to receive a baby pack. Midwives will discuss the scheme and register pregnant women for it at their 25-week appointment.

On average, there are 2,740 babies born each year who live in Rotherham, and all will be eligible to receive a pack. Continued support for children and families in Rotherham is provided through the Council's Family Hubs Network.

'Giving Your Child the Best Start in Life' guide is now available for all families across Rotherham with children up to 2- years old. The guide developed by the Council in partnership with the Family Hubs Parent and Carers Panel, facilitated by Voluntary Action Rotherham includes information on the following services: midwifery, health visiting, family help, parent and infant mental health, early years, volunteering, and childcare.

Delivering the Family Hubs and Best Start in Life programme is a continuation of this work which improve the support for local families. Families can access this support in-person at several one-stop shops across the borough and online through the Council website.

The Rotherham Youth Cabinet provides an opportunity for young people to come together, to participate in formal governance structures. The Youth Cabinet advocates on behalf of others and works in collaboration with organisations, services, strategic leaders, and frontline workers to improve outcomes for children, young people, and adults.

In 2024, the Youth Cabinet choose to focus their time and efforts on four priority areas:

- Anti violence
- Better personal, social, health and economic (PHSE) / religious studies (RS) education in school
- Health and wellbeing
- Climate action

In 2024, Rotherham Youth Cabinet took over the Office of the Children's Commissioner as part of the Takeover Challenge where they explored health and wellbeing. The special meeting provided an

opportunity to question Council officers on children and young people's health and wellbeing and the actions being taken to support them.

New Youth Parliament members for Rotherham. The UK Youth Parliament (UKYP) enables young people aged 11-18 to use their energy and passion to change the world for the better.

Members of Youth Parliament (MYPs) in Rotherham are elected bi-annually and serve a two-year term of office. Nine candidates were supported to create their own manifestos. Schools and youth groups were also involved in the election process. Candidates are elected via a borough wide vote to represent the voice of young people in Rotherham on a local, regional, and national level. Over 4,000 people voted, which culminated in the results being announced at an event at Rotherham Town Hall.



Case study - Rotherham area partnership is awarded highest rating by Ofsted.

Independent inspectors have praised Rotherham's services for children and young people with special educational needs and disabilities (SEND) for their 'genuine determination across the partnership that all children and young people with SEND are happy, successful and thrive' and awarded them the highest rating in their inspection report.'

Following the three-week inspection in early October 2024, Ofsted and CQC inspectors assessed children's services, looking at arrangements for education, health and social care services for children and young people with SEND across the borough.

There are three possible inspection outcomes in the SEND framework with Rotherham's children's services receiving the highest outcome of: 'the local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed'. This means the services won't need to be inspected again for five years'.

They found 'most children's and young people's needs are identified and assessed quickly and accurately' and they 'enjoy attending a range of mainstream schools and specialist provisions'. The report also highlighted that children and young people are valued and visible in their communities.

Praise from the inspectors comes from the collaborative way partners work together to provide support for children and young people with SEND. Partners include Rotherham Council, Rotherham's Integrated Care Board (ICB) and Rotherham Parent Carers Forum.

Rotherham Parent Carers Forum was particularly praised for their compassionate approach in advocating for children and young people, working in partnership with services through the Four Cornerstones, Welcome and Care, Value and Include, Communication and Partnership, to influence the culture of how services for children and young people with SEND are delivered and developed in Rotherham.

Case study - Second two-bedroom home – newest addition to the residential portfolio

The refurbishment of the second two-bedroom children's home in Thurcroft was completed by August 2024, following the Ofsted registration submitted in May 2024. The Council recognises that the best way to care for our children is within our own locality, as it ensures that the Council can effectively work with a multitude of health, education, and social care professionals, as well as the children's families. Work is taking place to transform our residential service and ensure that placements are available to meet the increasing demand on residential care homes. There continues to be a national shortage of foster placements, which enhances this demand and means that children sometimes need to be moved away from family, friends, and networks to different areas of the country. Consequently, this can impact the relationships, educational/extra-curricular achievements, health, and the emotional wellbeing of the children.

Rotherham already has a portfolio of established children's homes, including a short breaks home for children with disabilities, four residential homes, and a supported accommodation. The borough also has two emergency and a one bedded home, which provides short term support to children experiencing breakdown in their care.

The ambition in Rotherham is to allow children in care to have an upbringing that is filled with love and happiness, which contributes to long term success and maintenance of important relationships and networks that will support children throughout their lives. Whilst the Council would like all children to live in family homes, we recognise that this is not always achievable. Therefore, it is important that the Council focusses on a model that develops smaller homes, which aid in replicating a family environment.

Having smaller children's homes means that the Council can work to match each child well to their placement and core staff group, who are focused on the children's individual needs and requirements. Additionally, the smaller homes model allows for more focused attention and individualised planning for children with more complex needs.

The Council recognises that the key to success in the home is the staff team. Therefore, a scrutinous recruitment process was implemented to ensure that all staff are skilled, experienced, and equipped to

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

This aim focuses on four priorities:

- Promote better mental health and wellbeing for all Rotherham residents.
- Take action to prevent suicide and self-harm.
- Promote positive workplace wellbeing for staff across the partnership.
- Enhance access to mental health services.



RotherHive was launched in 2020 originally as a mental health resource, it has since significantly expanded and now provides a range of verified practical mental health and wellbeing information, support, and advice for adults in Rotherham.

Carers	Cost of Living	Debt	Depression, Anxiety, Stress	Dementia
Eating Disorders	Eating Well	Gambling	Homelessness	Mental Health
Perinatal	Self-harm/self-neglect	Sleep	Smoking	Suicide Prevention

The Rotherhive Facebook page has launched its 2024 Christmas advent calendar. In the lead up to Christmas this social media campaign will cover a wide range of topics, such as debt, mental wellbeing, alcohol, self-care, gambling, sleep and coping with Christmas.

The Mental Health Community Connectors service was established in April 2024 as a response to NHS England guidance to improve the physical health care of adults living with severe mental illness (SMI) through improved physical health checks and supported follow-up interventions. The new service was developed with VCS delivering multi-disciplinary approach for people living with SMI and based on social prescribing model.

A key aspect was increasing uptake of SMI physical health checks in primary care, checks include height and weight measurements, blood tests, medication review, alcohol consumption and smoking status, diet and exercise review, access to screening and vaccinations.

Patient voice workshops were held, some of the feedback highlighted:

- A lack of prior information and advice, leading to anxiety and lack of motivation to take up appointments.
- Experiences in difficulty making contact and using appointment systems.
- On-going mental and physical illness impacting attendance and follow up.
- The need for a slow, steady approach to physical health improvements with ongoing support.

The service adapts to individual need, it is not a linear pathway but reacts to people's needs. It aims to build trusting relationships, raise awareness of different aspects of health and wellbeing, upskill to embed healthy lifestyle behaviour into everyday life, raise feelings of wellbeing through fostering connections with others, provide a welcoming environment and peer support and enable individuals to attend and complete their physical health checks and follow up interventions.

There have been 218 referrals into the service from primary care and after three months 100% of service users have improved their ReQoL score. The Recovering Quality of Life (ReQoL) score is a measurement of quality of life for people with mental health conditions.

Going forward the service intends to:

- Co-produce physical health check resources.
- Map practice level approaches and challenges to physical health checks.
- Plan new collaborative approaches between PCNs and Rotherham voluntary sector.

The National Academy for Social Prescribing published a new report highlighting the measurable benefits of social prescribing. The Rotherham Social Prescribing Service is one of the services profiled in the report and mentioned in the press release:

In Kirklees and Rotherham, frequent users of healthcare services saw GP visits and A&E attendances reduce substantially following social prescribing interventions.

The report also suggested that social prescribing can have a positive economic impact. In Newcastle, secondary care costs were 9.4% lower compared to a matched control group where social prescribing was not available. In Rotherham, a pre and post analysis on frequent users reported a reduction in costs up to 39% for A&E attendances.



The full report can be found at this link, Rotherham features on page 16. [New report shows impact of social prescribing on health service use and costs - latest news from NASP | NASP](#)

Academics at Sheffield Hallam University have been evaluating the impact of Rotherham Social Prescribing service since 2013, focusing on the long-term condition component of the service. The NASP report details the services and impact.

Headline impact on frequent users of health services were identified as: 33%-40% reduction in non-elective inpatient spells 39%-43% reduction in A&E attendances.

Case study - Domestic abuse and suicide awareness training

A domestic homicide review was conducted in December 2024 by Rotherham and Doncaster Humber Trust (RDaSH) Crisis Team Manager and Clinical Lead, who considered how they could enhance understanding and learning around domestic abuse and suicide in the workplace. They subsequently developed a training session around suicide and domestic abuse and invited a senior project worker from Honian to join this

Aim 3 – All Rotherham people live well for longer.

This aim is focused on two priorities:

- Ensure support is in place for carers.

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

Key achievements in 2024/2025 include:

Rother Valley and Thrybergh Country Park are the latest two locations to install a Changing Place facility to support the needs of disabled visitors. This is the eighth facility to be installed in the borough after the Council was awarded £490,000 in government funding. These purpose-built facilities are designed to support the needs of disabled visitors and individuals with complex care requirements including people living with learning disabilities, motor neurone disease, multiple sclerosis, cerebral palsy, and other conditions.

Changing Places facilities have also been installed at Grimm & Co., Gulliver's, Magna Science Adventure Park, Rotherham United's New York Stadium, Wentworth Woodhouse, and Clifton Park Museum.

Ensuring support is in place for carers. The Council worked in collaboration with partners to spotlight the unwavering commitment and tireless efforts of unpaid carers. To ensure carers are aware of their rights and feel supported, a series of impactful events, ranging from open days to informative stalls were held to commemorate Carers Week, 10 to 16 June 2024. The events not only recognised the invaluable contributions that carers' make to society, but also empowered residents with essential knowledge about their rights and support available to them.



Rotherham patients with COPD marked World COPD Day by taking part in an event designed to help them learn how to manage the condition.

The event, held at BreathingSpace, included patients, relatives, friends, carers, and colleagues learning more about managing chronic respiratory conditions. Advice given at the event included how to use an inhaler correctly, stop smoking support, information on clean air and demonstrations of two of the best exercises for COPD; and tai-chi (funded by Rotherham Hospital and Community Charity).

With 2.86% of Rotherham residents having a COPD diagnosis BreathingSpace, the hub for respiratory treatment in Rotherham, organised the event to raise awareness about COPD and how to stay healthy if diagnosed with it.



[More information about COPD](#) is available at on the NHS website.

Case study - Adult Social Care Co-Production Board

A new engagement forum has been established where residents can codesign adult social care services to ensure their experiences shape the future delivery of services. The inaugural meeting of the Adult Social Care Co-Production Board was held in April 2024. Attendees included people who had expressed an interest in helping to shape the future of adult social care services during recent events. The Board collectively agreed to brand themselves as Rotherham Adult Social Care Always Listening (RASCAL) and elected a chair and deputy chair at the first meeting. RASCAL meet on the first Wednesday of every month at Rotherham Town Hall.

The purpose of the RASCAL Board is to:

- Ensure the voices of communities are placed at the centre of decision making and governance.

Case study – Rotherham Food Network wins a Bronze Sustainable Food Award

The Rotherham Food Network has won a prestigious award for tackling the food challenges that are faced by communities and making local, healthy, and sustainable food available to all residents across the borough.

The Sustainable Food Place award recognises the holistic approach taken towards food and honours the positive changes made towards food issues ranging from healthy food for all to reducing food waste.

Rotherham Food Network was formed in 2022 and is a partnership made up of 26 organisations including Rotherham Council, Voluntary Action Rotherham, Rotherfed, and many more.

Achieving the bronze award recognises the steps that Rotherham has taken to raise awareness of food challenges, promote and produce locally sourced produce, tackle food poverty, and more. As well as celebrating the success of the network and its members who are actively making positive changes to Rotherham's food sector, system, and to the way food is viewed as a society.

Rotherham Food Network is at the very beginning of their journey and welcome others to join to help improve the food system. Find out more about the Rotherham Food Network and how you can get involved [here](#)

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

This aim is focussed on four priorities:

- Deliver a loneliness plan for Rotherham.
- Promote health and wellbeing through arts and cultural initiatives.
- Ensure Rotherham people are kept safe from harm.
- Develop a borough that supports a healthy lifestyle.

Key achievements in 2024/2025 include:

Championing events supporting equality and inclusion.

Throughout 2024, the Council and local partner organisations have actively informed and involved local residents, including underrepresented groups, in opportunities for participation.

On 11th May 2024, the Council proudly partnered with Flux Rotherham and Children's Capital of Culture to host the third Women of the World (WOW) Festival Rotherham. The festival created a space where women, girls and non- binary people come together to discuss a range of topics, challenging societal norms and ideas that create barriers for women to succeed.



Taking place on the weekend of 7th-8th September 2024, the annual **Rotherham Show** how saw over 45,000 people enjoy an eclectic mix of live music, dance, comedy, outdoor theatre and creative workshops.

Throughout the weekend the show celebrated the spirit of the borough and gave people the chance to enjoy an amazing free festival of culture, entertainment, and family fun.



Rotherham's Reclaim the Night returned for its tenth year on 21st November 2024. Residents were invited to attend a powerful evening of activities, workshops, and an annual walk-through Rotherham Town Centre to celebrate the past, present, and future of women's empowerment.

Rotherham marked **Holocaust Memorial Day** by holding an event on 27th January 2025. The event brought together faith leaders, dignitaries, Councillors, schools, and local residents to remember and pay tribute all those who lost their lives to genocides around the world. This year's theme was 'For a Better Future' – reflecting on how we can all help to create a better future, challenge prejudice, and speak up against Holocaust and genocide denial and distortion.



The Council and its partners collectively monitor relations and tensions with the involvement of stakeholders and communities. Harassment and hate crimes are monitored and analysed regularly, with. The Council and its partners are actively engaged in planning and delivering activities that foster good relations and address the issues that have been identified.

The Council's community tension monitoring process enables the Council to track and monitor local issues, alongside any national or international events, which may threaten cohesion. This allows the Council to agree and implement actions to manage tensions, on the basis that early intervention can make a real difference in preventing incidents of public disorder and in keeping communities safe.

South Yorkshire Police produce a weekly assessment of community tensions which is shared with the Council's Community Safety Team. The assessment is then shared with an internal network of key managers of front-line services to facilitate and encourage information gathering at a community level.

Information is available via a range of sources, including front-line staff in partner organisations, Councillors, schools, and voluntary, community and faith sector contacts. Information is used to assess the following measures:

- Experienced problems – based on what people in communities 'feel.'
- Evidenced problems – actual evidence of what is happening such as reported crimes or incidents.
- Potential problems – where it is anticipated that there might be problems because of local, national or international events.

Where potential tensions are identified, appropriate routes are identified to address the issues. This may range from community engagement activities to listen to community concerns and/or provide reassurance, liaison with Neighbourhood Policing Teams to monitor for escalation of issues, right through to more formal emergency planning structures where gold, silver and bronze command structures are convened.

The Council and local partner organisations came together and developed a programme of learning events to support **Safeguarding Awareness Week**, which took place from 18th-22nd November 2024.

Safeguarding Awareness Week is nationally recognised and has been marked in Rotherham for the past sixth years. The themes of last year's event were 'Neglect and Working in Partnership.' The themes encouraged participants to consider how they can work together to establish safer cultures within workplaces and communities.

These sessions covered a range of topics, including suicide prevention, domestic abuse services, professional curiosity, alongside the launch of the Children's Neglect Strategy. Aimed at frontline workers and volunteers from adult and children's services, motivational speakers facilitated the sessions to stimulate discussion and help share best practice.



Case study - Leading organisations working together to deliver improvements for Rotherham people and places.

The Rotherham Together Partnership was first established in 2017 and seeks to bring together local organisations, including the Council, NHS, Rotherham College, and South Yorkshire Police, alongside representatives of the private and voluntary sectors.

The aim of the partnership is to improve the quality of life for everyone in Rotherham by working together to deliver innovative projects.

Case study - Children's Capital of Culture: Community Festivals 2024

In 2025, Rotherham will become the world's first Children's Capital of Culture (CCoC). A programme designed and delivered by children and young people living in the borough.

In 2024, Children's Capital of Culture had the opportunity to work closely with existing community events and festivals, supporting their growth and development whilst also enabling them to be part of our journey into 2025.

Through funding from Arts Council England, the CCoC Team were able to work with five different community

Items from meetings March 2024-January 2025

This section provides a snapshot of the ongoing work across some of the partner organisations to improve the health and wellbeing of the Rotherham population.

January 2024

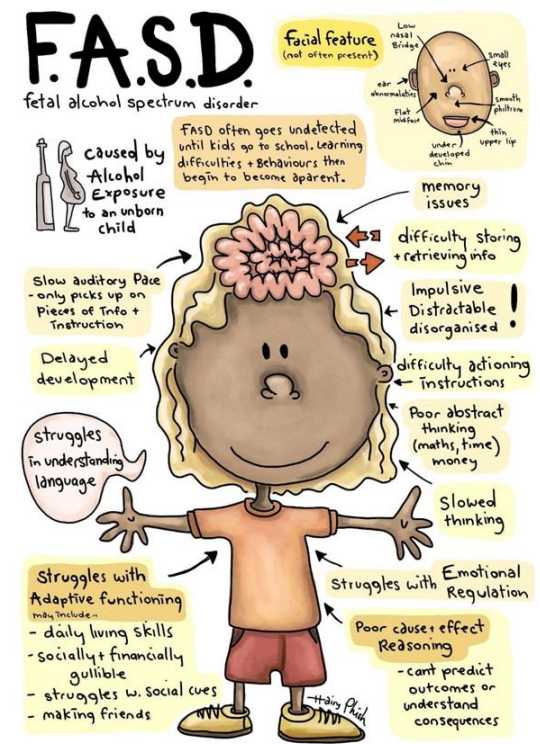
Aim 1 – All children get the best start in life and go on to achieve their potential.

