HEALTH AND WELLBEING BOARD

Date and Time:- **Wednesday 24 September 2025 at 9.15 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 held on 25th June, 2025 (Pages 3 - 16)**

8. **Director of Public Health Annual Report (Pages 17 - 93)**
   Lorna Quinn, Public Health Intelligence Principal, and Alex Hawley, Interim Director of Public Health, to present

9. **Healthy Homes Plan (Pages 95 - 142)**
   Rachel Copley, Public Health Practitioner, to provide update on the progress of the Healthy Homes Plan

10. Tobacco Control Update (Pages 143 - 178)
Amelia Thorp, Public Health Specialist, to provide update on progress of the Tobacco Control Programme

11. Child Death Overview Panel Annual Report 2024-25 (Pages 179 - 236)
Alex Hawley, Public Health Consultant/CDOP Chair, to present the Child Death Overview Panel Annual Report

12. Pharmaceutical Needs Assessment (Pages 237 - 371)
Lorna Quinn, Public Health Intelligence Specialist, to present the Pharmaceutical Needs Assessment

13. Evaluation of the 3-4 Months Health Visit Check (Pages 373 - 401)
Lorna Quinn, Public Health Intelligence Specialist, to present the evaluation of the 3-4 months Health Visit

14. Items escalated from Place Board

15. Better Care Fund

The next meeting of the Health and Wellbeing Board will be held on Wednesday 26 November 2025 commencing at 9.00 a.m. in Rotherham Town Hall.

JOHN EDWARDS,
Chief Executive.

HEALTH AND WELLBEING BOARD
25th June, 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
Councillor Ismail	The Mayor
Andrew Bramidge	Strategic Director, Regeneration and Environment
Jo Brown	Assistant Chief Executive
Nicola Curley	Strategic Director, Children and Young People's Services
Kym Gleeson	Healthwatch Rotherham
Alex Hawley	Acting Director of Public Health
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Bob Kirton	Managing Director, The Rotherham Foundation Trust
Joanne McDonough	RDaSH (representing Toby Lewis)
Jason Page	Medical Director, Rotherham Place, NHS SY ICB
Ian Spicer	Strategic Director, Adults, Housing and Social Care
Chief Supt Andy Wright	South Yorkshire Police

Report Presenters:-

Ruth Fletcher Brown	Public Health Specialist, RMBC
Oscar Holden	Corporate Improvement Officer, RMBC
Lorna Quinn	Public Health Intelligence Principal
Jaimee Wylam	Public Health Registrar

Also Present:-

Claire Smith	Director of Partnerships (Rotherham) NHS SY ICB
Dawn Mitchell	Governance Advisor, RMBC

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. COMMUNICATIONS

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

4. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting held on 26th March, 2025, be approved as a true record.

5. ROTHERHAM BREASTFEEDING FRIENDLY BOROUGH DECLARATION

Jaimee Wylam, Public Health Registrar, on behalf of Sam Longley, Public Health Specialist, presented the submitted report with the aid of the following powerpoint presentation:-

The Declaration

- "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 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"

UNICEF Breastfeeding Friendly Accreditation

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

Breastfeeding Friendly Spaces

- RMBC Health and Wellbeing page now developed to allow businesses to register
- Play centres, cafes and community youth provisions were 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 continued in post with continued Family Hub funding
- Voluntary Action Rotherham co-ordinating 17 active peer supporters and volunteers
- Peer support training continued. Recent course completed at REMA
- 3 individuals had since secured paid employment

- Midwifery had increased their support for tongue tie
- Additional support groups were being planned
- Some peer supporters had also become trained in perinatal mental health peer support by Light

Community Events
- Rotherham Show 2024 and plans to attend again in 2025
- Bit Latch On event 4th April 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

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

- There had been an upward trend in the breastfeeding rate for the first 6-8 weeks since the Declaration. Given the success, should the target rate be raised?

- Breastfeeding was a priority for RDaSH and had some physical health services in other parts of its footprint that were exploring how to support mothers through CaMHS. Also, if there were adult patients in its Mental Health Services, particularly if an inpatient, how they could be supported to breastfeed

- Increasing business sign-up to the Rotherham Breastfeeding Friendly spaces scheme was in its early stages. It has been opportunistic in the hospitality sector such as cafes/restaurants where likely to find mothers. Any business/partner who was interested would be supported by Public Health

- Peer supporters were vital. The data was being examined in terms of age, ethnicity and deprivation to ascertain where higher or lower rates of breastfeeding were being seen. The next stage was to look at the peer support network and what could be done through the Family Friendly Programme and increase the support to those particular groups

Resolved:- (1) That the increase in Rotherham's 6-8 week breastfeeding rate and the progress made during the last year to become a Breastfeeding Friendly Borough be noted and celebrated.

(2) That the Health and Wellbeing Board reaffirm its support for the ambition for Rotherham to become a Breastfeeding Friendly Borough by signing the Declaration on behalf of its member organisations.

(3) That an update be submitted in 12 months.

6. JOINT STRATEGIC NEEDS ASSESSMENT

Lorna Quinn, Public Health Intelligence Principal, presented the submitted report with the aid of the following powerpoint:-

Where are we seeing improvements

- Breastfeeding
  Increased percentage of babies whose first feed was 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 had increased from 62% in 2019 to 73% in 2024
  STI testing rate was increasing and both this and the HIV testing rate remained one of the highest across the region
  The percentage of eligible 2 year olds in Rotherham taking up an Early Education place had remained stable and above the comparators (88.4% taking up a place in the 2023-24 academic year)
  Children Centre engagement rates for children in the 30% most disadvantaged areas had increased to 82% in 2023-24

Where are we seeing things get worse

- Healthy Life Expectancy had been decreasing from 59 to 2015-17 to 56 years in 2021-23 for both males and females
- Prevalence of depression in Rotherham had increased between 2013 and 2022 from 9.9% to 17.3% remaining above the England average of 13.2%

Unpicking Complexity
Smoking

- Across the country Rotherham had one of the highest proportion of quitters for smokers who set a quit date (higher was better)
- However, prevalence was still showing a slow decline; currently at 14.5% compared to England at 11.6%

Physical Activity

- We have seen a decrease in the percentage of adults that were physically active to 58.5% in Rotherham which left Rotherham as the lowest in Yorkshire and the Humber
- Physical activity in children and young people had also seen a decrease to 44

Summary

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

Discussion ensued with the following issues raised/clarified:-

- The summary of key findings was produced annually, however, it was updated on a quarterly basis on the website

- It was noted that the data was for 2023/24

- Work would take place to ascertain how the data on life expectancy/healthy life expectancy was broken down into cohorts and recorded

- Rotherham was better than the average for England with regard to the uptake on screening programmes and the take-up of vaccinations. This should be taken advantage of and built upon

- The life expectancy figure and the depression figures were quite stark. Should the refresh of the Health and Wellbeing Strategy consider this in its priorities?

- Rotherham had a high take-up of early education places. However, it was noticeable that there was a disconnect with children/families when they got to 6-7 and 10-11 years of age. Work was taking place to improve this with the new Government funding looking at the transition from primary to secondary education

- It was hoped that the Sport England grant would help increase levels of physical activity in the population of Rotherham

Resolved:- (1) That the updated Joint Strategic Needs Assessment be noted.

(2) That the Board consider its approach to and use of the Joint Strategic Needs Assessment in the future.

7. ROTHERHAM SUICIDE PREVENTION AND SELF HARM ACTION PLAN 2025-28

Ruth Fletcher-Brown, Public Health Specialist, presented the attached report with the aid of the following powerpoint presentation:

Suicide Rates for Rotherham 2021-23

- The latest suicide data showed that Rotherham had seen a small increase in suicides from 12.4 in 2020-22 per 100,000 to 12.6 in 2021-23, however, the rate was statistically similar to the average for England at 10.7 per 100,000
- Rotherham mirrored the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate had slightly increased in the period 2021-23 to 17.3 per 100,000 compared to 16.5 in 2020-22. However, it was 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 2017-19. The rate in 2021-23 was now 8.1 per 100,000 and statistically similar to England at 5.4 per 100,000

Progress from the previous action plan

- SPOT and Speak Suicide Prevention courses delivered by Papyrus January-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
- 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 had been bereaved/affected/exposed to suicide
- 4 Survivors of Bereavement by Suicide (SOBS) Groups operating across South Yorkshire
- From 2021 there had been 4 memorial events for families and friends in South Yorkshire who had been bereaved by suicide

2025-28 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 was aligned to the 2023-28 National Suicide Prevention Strategy
- Action plan drafted and shared with partners from end of January to April 2025

2025-28 Suicide Prevention Action Plan Aims

- Aim 1 – Making suicide prevention everyone's responsibility
- Aim 2 – To support 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 would address the wider determinants

Suicide Prevention Actions

Actions identified in the 2025-28 were already progressing:-

- Launch of the Vista Project, a pilot project to support people who had 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 would 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 would be overseen by the Suicide Prevention and Self-Harm Group. Partners of the Health and Wellbeing Board were represented on this Group
- Some actions would take place at a South Yorkshire level subject to funding
- The Board would receive updates on progress and any emerging concerns

Discussion ensued with the following issues raised/clarified:-

- Work was taking place with Speakup and the Rotherham Autism Support Service regarding the Be One Campaign. A new film and resources would be promoted on 10th September, 2025 which was World Suicide Prevention Day

- From a Public Health point of view, Kooth would be actively promoted at this time of the year as well as the team around the schools being very proactive during the exam season. Young Minds was also available which had a helpline that parents could use

- The Vista Project was aimed at those aged 18+. Currently children and young people would get support through CaHMS if they presented/had attempted suicide. RDaSH provided support through CaMHS. The Services did see young people that had attempted suicide due to a mixture of life events and mental health and in need of a multi-agency response. RDaSH worked closely with partners in Social Care and Children and Young People's Services

- Aim 3 (reducing suicides amongst high risk groups by reaching people where they live and work) referred to every part of someone's live. The real time data provided information as to what was happening in the community and to target attention to areas of concern

- There had been a lot of work carried out in other areas around Autism. It was felt that once the film and the work on the website was released it would be acceptable to a wide range of neurodivergent communities

Resolved:- (1) That the progress made from the previous action plan be noted.

(2) That the Board note the next steps under the new action plan.

(3) That the Chair be provided with a briefing note as to what equivalent support to the Vista Project was available for children.