Foetal Alcohol Spectrum Disorder Project

A presentation on the 2-year funded project for One Adoption South Yorkshire overseen by RAA Leadership programme for Centres of Excellence on the development of a FASD Pathway.

Key project deliverables:

- Foetal Alcohol Spectrum Disorder (FASD) Pathway development and implementation.
- Education Psychologist contribute towards support for adopted children with FASD in school.
- Work with the Integrated Care Board (ICB) to develop an understanding of effects of FASD and develop initial support services.
- Reduction of temporary/permanent exclusions for adopted children with FASD.
- Development of SEND support plans for adopted children with FASD.
- Work with Virtual Schools to design a single integrated offer across South Yorkshire.
- Education Psychologist to link with universities, national and international research to develop approaches for supporting children with FASD.
- Education Psychologist will work directly with adopted children affected by FASD.



Key challenges:

- Identifying numbers affected by FASD in South Yorkshire.
- Benchmarking to demonstrate impact.
- Identifying clinical staff as part of Assessment and Diagnosis Working Group.
- Measuring the impact of the project across the 2 years due to FASD being currently under identified.
- Ensuring development of FASD pathway was scalable beyond the One Adoption Service.

Next steps:

- Work with Neurodevelopmental Working Group through Integrated Care Board.
- Identify clinical lead for Assessment and Diagnosis (A&D) Working Group.
- Identify who needs to be part of Assessment and Diagnosis Working Group.
- NICE Quality Guidelines: how to implement for FASC.
- Consider funding options: 2-year funding, Adoption Support Fund, other.

March 2024

Item of relevance to all aims

Neighbourhood working and ward priorities

Our vision - Every neighbourhood in Rotherham to be a thriving neighbourhood, where people can work together to achieve a good quality of life.'; 'Ensuring communities are at the heart of everything we do to make people feel happy, safe and proud.'

Examples of achievements that contribute towards the delivery of the Health and Wellbeing Strategy:

Aim 1 – All children get the best start in life and go onto to achieve their potential.

- 13 wards reference supporting children, young people and families.
- Kilnhurst and Swinton East Ward – activities in deprived areas, improving children's play areas, school travel safety initiatives and engaging schools in local democracy.



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

- 9 wards reference promoting the best positive mental health.
- Hoover Ward – improve wellbeing by bringing people together whilst addressing loneliness, isolation, and mental health. Promote local activities, support existing community groups to set up a community networking partnership, continue to support bringing people together to prevent loneliness and isolation and promoting help and support available to residents in relation to the cost-of-living cost.

Aim 3 – All Rotherham people live well for longer.

- 3 wards reference supporting older people.
- Maltby East Ward – support residents health and wellbeing – promoting healthy lifestyle, support existing and new community groups, thrive, and develop, supporting initiatives that improve older people's quality of life and tackling loneliness and isolation in line with five ways of wellbeing.

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

- All 25 wards include priorities that impact on the wider determinants of health.
- Anston and Woodsetts Ward – cleaner streets, lanes and open spaces and protect the environment. Work with Council services to encourage tougher enforcement on fly-tipping and littering, support and develop community initiatives to reduce litter, dog fouling and fly tipping, ensure our green spaces were properly maintained and looked after and ensure that the voice of the community was heard in any proposed planning developments.

Aim 3 – All Rotherham people live well for longer.

Annual update – Moving Rotherham Partnership

The Moving Rotherham Partnership is made up of organisations working across the borough with an interest in helping local people to be more physically active.

The partnership has developed a local strategic plan, which sets out three priority areas:

- Active champions: We want to develop skills and knowledge in relation to physical activity across all organisations and services, so that conversations with local people about being active happen as often as possible.
- Active environments: We want to help create environments that enable physical activity, whether this is outdoors in green spaces, town centres and local streets, or within schools, colleges, and workplaces.
- Active communities: We want to create opportunities for people whatever their age, background or ability and use physical activity as a way for people to connect, share experiences and contribute to a thriving borough.



The following achievements were highlighted:

- The Say yes prevention campaign was launched at Rotherham Show with 'Say Yes to joining in' with the activities.
- Training to social prescribers/link workers to increase awareness of benefits of physical activity and confidence.
- Active environment: Uplift Festival, Rotherham10K, Herringthorpe Stadium refurbishment, cycle lane infrastructure improvements, play zone facilities.
- £63,567 awarded to community groups through Sport England Together Fund.
- Women's Euro Legacy Programme 368 hours of volunteer time contributed.

June 2024

Item of relevance to all aims

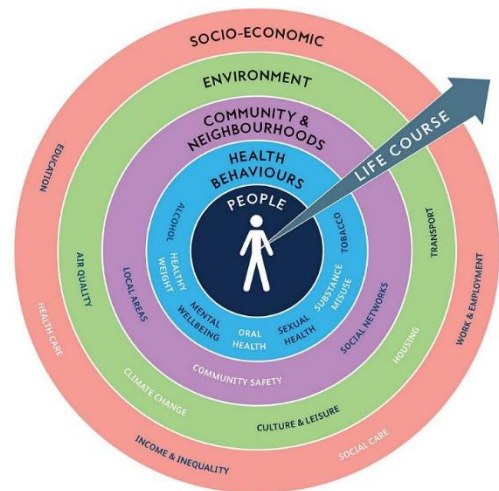
Rotherham's Joint Strategic Needs Assessment

Rotherham's Joint Strategic Needs Assessment brings together data and intelligence to inform the local understanding of the current and future health needs of Rotherham people.

A summary of key findings, interpretation and data is available below:

Health behaviours

- The Rotherham Drug and Alcohol Service has been supporting more people with substance and alcohol use; the number of new presentations to treatment for adults increased from 960 in 2022/23 to 1,070 in 2023/24; the number of new presentations to treatment for children aged under 18 increased from 45 in 2022/23 to 70 in 2023/24.
- There had been a significant increase in the percentage of physically active adults in Rotherham from 54.9% in 2018 to 64.1% in 2022/23. Despite this, health conditions which were associated with having a lower risk in physically active adults (such as CHD, Stroke and Hypertension) all had significantly higher rates in Rotherham than Yorkshire and the Humber and England.
- Smoking prevalence in Rotherham in 2023 was at 14.5% of adults compared with 11.6% across England. Quit rates in Rotherham had nearly doubled from 1,580 in 2018 to 3,155 in 2022.
- The proportion of adult general practice patients who were newly diagnosed with depression in Rotherham in 2023/24 was 1.5%, the same as the England average. This has fluctuated between 2013/14 and 2023/24 but remains lower than the previous two-years.
- Around 1 in 4 (24.7%) children aged 4-5 years were categorised as overweight or obese for the 2023/24 period, however, this was 2 in 5 (40.5%) for children aged 10-11 years for the same period. For adults almost 3 in 4 (73.7%) were categorised as overweight or obese in 2022/23.



September 2024

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

Rotherham prevention concordat for mental health

A report on the prevention concordat which focussed on upstream interventions and the wider determinants of health was presented to the Board. It was a whole population approach and included those at greater risk supporting joint cross-sectoral action locally, including those with lived experience and the wider community. It encouraged collaborative working to address local needs and identify local assets and was about building the capacity of the local workforce to prevent mental ill health.

A presentation was delivered that focussed on the work that had taken place during the last year:

- Mental health asset mapping – statutory and voluntary sector services.
- Prevention and Health Inequalities Plan – focusing on people with mental health conditions and improving their health and wellbeing.
- Strong Partnership Groups – Better mental health for all and suicide prevention groups (Council, South Yorkshire Integrated Care Board Rotherham Place, RDASH, Voluntary Action Rotherham, South Yorkshire Police)

- New information on RotherHive – pain management, physical activity.
- Workforce development –mental health, loneliness, sleep, and suicide prevention training.
- Rotherham Social Prescribing Service – supporting residents with long-term health conditions, including those who present with a mental health condition.

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

Rotherham Loneliness Action Plan 2023-25

An update on the action plan which recognised that loneliness was experienced across the life course and could only be tackled by actions from all partners and the public was presented to the Board.

The following achievements were highlighted:

- Delivering 'The Making Every Contact Count' e-learning programme is designed to support learners in developing an understanding of public health and the factors that impact on a person's health and wellbeing. 119 staff trained from January to September 2024.
- Humanitarian and Communities Group developed an action plan to respond to cost of living related issues, including tackling loneliness and isolation through the establishment of a new Rotherham Creative Health Board.
- South Yorkshire Police Hate Crime Co-ordinator working with partners and organisations across Rotherham to raise awareness of hate crime and how to report.
- Continue to deliver the digital inclusion programme to enable residents to enjoy the benefits of getting online, including booking health appointments, and managing their health information online, apply for and access Council/Government services, and finding and applying for job vacancies online.
- Open Arms drop-in sessions – voluntary community sector partners delivering a co-ordinated response to support communities most affected by the cost-of-living crisis.



December 2024

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

Consultation for the Safer Rotherham Partnership Plan 2025-28

The Safer Rotherham Partnership brings together partner organisations to tackle crime and community safety threats across the borough, so that people are safe and feel safe.

Organisations represented include Council, South Yorkshire Police, South Yorkshire Integrated Care Board, Probation Service, South Yorkshire Fire and Rescue Service, South Yorkshire Mayoral Combined Authority, Voluntary Action Rotherham, South Yorkshire Violence Reduction Unit and Victim Support.

The partnership is reviewing its priorities for the next 3 years. This will be informed by a comprehensive review and analysis of crime and community safety data (police and partner sources), outcomes from the Joint Strategic Needs Assessment, consultation with public and communities via online survey, events, and focus groups, including voluntary and community sector representatives, communities of interest, geographic communities, general public.



Next steps:

- The Safer Rotherham Partnership Board to agree the priorities (December 2024-February 2025)
- Final strategy was agreed in April 2025, with a delivery plan developed in June 2025.

Item of relevance to all aims

Health and Wellbeing Strategy Refresh

An update on the work taking place to produce a refreshed Health and Wellbeing Strategy for 2025.

The Strategy Steering Group was meeting monthly to shape the 4 current workstreams ensuring that the relevant priorities and focus would be embedded in the new Strategy. These were:

- A review of prior consultation and engagement exercises and existing reports pertaining to the health, wellbeing and care needs of the Rotherham communities drawing out recommendations and identified gaps in delivery.
- A review of the evidence and opportunities for developing the strategic response to population health and wellbeing needs arising from the evidence collated in the Joint Strategic Needs Assessment.
- Stakeholder engagement. A stakeholder survey for commissioner and provider organisations across Rotherham would close in mid-December. There were also cross-agency workstream events taking place.
- A programme of citizen engagement activity.

The evidence generated would be used to pull together a high-level draft of the Strategy in early January.

A Board development session was to be convened in January 2025 with the final draft submitted to the Board for approval in March.

January 2025

Aim 3 – All Rotherham people live well for longer.

The Borough that Carers Strategic Framework

The Borough That Cares Strategic Framework concludes its 3-year term in 2025.

Presentation highlighted the work undertaken over the last 3-years in the following areas of focus:

- **Focus 1 - Carers Cornerstones**

- May 2023 - Better Care Fund £100,000 allocated to the provision of small grants of up to £5,000 to small VCS organisations, for projects to improve the health and wellbeing of carers.
- Updated Council website carers information pages and re-designed in readiness for launch of new corporate digital platform.
- Carers directory published and made available in PDF format on Council webpages.
- Bi-annual carers newsletter established; four editions published.



- **Focus 2 - Creating Communities of Support**

- Robust co-production platform in place with the Borough that Cares Network and Adult Social Care Co-Production Board (RASCAL).
- Held Carers Conversations co-production programme:
 - 12 co-production events in partnership with locality-based support groups focused on accessing advice and information, support services and improving health and wellbeing.
 - Example outcome – Unpaid Carers App – funding secured from the Accelerating Reform Fund.

- **Focus 3 - Carer Friendly Borough**

- Carers Week and Carers Rights Day events held across the borough – now well-established making Carers visible within communities.
- Strong links with Voluntary Action Rotherham supporting voluntary community sector unpaid carers groups.
- Adult Care Carer Link Officers established within Adult Care and Integrations Supporting Independence Team to provide additional capacity for the service's completion of Carers Assessments, in accordance with our Care Act duties, and information provision.

Next steps:

- Co-production of revised Carers Strategy 2026 – 2029
- Foundation established, so focus on:
 - NICE Guidance (NG150) supporting adult carers
 - Prevention and early intervention
 - Young Carers transition to adult carers
 - Improving equality data held
 - Completion of an equalities analysis
- Ensure Adult Care Co-Production Board (RASCAL) enables Carers to influence service design, alongside professionals and the voluntary and community sector.
- Carer involvement in LGA Peer Assessment and CQC Assurance process.

Looking ahead

The ambition for 2025/26 is to build on the work and recommendations from the last year's report and to deliver the following:

- Launch our refreshed Health and Wellbeing Strategy for 2025-2030 at September Health and Wellbeing Board meeting.
- Develop an action plan setting out the core activities that the Board will oversee in 2025-2026.
- Continue to work with Board sponsors to monitor delivery of our strategy.
- Continue to develop our relationships within the new South Yorkshire Integrated Care System and ensure each of our aims is aligned with the South Yorkshire Integrated Care Strategy
- Continue to focus on reducing health inequalities between our most and least deprived communities.
- Influence other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies.
- Produce an annual report each year with case studies, giving people the chance to hear about what has been achieved and the impact it has had.

Conclusion

The 2024/25 Annual Report is the final one under the Health and Wellbeing Strategy for the 2022-25 period. This has required a more reflective approach to reviewing the 2024/25 period that has contributed towards developing the new Health and Wellbeing Strategy for 2025-30. Reviewing our successes and challenges has informed the ways of working, aims and priorities of the new Strategy and will further develop the impact of the Board moving forward. The Health and Wellbeing Board will continue to work towards delivering improved health outcomes for its residents and improve the wellbeing of the people of Rotherham.

**Terms of Reference:
Rotherham Health and Wellbeing Board**

Key Contacts	
Chair	Councillor Baker Rogers – Cabinet Member for Adult Social Care and Health, Rotherham Metropolitan Borough Council
Vice Chair	Dr Jason Page – Medical Director for Rotherham Place, South Yorkshire Integrated Care Board
Health and Wellbeing Board Support Officer	Oscar Holden – Corporate Improvement Officer, Rotherham Metropolitan Borough Council oscar.holden@rotherham.gov.uk

Role of the Health and Wellbeing Board
<p>The Health and Wellbeing Board brings together local leaders and decision-makers, who work to improve the health and wellbeing of Rotherham people, reduce health inequalities, and promote an integrated approach. The Health and Wellbeing Board is a statutory sub-committee of the Council but operates as a multi-agency board of equal partners.</p> <p>The role of the Board includes:</p> <ul style="list-style-type: none"> • Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2025-2030 • Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest • Identifying priorities and needs within our system, and mobilising action to respond to these priorities • Setting the strategic direction for the Place Board and Place Plan • Influencing other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies • Providing an oversight and monitoring function for other related groups as required, subject to agreement by the Board. <p>Rotherham's Health and Wellbeing Board is also committed to delivering the four aims outlined within the Health and Wellbeing Strategy, which are:</p> <ol style="list-style-type: none"> 1. Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives 2. Support the people of Rotherham to live in good and improving physical health throughout their lives, accessing and shaping the services and resources they need to be able to do so

3. Support the people of Rotherham to live in good and improving **mental health** throughout their lives, accessing and shaping the services and resources they need to be able to do so
4. Sustain an environment where detrimental impacts from **commercial and wider determinants of health** are reduced, and opportunities for healthier living are nurtured.

Responsibilities

The Health and Wellbeing Board has a number of responsibilities and duties. These include:

- Assessing the needs of the population and producing the local joint strategic needs assessment (JSNA)
- Using the data and knowledge in the JSNA to publish a local health and wellbeing strategy, setting priorities for joint action
- Undertake a Pharmaceutical Needs Assessment (PNA) every three years
- Using the strategy and its priorities to influence and inform commissioning decisions for the health and wellbeing of Rotherham people
- Enabling, advising and supporting organisations that arrange for the provision of health or social care services to work in an integrated way
- Holding relevant partners to account for the quality and effectiveness of their commissioning plans
- Ensuring that public health functions are discharged in a way that helps partner agencies fully contribute to reducing health inequalities
- Providing the oversight and monitoring role for Rotherham's Child Death Overview Panel – receiving an annual report; monitoring and supporting panel recommendations; and monitoring panel capacity and backlogs.

The Health and Wellbeing Board is also responsible for the Better Care Fund (BCF). A BCF Executive group exists as a sub-group of the Health and Well Being Board to which it reports. The BCF Executive is primarily the strategic group that sets the criteria, parameters, and priorities of the BCF fund, and at a high level monitors the progress of the BCF fund and spending plan. Plans are signed off firstly by the BCF Executive group and finally by the Health and Wellbeing Board.

Partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and in partnership:

- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- Prevent physical and mental ill-health as a primary aim, but where there is already an issue, services intervene early to maximise impact
- Promote resilience and independence for all individuals and communities
- Integrate commissioning of services to maximise resources and outcomes

- Ensure pathways are robust, particularly at transition points, so that no one is left behind
- Provide accessible services to the right people, in the right place, at the right time.

The Health and Wellbeing Board has a responsibility to equality and diversity and will value, respect and promote the rights, responsibilities and dignity of individuals within all our professional activities and relationships.