8. HEALTH AND WELLBEING BOARD ANNUAL REPORT 2024-25

Oscar Holden, Corporate Improvement Officer, presented the Health and Wellbeing Board annual report 2024-25 with the aid of the following powerpoint presentation:-

The Context

- Life expectancy at birth for both men and women in Rotherham continued to be significantly lower than the England average (77.8 years v 79.1 years for men and 80.9 years v 83.1 years for women)
- The difference in healthy life expectancy at birth was particularly stark with a 7.4 year gap for Rotherham women compared with the national average (2021-2023) (55.6 years v 61.9 years) and a 4.4 year gap for men (56 years v 61.5 years)
- Rotherham ranked 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 was 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 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
Implemented the Mental Health Trailblazer in schools 'With Me in Mind'. Engaging with the Local Maternity System on the maternity transformation plan.	Delivered the Suicide Prevention and Self-Harm Reduction Action Plan. Tackled loneliness and social isolation during Covid-19. Pooled knowledge, expertise and resources across the partnership.	Launched the Moving Rotherham campaign. Established an unpaid carers group to ensure carers have the support they need throughout the pandemic. Worked with the other Boards across the Rotherham Together Partnership to deliver the safeguarding protocol.	An estimated 400,000 people engaged in the Rotherham Together .programme which was developed to respond and support recovery from Covid-19.
In 2021-22 the previous Strategy achieved:			
Catering Services have achieved a Food for Life award Developed a Team Around the School (TAS) model of working, working with schools and creating new resources based on their needs.	Delivered the loneliness plan, Making Ever Contact Count (MECC) training.	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. 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 screening and

			death cafes to become death positive spaces.
In 2022-23 and 2023-24 the previous Strategy achieved			
Independent travel training (ITT) offer has been created to support children with special educational needs or disabilities. Forest View – a new post-14 specialist campus opened in September 2023 providing 50 school places. Rotherham's leaders pledged to work towards becoming a Breastfeeding Friendly Borough. Launched the new universal youth offer website 'Places to Go and Things to Do'. A 'Best Start and Beyond' framework has been developed to derive optimum value from work that was already ongoing within the system	Mental Health Awareness and Suicide Prevention training courses were promoted across the partnership for practitioners. Developed the 'Walk With Us' toolkit for supporting children, young people and families affected or bereaved by suicide.	Rotherham has outperformed the national average in terms of successful completion of alcohol and non-opiate drug treatment. A new diagnostic centre opened at Badsley Moor Lane providing an out-patient respiratory and sleep physiology service. 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	New mobile CCTV unit launched to reduce crime and anti-social behaviour. Rotherham was a host city in delivering a record breaking UEFA Wormen's Euros 2022. Activities were delivered in libraries, including development of the Warm Welcome programme to support Rotherham people through the cost-of-living crisis. The annual Rotherham Show took place on 2nd-3rd September with approximately 88,000 spectators.

In 2024-25 the previous Strategy achieved:			
New Youth Parliament members for Rotherham. 'Giving Your Child the Best Start in Life' guide was now available for all families across Rotherham with children up to 2 years old. Council opens registration for its universal baby packs	The Mental Health Community Connectors Service was established in April 2024. RotherHive was launched in 2020 originally as a mental health resource.	Rother Valley and Thrybergh Country Parks were the latest 2 locations to install a Changing Place facility to support the needs of disabled visitors. Rotherham patients with COPD marked World COPD Day by taking part in an event designed to help them learn how to manage the condition. Sustainable Food Bronze Award Rotherham Food Network has won a prestigious award for tackling the food challenges that were faced by communities.	Rotherham's Reclaim the Night returned for its 10th year on 21st November 2024. Developed a programme of learning events to support Safeguarding Awareness Week. The bi-annual Rotherham Together Partnership event was held in September 2024 at The Arc Cinema, 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 opened registration for its universal baby packs
- 'Giving Your Child the Best Start in Life' guide was now available for all families across Rotherham with children up to 2 years old
- The Rotherham Youth Cabinet provided 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) enabled young people aged 11-18 to use their energy and passion to change the world for the better

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

Aim 3: All Rotherham people live well for longer

- Rother Valley and Thrybergh Country Parks were the latest 2 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 had been established where residents could co-design Adult Social Care Services to ensure their experiences shape the future delivery of services

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 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 10th year on 21st November 2024
- The Council's community tension monitoring process enabled 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 18th-22nd November 2024

Looking Ahead

The Health and Wellbeing Board over the next year will:

- Launch its refreshed Health and Wellbeing Strategy for 2025-2030
- Develop an action plan setting out the core activities that the Board would oversee in 2025/26
- Continue to work with Board sponsors to monitor delivery of the Strategy

- Further develop relationships with the new South Yorkshire Integrated Care System and ensure each of the aims are aligned with the South Yorkshire Integrated Care Strategy
- Continue to focus on reducing health inequalities between the most and least deprived communities
- Influence other bodies and stakeholders, including those that addressed the wider determinants of health, to embed health equality in all policies
- Produce an annual report each year with case studies giving people the chance to hear about what had been achieved and the impact it had had

It was noted that the annual report was with the Design Team for uploading to the website.

Resolved:- (1) That the timeline of Achievements under the Health and Wellbeing Strategy 2025-30 be noted.

(2) That the progress made under each of the four aims in 2024/25 be noted.

(3) That the Chair be provided with a briefing notice with regard to any future proposals for the introduction of more Changing Place facilities to support the needs of disabled visitors.

9. HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE

Oscar Holden, Corporate Improvement Officer, presented the Board's terms of reference for its annual report.

The report detailed:

- The role of the Health and Wellbeing Board
- Responsibilities
- Expectations of the Health and Wellbeing Board Member
- Membership
- Governance
- Quorum
- Meeting arrangements
- Engaging with the public and providers

Further details were provided of the governance arrangements and the Memorandum of Understanding between the Rotherham Health and Wellbeing Board and Board Sponsors for Health and Wellbeing Strategy Aims.

It was noted that the next formal review was due in May 2026. However, the restructure of the ICB would impact the Terms of Reference but there were no confirmed changes at the present time. It was expected that the new organisation would be formed on 1st January, 2026.

Resolved: (1) That the refreshed Terms of Reference be approved.

(2) That upon confirmation of the Integrated Care Board organisational changes, the Terms of Reference be amended accordingly and submitted to the Board for approval.

(3) That the next formal review take place in May 2026.

10. ITEMS ESCALATED FROM PLACE BOARD

There were no issues to report.

11. BETTER CARE FUND (BCF) YEAR END 2024-25

The Board received for information the BCF Year End Template report that had been submitted to NHS England with regard to 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 improved joint working between health and social care in Rotherham.

The information contained within the BCF submission included:-

- Section 75 Agreement
- Confirmation of National Conditions
- BCF Metrics
- Income and Expenditure
- Year End Feedback

It was noted that the documentation had been approved by the Better Care Fund Executive Group on 30th May, 2025 (approved on behalf of the Health and Wellbeing Board) and had been submitted to NHS England on 6th June, 2025.

12. ROTHERHAM PLACE BOARD MINUTES PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board Partnership Business meetings held on 19th February, 19th March and 16th April, 2025, were noted.

13. ROTHERHAM PLACE BOARD ICB BUSINESS

The minutes of the Rotherham Place Board ICB Business meetings held on 19th February, 19th March and 16th April, 2025, were noted.

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	24th September 2025
	LEAD OFFICER	Alex Hawley, Consultant in Public Health and Lorna Quinn, Public Health Intelligence Principal
	TITLE:	Director of Public Health Report 2025

Background

1.1	The purpose of the Director of Public Health (DPH) Annual Report is to spotlight local health issues and concerns, and to make recommendations for the future as a result.
1.2	This year's DPH Annual Report focuses on creative health within the borough, and how arts, creativity, and culture can be used to improve the health and wellbeing of children and young people in Rotherham.
1.3	The creative health focus comes as Rotherham has been named the world's first Children Capital of Culture (CCoC) for 2025, a year-long festival codesigned with children that aims to highlight arts, creativity, and culture in the borough, whilst encouraging engagement with Rotherham's children and young people.
1.4	One of the aims of the CCoC programme is "to support children and young people in developing responses to complex social, health and wellbeing challenges through increased participation in cultural and leisure activities".
1.5	This area of focus was agreed upon by the Director of Public Health Annual Report Steering Group, in discussion with other key stakeholders, such as the Cultural Partnership Board and Children and Young People's DLT.

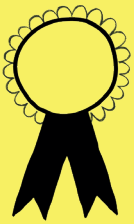
Key Issues

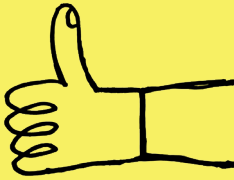
2.1	The analysis in the report is structured around the four CCoC programme themes with sub-themes within them. Each theme and subtheme identify target areas where creative approaches can help improve health and wellbeing for children and young people. The themes are as follows:
	• You're Not From New York City You're From Rov'rum
	  ○ Sense of belonging and community
	  ○ Education
	  ○ Employment and aspirations
	• Who We Are, Where We Come From
	  ○ Mental health
	  ○ Health behaviours
	  ○ Confidence, self-esteem and identity
	• Plug In & Play
	  ○ Physical activity and play
	  ○ Culture and the arts online
	  ○ Loneliness
	• The World Beneath Our Feet
	  ○ Blue and greenspaces
	  ○ Climate action

2.3	Child friendly summaries of each section have been included. These have been shared with children and young people to check they make sense and are in recognisable language.
Key Actions and Relevant Timelines	
3.1	The Director of Public Health report is published annually September/October.
3.2	The steering group will meet in late 2025 to discuss the topic of the 2026 report.
Implications for Health Inequalities	
4.1	Using Rotherham based data, and broader research, the report highlights the health inequalities experienced by children and young people in Rotherham and how creative health approaches have the potential to improve health and wellbeing, not just in the immediate but across their life course.
Recommendations	
5.1	To note the findings of the 2025 Director of Public Health report.

‘IT’S ROTHERHAM, IT’S OURS’

Rotherham’s Director of Public Health Annual Report 2025





NHS
South Yorkshire POLICE
VoluntaryAction Rotherham
healthwatch Rotherham
Rotherham Metropolitan Borough Council

CONTENTS

Through this report, you will see summaries of each section in a yellow box which have been developed with young people.