Expectations of a Health and Wellbeing Board member

Delivery of the Health and Wellbeing Strategy is the responsibility of all Board members. Considering this responsibility, it is the expectation that Board members will:

- Act in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests
- Effectively communicate and action outcomes and key decisions of the Board within their own organisations
- Contribute to the development of the JSNA
- Ensure that commissioning is in line with the requirements of the Health and Wellbeing Strategy
- Deliver improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks
- Declare any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services
- Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge
- Act as ambassadors for the work of the Board
- Participate where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board, including working with the media
- Read and digest any documents and information provided prior to meetings to ensure the Board is not a forum for receipt of information.

It is also expected that members will attend Board meetings and actively engage in discussions. If the member is not able to attend, an appropriate deputy should be agreed with the Chair to attend in their place.

The Board will seek to have sponsors for each of its four aims, with these to be drawn from its membership, and the expectations of the sponsors will be set out via the Memorandum of Understanding.

All members of the Board, as a statutory sub-committee of the council, must observe the Council's [code of conduct](#) for members and co-opted members.

Membership

The Board is chaired by the Council's Cabinet member for Adult Social Care and Health, with the Vice-Chair from a non-Council health partner (e.g. South Yorkshire Integrated Care Board). Members of the Board should be of sufficient seniority to be able to make significant commitments on behalf of their relevant organisations. All members of the Board will have equal voting status.

The Board is committed to having a broad membership, engaging as many partners as possible. In order to ensure that this continues to be the case, membership will be reviewed on a regular basis.

The membership of the Board is as follows:

- Cabinet Member for Adult Social Care and Health (Chair)
- Rotherham Place Medical Director, South Yorkshire Integrated Care Board (Vice-Chair)
- Cabinet Member with responsibility for Children's Services
- Deputy Leader, RMBC¹
- Director of Public Health, RMBC
- Chief Executive, RMBC
- Strategic Director of Adult Care, Housing and Public Health
- Strategic Director of Children and Young People's Services
- Rotherham Place Director, South Yorkshire Integrated Care Board
- GP representative
- Healthwatch representative
- Rotherham District Commander, South Yorkshire Police
- Chief Executive, Voluntary Action Rotherham
- Chief Executive, Rotherham NHS Foundation Trust
- Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust.

Standing invites will also be circulated to:

- Chair, Rotherham Local Safeguarding Children Board
- Chair, Rotherham Safeguarding Adults Board
- Strategic Director Regeneration and Environment, RMBC
- Representative, South Yorkshire Fire and Rescue Service
- Rotherham ICP Place Board Manager, Integrated Care Board.

Governance

The Health Select Commission is the health scrutiny function of the Council, and the Health and Wellbeing Board provides updates on progress to Health Select where required. The minutes of the Health and Wellbeing Board are also received at every meeting of the Health Select Commission to ensure that Health Select can scrutinise items from the Health and Wellbeing Board if they so wish.

¹ or substitute as put forward by Council Leader/Cabinet member for Public Health Adult Social Care

Critically, the Health and Wellbeing Board is also an integral part of Rotherham Together Partnership's structures. The Chair is a member of the Rotherham Together Partnership and will be required to regularly report on progress.

The Board is also signed up to the Rotherham Safeguarding Partnership Protocol which is an agreement between several partnership Boards to ensure that strategic priorities in relation to safeguarding are translated effectively into action plans. The Chair and the Health and Wellbeing Board support officer will be responsible for ensuring that the requirements of this protocol are met.

Rotherham is one of the four constitutive places of the South Yorkshire Integrated Care System. The Health and Wellbeing Board is linked primarily through the Integrated Care Partnership, on which members nominated by the Board are represented. Through this, the Board contributes to the formation of the system-wide Integrated Care Strategy for South Yorkshire.

The Health and Wellbeing Board will also be responsible for setting the strategic direction for the Place Board, as the Place Plan is the delivery mechanism of the aspects of the Health and Wellbeing Strategy relating to integrating health and social care. Regular updates on the delivery of the Place Priorities will be received by the Health and Wellbeing Board to ensure appropriate oversight. The Chair and the Health and Wellbeing Board support officer will also attend Place Board meetings as observers.

Further to this, the Health Inequalities and Prevention Enabling Group established by the Place Plan will report directly into the Health and Wellbeing Board.

A diagram is included within appendix one which outlines the governance arrangements.

Quorum

A quorum of the Board will be at least one third of members (i.e., five), including at least one representative from RMBC and the Integrated Care Board.

Meeting arrangements

The Board will meet every two months, with additional special meetings arranged as required to discuss specific or urgent issues. The schedule of meetings will be reviewed and agreed annually by the Board. Meetings are currently held at the Rotherham Town Hall (RMBC). The venue is to be reviewed and agreed by Board members. Alternative or virtual meeting venues may be considered according to the discretion of the Chair and the requirements of the meeting.

Board meetings will be conducted in public, though 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 (in accordance with the Public Bodies Act 1960).

Papers for the Board will be distributed at least one week in advance of the meeting. Additional items may be tabled at the meeting in exceptional circumstances at the discretion of the chair. Minutes of the Board will be circulated in advance of the next meeting and approved at the meeting.

All agenda items brought to the Board need to clearly demonstrate their contribution to delivering the Board's priorities.

Engaging with the public and providers

The public and providers may wish to attend meetings to observe or submit questions to the Health and Wellbeing Board. Any questions should be submitted to the Health and Wellbeing Board support officer (contact details included in the key contacts section above) one working day before the date of the meeting. Ordinarily, this will mean that any questions will need to be submitted by 9am on the Tuesday preceding a Health and Wellbeing Board meeting on the following Wednesday.

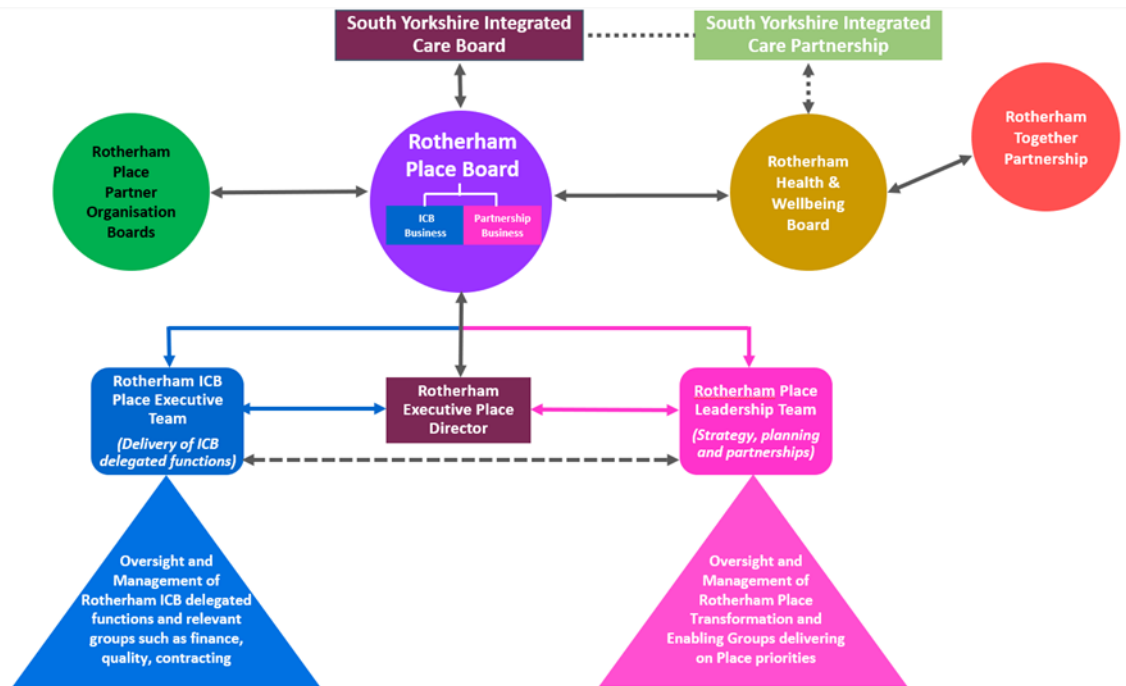
In responding to queries, the Board may wish to provide a written response and will commit to providing this response within a month of the Board meeting.

The Board is inclusive of commissioners and providers and it is intended that all members will take part in and support the development of strategic priorities and direction. However, members who have a provider role should declare any conflict of interest whenever appropriate.

Review date

Review in May 2025 – subject to sign off at Health and Wellbeing Board.
Next formal review May 2026.

APPENDIX ONE: Rotherham Health and Wellbeing Board governance arrangements



APPENDIX TWO: Memorandum of Understanding between the Rotherham Health and Wellbeing Board and Board Sponsors for Health and Wellbeing Strategy Aims

Background

The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach.

Amongst a range of roles, the Board is responsible for:

- Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2025-30.

A key mechanism to achieve this is through Board sponsors: the Board identifies two sponsors for each aim from its member organisations, who have strategic oversight and ownership of their respective aim.

The Rotherham Health and Wellbeing Strategy has four aims:

- *Aim 1: Enable all **children and young people** up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives*
- *Aim 2: Support the people of Rotherham to live in good and improving **physical health** throughout their lives, accessing and shaping the services and resources they need to be able to do so*
- *Aim 3: Support the people of Rotherham to live in good and improving **mental health** throughout their lives, accessing and shaping the services and resources they need to be able to do so*
- *Aim 4: Sustain an environment where detrimental impacts from **commercial and wider determinants of health** are reduced, and opportunities for healthier living are nurtured.*

In their role in overseeing and driving the implementation of the Health and Wellbeing Strategy, the Board sponsors also facilitate the other roles of the Board:

- Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest
- Identifying priorities and needs within our system, and mobilising action to respond to these priorities
- Setting the strategic direction for the Place Board and Place Plan
- Influencing other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies

Board sponsors – Role

Board sponsors have strategic oversight of their respective aims. They ensure actions delivering strategic priorities are on track, blockages are removed and opportunities for development are identified.

Board sponsors fulfil the following roles:

- To have strategic oversight and ownership of their respective aim, this includes:
 - Monitoring progress against aims and removing blockages
 - Providing strategic steer and identifying opportunities to develop their aim, including action to reduce health inequalities and actions that support integration of delivery
- To be champions for their aim within the Board and Board activities
- To be champions for health and wellbeing priorities in their organisations.

Two sponsors are usually in place for each aim. It is acknowledged that in case of absences, some responsibilities/activities may be more difficult to fulfil.

Activities and responsibilities

To fulfil the roles set out above, Board sponsors will:

Oversight of action plan and progress monitoring

- Review updates on their aim's action plan, before it goes to publication for each Board meeting
- Present an update to the Board (once-twice/year, supported by policy officer) on one of the aims to review progress and discuss any issues
- Receive regular updates from lead officers and/or delivery groups to develop constructive relationships – this could be through quarterly meetings with lead officers, or update meetings where requested
- Remove identified barriers or blockages where within their power

Aim development

- Provide strategic steer when strategy and strategic priorities are reviewed
- Provide strategic steer when action plan is being refreshed and sign off their section before the action plan goes to full Board
- Regular review of action plan to identify gaps, including through annual meeting with DPH and policy officer
- Provision of strategic input to relevant strategic or delivery groups.

Board sponsors are supported by the policy officer who will:

- Collate and circulate updates against the action plan in advance of each Board meeting
- Prepare aim update presentations to the Board and brief sponsors
- Co-ordinate aim updates to Board sponsors, through regular meetings or briefings
- Refresh the strategy and action plan according to the strategic steer of the Board and Board sponsors.

Lead delivery officers contributing to the action plan will:

- Provide regular updates on their actions in advance of each Board meeting
- Provide info and updates to Board sponsors as requested and reasonable
- Present or report updates to the Board as requested.

Review

Agreed in March 2025. Reviewed annually by Health and Wellbeing Board, aligned with the Board's Terms of Reference.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	Wednesday 25 th June 2025
	LEAD OFFICER	Steph Watt Health and Care Portfolio Lead, SYICB/RMBC E-mail: steph.watt@nhs.net
	TITLE:	Better Care Fund (BCF) Year End Template 2024/25
Background		
1.1	The purpose of this report is to agree the contents of the BCF Year End Template (Q4) Template which will be submitted to NHS England regarding the performance, expenditure, capacity and demand and actual activity of Rotherham’s Better Care Fund Plan for 2024/25.	
1.2	The overall delivery of the Better Care Fund continues to have a positive impact and improves joint working between health and social care in Rotherham.	
Key Issues		
2.1	The BCF Quarter 4 template covers reporting on: national conditions, metrics, actual activity in relation to hospital discharges and the community, expenditure and outputs.	
2.2	Below is a summary of information included within the BCF submission:	
2.3	National Conditions There are a total of 4 national conditions for 2024/25 which continue to be met through the delivery of the plan as follows: <ul style="list-style-type: none">• A plan has been jointly agreed between both partner organisations.• Implementation of BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.• Implementation of BCF Policy Objective 2: Providing the right care in the right place at the right time.• Maintaining NHS’s contribution to adult social care and investment in NHS commissioned out of hospital services.	
3.	BCF Metrics There is a total of four BCF metrics within the BCF Q4 Template for 2024/25 which measures the impact of the plan as follows:	

3.1	<p>Avoidable Admissions – Indirectly standardised rate (ISR) of admissions per 100,000 population – On track to meet target.</p> <p>Achievements - Avoidable admissions in Q4 2024-25 are currently forecasted to be on target at 237.8 vs a plan of 296.0 admissions per 100,000 population.</p> <p>Challenges and any support needs – A key priority for the Rotherham urgent and emergency care recovery plan in 2024-25 is to reduce avoidable conveyances and admissions in order to meet the national 4-hour standard, G&A occupancy levels and no criteria to reside.</p> <p>Variance from Plan – Avoidable admissions decreased in Q4 and is below the planned figure.</p> <p>Mitigation for Recovery - Provisional figures for Q4 show a downtrend. This suggests that the work on alternative pathways on ED is beginning to have an impact. This includes developing alternative out of hospital pathways and four high impact change projects relating to frailty, ambulatory care and respiratory and diabetes pathways which are associated with high levels of admission. The growth of the virtual ward including frailty, respiratory and, most recently, the new heart failure pathway, are contributing to reducing avoidable admissions.</p>
3.2	<p>Falls – Emergency admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 population – Not on track to meet target.</p> <p>Achievements - Q4 data shows a rate of 505.3, which is higher than the quarterly target of 456.0 (set as 25% of our annual target).</p> <p>Challenges and any support needs – A key priority area for Rotherham in 2024/25 is frailty, which is expected to impact this indicator. A small increase in admissions due to falls in people aged over 65 years has been planned, as previous years trend expected to continue.</p> <p>Variance from Plan – Q4 data shows an estimated rate of 505.3, the rate decreased compared to Q3 but remains higher than the planned figure 456.0 (set as 25% of our annual target).</p> <p>Mitigation for Recovery – The Rotherham High Impact Frailty Project includes a review of the care homes falls pathway.</p>
3.3	<p>Discharge to normal place of residence - Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence – Not on track to meet target.</p> <p>Achievements - Provisional Q4 figures, with February and March data still incomplete, are estimated at 93.7%, below the target of 95.4%. A full review will be conducted once the complete data is available.</p> <p>Challenges and any support needs – Q4 figures show a slight decrease in rates, with the latest data from March showing 93.7% against a target of 95.4%. Rotherham Place is currently reviewing the falls and frailty pathway for care homes to reduce avoidable conveyances and discharges.</p> <p>Variance from Plan – Provisional Q4 estimates (93.7%) show decrease in the rate but, remains below the Q4 planned figure (95.4%).</p>

<p>3.4</p>	<p>Mitigation for Recovery - Provisional figures for Q4 show a downtrend. There has been a sustained increase in demand to A&E resulting in increased admissions, with escalation beds open over the summer. This has impacted on discharge pathways, particularly enablement. At times it has been necessary to place people in short term bedded community care in order to release acute bed capacity. Work continues to increase capacity in enablement, which has improved over recent weeks.</p> <p>Residential Admissions – Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care home, per 100,000 population – Not on track to meet target.</p> <p>Achievements - BCF monies are funding services that support out of hospital delivery of care and reduce admissions to 24-hour care including short-term packages of social care, reablement, rehabilitation, intermediate care, home from hospital, assistive technology, equipment and adaptations and other community services which are financed by the discharge fund.</p> <p>Challenges and any support needs – Increased demand across the system, acuity and also linked to the journey of people who previously were in short stay placements that move to long-term.</p> <p>Variance from Plan – 2024/25 Year End admissions are 3.1% above target due to increased demand across the service.</p> <p>Mitigation for Recovery - A task and finish group are looking at better health and social care linkages and solutions for people being discharged from hospital to ensure people are being supported to home first. Quality Assurance processes are in place to ensure lesser restrictive options are always exhausted before a long-stay placement considered / agreed.</p> <p>4. Capacity and Demand – Assumptions</p> <p>4.1 Estimates for capacity and demand changed since last quarter.</p> <p>Activity has increased for rehabilitation at home in the community to support hospital avoidance. Activity has decreased for rehabilitation at home (Pathway 1) to support hospital discharge. This is because, it is the same team of staff who support admission avoidance and discharge.</p> <p>As a result of pressures on Pathway 1, there has been a slight increase in short-term bedded care (Pathway 2). Although BCF winter monies had been made available for additional enablement and social worker resource recruitment challenges meant that this could not be fully utilised. BCF money was used to recruit a Place system flow capacity manager, but this role did not start until January 2025, so there was a delayed impact.</p> <p>4.2 Capacity Concerns for Q4</p> <p>We have seen unprecedented levels of demand in our Emergency Department in quarter 4 2024-25. Our 2024-5 plans were based on 260 attendances, but the average was over 300 in practice. We are therefore revising capacity and demand plans based on this. It is anticipated that ED demand will be reduced in 2025-6 as work continues on our alternative pathways to ED which will capitalise on a £7M capital build to develop our Same Day Emergency Care offer.</p>
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	<p>In addition, we are carrying out a deep dive into attendances to better understand those presenting in an attempt to reduce avoidable activity.</p> <p>However, we have seen very high levels of acuity of those who were admitted, this has played out into discharge pathways with the need for higher levels of support. Given the aging population and home first approach where more people are successfully being supported in the community this is to be expected. We are therefore reviewing the capacity in each of our discharge pathways.</p>
4.3	<p>Actual demand exceeds capacity for a service type, our approach in ensuring that people are supported to avoid admission to hospital and to enable discharge</p> <p>Work is underway at Place to review capacity and demand across all admission avoidance and discharge pathways to ensure we have the right level of resource in the right place according to need.</p> <p>The next phase of the Transfer of Care/Discharge to Assess Model will be implemented in the first half of the year which will reduce pressure points in system flow and enable a more flexible allocation of resource across pathways. The Council have conducted a review of its enablement and integrated discharge service which will increase capacity in 2025-6.</p>
4.4	<p>Capacity and Demand - Actual Activity</p> <p>Actual activity to support hospital discharges and admission avoidance is included within the Q4 template from 1st January to 31st March 2025.</p>
4.5	<p>Expenditure and Outputs</p> <p>Expenditure and outputs for BCF funded schemes has been included in the Q4 template from 1st January to 31st March 2025.</p>
Key Actions and Relevant Timelines	
5.1	<p>The Better Care Fund Executive Group held on Friday 30th May 2025 approved (on behalf of the Health and Wellbeing Board) the:</p> <p>(i) Documentation for submission to NHS England (NHSE) on Friday 6th June 2025.</p>
Implications for Health Inequalities	
6.1	<p>Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation.</p>
6.2	<p>BCF funded schemes which reduce health inequalities include carer support, social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.</p>
Recommendations	