OUR ROTHERHAM

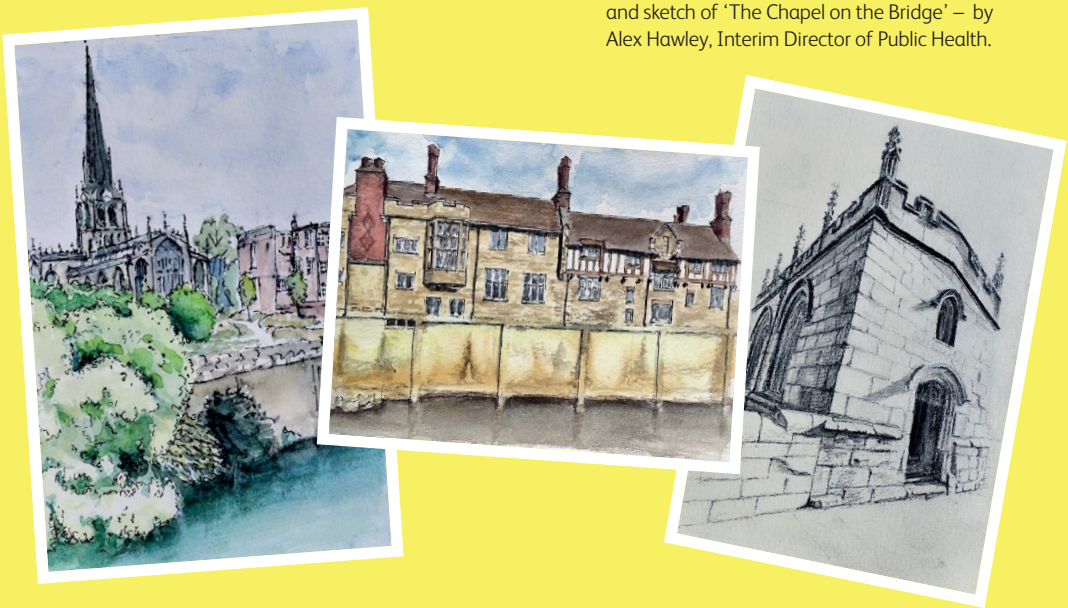
"The river Don flows and oozes through the beating heart of this northern town running past our ancient Minster, the ghost of all cultures and forges spilling into canals, skirting through the lush parks and green fields its parishes, homesteads, little villages our towns within a town.

Come over, come down, and see our treasures… New York Stadium where fathers carry their kids above the crowds like the trophies on their shoulders and Pukka pies and mushy peas waft on the breeze to the Chapel on the Bridge.

Clifton Park brims with sun-burnt Memories the slush of water in tribal longboats squeezing into hessian sacks to shoot down the old helter-skelter…

it's Rotherham, it's ours…"

Paintings of 'Rotherham Minster and The Don viewed from Forge Island' and 'The Bridge Inn' and sketch of 'The Chapel on the Bridge' – by Alex Hawley, Interim Director of Public Health.



FOREWORD

What an extraordinary year 2025 is for Rotherham: the Children's Capital of Culture is a unique and brilliant idea, conceived by Rotherham's children – an entire year of creativity. It has also been quite a different year for me, having the privilege of being Rotherham's Interim Director of Public Health for six months, and how fortunate for me that that included the opportunity to present this year's Director of Public Health's annual report. And in such a year, what else could it consider other than creative health? And, having an amateur interest in painting and sketching, I couldn't resist the opportunity to contribute a few Rotherham-based pieces of art to the report.

A cherished childhood memory I have from around age ten is when my Dad announced that our whole family (I was the youngest of six) would paint a giant underwater mural directly onto the living room wall. Though the mural is long gone, I vividly recall the octopus, sea urchin, crab, starfish, seaweed, and especially the blue-lipped fish I painted. This felt like a wonderfully spontaneous and permissive act for something that was normally forbidden. Looking back, I deeply value that moment – not just for sparking creativity, but for lifting judgment, encouraging collaboration, and fostering a shared sense of achievement, and I am certain that that was a formative moment in my creative journey. I wonder how many such moments are being experienced every day this year by Rotherham's children.

We know from a lot of research that it is never too early to begin engaging with children in ways that will stimulate their creative imaginations and help foster and accelerate their cognitive, social, emotional, and physical development. All babies will benefit from interacting with their parents

Above Photo: Alex Hawley, Interim Director of Public Health, engrossed in painting The Bridge Inn.

through singing, reading and play, but it doesn't necessarily come naturally to new parents. This is one of the reasons that Public Health provides some help through our Health Visiting service, and also through supportive places like our Family Hubs, and (also new this year) through some of the things we include in our Baby Packs (given to every new parent who wants one), such as a sensory book and a play mat. The box itself is intended to be visual stimulating, with high contrast images apparently inspired by Yorkshire weaving, and at a later stage would provide an excellent opportunity for colouring-in.

Making stuff is fundamental to being human, and making expressive marks on surfaces is something homo sapiens has been doing for tens of thousands of years. As soon as a child has the skill to hold a pen, pencil, crayon or paintbrush they will freely deploy it with obvious pleasure. I envy the fearlessness that children have when being creative – I am all too familiar with the fear of failure, especially when making the first mark on a blank sheet of paper. Despite that feeling, I know just how good for my mental health it is when I am making a picture, and (when it does go well) the fantastic feeling of achievement it imparts when the picture is complete. Visual creativity definitely fits well with a couple of the five ways to wellbeing – taking notice and learning, and if you make a picture as a gift, or as a unique birthday or Christmas card you can also add giving to the list. I guess I cover off the other two, being active and connecting through my other main creative hobby, which is singing in a choir, which I have done most of my adult life. For me, the joy of making music as part of a group of whatever standard is unparalleled. I love the fact that choral singing is such a strong tradition within British culture – in 2017 the Voices Now Big Choral Census estimated that there are 40,000 choirs in the UK, with 2.14 million people regularly singing in them! If I got my visual art passion from my Dad, then singing definitely comes from my Mum, who

has taught piano and singing and run a village choir for longer than I've been alive, and she's still doing it – perhaps the best personal testament I can think of for the health and wellbeing benefits of musical creativity.

Those are some of my personal reflections about creativity and health and I am very fortunate to have had the opportunity to share them, and indeed to present this year's DPH annual report, which will explore the topic in much greater depth through the data, the evidence and some of the lovely activities that have taken place during this special year (with more still to come).

I also have the additional privilege of being able to introduce our incoming Director of Public Health, Emily Parry-Harries, who will be starting with us very soon.

Alex Hawley

Creativity is so important for our health and wellbeing – it can reduce stress, improve mood, boost self esteem and keep the brain active. It strengthens social bonds, impacts on social isolation and loneliness and lowers blood pressure. Much of my personal satisfaction comes from being creative and I know that craft activities make me feel better (although I am no where near as talented as Alex – you wouldn't want my illustrations as part of the DPH report). Arts, culture and creativity are not a luxury, they are a vital part of what makes us human and we need to find a way to maximise the opportunity to take part in these things for all the people of Rotherham.

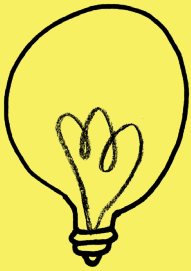
I would like to thank the team for all of their work on this report and look forward, as the incoming DPH to working alongside them and the wider system to implement the recommendations.

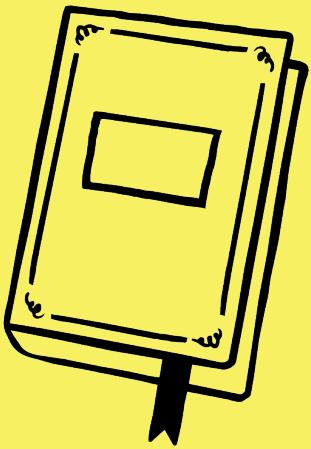
Emily Parry-Harries

ACKNOWLEDGEMENTS

A special thank you, first and foremost, goes to the children and young people of Rotherham who have inspired this report.

I would also like to thank the following people for their input and contributions: Lorna Quinn, Becky Woolley, Jaimee Wylam, Carys Williams, Sue Turner, Gilly Brenner, Polly Hamilton, Sarah Christie, Kaylynn Nogowczyk, Bev Pepperdine, Sarah Spink, Zoe Cartwright Harrison at Voluntary Action Rotherham, and Kym Gleeson and the team at Rotherham Healthwatch.





BACKGROUND

2025 – a year of celebration.

In 2025, Rotherham has become the world's first Children's Capital of Culture, holding a year-long festival of celebration through a programme devised, designed and delivered by children and young people.

The journey to this celebration year started in 2017, with the Embassy for Reimagining Rotherham. Over three weeks of intensive workshops in summer 2017, a group of young people created their own manifesto for the town's future. This vision of Rotherham captured the imaginations of leaders and decision-makers and was the foundation for the Children's Capital of Culture programme. With ongoing co-production with children and young people at the centre, this is truly a partnership initiative, with hundreds of organisations working together to make Rotherham a better place to grow up.

The Children's Capital of Culture programme is not only about increasing engagement with the arts, culture and creativity – but about harnessing this engagement to improve the life chances of Rotherham's children and young people. One of the four headline aims of the programme is 'to support children and young people in developing responses to complex social, health and wellbeing challenges through increased participation in cultural and leisure activities' – meaning health is at the centre of this programme.

Above Photo: Rotherham Minster during Rotherham Roots Street Carnival 2025.

Building on the momentum of this celebration year, this year's Director of Public Health Annual Report will explore the role that culture and creativity can play in the health and wellbeing of children and young people. The report will synthesise national research, local data and evidence around the levers of change available locally, to inform the evaluation of the programme and to make the case that culture has an essential role to play in giving Rotherham's children and young people the best start in life.

It should be noted that this report references some of the activity that is being delivered through the Children's Capital of Culture programme – but there are so many fantastic things happening in Rotherham to engage children and young people in the arts, culture and creativity and this report only covers a very small portion of this.

Section summary

In 2025, Rotherham became the world's first Children's Capital of Culture. This is a year-long festival, designed with children and young people for children and young people. It has involved lots of organisations working together to make Rotherham a better place to grow up. It is not just about helping people to do more arts, culture and creative activities, it is also about supporting people with social, health and wellbeing challenges.

This year's Director of Public Health report thinks about how culture and creativity can play a part in the health and wellbeing of children and young people.

ROTHERHAM CONTEXT

Rotherham is one of four metropolitan boroughs within South Yorkshire with a population of approximately 271,195 (2023 mid-year population estimate). Around half of the borough's population lives in urban areas in the central part of the borough. Others live in outlying small towns, villages and rural areas, with 70% of the borough being open countryside.

Children and young people aged 19 and under make up 23.5% of Rotherham's population. (2023 mid-year population estimate). Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving to study elsewhere and young adults leaving the area for work. The inner area of Rotherham has a notably younger population than the outer areas, particularly in the south of the borough, where there are higher proportions of older and middle-aged people.