7.1	<p>That the Health and Wellbeing Board notes the:</p> <p>(ii) Documentation for submission to NHS England (NHSE) on Friday 6th June 2025.</p>
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Better Care Fund 2024-25 EOY Reporting Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE). Please also refer to the Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements which was published in April 2024. Links to all policy and planning

As outlined within the BCF Addendum, quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans. This will include the collection of spend and activity data, including for the Discharge Fund, which will be reviewed alongside other local performance data.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national BCF reports submitted by local areas are required to be signed off by HWBs, or through a formal delegation to officials, as the accountable governance body for the BCF locally. Aggregated reporting information will be

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell
Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will chang
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

- 1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2024-25 will pre-populate in the relevant worksheets.
- 2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
- 3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
- 4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements->

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the

In summary, the four National conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at
- National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right
- National condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Emergency hospital admissions for people over 65 following a fall

Plans for these metrics were agreed as part of the BCF planning process outlined within 24/25 planning

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics. Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the second quarter of 2024-25 has been pre-populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- Target met
- Target not met
- Data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

Please note columns L and M only apply where 'not on track' is selected

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.

Activity

For reporting across 24/25 we are asking HWBs to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered.

For hospital discharge and community, this is found on sheet "5.2 C&D Actual Activity"

5.1 C&D Guidance & Assumptions

Contains guidance notes as well as 4 questions seeking to address the assumptions used in the calculations, changes in the quarter, and any support needs particularly for managing winter demand and ongoing data issues.

5.2 C&D Actual Activity

Please provide actual activity figures for this quarter, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.

Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

6. Income

This section require confirmation of actual income received in 2024-25 across each fund.

- Please confirm the total HWB level actual BCF pooled income for 2024-25 by reporting any changes to the planned additional contributions by LAs and NHS as reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ADF via LA and ICB if this has changed.
- The template will automatically pre-populate the planned income in 2024-25 from BCF plans, including additional

7. Expenditure

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan

The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure to date alongside percentage spend of total allocation.

Overspend - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation. Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation. This shouldn't include spend which has already been allocated in-year and should be the net position.

Underspend - Where there is an underspend please provide details as to the reasons for the underspend. Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

8. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2024-25 through a set of survey questions

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one

The questions are:

- 1. The overall delivery of the BCF has improved joint working between health and social care in our locality
- 2. Our BCF schemes were implemented as planned in 2024-25
- 3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

- 4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2024-25
 - 5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2024-25
- Please provide narrative for the above 2 questions.

Useful Links and Resources

Planning requirements

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

Policy Framework

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

Addendum

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements>

Better Care Exchange

<https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fbettercareexchange%2FgroupHome>

Data pack

<https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

Metrics dashboard

<https://future.nhs.uk/bettercareexchange/view?objectId=51608880>



DRAFT

DRAFT



Better Care Fund 2024-25 EOY Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Rotherham
Completed by:	Hafsah Taj
E-mail:	Hafsah.Taj1@nhs.net
Contact number:	01709 253870
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:	
2. Cover	Yes	For further guidance on requirements please refer back to guidance sheet - tab 1.
3. National Conditions	Yes	
4. Metrics	Yes	
5.1 C&D Guidance & Assumptions	Yes	
5.2 C&D Actual Activity	Yes	
6. Income actual	Yes	Expenditure Underspent or Overspent
7b. Expenditure	Yes	
8. Year End Feedback	Yes	

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 EOY Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Rotherham

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	
If it has not been signed off, please provide the date section 75 agreement expected to be signed off		
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.		
Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

4. Metrics

Selected Health and Well Rotherham

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q3 (For Q4 data, please refer to data pack on BCX)	Assessment of whether ambitions have been met	Challenges and any Support Needs <i>Please: - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans - ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan</i>	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
		Q1	Q2	Q3	Q4						

Complete:

Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	286.0 281.0 322.0 296.0	225.0	Target met	A key priority for the Rotherham urgent and emergency care recovery plan in 2024-25 is to reduce avoidable conveyances and admissions in order to meet the national 4-hour standard, G&A occupancy levels and no criteria to reside.	Avoidable admissions in Q4 2024-25 are currently forecasted to be on target at 237.8 vs a plan of 296.0 admissions per 100,000 population.	Avoidable admissions decreased in Q4, and is below the planned figure.	Provisional figures for Q4 show a downtrend. This suggests that the work on alternative pathways on ED is beginning to have an impact. This includes developing alternative out of hospital pathways and four high impact change projects relating to frailty, ambulatory care and respiratory and diabetes pathways which are associated with high levels of admission. The growth of	Yes
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Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.4% 94.7% 94.7% 95.4%	94.26%	Target not met	Q4 figures show a slight decrease in rates, with the latest data from March showing 93.7% against a target of 95.4%.	Provisional Q4 figures, with February and March data still incomplete, are estimated at 93.7%, below the target of 95.4%.	Provisional Q4 estimates (93.7%) show a decrease in the rate, but remains below the Q4 planned figure (95.4%).	Provisional figures for Q4 show a downtrend. There has been a sustained increase in demand to A&E resulting in increased admissions, with escalation beds open over the summer. This has impacted on discharge pathways, particularly enablement. At times it has been necessary to place people in short term bedded community care in order to release acute	Yes
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Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1,824.0	437.1	Target not met	A key priority area for Rotherham in 2024/25 is frailty, which is expected to impact this indicator. A small increase in admissions due to falls in people aged over 65 years has been planned, as previous years trend expected to continue.	Q4 data shows a estimated rate of 505.3, which is higher than the quarterly target of 456.0 (set as 25% of our annual target).	Q4 data shows an estimated rate of 505.3, the rate decreased compared to Q3 but remains higher than the planned figure 456.0 (set as 25% of our annual target).	Rotherham high impact frailty project includes a review of the care homes falls pathway.	Yes
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Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	564	not applicable	Target not met	Increased demand across the system, acuity and also linked to the journey of people who previously were in short stay placements that move to long-term.	BCF monies are funding services that support out of hospital delivery of care and reduce admissions to 24-hour care, including short-term packages of social care, reablement, rehabilitation, intermediate care, home from hospital, assistive technology, equipment and adaptations and other community services which are financed by the discharge fund.	2024/25 Year End admissions are 3.1% above target due to increased demand across the service.	A task and finish group are looking at better health and social care linkages and solutions for people being discharged from hospital to ensure people are being supported to home first. Quality Assurance Processes are in place to ensure lesser restrictive options are always exhausted before a long-stay placement is considered / agreed.
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Yes

Better Care Fund 2024-25 EOY Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Rotherham

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed.

Activity has increased for rehabilitation at home in the community to support hospital avoidance. Activity has decreased for rehabilitation at home (Pathway 1) to support hospital discharge. This is because, it is the same team of staff who support admission avoidance and discharge. As a result of pressures on Pathway 1, there has been a slight increase in short-term bedded care (Pathway 2). Although BCF winter monies had been made available for additional enablement and social worker resource recruitment challenges meant that this could not be fully utilised. BCF money was used to recruit a Place system flow capacity manager but this role did not start until January 2025, so there was a delayed impact.

2. Do you have any capacity concerns for 25-26? Please consider both your community capacity and hospital discharge capacity.

We have seen unprecedented levels of demand in our Emergency Department in quarter 4 2025-6. Our 2024-5 plans were based on 260 attendances but the average was over 300 in practice. We are therefore revising capacity and demand plans based on this. It is anticipated that ED demand will be reduced in 2025-6 as work continues on our alternative pathways to ED which will capitalise on a £7M capital build to develop our Same Day Emergency Care offer. In addition we are carrying out a deep dive into attendances to better understand those presenting in an attempt to reduce avoidable activity. However, we have seen very high levels of acuity of those who were admitted, this has played out into discharge pathways with the need for higher levels of support. Given the aging population and home first approach where more people are successfully being supported in the community this is to be expected. We are therefore reviewing the capacity in each of our discharge pathways.

3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period.

Checklist

Yes

Yes

Work is underway at Place to review capacity and demand across all admission avoidance and discharge pathways to ensure we have the right level of resource in the right place according to need. The next phase of the Transfer of Care/Discharge to Assess Model will be implemented in the first half of the year which will reduce pressure points in system flow and enable a more flexible allocation of resource across pathways. The Council have conducted a review of its enablement and integrated discharge service which will increase capacity in 2025-6.

4. Do you have any specific support needs to raise? Please consider any priorities for planning readiness for 25/26.

No support needs required for Q4. BCF plans for 2025/26 have already been submitted to NHS England on 31/03/25.

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

Yes

Yes

5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- Modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Other short term bedded care (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Better Care Fund 2024-25 EOY Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan			Actual activity (not including spot purchased capacity)			Actual activity through only spot purchasing (doesn't apply to time to service)		
Service Area	Metric	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	328	317	338	726	606	467	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	2	2	1	12	12	12			
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	26	23	22	23	25	23	0	0	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	1	1	1	2	1			
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	43	40	46	79	67	66	5	11	12

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	2	1	2	2	1				Yes
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	2	5	8	9	17	13	0	0	0	Yes
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	2	2	4	3	4				Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	0	1	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	1	0	1	0	0	0				Yes

Actual activity - Community	Prepopulated demand from 2024-25 plan	Actual activity:
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Service Area	Metric	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Social support (including VCS)	Monthly activity. Number of new clients.	44	38	35	149	168	117
Urgent Community Response	Monthly activity. Number of new clients.	300	300	300	276	206	277
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	558	572	552	2014	1955	2164
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	11	21	17	18	18	6
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2024-25 EOY Reporting Template

6. Income actual

Checklist

Selected Health and Wellbeing Board:

Rotherham

Complete:

Source of Funding	2024-25				
	Planned Income	Actual income	Carried from previous year (23-24)	Actual total income (Column D + E)	
DFG	£3,341,770	£3,801,597	£0	£3,801,597	Yes
Minimum NHS Contribution	£25,556,953	£25,556,953		£25,556,953	Yes
iBCF	£14,480,543	£14,480,543		£14,480,543	Yes
Additional LA Contribution	£5,102,000	£5,102,000		£5,102,000	Yes
Additional NHS Contribution	£0	£0		£0	Yes
Local Authority Discharge Funding	£3,383,583	£3,383,583		£3,383,583	Yes
ICB Discharge Funding	£2,473,000	£2,473,000		£2,473,000	Yes
Total	£54,337,849			£54,797,676	

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend**

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.

4	Community Based Schemes	<p>1. Integrated neighbourhood services</p> <p>2. Multidisciplinary teams that are supporting independence, such as anticipatory care</p> <p>3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0)</p> <p>4. Other</p>	<p>Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)</p> <p>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'</p>
5	DFG Related Schemes	<p>1. Adaptations, including statutory DFG grants</p> <p>2. Discretionary use of DFG</p> <p>3. Handyperson services</p> <p>4. Other</p>	<p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p>

6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other 	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>
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7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	The ten changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other 	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p>
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11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<p>1. Bed-based intermediate care with rehabilitation (to support discharge)</p> <p>2. Bed-based intermediate care with reablement (to support discharge)</p> <p>3. Bed-based intermediate care with rehabilitation (to support admission avoidance)</p> <p>4. Bed-based intermediate care with reablement (to support admissions avoidance)</p> <p>5. Bed-based intermediate care with rehabilitation accepting step up and step down users</p> <p>6. Bed-based intermediate care with reablement accepting step up and step down</p>	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
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12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.

15	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other 	<p>Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type</p>
16	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	<p>Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.</p>
17	Residential Placements	<ol style="list-style-type: none"> 1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other 	<p>Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.</p>

18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care	Number of placements
Home-based intermediate care	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

See next sheet for Scheme Type (and Sub Type) descriptions

7b. Expenditure

Selected Health and Wellbeing Board:

Rotherham

Running Balances	2024-25					If underspent, please provide reasons
	Income	Expenditure to date	Percentage spent	Balance		
DFG	£3,801,597	£3,801,597	100.00%	£0	Underspent!	
Minimum NHS Contribution	£25,556,953	£25,556,953	100.00%	£0		
iBCF	£14,480,543	£14,351,543	99.11%	£129,000	Underspent!	The underspend relates to roles that were recruited in year. The money will be rolled
Additional LA Contribution	£5,102,000	£3,090,384	60.57%	£2,011,616		Monies were carried forward to 24/25 for the DFG and Carers. These have not been
Additional NHS Contribution	£0	£0		£0		
Local Authority Discharge Funding	£3,383,583	£3,383,583	100.00%	£0		
ICB Discharge Funding	£2,473,000	£2,473,000	100.00%	£0		
Total	£54,797,676	£52,657,060	96.09%	£2,140,616	Underspent!	See above

Required Spend
This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25		
	Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,262,562	£14,901,953	£0
Adult Social Care services spend from the minimum ICB allocations	£9,089,163	£14,975,000	£0

Checklist	Column complete:	Yes	Yes
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Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Actual Spend (£)	Discontinue (if scheme is no longer being carried out in 24-25, i.e. no money has been spent and will be spent)	Comments
1	Adult Mental Health Liaison	Adult mental health support in community supporting independence and recovery	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Mental Health	0	NHS			NHS Mental Health Provider	Minimum NHS Contribution	£ 1,505,000	£1,505,000		Jo Sarsby
2	Falls Service	Community service (health) supporting reablement/prevention to	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 534,000	£534,000		Jo Sarsby
3	Reablement	LA Reablement Service	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)		920	1030	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 1,087,000	£1,087,000		Avanda Mitchell - Hafsa Taj has added outputs from Karen Duke.
3	Domiciliary Care	Provision of domiciliary care services to help people live in their own homes	Home Care or Domiciliary Care	Domiciliary care packages		31662	21950	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 758,000	£758,000		Avanda Mitchell. Liz Callear to ask Performance and Inteligence Team for outputs. .
4	Community Stroke Service	Integrated stroke pathway to support early discharge/rehabilitation	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 597,000	£597,000		Jo Sarsby
5	Community Neuro Rehab	Integrated neuro pathway to support early discharge and rehabilitation	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 184,000	£184,000		Jo Sarsby
6	Breathing Space	Community based service for people with Chronic Obstructive Pulmonary	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 2,086,953	£2,086,953		Jo Sarsby
7	Otago Exercise Programme	Falls prevention exercise programme	Personalised Care at Home	Physical health/wellbeing			NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 20,000	£20,000		Avanda Mitchell
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	small items of equipment to enable people to	0	NA		Social Care		NHS			Private Sector	Minimum NHS Contribution	£ 1,962,000	£1,962,000		Jo Sarsby
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	small items of equipment to enable people to		NA		Social Care		NHS			Private Sector	iBCF	£ 92,000	£92,000		Jo Sarsby
9	Community OT	Occupational Therapy Assessments	Prevention / Early Intervention	Other	OT assessments carried out by community	3000	3029		Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£ 497,000	£497,000		Avanda Mitchell - Karen Smith has added outputs
9	Community OT	Occupational Therapy Assessments	Prevention / Early Intervention	Other	OT assessments carried out by community	3000	3029		Social Care		LA			NHS Community Provider	Additional LA Contribution	£ 432,000	£432,000		Avanda Mitchell - Karen Smith has added outputs
10	Disabled Facilities Grant	Major property adaptatations to enable people to continue to live independently within	DFG Related Schemes	Adaptations, including statutory DFG grants		223		Number of adaptations funded/people supported	Social Care		LA			Local Authority	DFG	£ 2,471,770	£2,931,597		Avanda Mitchell. Liz Callear to ask Daniel Peck re outputs.
10	Disabled Facilities Grant	Community alarm and Equipment service to support independent living	Assistive Technologies and Equipment	Community based equipment		2300	1222	Number of beneficiaries	Social Care		LA			Local Authority	DFG	£ 870,000	£870,000		Avanda Mitchell. Liz Callear to ask Sharron Barker for outputs.
10	Additional Disabled Facilities Grant schemes	Additional major Adaptations	DFG Related Schemes	Other	Balance brought forward from slippage in	223		Number of adaptations funded/people supported	Social Care		LA			Local Authority	Additional LA Contribution	£ 1,500,000	£205,000		Avanda Mitchell. Liz Callear to ask Daniel Peck re outputs.

11	Age UK Hospital Discharge	Hospital Discharge supporting flow	Personalised Care at Home	Physical health/wellbeing		1637	581		Other	Charity / Voluntary Sector	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 173,000	£173,000		Jo Sarsby - Hafsa Taj has added the outputs. 416 reported in Q3.
12	Stroke Association Service	VCS provision to support stroke survivors	Personalised Care at Home	Physical health/wellbeing		0	NA		Other	Charity / Voluntary Sector	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 59,000	£59,000		Jo Sarsby
13	Intermediate Care	Residential Rehabilitation for patients who cannot return home from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		550	565	Number of placements	Social Care		LA			Local Authority	Additional LA Contribution	£ 1,920,038	£1,920,038		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care	Residential Rehabilitation for patients who cannot return home from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		375	430	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 1,039,000	£1,039,000		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care	Residential Rehabilitation for patients who cannot return home from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		288	288	Number of placements	Social Care		NHS			Private Sector	Minimum NHS Contribution	£ 1,508,000	£1,508,000		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care Home first	Rehabilitation and reablement pathway home	Home-based intermediate care services	Reablement at home (to support discharge)		375	430	Packages	Social Care		NHS			NHS Community Provider	Minimum NHS Contribution	£ 886,000	£886,000		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care Therapy	Rehabilitation and reablement pathway home	Bed based intermediate Care Services (Reablement,	Other	Social Care	375	430	Number of placements	Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£ 542,000	£542,000		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care Therapy	Rehabilitation and reablement pathway home	Bed based intermediate Care Services (Reablement,	Other	Social Care	375	430	Number of placements	Social Care		LA			NHS Mental Health Provider	Minimum NHS Contribution	£ 100,000	£100,000		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care GP Cover	GP support for bed based intermediate care services	Bed based intermediate Care Services (Reablement,	Other	GP Cover	375	430	Number of placements	Primary Care		LA			NHS Community Provider	Minimum NHS Contribution	£ 36,000	£36,000		Avanda Mitchell - Karen Smith has added outputs.
13	Intermediate Care	Rehabilitation and reablement pathway home	Home-based intermediate care services	Reablement at home (to support discharge)		375	430	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 377,000	£377,000		Avanda Mitchell - Karen Smith has added outputs.
14	Direct Payments	Personal budget to support an individual social care plan and support	Personalised Budgeting and Commissioning				NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£ 1,283,000	£1,283,000		Avanda Mitchell
14	Supported Living	A range of services to support the independence of people with a learning	Residential Placements	Supported housing		7	7	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 410,000	£410,000		Avanda Mitchell. Liz Callear to add outputs
15	Care Act	Deprivation of Liberty Safeguards (Dols) support	Care Act Implementation Related Duties	Independent Mental Health Advocacy			NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£ 40,000	£40,000		Avanda Mitchell
15	Care Act	Direct Payments and Domiciliary Care provision	Care Act Implementation Related Duties	Other	Direct Payments and Domiciliary Care provision	0	NA		Social Care		LA			Private Sector	Minimum NHS Contribution	£ 661,000	£661,000		Avanda Michell
16	Mental Health rehabilitation services	Rehabilitation and support in a bed base provision	Residential Placements	Care home		3	2	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 209,000	£209,000		Avanda Mitchell. Liz Callear to add outputs
17	Learning Disabilities independent	Learning disabilities residential placements	Residential Placements	Learning disability		11	8	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 984,000	£984,000		Avanda Mitchell. Liz Callear to add outputs
17	Learning Disabilities Domiciliary Care	Learning Disabilities Domiciliary Care packages	Home Care or Domiciliary Care	Domiciliary care packages		1546	1072	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 37,000	£37,000		Avanda Mitchell. Liz Callear to ask Performance and Intelligence Team for outputs.
18	Free Nursing Care	NHS Funded Nursing Care	Residential Placements	Nursing home		125	182	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 1,472,000	£1,472,000		Avanda Mitchell. Liz Callear to ask Performance and Intelligence Team for outputs.
19	GP Case Management	Empowering GP's to take full responsibility for all health and social care input	Community Based Schemes	Other	GP Support for Long Term Conditions	0	NA		Primary Care		NHS			NHS Community Provider	Minimum NHS Contribution	£ 1,172,000	£1,172,000		Jo Sarsby
20	Care Home Support Service	Integrated community service to care homes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	NA		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	£ 321,000	£321,000		Jo Sarsby
21	Hospice - end of Life Care	EOLC support to ensure needs are meet	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as		0	NA		Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 994,000	£994,000		Jo Sarsby
22	Social Prescribing	Links patients in primary care with non medical support within the community and	Prevention / Early Intervention	Social Prescribing		0	NA		Other	Health and Social Care	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	£ 880,000	£880,000		Jo Sarsby
23	Social Work Support (A&E, Case	Includes Fast Reponse and Supported Discharge Pathways teams	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)		0	NA		Social Care		LA			Local Authority	Minimum NHS Contribution	£ 919,000	£919,000		Avanda Mitchell
24	Care co-ordination Centre	A single point of contact for health and social care professionals providing	Community Based Schemes	Integrated neighbourhood services		0	NA		Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	£ 921,000	£921,000		Jo Sarsby
25	Carers Support Services	Implement Carers Strategy to support unpaid carers across the borough	Carers Services	Carer advice and support related to Care Act duties		30000	30000	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£ 237,000	£237,000		Avanda Mitchell
25	Carers Support Services	Carers Emergency Scheme	Carers Services	Carer advice and support related to Care Act duties		30	23	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	£ 23,000	£23,000		Avanda Mitchell - Karen Smith has added outputs from Katy Lewis
25	Carers Support Services	Direct Payments and domiciliary care provision	Carers Services	Respite services		23	19	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£ 301,000	£301,000		Avanda Mitchell - Liz Callear for outputs.
26	Joint Commissioning Team	Joint Commissioner team staffing costs	Enablers for Integration	Joint commissioning infrastructure			NA		Other	Commissioning	NHS			Local Authority	Minimum NHS Contribution	£ 50,000	£50,000		Avanda Mitchell
27	IT to Support Community Transformation	Digital enablers to support integration of community services	Enablers for Integration	System IT Interoperability			NA		Other	Information sharing	NHS			NHS	Minimum NHS Contribution	£ 192,000	£192,000		Jo Sarsby
28	BCF Risk Pool	Risk pool - contingency for unforeseen cost pressures	Other				NA		Other	Contingency	NHS			NHS	Minimum NHS Contribution	£ 500,000	£500,000		Jo Sarsby

29	Adaptation of Liquid Logic to support care	Support IT infrastructure and promote integrated working	Enablers for Integration	System IT Interoperability			NA		Social Care		LA			Local Authority	iBCF	£ 60,000	£60,000		Avanda Mitchell
30	Rotherham Place DTOC Project Manager	Strategic Project Manager post to support hospital discharge pathway	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Acute		NHS			NHS Acute Provider	iBCF	£ 85,000	£85,000		Avanda Mitchell
31	Health Inequalities	Project support to implementation population health priorities	Integrated Care Planning and Navigation	Support for implementation of anticipatory care			NA		Other	Public Health	LA			Local Authority	iBCF	£ 90,000	£90,000		Avanda Mitchell
32	Trusted Assessor	Assessments and care planning to reduce delays in hospital discharges	High Impact Change Model for Managing Transfer of Care	Trusted Assessment			NA		Acute		NHS			NHS Acute Provider	iBCF	£ 70,000	£38,000		Avanda Mitchell
33	Social Care Sustainability	Older People Residential placements	Residential Placements	Care home		75	74	Number of beds	Social Care		LA			Private Sector	iBCF	£ 2,779,000	£2,779,000		Avanda Mitchell. Liz Callear to add outputs.
33	Social Care Sustainability	Older People Domiciliary Care provision	Home Care or Domiciliary Care	Domiciliary care packages		63784	44218	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	iBCF	£ 1,527,000	£1,527,000		Avanda Mitchell. Liz Callear to ask Performance and Intelligence Team for outputs - number of res care placements.
33	Social Care Sustainability	Provision of direct payments to support people within their own homes	Personalised Budgeting and Commissioning			0	NA		Social Care		LA			Private Sector	iBCF	£ 700,000	£700,000		Avanda Mitchell
33	Social Care Sustainability	Residential placements for younger adults with a Learning Disability.	Residential Placements	Learning disability		20	19	Number of beds	Social Care		LA			Private Sector	iBCF	£ 2,238,000	£2,238,000		Avanda Mitchell. Liz Caller to add ouputs.
34	Care Market Capacity and sustainability	Supporting the increase in provider costs, for example, due to the increase in NLW	Residential Placements	Other	Meeting increasing costs of placements	889	900	Number of beds	Social Care		LA			Private Sector	iBCF	£ 4,225,543	£4,225,543		Avanda Mitchell. Liz Callear to ask Performance and Intelligence Team for outputs - number of res care placements.
35	Care Market Capacity and sustainability	Supporting the increase in LD provider costs, including the increase in NLW plus	Residential Placements	Supported housing		11	9	Number of beds	Social Care		LA			Private Sector	iBCF	£ 753,000	£753,000		Avanda Mitchell. Liz Callear to add outputs.
36	Prevention and Early Intervention	Voluntary Sector advice and Support at front of access	Prevention / Early Intervention	Other	Advice and Guidance		NA		Social Care		LA			Charity / Voluntary Sector	iBCF	£ 50,000	£50,000		Avanda Mitchell
37	Prevention and Early Intervention	Advocacy support, advice and guidance for people with a learning disability	Prevention / Early Intervention	Other	Advice and Guidance		NA		Social Care		LA			Charity / Voluntary Sector	iBCF	£ 55,000	£55,000		Avanda Mitchell
38	Perform Plus	Coaching Programme to increase capacity and performance of the social	Enablers for Integration	Workforce development			NA		Social Care		LA			Local Authority	iBCF	£ 48,000	£48,000		Avanda Mitchell
39	Reablement - Additional staffing	Increase capacity of reablement service	Workforce recruitment and retention				NA	WTE's gained	Social Care		LA			Local Authority	iBCF	£ 87,000	£87,000		Avanda Mitchell
40	Spot purchase Reablement beds	Short term provision within the independent sector to support hospital discharge	Bed based intermediate Care Services (Reablement, discharge)	Bed-based intermediate care with reablement (to support discharge)		150	135	Number of placements	Social Care		LA			Private Sector	iBCF	£ 107,000	£107,000		Avanda Mitchell - Karen Smith has added outpputs.
41	Escalation wheel	Supports oversight on system pressures to concentrate actions/escalation on	Enablers for Integration	Data Integration			NA		Acute		NHS			NHS Acute Provider	iBCF	£ 12,000	£12,000		Jo Sarsby
43	Tactical Brokerage	To broker residential and home care packages of care from commissioned	Other				NA		Social Care		LA			Local Authority	iBCF	£ 110,000	£110,000		Avanda Mitchell
44	Winter Bed Capacity	Discharge Pathways and Patient Flow	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Other	Winter Planning	NHS			Private Sector	iBCF	£ 500,000	£500,000		Avanda Mitchell
45	Integrated Discharge Team	Multi-disciplinary teams to support hospital discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			NA		Social Care		LA			Local Authority	iBCF	£ 225,000	£225,000		Avanda Mitchell
46	Early Planning Team	Social Work team to support hospital discharges	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	iBCF	£ 237,000	£237,000		Avanda Mitchell
47	Additional Winter Capacity	Winter Planning contingency	Other				NA		Social Care		LA			Local Authority	iBCF	£ 273,000	£273,000		Avanda Mitchell
49	Additional Social work Capacity	Additional Social work Capacity - Learning Disabilities	Workforce recruitment and retention				4	WTE's gained	Social Care		LA			Local Authority	Additional LA Contribution	£ 250,000	£250,000		Avanda Mitchell - Liz Callear to add outputs
51	Prevention and Early Intervention	NEW front door prevention capacity to ensure deflection	Prevention / Early Intervention	Other	2 FTE posts		2		Social Care		LA			Local Authority	Additional LA Contribution	£ 100,000	£100,000		Avanda Mitchell. Liz Calllear to add outpurs
52	Self-Assessment	Implementation of self-assessment and the LAS citizen portal	Integrated Care Planning and Navigation	Care navigation and planning		0	NA		Social Care		LA			Local Authority	Additional LA Contribution	£ 51,408	£51,408		Avanda Mitchell
56	Integrated Brokerage Support Service	Additional Brokerage resources	Workforce recruitment and retention			1.5	1.5	WTE's gained	Social Care		LA			Local Authority	Additional LA Contribution	£ 38,530	£38,530		Avanda Mitchell
59	Crisis Support	Remodelling of MH crisis service / offer	High Impact Change Model for Managing Transfer of Care	Housing and related services		0	NA		Social Care		LA			Local Authority	Additional LA Contribution	£ 200,000	£0		Avanda Mitchell. Is this ICB?
60	Carers Support Services	Careres Strategy	Carers Services	Other	Other	30000	30000	Beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	£ 230,000	£0		Avanda Mitchell.
61	Home Care/Care Home sustainability	To meet the challenges of escalating cost pressures within this service, relating to	Workforce recruitment and retention	Improve retention of existing workforce		1378	1378	WTE's gained	Continuing Care		NHS			Private Sector	ICB Discharge Funding	£ 1,933,930	£1,933,930		Jo Sarsby
62	SYHA Discharge Support	Additional housing inreach on to ward to support with housing issues to support	Housing Related Schemes				NA		Mental Health		NHS			Private Sector	ICB Discharge Funding	£ 60,900	£60,900		Jo Sarsby
63	Community Equipment	Supply and delivery of additional Community based equipment to increase ability	Assistive Technologies and Equipment	Community based equipment		183	183	Number of beneficiaries	Community Health		NHS			Private Sector	ICB Discharge Funding	£ 157,500	£157,500		Jo Sarsby

64	Alternative to Admission	Spot purchase short term stay to help manage a crisis situation.	Bed based intermediate Care Services (Reablement,	Other	Crisis alternative	2	2	Number of placements	Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	£ 157,500	£157,500		Jo Sarsby
65	Hospice - Clinical Nurse Specialist	Clinical Nurse Specialist which will enable increased community activity allowing	Workforce recruitment and retention				NA	WTE's gained	Community Health		NHS			Charity / Voluntary Sector	ICB Discharge Funding	£ 68,250	£68,250		Jo Sarsby
66	Hospice - Increased Inpatient Unit	Improve the management of discharge from the hospice thus increasing bed	Other	Other	Hospice beds - supported flow through IPU beds		NA		Community Health		NHS			Charity / Voluntary Sector	ICB Discharge Funding	£ 63,000	£63,000		Jo Sarsby
67	CHC – assessments	Increase number and speed of assessments to improve flow	Other	Additional or redeployed capacity from current care workers			NA		Continuing Care		NHS			Private Sector	ICB Discharge Funding	£ 31,920	£31,920		Jo Sarsby
68	Integrated Discharge Team	Additional avoidance / front door capacity	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge			NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 120,000	£135,545		Avanda Michell
69	Reablement expansion	Additional hours dedicated to hospital discharge + funding for a Deputy	Home-based intermediate care services	Reablement at home (to support discharge)		92	95	Packages	Social Care		LA			Local Authority	Local Authority Discharge	£ 437,037	£293,493		Avanda Michell - Karen Smith has added outputs.
70	Davies Court Intermediate Care	Support discharge capacity and admission avoidance	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		190	295	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	£ 500,000	£344,978		Avanda Michell - Karen Smith has added outputs.
71	Rothercare - installer	Additional post to support discharge and avoidance	Enablers for Integration	Data Integration			NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 30,000	£0		Avanda Michell. 23/25 scheme not carried over to 24/25
72	Housing Officer	Housing officer align to ACT/IDT	High Impact Change Model for Managing Transfer of Care	Housing and related services			NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 50,000	£39,105		Avanda Michell
73	CHC assessors	CHC co-ordinators in practice hub	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 150,000	£74,812		Avanda Michell
74	MH Discharge	MH discharge co-ordinator due to DTOC	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning			NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 100,000	£237,005		Avanda Michell
75	Intermediate Care	Athorpe Lodge 24 Community Beds fee Uplift	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		288	288	Number of placements	Social Care		NHS			Private Sector	Local Authority Discharge	£ 93,000	£85,793		Avanda Michell - Karen Smith has added ouptputs.
77	Trusted Assessor for Care Homes	Trusted Assessor for Care Homes over 7 days	High Impact Change Model for Managing Transfer of Care	Trusted Assessment			2		Social Care		LA			NHS	Local Authority Discharge	£ 100,000	£88,689		Avanda Michell
78	Administrative Support	Administrative Support	Other				NA		Social Care		LA			Local Authority	Local Authority Discharge	£ 40,000	£0		Avanda Michell
42	Healthwatch	Consumer champion for patients, service users and public for both health and	Care Act Implementation Related Duties	Other	Increased responsibilities to meet Care Act	0	NA		Social Care	0	LA	0		Charity / Voluntary Sector	iBCF	£ 60,000	£60,000		Avanda Michell
42	Health Care Portfolio Lead post	Contribution to Joint health and care 8C portfolio lead role	Workforce recruitment and retention	Other	0.5 wte	1.5	1.5	WTE's gained	Community Health	0	NHS	0		NHS	iBCF	£ 50,000	£0		Jo Sarsby
42	Virtual Wards	Admission avoidance/Early Discharge from hospital	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity	0	0	NA		Acute	0	NHS	0		NHS Acute Provider	iBCF	£ 47,000	£0		Jo Sarsby
82	Vulnerable Adults Manager post	Co-ordination of the vulnerable adults pathway	Prevention / Early Intervention	Risk Stratification	0	0	1		Mental Health	0	LA	0		Local Authority	Additional LA Contribution	£ 70,000	£0		Avanda Mitchell
83	Carers Link Officers	To improve timeliness of carers assessments	Carers Services	Carer advice and support related to Care Act duties	0	75	0	Beneficiaries	Social Care	0	LA	0		Local Authority	Additional LA Contribution	£ 60,000	£2,000		Avanda Mitchell - Liz Callear for outputs.New for 24/25. 50% F Dunmow and Nawaz Mohammed.
84	Workforce Planning Officer	Workforce planning to ensure adult social care workforce has the right skills	Workforce recruitment and retention	Improve retention of existing workforce	0	1	1	WTE's gained	Social Care	0	LA	0		Local Authority	Additional LA Contribution	£ 70,000	£0		Avanda Mitchell
7	Otago Exercise Programme	Falls prevention exercise programme	Personalised Care at Home	Physical health/wellbeing	0	0	NA		Social Care	0	LA	0		Local Authority	Additional LA Contribution	£ 5,000	£2,330		Avanda Michell
85	Community Infection Prevention and	IPC leads in care homes to promote Infectoin Prevention and Control	Prevention / Early Intervention	Risk Stratification	0	0	NA		Community Health	0	LA	0		Local Authority	Additional LA Contribution	£ 150,000	£8,000		Avanda Mitchell
86	Contingency	Non recurrent contingency to meet any additional pressures	Other	0	Contingency	0	NA		Social Care	0	LA	0		Local Authority	Additional LA Contribution	£ 25,024	£81,078		Avanda Mitchell. Liz,is this project C
76	Short Term spot placements	Short Term spot beds to support Hospital Discharges	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)	0	56	143	Number of placements	Social Care	0	LA	0		Private Sector	Local Authority Discharge	£ 138,000	£478,011		Avanda Mitchell - Karen Smith has added outputs.
87	Complex needs Intermediate Care	1:1 capacity for complex or double handed IMC cases	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)	0	383	430	Number of placements	Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 100,000	£100,000		Avanda Mitchell - Karen Smith has added outputs.
88	Proportionate Care Lead	To look at safe single handed care in bed and community based locations	Integrated Care Planning and Navigation	Assessment teams/joint assessment	0	0	NA		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 56,400	£55,408		Avanda Michell. Liz-started Nov 24
89	Vocationally Qualified Assessment	To support the Proportionate Care Lead for single handed care	Integrated Care Planning and Navigation	Assessment teams/joint assessment	0	0	NA		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 33,600	£0		Avanda Michell
90	Waiting Lists / LD Review Officer	To support timely assessments and reviews	Integrated Care Planning and Navigation	Assessment teams/joint assessment	0	0	5		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 200,000	£301,500		Avanda Michell - Liz Callear for outputs
91	Operations Manager (Provider Services)	Additional capacity to support service transformation	Other	0	Increased leadeship capacity	0	1		Social Care	0	LA	0		Local Authority	Local Authority Discharge	£ 75,000	£53,839		Avanda Michell
92	Home from Hospital - extension	Bridging service prior to RMBC enablement service capacity	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	0	0	0		Social Care	0	LA	0		Private Sector	Local Authority Discharge	£ 185,000	£276,672		Avanda Michell - Liz Callear for outputs. Home from hospital Cera client no's from Apr 24 to March 2025