Rotherham is a relatively deprived local authority, with 36% of the population living in the 20% most deprived communities in England. Deprivation is linked to a wide variety of poor health outcomes. As such, Rotherham often fares significantly worse than the national average when considering markers of 'good health' including life expectancy at birth and the number of years that people live in poor health.

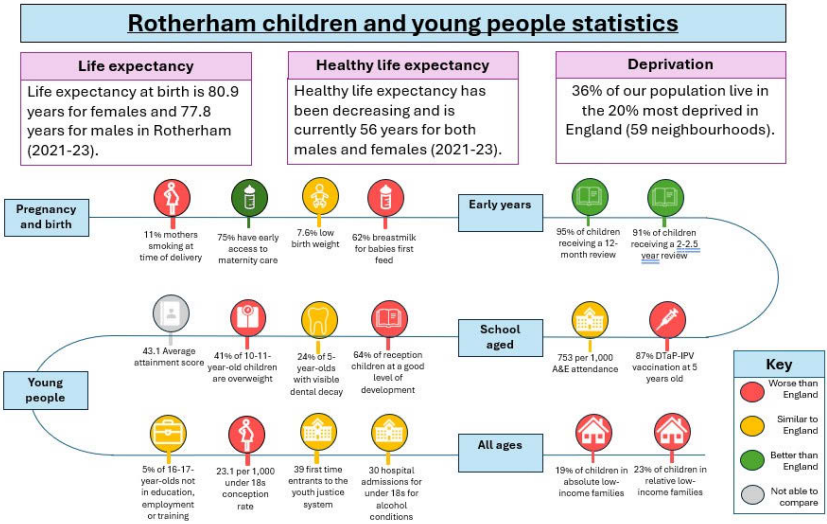
Section summary

Rotherham is a place in South Yorkshire. It is home to 271,195 people. Lots of Rotherham is small towns, villages and green, rural areas. Around half of the people living in Rotherham live in these areas, and the other half live in or near the town centre. Nearly 1 in every 4 people in Rotherham is under 19 years of age. Rotherham is considered a relatively deprived area. This means that there are people in Rotherham living without the things they might need to live a healthy and happy life.

THE HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN ROTHERHAM

Childhood lays the foundation for health, meaning that poor health in childhood can have long-standing impacts throughout an individual's life. An overview of what we know about the health and wellbeing of children and young people in Rotherham is outlined below. Data for this infographic and further information is available on Fingertips, Department of Health & Social Care[i].

Rotherham children and young people statistics



Section summary

How a person grows up, including where they live, play and learn, can make a difference to how healthy they are when they are an adult.

WHY IS ART, CULTURE AND CREATIVITY IMPORTANT FOR CHILDREN AND YOUNG PEOPLE'S HEALTH?

Creative Health is the term used to describe work with creativity, arts and/or culture that supports health and wellbeing. Approaches may involve embedding creative activities in health and care services, communities, schools, or supporting co-production, education and workforce development. Activities can include visual and performing arts, film, literature, writing and creative activities in nature. Creative Health can contribute to the prevention of ill health, promotion of healthy behaviours, management of long-term conditions and treatment and recovery of people of all ages.

For children and young people, engagement in culture and arts can play a significant role in fostering creativity, developing social skills, supporting physical health, and overall emotional and mental health. Engagement in the arts and cultural activities can also foster a sense of belonging and identity and build confidence and self-esteem in children and young people. It can also play a key role in improving wellbeing and prevent the onset of conditions such as anxiety and depression. The Social Behavioural Research Group highlights that adolescents engaging in extracurricular arts activities are less likely to demonstrate risk taking behaviours such as smoking, alcohol and substance use, and engage in fewer anti-social behaviours. These outcomes are generally consistent across different demographics such as gender and ethnicity.

Evidence demonstrates that when embedded as part of care pathways, creative health can be an effective and cost-effective intervention for

Above Photo: Having fun at Rotherham Show 2023.

children and young people. It can also play a valuable role in addressing the increasing mental health support needs and therefore, when developed and delivered effectively, creative health programmes can support the sustainability of mental health services in the long-term[ii].

Section summary

Creative Health means working with creativity, arts and/or culture to support health and wellbeing. This can include lots of activities, like drama, art, film or writing. These activities can happen in lots of different places, for example, at school, at a hospital, at home or in a park.

For children and young people, doing cultural and creative things can help with social skills, physical health and mental health. Teenagers who do arts activities outside of school are less likely to do things which could harm their health, such as smoke, drink alcohol or use drugs.

Lots of children and young people struggle with their mental health, and creative health can help if included as part of mental health support.

WHAT MATTERS TO YOUNG PEOPLE IN ROTHERHAM?

This section outlines insights from engagement work that took place to inform the Children's Capital of Culture programme, as well as findings from wider engagement with Rotherham's children and young people from the last couple of years. This includes the 2024 School Survey, which was completed by 4,641 students in years 7 and 10 and research from Healthwatch conducted in 2024-2025 which reached 445 young people.

Common themes are outlined below.

Above Photo: Young people involved in the Bronze Arts Award at Rotherham United.

Children and young people want to feel proud of where they live – and many already do

At Rotherham Show in 2021, 80% of children and young people surveyed stated that they felt positive about the borough (with younger participants more likely to be positive than older participants). The things that children and young people loved the most about Rotherham were:

- Green spaces, such as Clifton Park
- Sports, including Rotherham United
- Entertainment and activities, such as rides and fairs

Many children and young people want more fun things to do in Rotherham

When asked for ideas about how to make Rotherham better through the Children's Capital of Culture programme, having more things to do emerged as a key theme. Specific ideas included:

- Free events
- More green spaces and activities that celebrate existing green spaces
- More live music events and venues
- Greater access to a wider range of different sports
- A cinema
- Activities and spaces aimed specifically at children and young people

The School Survey results from 2024 indicate that there is an age divide in perceptions around things to do in Rotherham. Whilst 66% of Year 7s surveyed agreed that there are good places to spend their free time, fewer than half of Year 10s (47%) agreed with this statement.

Young people face a wide variety of pressures and anxieties

As part of engagement sessions that took place with 16- and 17-year-olds in 2021, young people were asked about their anxieties. The things they were worried about were wide-ranging, with the top 10 being:

1. Education
2. Mental health
3. The future
4. Family
5. Future careers (including not accomplishing dream jobs and no jobs in the things young people are interested in)
6. Global events
7. Sport
8. Friends
9. The environment
10. Money

Similarly, in 2025, Healthwatch asked young people about the biggest pressures they were facing (see figure 2 below). Body image and social media were highlighted as the two biggest sources of pressure, but again, the topics were wide-ranging, including social factors, like problems with friends and family, pressures around identity, such as gender and sexual orientation, and engagement with health risk behaviours, such as alcohol, vaping, smoking, drugs and gambling.

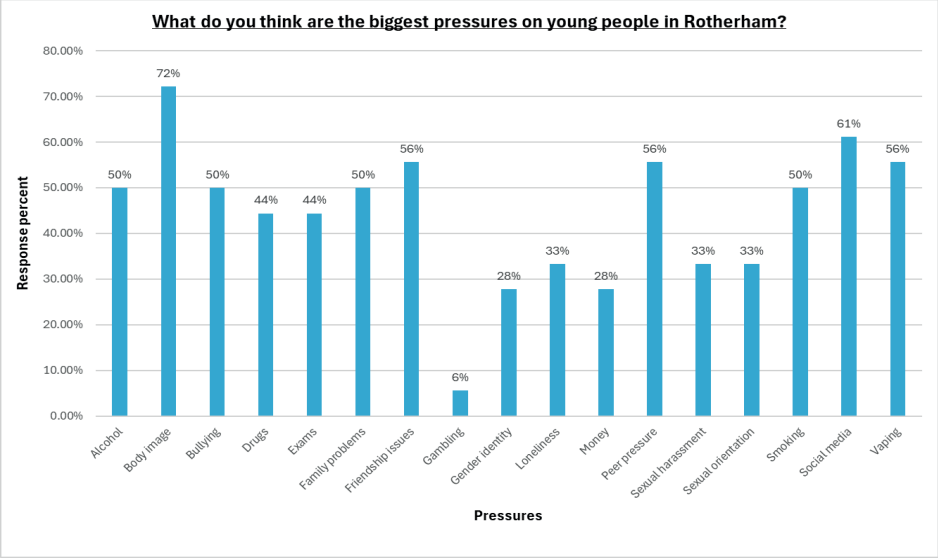


Figure 2: Responses to 'What pressures do you and your peers face?' taken from 'What young people told us about their wellbeing in 2025' by Healthwatch Rotherham

'I believe if my mental wellbeing is not good, my physical wellbeing will deteriorate'

WELLBEING IS IMPORTANT TO YOUNG PEOPLE

As above, mental health was in the top two concerns that young people reported feeling anxious about in 2021. Similarly, in a 2025 study conducted by Healthwatch, 88% of participants agreed that wellbeing is important to them. All the young people engaged with stated they had someone or something to turn to when they were unhappy (with parents and guardians being the people young people were most likely to turn to). However, over 53% said they did not know where to turn for extra help, and the majority had not accessed local or national services or resources to support their mental health.

Furthermore, in the 2024 School Survey, 38% of Year 7 students and 43% of Year 10 students rated their mental health as fair or poor. It is noteworthy that in comparable surveys, there was a significant increase in Year 10 students reporting fair and poor mental health between 2019 and 2022, which was during the course of the COVID-19 pandemic.

Whilst significant proportions of young people reported only fair or poor mental health, 79% of respondents to the School Survey in 2024 described their physical health as 'good' or 'excellent.'

Plug in and Play test at a local school, 2024.

SPENDING TIME WITH FRIENDS AND FAMILY IS WHAT MATTERS THE MOST

A strong theme which emerged from all of the engagement work that this report has drawn from was the importance of friends and family and spending time with the people that matter most. Young people were most likely to reach out to their friends and family for help and support and saw connecting with them as a big priority.

"My friendships and family are what is most important in my heart."

Section summary

This section is about some of the things that children and young people from Rotherham have said matter to them. Some of the things they said include:

- They want to feel proud of where they live.
- They want more fun things to do in Rotherham.
- There are quite a few different things that young people worry about, including education, mental health, social media and body image.
- Some young people don't feel happy, with more Year 10s than Year 7s saying their mental health is fair or poor.
- Spending time with friends and family is very important to children and young people, with many saying this is the most important thing to them.