[illegible]

Better Care Fund 2024-25 EOY Reporting Template

8. Year End Impact Summary

Selected Health and Wellbeing Board: Rotherham

Confirmation of Statements		
Question statements	Confirmation	If the answer is "No" please provide an explanation:
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2024-25	Yes	
The delivery of our BCF plan 2024-25 has had a positive impact on the integration of health and social care in our locality.	Yes	

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	Narrative

Checklist
Complete:

Yes

Yes

Yes

2 key successes observed towards driving the enablers for integration	<p>Phase 1 of Rotherham's integrated health and social care Transfer of Care hub has been completed with nursing, therapy, social workers, wellbeing officers and hybrid support workers co-located to triage, refer and assess people to either remain at home, avoiding an unnecessary admission or support discharge to the correct pathway. Another key success is that funding has been provided to improve the health and wellbeing of unpaid carers in Rotherham through a small grants programme. Unpaid carers have reported that this had improved their physical, mental, emotional and social well-being.</p>
2 key challenges observed towards driving the enablers for integration	<p>Adult Social Care faces an increase in demand for services with an ageing population. We are seeing people with higher levels of acuity, dependency and complexity and more people are presenting at A&E than ever before. A further challenge is also the cost of living crisis which is placing additional pressure on existing budgets and having an impact on the sustainability of the residential and nursing care market, particularly nursing EMI and home care providers. A 5.5% increase has been agreed for all adult social care commissioned providers for 2025-26.</p>

Yes

Yes

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 19 February 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Anand Barmade, Connect Healthcare Rotherham Chris Edwards, Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB) Richard Jenkins, The Rotherham NHS Foundation Trust Sharon Kemp, Rotherham Metropolitan Borough Council Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Ian Spicer, Chair, Strategic Director, Adult Care, Housing and Public Health, RMBC
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:

Claire Smith (**CS**), Chair Director of Partnerships Rotherham Place, NHS SY ICB
Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB
Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council (deputising)
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust (deputising)
Andrew Russell (**AR**), Director of Nursing, Doncaster & Rotherham Places, NHS SY ICB
Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (deputising)

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair
Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Gordon Laidlaw (**GL**), NHS SY Integrated Care Board
Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB
Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB
Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB
Garry Parvin (**GP**), Joint Head of LD, Autism Commissioning, RMBC/NHS SY ICB
Laura Marshall (**LM**), Fostering Marketing Lead, RMBC

In attendance:

Jude Archer (**JA**), Asst Director of Transformation, NHS SY ICB
Ellen Rogers, Business Support Administrator, NHS SY ICB
Zara Head, Senior Project Clinical Lead (Rotherham), NHS SY ICB

Minute Taker:

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

Item Number	Discussion Items
113/02/25	Public & Patient Questions
There were no questions from members of the public.	
114/02/25	Learning Disabilities and Autism Update
<p>Garry Parvin gave an update for Members advising that the group's work has included undertaking a one year review of progress on meeting the strategic aims of the all-age autism strategy and continuing the consultation with networks and existing services using the four cornerstones.</p> <p>Good progress has been made to support more autistic people and people with a learning disability into work. 36 supported interns have enrolled, the council hosts 4 and the NHS hosts 3 of these posts. The supported employment service has helped 158 autistic people or those with a learning disability to find meaningful employment or to begin their journey through training and placements and 50 autistic people or people with a learning disability have found employment.</p> <p>GP advised that the ICB has reported an increase in the number of admissions of autistic people into mental health hospital beds and seen an increase in demand for assessment. Rotherham Place is supporting the SY ICB pathway review to ensure regional and local resources/pathways are best aligned to avoid inappropriate admissions.</p> <p>It was also noted that work is taking place to confirm that data sharing ensures that those with a learning disability and autistic people are visible in data collected, eg reasonable adjustments indicators are being implemented by TRFT on electronic medical records.</p> <p>Going forward work will include supporting the development of co-produced action plans which will conclude in Spring 2025 and inform the cabinet update in July/September. Work will continue to develop South Yorkshire pathways that reduce the need for inappropriate admission into mental health services.</p> <p>GP concluded asking whether there were any questions.</p> <p>JBR felt it was important for people with autism to benefit from being able to work and asked whether there was a link between those in work and those awaiting diagnosis and inappropriate admissions. She also wanted to know, out of the 50 people that had found jobs, what occupational skill level were they working at. GP will pick up with JBR outside the meeting to provide the information she requested.</p> <p>JP wondered whether there was a correlation in those being diagnosed with autism and the increased numbers of people requiring admission into mental health beds. GP agreed to check and feedback to JP directly.</p> <p>Discussion followed about the 'Waiting Well' initiative and it was suggested that the group considers implementing this for adults as well as children who are awaiting diagnosis.</p> <p>BK mentioned the Project SEARCH programme that provides real work experience combined with training in employability and independent living skills delivered in a work setting to help young people make successful transitions to productive adult life. He relayed his experience of working with colleges to give opportunities that make an impact on both families and hospital staff. BK will contact GP to discuss further.</p> <p>Similarly JT advised of the work done by RDaSH on health checks and paying attention to ensure people with autism or a learning disability are not disadvantaged.</p> <p>CS thanked GP for the update.</p> <p>GP left the meeting at this point.</p>	

115/02/25	Fostering Ambassador Update
<p>Laura Marshall, Fostering Marketing Lead, reminded members of the many different types of fostering, such as second home (respite), long term, short term, families together, parent and child and step down. She highlighted that an excellent relationship is in place with Rotherham Hospital and the service has featured in staff bulletins, leaflets and posters around the hospital's settings, has partnered with the hospital and the Looked after Children's Nurse to develop an information card to give to health professionals to support them in keeping their details confidential.</p> <p>LM highlighted that there are 496 children in care in Rotherham, 107 are in in-house fostering households and 114 children in in-house placements. It is anticipated that there will be 13 foster care approvals at year end, March 2025 creating 18 placements. In January 2025, there were 176 children placed with foster carers employed by independent fostering agencies (IFA's) which are commissioned by the council to provide the service to our children in care.</p> <p>The ambition is to recruit, retain and grow the best in-house foster carers locally as children's needs are best met in a family setting with high quality support and care and in-house foster placements provide the best value for the council and its residents providing stable enduring placements, local to family, friends, schools and communities.</p> <p>LM outlined the key messages for Members that fosterers need one spare bedroom. RMBC offers a rewarding and competitive financial package, with fostering changing the lives of local children. Foster carers report that Rotherham provides high quality support and training for them and helps you become a part of the fostering community.</p> <p>LM asked that Members help by raising awareness within health settings about fostering, help to identify potential foster carers within their health workforce or wider community, or become fostering friendly employers with a workplace ambassador for fostering.</p> <p>LM would welcome invitations to events where leaflets can be distributed or presentations given. Partners can also share contact details for the fostering website or services within their staff bulletins/patient information.</p> <p>Partners confirmed that they were happy to be shown as fostering friendly for Rotherham organisations on marketing materials and would advise as necessary in their respective organisations.</p> <p>LM confirmed for SH that only around 3.5 Asian households in Rotherham foster and although work is being done to break down barriers any help to link in with diverse communities would be welcome.</p> <p>SS offered a couple of suggestions for sharing fostering information leaflets throughout Eid and Ramadan as well as sharing mosque network information. SS/LM to discuss.</p> <p>Following a query from MCS, LM explained the difference for people going through the Council to become foster carers rather than through Independent Fostering Agencies (IFA's). Discussion took place around the Council offer and marketing. LM confirmed that a review of fostering marketing processes and strategy is undertaken annually and adjusted as necessary.</p> <p>Members thanked LM for giving the update.</p> <p>LM left the room following this item.</p>	
116/02/25	Place Plan Performance – Quarter 3
<p>CS presented the Quarter 3 performance report. Towards the end of the second year of the place plan there had been a slight dip in performance on milestones, with 66% on track or completed. It was noted that some of these related to UEC Transformation and had therefore been impacted by the current challenged position across Place.</p> <p>In relation to metrics, there had been a slight increase in performance at 62% compared with 55% seen in Quarter 2, recognising a positive improvement.</p>	

Members noted the position reported at Quarter 3, end of December 2025.	
117/02/25	Feedback from SY Integrated Care Partnership Meeting – 30 January 2025
<p>JP and JBR reported that the Members had received a presentation on anti-racism and working towards becoming an anti-racist health and care system and identifying leads for each partner organisation. Christine Joy, Chief People Officer for NHS SY ICB had updated on progress with the economic activity trailblazer and growth accelerator. Ed Clancy OBE, former professional track, road bicycle racer and Olympian came along to talk about active travel and South Yorkshire Walking, Wheeling and Cycling Strategy.</p> <p>CS thanked JP and JBR for the update and noting that the next meeting is due to be held on 20 March 2025 after which Members will receive feedback.</p>	
118/02/25	Place Achievements
<p>JT highlighted examples of partnership working that had taken place. An RDaSH developed training session on domestic abuse and suicide awareness had been expanded to invite a Senior Project Worker from Hopian (formerly Rotherham Rise to attend and provide an overview of domestic abuse services in Rotherham.</p> <p>Members noted this true example of collaborative working.</p>	
119/02/25	Communications to Partners/Promoting Events & Consultations
<ul style="list-style-type: none"> – Partners to report back into their organisations agreement to become fostering friendly on RMBC foster marketing materials – Rotherham Hospice has signed up to and launched Hospice Care TV launched. – A new hospice shop is opening in Swinton on Saturday 22 February. MCS to share detail. – Members wished Ben Anderson, Director of Public Health all the best in his new job as he leaves Rotherham MBC and thanked him for all his hard work with Rotherham Place. 	
120/02/25	Draft Minutes and Action Log from Public Place Board
<p>The minutes from the meeting held on 15 January 2025 were agreed as a true and accurate record.</p> <p>The action log was reviewed and noted as all completed.</p>	
121/02/25	Risks and Items for Escalation to Appropriate Board
There were no new risks to note.	
122/02/25	Future Agenda Items:
<p>March Place Board</p> <p>Children & Adolescent Mental Health Service Update</p> <p>Communications</p> <p>Standing Items</p> <ul style="list-style-type: none"> – Updates from all groups (as scheduled) – Bi-Monthly Place Partnership Briefing – Feedback from SY ICP Meetings – Bi Monthly – Place Achievements (as and when) 	
123/02/25	Date of Next Meeting
The next meeting will take place on Wednesday 19 March 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
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	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
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

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Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 19 March 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, NHS SY ICB Anand Barmade, Connect Healthcare Rotherham Richard Jenkins, The Rotherham NHS Foundation Trust Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Andrew Russell, NHS SY ICB Ian Spicer, RMBC Gordon Laidlaw, NHS SY Integrated Care Board
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**), Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB)
Sharon Kemp (**SK**), Rotherham Metropolitan Borough Council
Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB
Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB
Alex Hawley (**BA**), Acting Director of Public Health, Rotherham Metropolitan Borough Council
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust (deputising)
Julie Warren Sykes (**JWS**), Deputy Chief Nurse, Rotherham, NHS SY ICB
Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (deputising)

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, RMBC
Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB
Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB
Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

In attendance:

Jude Archer (**JA**), Asst Director of Transformation, NHS SY ICB
Michael Draffan (**MD**), Place Workforce Development Lead, RMBC
Tim Hartley (**TH**), Head of Property, RMBC (for Item 2 only)
Jo Martin (**JM**), Programme Lead – Transformation & Delivery, NHS SY ICB (Items 4 & 5 only)
Karen Smith, Director of Partnership, NHS SY ICB - Observing

Minute Taker:

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

Item Number	Discussion Items
124/03/25	Public & Patient Questions
There were no questions from members of the public.	
125/03/25	Estates Update
<p>Tim Hartley advised that the group meets six times a year and is continuing discussions around Town centre regeneration initiatives, Asset Management Planning and estates strategies, accommodation requirements across the public sector and asset mapping and data.</p> <p>RDaSH representation is still being sought and JT will follow up.</p> <p>TH updated on the work being undertaken on the six workstreams namely, collaboration, Olive Lane Medical Centre, Data, Land and Assets, Voluntary Sector, Badsley Moor Lane and Climate Change. Members were informed that the new medical centre at Olive Lane will begin delivering services from Spring 2025 and is surrounded by new retail properties that are in the process of being fitted out.</p> <p>Progress is being made toward the Rotherham wide Health Estates Strategy with agreement for a high level vision to allow the alignment of service and estates planning, whilst developing a primary care network estates strategy will also enable the procurement of the best solution bringing Rotherham in line with partner organisations and being more proactive.</p> <p>TH gave a brief update of progress with the development of Forge Island and the businesses that are due to occupy vacant units in the coming months.</p> <p>MCS advised that the Hospice aspires to become a 30-bed facility in the future. However, it is not an option to remain in the current premises. It was agreed that the Hospice will be invited to join the Strategic Estates Group.</p> <p style="text-align: right;">Action: TH</p> <p>CE thanked TH for the update and he left the meeting at this point.</p>	
126/03/25	Workforce Update
<p>Michael Draffan commenced by thanking partners for assisting with partnership working and the employment opportunities they have provided to support the programmes in place across Rotherham.</p> <p>He went on to say that partnership working in Rotherham is excellent and the group is well connected with all key employers and partners. Participation programmes are being widened and work with schools and colleagues has included the ambassador programme and the Rotherham College market place event. It was noted that Skill Street is due to open on 1st April raising a good profile for the sector and the SYREC Website now contain a dedicated Rotherham page.</p> <p>A number of opportunities and risk were highlighted including:</p> <ul style="list-style-type: none"> – Pathways to Work – Trailblazer/Growth accelerator – Learning disability and autism development – Supported internship placements – Developing work with primary care – NEET inclusion/reduction – Developing apprenticeships – Experience in the workplace <p>Work is now taking place to roll out the SWAP programmes with TRFT and RMBC for 18-24 NEET clients and with the rollout of the Pathways to Work Programmes to ensure connectivity between the trailblazer and growth accelerator. Further work will also take place to develop</p>	

NEET inclusion work and develop the partnership with Rotherham Hospice where there are a number of volunteer opportunities available.

Following discussion about pathways to work trailblazer and how it is high this issue is high on the government agenda. It was agreed that MD and CS will discuss what having the project will mean for Rotherham and how best it can be taken forward using the resources already available including the award winning employment solutions team. Having seen the benefits of the project in Barnsley, BK will also be included.

JWS will also link up with MD on care leavers.

JBR thanked MD for the work done on NEET inclusion which she said was working well and has had a big impact.

Discussion followed around the possibility of holding a future Health and Wellbeing Board at Skill Street to give Members an insight.

Members thanked Michael for the positive update and his enthusiastic approach.

127/03/25	Proactive Care Update
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JM reminded members that proactive care is personalised and co-ordinated multi-professional support and intervention for people living with complex needs, usually focussed upon frail patients who have long term conditions. Jo advised that since attending Place Board last October, the model has been tested with changes made. It has been challenging to bring together but monthly meetings with partners attending are taking place. Lessons have been learnt along the way with adjustments made as we went.

Designated leads are in place with named leads for PCNs and a lead social worker and social prescriber with good effective collaboration and relationships growing across teams and services. This approach has led to good care plans being developed for individuals with cross professional learning, enhancing education and shared knowledge.

The focus is now moving from a medical approach to more holistic to include the needs of the patient and their family with patients taking more ownership and able to manage their conditions better, as well as them know who to contact when necessary and thereby preventing admission to hospital.

There have been 363 patients referred into social prescribing with exceptional care reported from Voluntary Action Rotherham. Care for 216 patients has been better optimised on a non MDT route and 25 patients were found to be really complex and taken through the pilot on the highly complex pathway. Previously, care for these would have been reactive and more likely resulted in hospital admission.

JM outlined some of the challenges, particularly around shared ownership and commitment to ensure active participation from all partners and making sure of the right level of expertise is available for effective MDTs.

Following discussion, it was agreed that BK would link Sara Atkinson in community nursing at TRFT with JM. JM will contact IS/SK regarding social care representation and MCS will share Jo's details with Jane Lowe, Director of Clinical Services at the Hospice to discuss Hospice involvement.

JM advised that going forward it is important to ensure momentum is sustained and adaptability is key. Work will continue to ensure engagement is boosted to improve attendance and participation in MDTs whilst also strengthening connections to align with neighbourhood working, prevention strategies and the community service review.

The Chair thanked JM for the presentation and the good progress.

127/03/25	Covid Spring Booster Campaign
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JM advised that covid vaccinations will commence from 1 April 2025 for those eligible. The cohort for the 2025 programme is:

- Adults aged 75 and over
- Residents in a care home for older adults
- Individuals aged 6 month and over who are immunosuppressed.

In Rotherham, priority will be given to older adult care homes and eligible house bound patients.

All primary care networks (PCNs) have signed up to deliver the scheme. The district nurse team will support housebound vaccinations and work in taking place with community pharmacy to address any potential gaps.

The campaign will run until 17 June 20205.

The Chair thanked JM for outlining the plan after which JM left the meeting.

128/03/25 Rotherham Place Partnership Update

The Place Partnership newsletter for January/February 2025 was shared with partners for information and distribution within their own organisations.

129/03/25 Place Achievements

Members were informed about two achievements around dementia. One was a collaboration between TRFT and RDaSH to provide support in prescribing decisions for people with dementia. The second, again highlighted collaborative working with RDaSH hospital liaison team and TRFT holding its first dementia focus week on Ward B5 at Rotherham hospital with the aim of making the ward more dementia friendly.

The achievements were noted.

130/03/25 Communications to Partners/Promoting Events & Consultations

- KG had shared communication cards that had been produced to improve communication with health professionals for the deaf community and people with learning disabilities.
- RMBC has launched a new carers directory which provides comprehensive information and support for carers. It will be shared with partners.

131/03/25 Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 19 February 2025 were agreed as a true and accurate record.

The action log was reviewed. There were no outstanding actions.

132/03/25 Risks and Items for Escalation to Appropriate Board

There were no new risks to note and nothing for escalation.

133/03/25 Future Agenda Items:

April Agenda Items:

- Oral Health Needs Assessment – A Hawley

Standing Items

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

134/03/25 Date of Next Meeting

The next meeting will take place on **Wednesday 16 April 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
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	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
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Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

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Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 16 April 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Ian Spicer
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 Anand Barmade, Clinical Director, Connect Healthcare Rotherham Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Chris Edwards, Rotherham Place Director, NHS South Yorkshire ICB Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Bob Kirton, Managing Director, Rotherham NHS Foundation Trust Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust Gordon Laidlaw, Head of Comms - Rotherham NHS SY ICB Dr Jason Page, Medical Director, Rotherham Place, 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:

Ian Spicer (**IS**), Rotherham Metropolitan Borough Council
 Alex Hawley (**BA**), Acting Director of Public Health, Rotherham Metropolitan Borough Council
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB
 Jodie Roberts (**JR**), Rotherham NHS Foundation Trust (deputising)
 Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB (deputising)
 Victoria Takel (**VT**), Deputy Chief Operating Officer, Rotherham, Doncaster and South Humber NHS Foundation Trust (deputising)

Participants:

Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, RMBC
 Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
 Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB
 Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

In attendance:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
 Sue Panesar (**SP**), Public Health Specialist, RMBC
 Debbie Stovin (**DS**), Dental Programme Lead, NHS SY ICB
 Kate Tufnell (**KT**), Mental Health & Dementia Transformation & Delivery Lead, NHS SY ICB
 Sue Turner (**ST**), Public Health Specialist, RMBC
 Sam Watt (**SW**), Registrar in Dental Public Health, Y&H Deanery

Minute Taker:

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

Item Number	Discussion Items
01/04/25	Public & Patient Questions
There were no questions from members of the public.	
02/04/25	Oral Health Needs Assessment
<p>Samantha Watt, Specialty Registrar in dental public health advised members that the oral health needs assessment was being updated as the previous version dated back to 2018. In response to a request by the Rotherham Oral Health Improvement Group to take account of new national and local data, changes to organisational roles and responsibilities for improving oral health and reducing health inequalities whilst also building in a system approach in Rotherham Place.</p> <p>SW outlined what the new OHNA will cover and advised Place Board that:</p> <ul style="list-style-type: none"> – The 2023-4 national dental epidemiology survey found 23.5% of 5 year olds in Rotherham had visually obvious dentinal decay which was 22.4% higher than the national average. – In 2022-3 23.4% of year 6 children surveyed in Rotherham had experience of tooth decay in a least one permanent tooth – similar to SY ICB and Y&H regional average, but higher than England value of 16.2%. – Rotherham consistently has one of the highest levels of hospital tooth extractions nationally with tooth decay still the most common reason for hospital admission in children aged between 5 and 9 years. – Data on the oral health of adults at Rotherham place level is limited. – Head and neck cancer incidence and mortality are increasing nationally with South Yorkshire higher than the national average with the incidence and late/emergency presentation of head and neck cancer. <p>SW outlined the dental services including primary, community and secondary care dental service commissioned in Rotherham by South Yorkshire Integrated Care Board. In March 2024, access to primary dental care in Rotherham for adults and children was higher than nationally with 51.9% of Rotherham adults having seen an NHS dentist in the past two years compared with 40.3% nationally and 57.35 of children had seen an NHS dentist in the past 12 months compared with 55.4% nationally.</p> <p>Currently NHS dental practices in Rotherham support access to dental services through high delivery of commissioned units of dental activity (UDAs). To improve access and prevention for children and adults most in need of care it will involve changing how the dental contract is delivered to a flexible commissioning approach and swapping UDAs for sessions of care and prevention. There are currently 8 flexible commissioning practices in Rotherham.</p> <p>Going forward it is intended to look at improving oral health with more collaborative working with VCSE, partnership working with SY ICB, the development of links with other services, looking for further opportunities to work with schools etc, the expansion of water fluoridation and supporting the implementation of and utilising oral health needs assessment.</p> <p>In terms of next steps, SW asked Place Board to support the Rotherham Oral Needs Health Assessment for 2025 including its recommendations to have a system approach and a common risk factor approach.</p> <p>Place Board were also asked to consider the governance of the Rotherham Oral Health Improvement Group (OHIG) and review membership to ensure it has the right representation to deliver the recommendations.</p> <p>IS thanked SW and asked members for comments.</p>	

JBR asked what can be done at family hubs to get bigger impact with families rather than just with the children. It was acknowledged that more work could be done with training and resources. ST will look at how to roll out a family approach.

In terms of representation on the group, SS felt that strengthening representation from the voluntary sector and including faith representation would help. She also suggested looking at how hospitals connect with people whilst they are inpatients and where medical conditions impact on their oral health as well as looking at how prescribed medications can impact and how pharmacies can assist with oral health messaging in these cases.

Debbie Stovin interjected that the flexible commissioning programme will be about working with patients that don't have a regular dentist to develop pathways and link with Trusts and Dentists to give wider holistic approach. This is expected to grow the list of dental practices.

JR will provide the name of a trust representative to involve from an operational perspective.

SS suggested that getting economic leaders involved in supporting campaigns would be another approach to be taken forward via the local Chambers of Commerce. She also recommended contacting Doncaster to enquire about the work they have done with the drug and alcohol addiction services and had a profound impact.

SH advised that as a member of the Children and Young People's Forum Consortium, he would be happy work with and to link in the work from the OHNA.

Place Board is supportive of work and approach being undertaken recognising that the resource for Children and Young People and supporting vulnerable adults falls within the remit of Rotherham Council and acknowledging that for adults commissioning is the responsibility of SYB ICB which may prove challenging to achieve financially for partners.

Place Board supported the governance provided via the Rotherham Oral Health Improvement Group (OHIG) to deliver on the recommendations of the OHNA.

03/04/25	Prevention and Health Inequalities Update
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Sue Panesar updated members on progress made with prevention and health inequalities:

Partner engagement is working well with all partners involved. Recent work has included:

- Engagement on the refresh of the prevention and health inequalities action plan for 2025-6
- Stronger links established with housing and neighbourhoods
- Approval of spend for Sport England Place expansion programme
- Rural health toolkit work undertaken
- Humanitarian Group Action Plan developed.

SP outlined a number of challenges and risks, ie the impact of poverty and the cost of living, the system financial position, organisational leadership across the system, maintaining momentum and data sharing and health inequalities single narrative.

Going forward:

- A health inequalities development session is being arranged for Monday 28th April – all partners will be invited.
- A new Action Plan will be developed which includes accountability
- Work around chronic pain and partnership working will be built on

CS mentioned that some of the work on the health accelerator programme, which is supported with some funding from the ICB would link in with local work and should be co-ordinated accordingly. CS to discuss with SP.

Action: CS/SP

Members thanked SP for the update.

04/04/25	Mental Health Update
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KT gave update on work being undertaken:

- Primary/Secondary care Integrated Community Care Pathway and enhanced workforce established.
- stronger working partnerships are being built across Rotherham and South Yorkshire ICB.
- Community capacity, patient voice and personalisation is being developed.
- a wide range of suicide prevention and self-harm training is being delivered across the borough.
- There is strong partnership working across SYICB and the 4 Local Authorities.
- the Mental Health Crisis offer (YAS MH Vehicle, Crisis Grants, Text Lines, Expansion of Crisis Team) is being improved
- A review/transformation of social care pathway is underway.
- Rotherham Dementia Network has been established
- Adult ADHD Physical Health Checks/Medication pathways take place
- Mental Health communication is strong via Rotherhive, Carers Directory, Dementia Prevention posters.

The challenges and risks were outlined:

- Demand and Complexity of individual continues to increase.
- Embed the primary / secondary care community pathway (Cultural, Recruitment and Retention).
- Improve the support available for those individuals who have attempted suicide due to a life event.
- Improve Dementia pathway (prevention, post-diagnostic and end of life).
- Improve Eating Disorder pathway across SYICB.
- Alignment of the various Mental Health Strategies and Action Plans to be refreshed over the next 9 months.
- Adult ADHD Physical Health Check / Medicine Monitoring Pathway Delayed to drug shortages.
- Lots of activity planned for 2025-26 versus capacity to deliver

Going forward the intention is to continue to embed the Primary/Secondary care Integrated Community Care Pathway and workforce in primary care (25/26), consult and mobilise the SYICB Community Eating Disorder Pathway, complete the All Age Neuro engagement plan, launch the Rotherham Vista Project, refresh of the suicide prevention and self-harm Action Plan, Better Mental Health for All and Loneliness Plan, refresh the RMBC Mental Health Strategy and undertake the Rotherham Dementia Pathway Review.

SH commented that from a voluntary sector perspective Rotherham mental health services offer worked well.

AR said that although challenging, the increase in complexity and demand also highlighted successes and showed that focussing on supporting people from the start rather than when they are in crisis is beneficial.

JBR thanked for all work being done and offered to support advising that she had a personal and professional interest in mental health.

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 for discussion and to consider how this can be achieved

Action: IS/LG

IS thanked KT for the update and she left the room.

05/04/25

Communications to Partners/Promoting Events & Consultations

- UEC Alliance event tomorrow.
- Prevention and Health Inequalities Development Session- 28 April 2025

06/04/25	Draft Minutes and Action Log from Public Place Board
<p>The minutes from the meeting held on 19 March 2025 were agreed as a true and accurate record.</p> <p>The action log was reviewed. There were no outstanding actions.</p>	
07/04/25	Risks and Items for Escalation to Appropriate Board
<p>There were no new risks to note and nothing for escalation at this time.</p> <p>However, Members noted the risk from the recent announcements made around cost reductions for NHS SY ICB and will review and determine what needs to be placed on register at a later stage when more detailed guidance allows the local impact to be assessed.</p> <p>KG advised that Healthwatch had received feedback from the public about impact on NHS services. Discussion turned to acknowledge the difficulty of discussing mitigation in the absence of further clarity and guidance. It was agreed that a standing item will be added to future PLT going forward to allow for partners to be updated on any information received and decide how it can be communicated and risk assessed.</p> <p style="text-align: right;">Action: CS/LG</p>	
08/04/25	Future Agenda Items:
<p>Standing Items</p> <ul style="list-style-type: none"> – Updates from all groups (as scheduled) – Bi-Monthly Place Partnership Briefing – Feedback from SY ICP Meetings – Bi Monthly – Place Achievements (as and when) 	
09/04/25	Date of Next Meeting
<p>The next meeting will take place on Wednesday 21 May 2025 in the John Smith Room, Town Hall, Rotherham.</p>	

Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	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
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 19 February 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:	Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Ian Spicer, Strategic Director, Adult Care, Housing and Public Health, Rotherham Metropolitan Borough Council Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Dr Anand Barmade, Medical Director, Connect Healthcare Rotherham Cllr Baker Rogers, H&WB Board Chair, RMBC Ben Anderson, Director of Public Health, Rotherham Metropolitan Borough Council
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

Chris Edwards (**CE**), Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board (NHS SY ICB)
Wendy Allott (**WA**), Director of Financial Transformation (Rotherham), NHS SY ICB
Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB
Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB
Andrew Russell (**AR**), Chief Nurse – Rotherham and Barnsley, NHS ICB

Participants:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
Govinder Bhogal (**GB**), Programme Director – Medicines Optimisation, NHS SY ICB
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Bob Kirton (**BK**), Managing Director, The Rotherham NHS Foundation Trust
Gordon Laidlaw (**GL**), Head of Communications – Rotherham, NHS SY ICB

In attendance

Zara Head, Senior Clinical Project Lead, NHS SY Integrated Care Board
Ellen Rogers, Business Support Administrator, NHS SY Integrated Care Board
Wendy Commons, (minute taker) Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
I103/02/25	Place Integrated Performance Report
<p>JA gave an overview from the February report highlighting:</p> <ul style="list-style-type: none"> – System pressures and challenges across urgent and emergency care – Community health services is meeting the target of referrals being seen within 2 hours performing at 77% against the standard of 70% – Community Wait list over 52 weeks is 51 with a target of zero – Virtual ward utilisation is at 58% against target of 79.6% with mitigating actions in place – In Primary Care – there had been peaks in appointments but local ambition had not been met mainly due to the roll out of the vaccination programme. It was noted that Rotherham continues to offer the highest number of appointments per practice in Yorkshire. – The position with elective care for those waiting over 52 weeks is a worsening position, with actions and interventions in place. There had also been a slight increase in those waiting over 65 weeks. – Performance for patients receiving a diagnostic test within 6 weeks was 92.2% against a 95% standard, a decline on the previous period but compared highly against the other South Yorkshire Trusts. – On outpatient procedures the 46% standard was being achieved at 47.3%, although slightly worse than the previous period. – On cancer, the 28 day faster diagnosis had been achieved at 83.3% against a standard of 77% whilst the 62 day referral to treatment standard for cancer diagnosis shows continued improvement with performance reported at 71.3% against the national target of 70%, a rise from 65.8% in the previous period. <p>JP highlighted that the cancer diagnosis at stage 1 or 2 data provided for analysis within the report is from 2021 and therefore provides little benefit. Acknowledging that these are challenging times for acute trusts with system pressures, JP said that it would be helpful if the Trust could do some work to provide more meaningful data, as most cancers can be staged when going through MDTs. BK acknowledged that this would be useful to prioritise when time allows.</p> <p>Members noted the position outlined in this month's performance report.</p>	
I104/02/25	Rotherham Place Prescribing Report
<p>Govinder Bhogal, Programme Director for Medicines Optimisation presented the Quarter 2 report representing activity in the first six months of 2024/25.</p> <ul style="list-style-type: none"> • Rotherham has experienced negative cost growth of 2.19% compared with the same period last year, however item growth is still increasing at 4.72%, a reduction from last quarter but still above the England average. Work continues to reduce this. • No Cheaper Stock Obtainable (NCSO) cost an extra £616K due to having to prescribe branded drugs. • Cost growth is highest diabetes and respiratory. This reflects the increase in patients using continuous blood glucose monitoring systems and newer antidiabetic agents being prescribed in line with NICE guidance • Detection sensors continue to increase at 27.9% but this is expected to flatten off. • Performance on prescribing incentive schemes has been good overall. 	