THE CHILDREN'S CAPITAL OF CULTURE: PROGRAMME THEMES

In collaboration with children and young people, including some of the engagement work referenced in the previous section, the Children's Capital of Culture programme was designed around four headline themes. These are:

- You're Not From New York City, You're From Rov'rum: supporting young people to have agency and create change, building pride in Rotherham as their home.
- Who We Are, Where We Come From: enabling children and young people to develop a sense of community and belonging through the arts and culture, enhancing their mental health and critical thinking.
- Plug In & Play: increasing opportunities for play in digital and physical spaces, as well as fostering physical activity and participation in sport.
- The World Beneath Our Feet: enabling children and young people to engage with nature and their local environment and take action to combat climate change.

The analysis in this report is structured around these four themes.

Section summary

The people who work on the Children's Capital of Culture programme asked children and young people what they thought the activities should focus on. Together, they came up with four key themes:

- You're Not From New York City, You're From Rov'rum which is about young people feeling proud of Rotherham and feeling part of making changes to make Rotherham a better place.
- Who We Are, Where We Come From which is about the arts and culture helping children and young people to understand more about their own feelings and the world.
- Plug In & Play which is about giving children and young people more opportunities to play – both online and in their community. It also includes encouraging young people to be more active.
- The World Beneath Our Feet which is about children and young people being outside in nature and taking action linked to climate change.

The report looks at each of these four themes.

YOU'RE NOT FROM NEW YORK CITY YOU'RE FROM ROV'RUM

This theme is about supporting young people to have agency and create change, building pride in Rotherham as their home.

Land art overlooking Rother Valley Country Park that reads 'You're Not From New York City, You're From Rov'rum', 2025.

SENSE OF BELONGING AND COMMUNITY

Feeling part of a community is a vital determinant of health and wellbeing, with this being a protective factor against disease and poor mental health[iii].

There are several measures in the School Survey which in combination, seek to assess the extent to which Rotherham's young people feel a sense of belonging in their area. The findings in 2024 reflect a mixed picture, with Year 7 students generally having a more positive view of their neighbourhood than Year 10 students (see figures 3 and 4). The biggest disparity across age cohorts was the percentage of respondents who agree that there are good places to spend their free time. This indicates that there is a need to do more to foster a sense of belonging for

adolescents in particular, which is a key focus of the Children's Capital of Culture programme.

Additionally, across both age cohorts, the statement that the lowest percentage of respondents agreed with was 'I can trust people in the area where I live' with only 50% of Year 7s and 39% of Year 10s agreeing with this statement. This again, points to the need to bring communities together, to support increased trust and social cohesion.

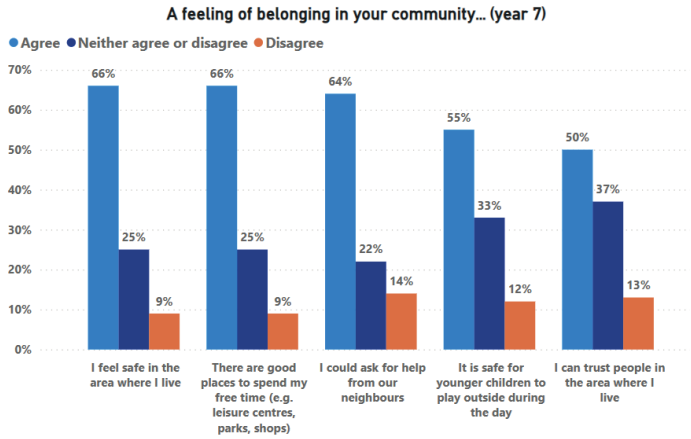


Figure 3: Year 7 responses to questions in the School Survey 2024 around feeling a sense of belonging in their community

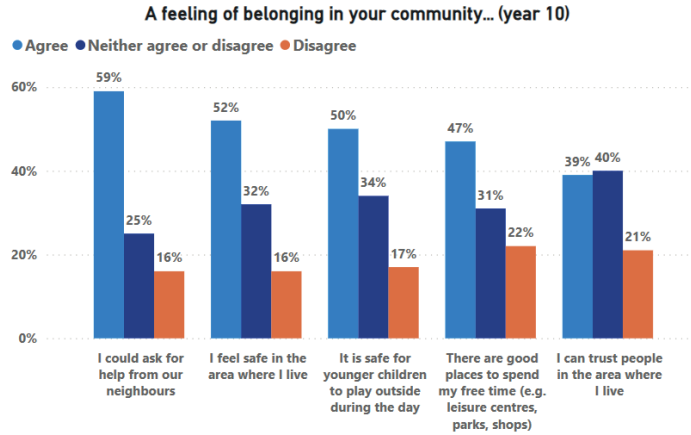


Figure 4: Year 10 responses to questions in the School Survey 2024 around feeling a sense of belonging in their community

As well as providing an impetus and a forum to bring communities together, research shows that culture and the arts have specific benefits in promoting a sense of belonging and individual wellbeing. Using music as one example, research into group singing has found that participants across multiple studies had higher levels of social bonding than prior to singing and that the process of social bonding through group singing is faster than through other social activities. Additionally, research has shown that engagement with music in childhood is associated with better social skills, reduced bullying and a reduced risk of behavioural issues in adolescence – all of which are likely to support an increased sense of belonging[i].

Moreover, participation in the arts may translate into more active citizenship, with children who participate in arts and creative outlets being more likely to volunteer. This suggests that engaging Rotherham's children and young people with creative pursuits has the potential to have a long-term impact on community culture.

Section summary

This section is about whether children and young people feel they belong in their local community. It shows that:

- Feeling like you belong helps you to feel happier and can make you healthier.
- Some children and young people in Rotherham don't feel like they belong.
- Creative activities, like group singing can help young people to bond with other people they are doing the activity with and feel a sense of togetherness.
- Young people who are involved in art or other creative activities are more likely to volunteer and vote in elections as adults, which could be a sign that they are connected to their local community.

EDUCATION

Education is strongly linked to health outcomes, with those with higher levels of education being more likely to live in good health for longer.

In Rotherham, educational outcomes are generally below the national average. This inequality starts early, with the percentage of children achieving a good level of development at the end of reception being 64.3%, compared with an England average of 67.7% (2023/24). This continues through school, with 59% of Rotherham children reaching the expected standard for Key Stage 2 Standard Assessment Tests (SATs) compared with an England average of 61% (2024). Moreover, the average Attainment 8 score at Key Stage 4 in Rotherham is 43.1 compared with an England average of 46.2 (2022/23).

There are also inequalities within Rotherham in terms of educational attainment. For instance, while 64.3% of all children in Rotherham achieve a good level of development by the end of reception, this drops to 47.6% of children who receive free school meals (2023/24). Similarly, educational attainment differs between areas within Rotherham, for example 75.2% of children in Wickersley North achieved the expected standard+ at KS2 compared with 46.2% in Maltby East (2024.)

There is ample evidence to show that engagement in arts, creativity and culture during childhood has a positive influence on educational outcomes. For instance, research demonstrates the impact of reading out loud in childhood on literacy and comprehension skills.iii Engaging with music in childhood has also been found to have an influence on cognitive development and educational attainment. For instance, one study found that playing an instrument was associated with higher attainment scores at Key Stage 4 in Mathematics, English and across all other subject areas, with those who had been playing the instrument for four years or more scoring more highly still. Researchers explain the positive influence of engagement in the arts on educational outcomes through the concept of 'transfer' of cognitive training from one skill to another, but also through

Young people at the Festival of Stories, 2025.

the development of individual motivation and behavioural benefits. This indicates that this may also have wider social benefits aside from improved educational outcomes.

There is also evidence that supports the role of engagement in the arts with reducing inequality. One systematic review found evidence that young people from low-income households were three times more likely to get a degree if they participated in arts activities at school. Additionally, the evaluation of a project in Scotland aimed at engaging low-income children in orchestra found that participation was associated with improved concentration, language development, school attendance and educational outcomes. Research has shown that embedding arts and creative activities inti the school day is effective at developing emotional regulation, boosting self-esteem and improving social connection. Schools often being the first point of contact for children showing signs of emotional distress and research has shown that schools that integrate arts into pastoral care have seen improvements in attendance, pupil wellbeing and behaviour.

However, although engaging young people with creativity and the arts has the potential to have a positive influence on health inequalities, there has been a decline in the percentage of schools providing arts education; in England 42% of schools are no longer entering pupils for GCSE music, 41% of schools are no longer entering pupils for Drama and 84% of schools are no longer entering pupils for Dance. This is likely to widen inequalities, as young people from more affluent backgrounds are more likely to have the opportunity to pursue creative learning outside of school, which is likely to enrich their learning in other areas and improve their overall academic performance[viii].

Section summary

This section is about education. It shows that:

- Children and young people in Rotherham generally get worse grades than the average for England.
- Being involved in arts and creative pursuits can help young people to get better grades, even in subjects that are not related to arts or culture.
- Fewer schools in England are offering classes like music, drama or dance, which may mean that some children and young people are not able to learn about these things.

EMPLOYMENT AND ASPIRATIONS

There is evidence that creative engagement can support educational development and subsequently equip children and young people with a range of transferable skills that are not only attractive to employers but can also support building confidence in terms of career aspirations. Of our secondary school children who undertook a survey, 31% would like to go to college and university, 19% would like to go to college and then gain employment, 13% would like to get an apprenticeship, 9% would like to start their own business, 5% would like to get a job straight from school and the rest were unaware of what they would like to do. In Rotherham, 5% of our 16–17-year-olds are not in education, employment or training (NEET).

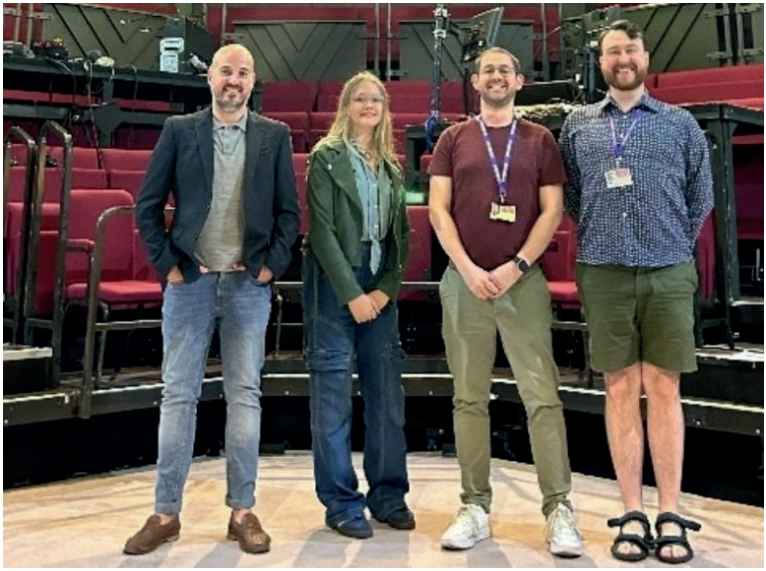
"You don't have to leave to chase your dreams!"