- Members were informed that vacancies within the medicines optimisation team are being filled resulting in the percentage of vacancies lowering.
- QIPP savings up to September 2024 are on track.
- Practice budgets are underspending overall by 6.7% but it was noted that this can fluctuate.
- The scheme to reduce antidepressant prescribing is going well and hypnotics and anxiolytic drugs are now being reviewed. These are the biggest cause of falls and fractures resulting in hospital admissions.
- Swap shops for diabetes going well with 16 out of 28 practice taking part in the scheme to swap out of date meters and strips for patients along with other additional benefits.
- Nutritional prescribing is being well controlled and enteral feeding costs being maintained.
- Gluten free spend is stable and being well controlled
- Infant feeds dietetic led pathway was established to improve diagnosis and management of cow's milk allergies and patient numbers being seen and costs are going down
- Continence and stoma services with wound care is helping sustain cost growth.

Members noted the prescribing report for Quarter 2.

BK mentioned that a new Chief Pharmacist has been appointed and commenced at TRFT. He will share contact details with GB by way of an introduction.

I105/02/25	Feedback from Rotherham Place Executive Team (RPET)								
<p>CS updated Members on the discussions and decisions undertaken.</p> <p>There were four items to note this month:</p> <table> <tr> <td>Non-surgical Oncology (NSO) – Fourth Lung Clinic for Barnsley & Rotherham Populations</td><td>RPET received a paper from the Cancer Alliance regarding a proposal for a temporary arrangement for a fourth NSO lung clinic for Rotherham and Barnsley. RPET supported the proposal, recognising the benefits, and asked that a briefing note be sent to Health Select Committee and MPs.</td></tr> <tr> <td>Social Value Action Plan</td><td>RPET noted the Social Value Action Plan which was signed off by the Rotherham Together Partnership Chief Executive group. The action plan is to be shared at a staff meeting.</td></tr> <tr> <td>REWS Procurement Options</td><td>RPET considered the paper and recommendations and supported the extension of the current contract to 31 March 2026 in line with the financial year and Sheffield's contract.</td></tr> <tr> <td>2025/26 Priorities & Operational Planning Guidance</td><td>RPET discussed the recently published guidance and reflected individually on the impact in relation to their respective areas.</td></tr> </table>		Non-surgical Oncology (NSO) – Fourth Lung Clinic for Barnsley & Rotherham Populations	RPET received a paper from the Cancer Alliance regarding a proposal for a temporary arrangement for a fourth NSO lung clinic for Rotherham and Barnsley. RPET supported the proposal, recognising the benefits, and asked that a briefing note be sent to Health Select Committee and MPs.	Social Value Action Plan	RPET noted the Social Value Action Plan which was signed off by the Rotherham Together Partnership Chief Executive group. The action plan is to be shared at a staff meeting.	REWS Procurement Options	RPET considered the paper and recommendations and supported the extension of the current contract to 31 March 2026 in line with the financial year and Sheffield's contract.	2025/26 Priorities & Operational Planning Guidance	RPET discussed the recently published guidance and reflected individually on the impact in relation to their respective areas.
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2025/26 Priorities & Operational Planning Guidance	RPET discussed the recently published guidance and reflected individually on the impact in relation to their respective areas.								
I106/02/25	Rotherham Place Board Partnership Minutes – 15 January 2025								
The minutes from January's Place Board Partnership session were noted for information.									
I107/02/25	ICB Board Assurance Framework, Risk Register & Issues Log								
<p>All members reviewed the board assurance framework, risk register and issues log.</p> <p>There were no new risks to be added.</p>									
I108/02/25	Minutes and Action Log and Assurance Report from the last Meeting								
<p>The minutes from the meeting held on Wednesday 15 January 2025 were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date with no actions outstanding.</p>									

The assurance report for the Integrated Care Board noted that there are no actions to be escalated arising from January minutes.	
I109/02/25	Communication to Partners/Promoting Consultations & Events
<p>Members were informed that an integrated neighbourhood working event had been arranged by SY ICB for next Wednesday 26 February. This will be a clinically led all day event for clinicians from Primary Care and Community Care to come together with wider partners to explore and shape the understanding of Integrated Neighbourhood Working. It is being facilitated by the National Association of Primary Care and Rotherham has been given the opportunity to showcase examples along with neighbouring Places. The slides being produced will be shared with Members for comment.</p> <p style="text-align: right;">Action: CS/JA</p> <p>BK mentioned a report recently published by the National Association of Primary Care about creating integrated neighbourhood teams which he will share with Members for information.</p> <p style="text-align: right;">Action: BK</p>	
I110/02/25	Risks and Items for Escalation
<p>In line with the commitment made by Place Board, it was agreed to ask for Fostering to be raised at the Integrated Care Partnership to help raise awareness.</p> <p style="text-align: right;">Action: JP/JBR</p>	
I111/02/25	Forward Agenda Items
<p>Standing Items</p> <ul style="list-style-type: none">– Rotherham Place Performance Report (monthly)– Risk Register (Monthly for information)– Place Medicines Management Report (Quarterly – next due May)– Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due Mar)– Quarterly Medical Director Update (Quarterly)	
I112/02/25	Date of Next Meeting
<p>The next meeting will take place on Wednesday 19 March 2025 in the John Smith Room, Rotherham Town Hall.</p>	

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation, Rotherham	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Places	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Cllr Joanna Baker- Rogers	H&WB Board Chair	Rotherham Health and Wellbeing Board/ Rotherham Metropolitan Borough Council
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Bob Kirton	Managing Director	The Rotherham NHS Foundation Trust
Kym Gleeson	Service Manager	Healthwatch Rotherham
Mat Cottle-Shaw	Chief Executive	Rotherham Hospice
Lydia George	Transformation & Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications (Rotherham)	NHS South Yorkshire Integrated Care Board

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Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 19 March 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:	S Kemp, Chief Executive, Rotherham Metropolitan Borough Council I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Dr A Barmade, Medical Director, Connect Healthcare Rotherham Cllr J Baker Rogers, H&WB Board Chair, RMBC Bob Kirton, Managing Director, The Rotherham NHS Foundation Trust A Russell, Director of Nursing – Rotherham & Doncaster, NHS SY ICB G Laidlaw, Head of Communications – Rotherham, NHS SY ICB W Allott, Director of Financial Transformation Rotherham, NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

Chris Edwards (**CE**), Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board (NHS SY ICB)

Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB

Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB

Julie Warren Sykes (**JWS**), Deputy Chief Nurse, NHS SY ICB - Deputising

Participants:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB

Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham

Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

Alex Hawley (**AH**), Interim Director of Public Health, Rotherham MBC

Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster & South Humber NHS Trust

In attendance

Karen Smith, Programme Director (VCSE), NHS SY ICB – observing

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

Item Number	Discussion Items
I103/03/25	Place Integrated Performance Report
<p>JA gave an overview from the March report highlighting:</p> <ul style="list-style-type: none"> – Urgent and Emergency Care – slight improvement had been seen at 68.8% against the target of 78% with patients seen within four hours. However, the hospital remains under significant press with high demand around capacity and patient flow. – Bed Occupancy remains high at 97.3% a decline on last month with challenges being seen on the number of patients who no longer meet the criteria to reside at 18.6% against the standard of 10.8%. – Category 2 Ambulance Response Time – there had been a significant improvement with YAS meeting the 30 minute response in 28.44 minutes. However, meeting the average handover time had proved a challenge at 39 minutes against a target of 18 minutes. – Urgent Community Health referrals seen within 2 hours was at 74% against the standard of 70%. – Utilisation of the virtual ward (above 80%) is currently not being met at 62%. – In Primary Care there had been a reduction in the numbers of GP appointments, although a significant number of appointments were available. – The number of appointments available within 14 days had improved on the previous period to 80.3%. – On elective care the total waiting over 52 weeks stood at 1069 with 49 waiting over 65 weeks reflecting an increase in performance. – The standard for the percentage of patients awaiting an outpatient procedure within 6 weeks was not being met. – The cancer 28 day standard was at 77% against the target of 84.4%. The 62 day referral to treatment standard was being met and had improved month on month and year on year. 31 day cancer diagnosis to treatment was at 87.6% against the 96% standard but was an improvement on the previous period. <p>Members noted the position outlined in this month's performance report.</p>	
I104/03/25	Rotherham Quality, Patient Safety and Experience Report
<p>Julie Warren-Sykes highlighted areas of the report for members:</p> <ul style="list-style-type: none"> – South Yorkshire ICB has established a SEND Board which will be chaired by the Executive Chief Nurse. – The Regional Treatment Centre for pregnancy termination services has opened at a Rotherham location. Unfortunately, surgical termination is unable to be offered at this time as the service is yet to obtain its controlled drugs licence. In the meantime, women are having to travel out of area or access alternative provision. The licence is expected to be issued by the end of March 2025. – RDASH has advised of their decision to decline any new tasks related to the CHC caseload for learning disability. They are completing 12 weekly safe and well check until a long term solution can be found. Executive Directors have been updated and the risk noted on the ICB risk register. Negotiations are ongoing with funding agreed for one WTE Band 6 professional so that the work can be carried out in house. Discussions continue to address the issue. 	

- Discussions are underway with Children’s social care regarding children subject to safeguarding plans for harm outside the home to ensure there are no unintended risks. Work is ongoing to discuss potential ways forward.

Members noted the contents of the March report and action being taken.

I105/03/25	Feedback from Rotherham Place Executive Team (RPET)
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CS updated Members on the discussions and decisions undertaken by the Place Executive Team. There were two items.

- RPET had received a paper regarding the outcome of the procurement process for the Dementia Carers Resilience Service and to seek support to award a one-year NHS Standard contract with an option to extend it for one year. The report recommendation to award the contract had been approved.
- RPET received a paper regarding a process relating to the OPEL (Operational Pressure Escalation Levels) NHS England Framework, created in conjunction with the Local Medical Committee (LMC), to make amendments to the local Directory of Services and to consider the LMC’s request to allow practices to make their own amendment to the DoS. Following discussion RPET agreed that Rotherham Place ICB would not support the request for GPs to individually decide to ‘turn off’ the Directory of Services when at high escalation. LMC has received feedback on the decision.

Place Board noted the decisions taken by RPET.

I106/03/25	Rotherham Place Board Partnership Minutes – 19 February 2025
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The minutes from February’s Place Board Partnership session were noted for information.

I107/03/25	ICB Board Assurance Framework, Risk Register & Issues Log
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All members had received and reviewed the board assurance framework, risk register and issues log.

Following the Government’s announcement last week about the 50% reduction in costs which has now been confirmed will also apply to Integrated Care Boards. Further detail is awaited from the Department which will be assessed. Members will be kept updated and advised of the risks for Rotherham Place

There were no new risks to be added.

I108/03/25	Minutes and Action Log and Assurance Report from the last Meeting
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The minutes from the meeting held on Wednesday 19 February 2025 were accepted as a true and accurate record.

The action log was reviewed. There were two outstanding actions:

I109/02/25 – The slides used to showcase Rotherham at the Integrated Neighbourhood Working event will be shared with Partners. JA will share the slides.

I110/02/25 – Fostering to be raised with ICP to help raise awareness across Rotherham. JBR will take forward.

It was agreed that both the above actions can be rated green.

The assurance report for the Integrated Care Board noted that there are no actions to be escalated arising from February minutes.

I109/03/25	Communication to Partners/Promoting Consultations & Events
As part of Autism Acceptance Month, it was noted that a tour bus will be touring going around Barnsley. This was highlighted with RDaSH (from a South Yorkshire perspective) to determine if they wish to be involved.	
I110/03/25	Risks and Items for Escalation
None.	
I111/03/25	Forward Agenda Items
Standing Items <ul style="list-style-type: none"> – Rotherham Place Performance Report (monthly) – Risk Register (Monthly for information) – Place Medicines Management Report (Quarterly – next due May) – Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due May) – Quarterly Medical Director Update (Quarterly) 	
I112/03/25	Date of Next Meeting
The next meeting will take place on Wednesday 16 April 2025 in the John Smith Room, Rotherham Town Hall.	

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation, Rotherham	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Places	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Rotherham Metropolitan Borough Council
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Lydia George	Transformation & Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications (Rotherham)	NHS South Yorkshire Integrated Care Board

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 16 April 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	W Allott, Director of Financial Transformation Rotherham, NHS SYICB S Kemp, Chief Executive, Rotherham Metropolitan Borough Council I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Dr A Barmade, Medical Director, Connect Healthcare Rotherham Cllr J Baker Rogers, H&WB Board Chair, RMBC C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board B Kirton, Managing Director, The Rotherham NHS Foundation Trust G Laidlaw, Head of Communications – Rotherham, NHS SY ICB Dr J Page, Medical Director, (Rotherham), NHS SY ICB V Takel, Deputy Chief Operating Officer, Rotherham, Doncaster & South Humber NHS Trust
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy: (Confirmed)	No business shall be transacted unless at least 60% of the membership (which equates to 4 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members:

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB
Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

Participants:

Jude Archer (**JA**), Assistant Director of Transformation, NHS SY ICB
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Alex Hawley (**AH**), Interim Director of Public Health, Rotherham MBC

In attendance

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

Item Number	Discussion Items
I01/04/25	Place Integrated Performance Report
	<p>JA gave an overview from the April report highlighting:</p> <ul style="list-style-type: none"> – 63.7% of patients had been seen within 4 hours against the 78% standard. This is a slight increase on last month but challenges in UEC were noted. – Category 2 Ambulance response times standard had been met and although the standard not met, better performance had also been seen in average handover times. – Performance against the 92% standard for bed occupancy had improved but at 96.2% the target was not being met. – There had been a big improvement in number of patients with no criteria to reside which is 7.1% against the 10.8% standard. – In community health services 74% of all urgent community referrals are being seen within 2 hours as the standard of 70% continues to be exceeded. – There are challenges meeting virtual ward utilisation with performance at 47.3% against the 79.6% standard. Members noted that some mitigations are in place. – In primary care a significant number of appointments continues to be offered with additional investment made into offering more. However, appointments are being filled so work is being undertaken to better understand behavioural aspects. – In elective care performance has improved in the number of patients waiting over 52 weeks to 94.2% against the national target of 95%. – The number of patients receiving diagnostic tests within 6 weeks had improved from the previous month to 94.2% but was not meeting the national target of 95%. – In relation to cancer faster diagnosis, the percentage of patients with a cancer diagnosis communicated within 28 days had declined to 75.7%, not meeting the 70% national target and a decline from 84.8% last period. – Similarly the 62 day referral to treatment standard for those with a cancer diagnosis was not being met with performance at 64.8% against the national target of 70%. – Cancer Diagnosis at Stage 1 & 2 and 31 day diagnosis to treatment target were not being met. All of the above cancer targets will be looked into with the Trust. <p>JA summarised that there are some challenges but reflects good performance overall with mitigating actions in place.</p> <p>In relation to the 31-day diagnosis to treatment standard, AR asked on what day is the 96% target achieved measured, to demonstrate the 'real' achievement and how far away from 31 days were the majority of people receiving treatment following diagnosis. JA will ask to see if it can be included the report next month.</p> <p>Members noted the position outlined in this month's performance report.</p>
I02/04/25	Feedback from Rotherham Place Executive Team (RPET)
	<p>RPET had considered the following three items:</p> <ol style="list-style-type: none"> 1. Following the recent publication of Neighbourhood Health Guidelines for 2025-26, an integrated neighbourhood working event had taken place to help build a collective understanding across primary care, community care and partner organisations, and to look at working differently. RPET received a paper outlining the progress made in relation to the guidelines and the challenges to be addressed.

2. RPET received a presentation on the proposal to commission a new all age model of support for neurodiverse people. The engagement process will seek the views of people including key stakeholders before making a final decision and the slides presented can be tailored for different audiences. RPET noted and support the approach, recommending the slides to the Rotherham Confidential Place Board which were received in March.
3. RPET were informed that Care Fertility Sheffield have reviewed the local prices within the SY ICB (Doncaster and Rotherham place) contract and requested an uplift for interpretation services and blood screening due to increased costs for these services. RPET discussed and supported the uplift, noting the evidence to support the request and that the uplift would be from the existing budget allocation.

Place Board Members noted the business conducted through Rotherham Place Executive Team.

I03/04/25	Rotherham Place Board Partnership Minutes – 19 March 2025
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The minutes from March's Place Board Partnership session were noted for information.

I04/04/25	ICB Board Assurance Framework, Risk Register & Issues Log
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All members had received and reviewed the board assurance framework, risk register and issues log.

Following announcements around cost reductions in the NHS Rotherham Place will set aside time to consider how to reflect the impact and implications locally for partner organisations once further clarity is available.

There were no new risks to be added at this time.

I05/04/25	Minutes and Action Log and Assurance Report from the last Meeting
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The minutes from the meeting held on Wednesday 19 March 2025 were accepted as a true and accurate record.

The action log was reviewed. There were no outstanding actions

The assurance report for the Integrated Care Board was noted that there are no actions to be escalated arising from March minutes.

I06/04/25	Communication to Partners/Promoting Consultations & Events
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- UEC Alliance Workshop – 17 April 2025
- Prevention & Health Inequalities Event - 28 April 2025

I07/04/25	Risks and Items for Escalation
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As detailed in risk register section – not for escalation pending further clarity.

I08/04/25	Forward Agenda Items
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Standing Items

- Rotherham Place Performance Report (monthly)
- Risk Register (Monthly for information)
- Place Medicines Management Report (Quarterly)
- Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due May)

– Quarterly Medical Director Update (Quarterly)

109/04/25 **Date of Next Meeting**

The next meeting will take place on **Wednesday 21 May 2025** in the John Smith Room, Rotherham Town Hall.

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation, Rotherham	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Places	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Cllr Joanna Baker-Rogers	H&WB Board Chair	Rotherham Health and Wellbeing Board/ Rotherham Metropolitan Borough Council
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Bob Kirton	Managing Director	The Rotherham NHS Foundation Trust
Kym Gleeson	Service Manager	Healthwatch Rotherham
Mat Cottle-Shaw	Chief Executive	Rotherham Hospice
Lydia George	Transformation & Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications (Rotherham)	NHS South Yorkshire Integrated Care Board