Museum of the Moon school workshop in Rotherham Minster, 2023.

CASE STUDY: SKILLS STREET – 'USING CREATIVITY TO MAKE A POSITIVE DIFFERENCE'

Skills Street is an immersive and innovative world-of-work experience developed to widen career aspirations for children, young people, and adults across the region and inspire the next generation to work. It was co-founded by Gulliver's Valley Resorts and The Work-Wise Foundation.

Below, Mia, who is helping to co-design the 'Creative and Cultural' zone of Skills Street, shares her experience and why she is so passionate about supporting other young people to access routes into creative industries.



Mia backstage at The Crucible in Sheffield..

"I'm Mia and I'm one of the new Children's Capital of Culture Trainees at Skills Street!

I'm passionate about the arts, creative industries and education, so I'm thrilled to be co-designing Skills Street's 'Creative and Cultural' zone. This zone will demonstrate the different roles and routes into creative and cultural careers; the skills people need and how these skills develop at

an earlier age alongside the school curriculum. I'm also helping to build marketing strategies and support business development across the wider Skills Street C.I.C.

I never really knew what career I wanted to do when I was at school - I adored writing, languages, acting, art – and maths quite literally made me cry. My dream job at eleven was to write my own books, illustrate them, and get them turned into films I could act in. Leaving school, all I really knew was that I wanted to use my creativity to make a positive difference around me.

I joined Skills Street because I think it's vital that pupils recognise the value of all careers, school subjects and deconstruct the idea that less typically 'academic' subjects are less valuable. When choosing my own GCSE options, I was so frustrated at feeling pushed to sacrifice my favourite subjects for 'more academic' ones – but I wouldn't be where I am today if I hadn't committed to the subjects I loved. Creating a careers-based learning environment in hand with real businesses and brands will allow young people to fully visualise the vast number of possibilities and pathways in each industry. I am keen to play my part and inspire the next generation to consider jobs they haven't known before – something especially vital for the media, arts, culture and heritage careers where access into the creative subjects and industries are declining.

It's a real privilege that the Skills Street site is being built in my hometown Rotherham. I think lots of people going into their first career job, especially graduates, think the best opportunities are exclusive to the capital, so it's so valuable to showcase organisations local to the region, and to be able to provide careers-based learning to children and young people who need it the most.

No day of my traineeship so far has been the same – I've met new business partners, redesigned a website, and been backstage in The Crucible – and my office is based at Gulliver's Valley theme park! It's so

exciting and rewarding to be an active part of Skills Street's construction, and I can't wait for everyone to see us open next year!"

To read the full case study, please visit the Skills Street website: Meet Mia - "Using creativity to make a positive difference". — Skills Street.

More than 1600 pupils, children and young people have visited the exciting new Skills Street experience based at Gulliver's Valley.

Skills Street CIC is a groundbreaking education and training environment designed to revolutionise how young people engage with careers and skills development. Among the highlights is the newly launched FlyMe@ Skills Street aviation experience, which offers students a full airport simulation - from check-in to boarding a real Boeing 737 fuselage and flying an industry-standard simulator. Visitors can also explore historic Rolls-Royce and Vulcan aircraft engines and learn about careers in aviation, engineering, travel, and tourism.

Julie Dalton, managing director at Skills Street said: "We're thrilled to have welcomed so many young people through the doors of Skills Street as part of our soft opening".

"It has been fantastic to see them experience the different zones and enjoy a whole range of industry experiences. Skills Street was designed to inspire and educate visitors about future careers and the skills needed. We've created a space to explore real-world careers in a fun and interactive way, and to witness that in action was simply wonderful."

WHO WE ARE, WHERE WE COME FROM

This theme is about enabling children and young people to develop a sense of community and belonging through the arts and culture, enhancing their mental health and critical thinking.

Art by Wath Youth Group for Roots Rotherham Street Carnival, 2025.

MENTAL HEALTH

Face-painting at Eastwood Funfest, 2023.

Mental ill health is increasingly recognised in children and young people. In Rotherham, 40% of secondary school children report their mental health as 'fair' or 'poor', and 18% of our secondary school students reported feeling lonely most of the time or always within the last 12 months, with girls being twice as likely to report feeling this way (2023/24).

Research shows that connecting with other people was a common feature of activities perceived as being helpful for mental health. This includes creative activities that were 'connecting' and 'absorbing', and one study showed that the more absorbing an experience, the greater benefit to ill mental health through a shift away from negative thoughts . One study also showed a positive impact of online arts and culture as it offered an alternative to social media that may impact negatively on mental health. Additionally, human connection through arts and culture provided young people the opportunity to reflect on the experiences, thoughts, feelings and behaviours of other people. This allowed them to

reflect on their own personal experiences and understand more about the emotional lives of others.

Research has also showed that arts and culture could help reduce negativity, lift mood, calm and increase proactivity providing a positive impact on mental health, disrupting negative thought patterns, and a feeling of calm when engaging with cultural content. It also demonstrated that young people have a critical level of insight and understanding regarding their mental health and the ways in which creative methods could improve this

HEALTH BEHAVIOURS

Health in Rotherham is generally poorer than the national average, with people living fewer years than the England average and living a significant proportion of those years in poor health. These outcomes are driven by risk factors that are amenable to prevention, such as smoking, poor diet, low levels of physical activity and excess alcohol consumption. Whilst this section refers to health behaviours, it should be noted that these behaviours are driven by the environment in which people live, and many factors limit the control that individuals have over these behaviours.

The School Survey includes a number of measures around these health behaviours and the findings reflect a mixed picture:

- 2.7% of respondents stated that they smoked regularly in 2024 (which is a significant decline from 14% in 2011).
- 5.8% of students stated that they vape regularly, which has been increasing since 2017.
- 39.1% reported to having been drunk more than twice.
- 41.6% of children and young people who responded to the School Survey confirmed that they eat fruits and vegetables at least once per day.

These findings show evidence that these key risk factors that influence long-term health outcomes are, for many people, rooted in childhood and adolescence.

Research suggests that creative pursuits may have a role in mitigating some of these risk factors. For instance, a study that was conducted in deprived communities in London found that engagement with the arts was positively associated with eating healthily and increased physical activity. The study sought to control for mental wellbeing and social capital and found that these factors did not mediate the relationship between arts participation and health behaviours[x].

Dancing at Rotherham Show, 2023.

There was a lack of research identified through this report around the role of creativity in influencing other health behaviours for young people – including smoking, vaping and alcohol consumption. This may be an area that would benefit from further research at a local level, particularly due to evidence from the Healthwatch report that there is perceived social pressure for young people to engage in these health behaviours.

Additionally, body image was highlighted as one of young people's top two pressures in the Healthwatch report. Whilst multiple studies were identified that emphasised the positive impact of engaging in creative pursuits on children and young people's self-esteem, no research evidence was found specifically in relation to weight stigma and body image. This may also be a beneficial avenue for further research, in support of Rotherham Health and Wellbeing Board's compassionate approach.

Section summary

This section is about health behaviours, like eating, smoking, vaping and drinking alcohol. It shows that:

- Health in Rotherham is generally worse than the average for England and this is partly due to some people in Rotherham eating unhealthily, smoking and drinking alcohol. For many people, they start doing these things from childhood or being a teenager.
- There are many reasons why someone would smoke, drink alcohol or eat an unhealthy diet, and they may not be able to fully control their behaviour.
- Being involved in art and creativity may help people to eat more healthily.
- We don't know much about how art and creativity might help with smoking, vaping, drinking alcohol or body image.

CONFIDENCE, SELF-ESTEEM AND IDENTITY

Young people at the Big History, Bright Futures celebration event, 2024.

An important part of growing up is the formation of identity – the way we see ourselves and our beliefs and values about the world. This process is key for developing high self-esteem, which is a protective factor for good mental wellbeing.

A key theme which emerged from the Healthwatch report was confidence, with 35% responding "no" to the question, "Do you feel confident speaking up for yourself?". As confidence and self-esteem are closely linked, this may be an avenue to explore further through local research and engagement activity, particularly to consider whether a lack of confidence impacts on young people's mental health.

Evidence suggests that engagement with the arts and culture can help to build confidence in children and young people. Qualitative research into the impact of virtual music groups during the COVID -19 pandemic found

that participation in the group enabled young people to gain confidence that they had lost as a result of multiple lockdowns[xi].

Additionally, a study into arts engagement and self-esteem in children and young people using the Millenium Cohort Study found that listening to or playing music, drawing, painting or making things and reading for enjoyment were all associated with higher levels of self-esteem. This included when all demographic, socioeconomic and familial confounders had been matched. The association was stronger when children regularly engaged with these activities with their parents, which indicates that this may be a key approach for families to support their children to develop high self-esteem. This highlights the importance of having arts and cultural experiences available locally that are family-friendly and that appeal across different age cohorts – which is part of the approach of the Children's Capital of Culture programme[xii].

As well as confidence and self-esteem, local engagement shows that there are many aspects of identity that young people are grappling with. Gender and sexual orientation both emerged as themes within the Healthwatch report. Equality, diversity, tackling discrimination and wanting more cultures to be represented across Rotherham were key messages from the engagement work that shaped the co-creation of the Children's Capital of Culture programme.

There is evidence to support the role that culture and the arts can play in exploring different identities. For example, one study into online culture and arts found that many participants found the cultural content to be a "safe space" which enabled them to navigate and explore different viewpoints and identities without "the fear of saying the wrong thing." Hearing diverse stories was important to young people, and this allowed them to reflect on their own identities and experience. However, this study also found that underrepresentation of certain groups by race, gender identity or sexual orientation had the potential to alienate the young people and have a negative impact on their mental healthi[ix].

Linked to this, research has found that as well as benefitting from engaging with the arts in terms of exploring identity, young people can also play a fundamental role in ensuring the arts and cultural spaces are inclusive for often marginalised groups. Research into a five-year collaborative programme between young people from ethnic minority backgrounds and a UK university museum found evidence of the transformative potential of young people challenging norms, addressing inequalities and embedding inclusive and anti-racist practices. This emphasises the benefits of working with young people and giving them real agency and power to shape the delivery of creative activity[xiii].

Section summary

This section is about confidence, self-esteem and identity. It shows that:

- Some young people in Rotherham don't feel confident. Involvement in creative activities like playing or listening to music, drawing, painting or making things and reading for enjoyment help young people to feel more confident and have higher self-esteem.
- Culture and art help young people to explore different viewpoints and think about their own feelings and experiences.
- Young people can help to make cultural places like museums better and more welcoming for different types of people.

CASE STUDY: BIG HISTORY, BRIGHT FUTURES

Big History, Bright Futures mural on the Clifton Learning Partnership building.

The Big History Bright Futures project was created to encourage young people to learn about and celebrate the histories of their families and communities through creative art forms. This initiative was funded by Historic England in partnership with Imagine Rotherham and Children's Capital of Culture.

These partnerships aim to inspire young people and build a sense of community pride. Overall, the project aims to empower people by connecting them to their roots and community heritage, celebrating diversity, and building a stronger sense of community through art.

Young people attended workshops with the talented mural artist Lucy Oates, who encouraged them to connect with their families and local communities, exploring their own lived experiences and the stories of their families. These stories were transformed by the young people into small art pieces from collages and lino prints. These designs were used to

create the final mural on the Clifton Learning Partnership building, which showcased the young people's family's stories and the cultural diversity in the community.

After the mural had been painted, it was time to celebrate all the hard work! So, a celebration event was hosted at Clifton Community School. This event brought together all those involved in the project, including young participants, their families, local Councillors, and community members.

It was a vital space to share the stories and artworks created throughout the project, where young people involved had the opportunity to share their experiences and what they learnt.

Through this project and by connecting with their heritage, young people gained a deeper understanding of their communities and themselves. Exploring their heritage had the power to give young people a sense of pride and ownership, not only in their school community but also in the wider community.

One young boy noted that he felt more comfortable talking to his classmates because of how the project had encouraged young people to talk about their heritage.

"I enjoyed it because I love painting and it's calming. It [mural wall] looks so much better than it used to before the mural. I want more stuff like this to come to Clifton because it makes things brighter and it's not boring. Having representation for different heritages is important because I'm proud of my heritage and I want to show it off." – young participant.

"I enjoyed doing this mural because it was fun and interesting. I learnt how to paint, and it made me feel confident working with Lucy. I'm also really proud of my heritage and the fact that my flag, the gypsy flag, is being represented on this mural." – young participant.

Close up of the Big History, Bright Futures Mural.

To read the full case study, please visit the Children's Capital of Culture website here: [Big History Bright Futures Brings Bold Mural to Rotherham – Children's Capital of Culture]

PLUG IN & PLAY

This theme is about increasing opportunities for play in digital and physical spaces, as well as fostering physical activity and participation in sport.

Skate festival in Rotherham Town Centre, 2022.

PHYSICAL ACTIVITY AND PLAY

In Rotherham we have seen a decrease in the percentage of children and young people that are physically active, and it is now at 44% (2023/24). Our Rotherham School Survey showed that of our Year 7 and Year 10 respondents, 67% exercised at least three times a week; however, 8% never take part in physical activity or do so less than once a month.

There is a strong evidence base to show how increased physical activity can support with creativity, and incorporating creativity into physical activity can make it more engaging and enjoyable. Physical activity is shown to improve psychological and cognitive outcomes and through

partnership with creative and artistic methods, studies show that artistic aspect may improve psychological wellbeing. There is a correlation between less-sedentary behaviour and more moderate-to-vigorous physical activity and creative activities, and one study found that creative behaviour such as making music would support the positive effects of habitual physical activity[xiv].

Young people dancing at a school workshop, 2025.

CULTURE AND THE ARTS ONLINE

Children playing online at the Plug in & Play Event, 2024.

Children and young people often recognise themselves at the forefront of new technology and popular culture. However, the potential harms of social media and young people spending large portions of their leisure time online are widely discussed, with many parents and adults having concerns. A recent YouGov poll found that 80% of adults surveyed felt that social media has either a fairly or very negative impact on teenagers' health. Research has reinforced this, with evidence that social media can have a negative influence on young people's mental wellbeing and sense of life satisfaction.

This emerged as a theme within the research conducted by Healthwatch locally, with social media being the joint top pressure that young people said they faced, alongside body image. The report indicated that these two pressures were seen as closely linked, with young people noting doctored and altered images online and the influence this had on their feelings about their own appearances.

However, with most young people spending leisure time online, digital spaces offer a critical opportunity for engagement in the arts and cultural pursuits, and this has the potential to provide a healthier alternative to traditional social media. One qualitative study explored the impact of online arts and culture on young people's mental health. In this study, online arts and culture was defined as content provided by cultural institutions such as museums, theatres, art galleries, libraries, archives and natural heritage organisations that is available digitally. Participants reported that they experienced positive outcomes, including lifted mood, feelings of calm and fewer negative thoughts. Human connection also emerged as a theme from the research, with the young people identifying with other people's stories that were communicated through arts and culture[ix].

Similarly, another study focussed on virtual music groups during the COVID-19 pandemic and found that this supported social connections and improved wellbeing for young people[xi].

These studies suggest that there may be opportunities to harness online creative experiences to improve children and young people's mental health and wellbeing and foster a sense of connection.

Section summary

This section is about culture and the arts online. It shows that:

- Some people are concerned about the impact social media is having on young people.
- Creative content online may offer an alternative to social media that is better for young people's mental health.

LONELINESS

'Young or old, loneliness doesn't discriminate.' – Jo Cox

Loneliness is an important public health issue, and can have serious health consequences, including increased risk of depression, coronary heart disease, stroke, cognitive decline and Alzheimer's . Traditionally, discussions around loneliness have often focussed on older people, but Rotherham's Loneliness Action Plan makes it clear that loneliness can happen at any age and identifies young people as a group that may be particularly vulnerable to loneliness. A report from the Children, Young People and Families Consortium in 2019, into loneliness and young people aged 10-25 years, found that of the 130 young people interviewed:

- **63%** confirmed that they had felt lonely at one time or another.
- **95%** of young people in one organisation where the children and young people were from BAME communities experienced feeling left out or lonely
- In the supported housing project **20%** of the cohort felt lonely always **(7%)** or a lot of the time **(13%)**.

Smiles at Otherham Winter Light Festival, 2025.

In line with this, the research conducted by Healthwatch flagged loneliness as one of the key pressures that local children and young people are facing, finding that whilst young people valued connecting with others, many find it challenging. Of the young people who were engaged, 46% mentioned something that related to the broader theme of connecting with others as being the thing they find most difficult – including socialising, friendships, relationships, speaking to people and confidence. Additionally, the School Survey found that 18% of students reported feeling lonely most of the time or always within the last 12 months, with girls being more likely to report loneliness than boys, and Year 10s more likely to report loneliness than Year 7s.

Engagement in the arts, creativity and culture may have an important role to play in mitigating the impacts of loneliness for young people. A report that was written in response to the rise of loneliness during the COVID-19 pandemic emphasised the importance of social infrastructure that brings communities together – such as community groups. Investing in community capacity was a key recommendation of the report. Groups that engage young people with the arts and culture – such as drama clubs, music groups, writing circles and book clubs – form part of this social infrastructure and help to bring young people together.

As outlined in the section about sense of belonging, there is evidence that certain activities, such as group singing, have specific benefits in terms of social bonding over and above other social activities, which indicates that creative pursuits may have a specific role to play in tackling loneliness and social isolation[v].

Additionally, evidence suggests that the arts support self-expression, which may help young people to navigate feelings of loneliness and talk about their feelings, which is important for the establishment of support networks. Engaging with other people's stories, as conveyed through art and other creative mediums, also fosters feelings of connection and has been found to have mental health benefits[ix].

Section summary

This section is about loneliness. It shows that:

- Some children and young people in Rotherham feel lonely. Being lonely can make you unhappy and impact your health.
- Creative activities like drama clubs, music groups, writing circles or book clubs help to bring children and young people together and feel less lonely.
- Art and culture can help children and young people to understand and talk about their feelings, which may help them to connect with others.

CASE STUDY: SCHOOL BATON RELAY

In June 2025, 328 Rotherham school children and staff from 82 schools ran and walked over 9 days, covering over 100 miles and cheered on by 17,500 people as a baton was passed through the borough from school to school, finally arriving at Herringthorpe stadium at the Festival of Sport on 2nd July. The baton passed through the hands of school children, but also via community leaders, councillors, the Mayor of Rotherham, and Miller Bear at Rotherham United before finally reaching Ed Clancy OBE, Olympic Gold medalist cyclist and South Yorkshire Active Travel Commissioner, who talked to the children at the Festival of Sport about his childhood joy - playing on his bike outside with friends.

Pupils submitted designs for the baton itself, with the final design chosen by the Children's Capital of Culture Youth Programming Panel. It was crafted in Rotherham by Cast Innovations using recycled tins and cans collected from Rotherham schools. One side of the baton features a powerful message passed between the children: *"be brave, be kind, help others, laugh!"*

The relay brought together children from different local schools, supporting and cheering each other on, creating a loud togetherness and a celebration of achieving and making memories together.

THE WORLD BENEATH OUR FEET

This theme is about enabling children and young people to engage with nature and their local environment and take action to combat climate change.

Bubbles as part of the Playful Anywhere Project at Canklow Park, 2024.

BLUE AND GREEN SPACES

An outdoor gallery in Rosehill Park to celebrate the Children's Capital of Culture, 2025.

Access to green space is one of the many neighbourhood-specific characteristics that affect health, and neighbourhoods with greater access to green space tend to have greater life expectancy. In Rotherham, just 3% of our population have access to woodland, compared to 15% nationally (2022), and 14% of our population use outdoor space for health or physical activity purposes compared to 18% nationally (2017).

There are noted inequalities in access to green and blue spaces. People who live in more deprived areas are more likely to live in neighbourhoods with less access to green space. People from minority ethnic groups are less likely to live in neighbourhoods with more access to green spaces compared with white people. There is less inequality in access to green space based on age, although younger people are less likely to live in neighbourhoods with the most access to green space.

Research shows that spending time outdoors can increase creativity and stimulate children's senses and imaginations which can lead to participation in further creative activities. Specifically, research shows access to outdoor space can increase attention span, creativity, well-being, and happiness.

Nature doesn't judge you - how urban nature supports young people's mental health and wellbeing in a diverse UK city - PubMed

CLIMATE ACTION

Young people in the Council Chamber, presenting on the Children's Capital of Culture programme, 2024.

One of the strongest themes that emerged from engagement with young people to inform the Children's Capital of Culture programme was the extent to which they value nature and green spaces. On the flip side of this, climate crisis and action to protect the environment emerged as priorities.

Moreover, climate change can impact on the health and wellbeing of children and young people. There are direct impacts of climate change, such as increased asthma attacks due to air quality, and indirect impacts, such as mental health impacts.

When children and young people see bad news about the planet and our environment it can cause eco-distress (sometimes also called eco-anxiety or climate anxiety). Eco-distress might cause a person to feel anxious, angry, sad, upset, scared or worried for the future. A lot of young people in England worry about the environment. A survey carried out in England in 2020 showed that over half (57%) of child and adolescent psychiatrists (mental health doctors for children and young people) were seeing children and young people distressed about the climate and state of the environment.

For children and young people who experience eco-distress a range of approaches can help, including spending time in nature, talking to others about how they feel, connecting with other groups of young people who feel worried about the environment, and taking action to support the environment (e.g. making a bird feeder, using a refillable water bottle).

Children and young people in Rotherham are taking action to take care of the local environment, including participating in the Schools Climate Education South Yorkshire Conference held in Rotherham in 2025, and creating a track to raise awareness around climate change and let people know that it's not too late to change and not too late to make a difference.

Section summary

This section is about the impact of climate change. It shows that:

- Some young people in Rotherham are worried and anxious about climate change.
- Climate change can impact on children and young people's health – such as making it more likely they'll have asthma and feeling anxious, sad or scared about the future.
- For children and young people who do feel anxious or scared about the future, there are different things that can help, like spending time in nature and taking action to look after the environment.

CASE STUDY: OUR HABITATS, OUR HOME

Creating art with nature at Pottery Ponds in Swinton, 2023.

There is lots of amazing activity happening in Rotherham to help look after our natural environment. Local children and young people are playing a big part in helping to make these changes.

The *'Our Habitats, Our Home'* exhibition at Clifton Park Museum showcased how local young people are getting involved in protecting nature. Examples of the projects showcased are outlined below.

Rewilding at Anston Greenlands School

Children at Anston Greenlands School have been focussed on rewilding green spaces and in the process have learned about nature, how to look after it and the things they can do to help improve biodiversity. This has included making bird feeders and planting trees. An event was also organisation for other local schools to teach them about rewilding, and off the back of this event, other schools developed their own Wildlife Zones.

One child involved in the project said: 'If one school does it, then the next school does it, then all these schools that have done it, hopefully it'll spread around the whole of the UK.'

Youth Cabinet brings the ACE awards to Rotherham

The ACE Awards, which stands for Advocates for the Climate and Environment, is a school accreditation programme, designed to recognise and encourage schools to reduce their carbon footprint and promote positive environmental action. Rotherham Youth Cabinet has brought the awards to Rotherham, judging schools on a tiered basis (bronze-platinum) based on how far they are going to tackle climate change, with the hope that this incentivises further action.

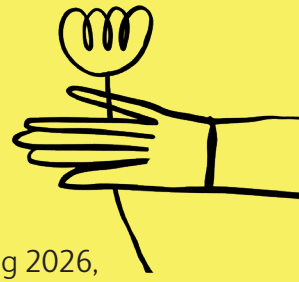
Caring for their local environment in Thorpe Hesley

Students in Thorpe Hesley have been litter-picking and learning about the benefits this has in protecting wildlife in their local area, as well as other actions that can be taken to improve biodiversity.

Celebrating nature through drama

Dalton Youth Group produced a piece of drama focussed on the value of nature. The main character, Wisteria Dumont, once loved nature, but has been driven away and now only stays inside her house. The play follows her journey with nature, in the hopes that it encourages more young people to get out and enjoy nature.

To hear more about these projects in the words of children and young people, there is a short film included here.



WHAT NEXT?

Hundreds of organisations have worked with the children and young people of Rotherham to make 2025 a year to remember. A closing ceremony will be taking place in spring 2026, to round off our year-long festival of celebration.

However, this is not where the Children's Capital of Culture programme ends. Flagship activity in 2025 has been funded through several commissioning pots, and a third of each pot has been reserved for activity beyond 2025, to ensure that the work that has taken place so far is only the beginning. The Children's Capital of Culture programme has forged new and stronger connections with groups and services, and this positive collaborative working will continue post 2025 including through the Cultural Partnership Board.

A comprehensive evaluation of the programme will also be taking place, to consider how successful it has been in achieving the original aims, and the findings of this evaluation will be used to make the case of how the programme is taken forward. These evaluation findings will therefore shape the cultural strategy for years to come!

The Children's Capital of Culture programme has provided an opportunity to celebrate and showcase the talent of Rotherham's children and young people, whilst engaging them in creativity and the arts. Throughout the delivery of the programme, local young people have been placed in positions of power and agency, and consistently, they have risen to the challenge. This report has demonstrated the potential impact this could have on their health and wellbeing, their confidence and their role as active citizens – but to sustain these outcomes at a population level, there is a need for sustainable and long-term funding. Identifying this and ensuring that the programme has an ongoing legacy as part of mainstream activity in Rotherham, is a key priority.

Creating art with nature at Pottery Ponds in Swinton, 2023.

Thank you to the Children's Capital of Culture, many organisations have shifted their approach and are embedding positive pathways and coproduction as a key part of what they will do and will do moving forward.

Section summary

Lots of lovely things have happened in 2025 to celebrate the Children's Capital of Culture and arts and creative activities for children and young people will carry on after the year is over.

We will be looking at information to see if we have done a good job and achieved what we originally set out to do.

RECOMMENDATIONS

Saying hello at Rotherham Show, 2024.

Based on the findings of this report, the Rotherham Director of Public Health asks our partners working in the borough to consider the following recommendations:

1. A comprehensive evaluation of the Children's Capital of Culture programme to be completed, including consideration of the role of the programme in supporting the health and wellbeing of Rotherham's children and young people.
2. A legacy programme to be delivered, building on the learning from this year-long festival of celebration, the evidence of the benefits of cultural and creative arts activities to health and wellbeing, and linking up with wider initiatives such as the SYMCA Year of Reading.
3. Cultural and creative activities in Rotherham to strive to be welcoming and inclusive for families and to tackle inequalities in access.

4. Partners and stakeholders across the local education sector to value and champion arts and culture and work to increase access and reduce inequalities to arts education.
5. Long-term and sustainable funding to be identified to support work to engage children and young people in the arts, culture and creativity.
6. Partners and organisations to learn from the success of genuine co-production as a means for children and young people to be empowered to work with us on more of the things that matter most to them.
7. Physical activity to remain embedded when the Rotherham Cultural Strategy is refreshed, acknowledging the role it plays in culture and creative activity and the benefits to health and wellbeing and wider outcomes.
8. Opportunities for local research to be explored that build on some of the gaps identified through this report, including the role of creativity in supporting positive health behaviours and to better understand the impact of school on young people and their mental wellbeing
9. The valuable contribution of the arts, culture and creativity to children and young people's mental health to be harnessed; acknowledging that mental health is an area of increasing need and system-wide partnership working is vital to ensuring enough support for children and young people
10. The preferred communication methods of children and young people to be used to ensure that they are aware of fun things to do and places to go locally

METHODOLOGY

Rotherham specific data has been used throughout the report where possible. Data from young people was obtained through the Rotherham School Survey conducted annually with Year 7 and Year 10 young people at a Rotherham school. Data for health behaviours are available at a local authority level from OHID Fingertips where data are derived from surveys, NHS Digital, Hospital Episode Statistics (HES) and ONS Mid-year Population Estimates. Further information on the demographic and health of children and young people can be found on the Rotherham Joint Strategic Needs Assessment, available here, **www.rotherham.gov.uk/data/**.

To triangulate the local data with national research, PubMed Central and National Library of Medicine were used to search for relevant literature published in English in the last 10-years and where the full free text was available. Medical Subject Headings (MeSH) terms were used to ensure a more comprehensive and accurate identification of relevant studies for use in this report. Where limited research specifically on children and young people existed, we have incorporated all-age research and/or in some cases, older literature. Relevant research was also identified through reviewing publications by key groups and organisations, such as the WHO Scoping Review into Creative Health, an evidence review by Arts Council England and the All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report.

The analysis in the report is structured around the four themes of the Children's Capital of Culture programme – which were codeveloped with Rotherham children and young people.

Section summary

This report has been written using a range of information. This includes local Rotherham information, for example, the Rotherham School Survey, and numbers collected about Rotherham people, for example, how many people have a health condition. This local information is considered alongside national research, where learning about a topic is shared to help us understand it more.

REFERENCES

[i] Fingertips | Department of Health and Social Care

[ii] National Centre for Creative Health

[iii] Gov.uk, Public Health England, Research and analysis, chapter 6: wider determinants of health, Chapter 6: wider determinants of health - GOV.UK

[iv] Pearce E, Launay J, Dunbar RI. The ice-breaker effect: singing mediates fast social bonding. R Soc Open Sci. 2015 Oct 28;2(10):150221. doi: 10.1098/rsos.150221. PMID: 26587241; PMCID: PMC4632513.

[v] Matthew Bennett, Meenakshi Parameshwaran. Briefing Paper 102, What factors predict volunteering among youths in the uk?, https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/tsrc/working-papers/briefing-paper-102.pdf

[vi] Hallam S, Rogers K. The impact of instrumental music learning on attainment at age 16: a pilot study. British Journal of Music Education. 2016;33(3):247-261. doi:10.1017/S0265051716000371

[vii] Chris Harkins. Evaluation plan: Sistema Scotland's Big Noise programmes in Raploch, Stirling and in Govanhill, Glasgow, Glasgow Centre for Population Health.
Evaluating Sistema Scotland FINAL original.pdf

[viii] Why arts in schools matter for mental health: from early years to adolescence,
National Centre for Creative Health

[ix] Syed Sheriff R, Bergin L, Bonsaver L, Riga E, O'Dell B, Adams H, Glogowska M. Online arts and culture for mental health in young people: a qualitative interview study. BMJ Open. 2023 Jun 18;13(6):e071387. doi: 10.1136/bmjopen-2022-071387. PMID: 37336538; PMCID: PMC10335516.

[x] Renton A, Phillips G, Daykin N, Yu G, Taylor K, Petticrew M. Think of your art-eries: arts participation, behavioural cardiovascular risk factors and mental well-being in deprived communities in London. Public Health. 2012 Sep;126 Suppl 1(5):S57-S64. doi: 10.1016/j.puhe.2012.05.025. Epub 2012 Jul 4. PMID: 22766259; PMCID: PMC3449238.

[xi] Levstek M, Barnby RM, Pocock KL, Banerjee R. "It All Makes Us Feel Together": Young People's Experiences of Virtual Group Music-Making During the COVID-19 Pandemic. Front Psychol. 2021 Aug 5;12:703892. doi: 10.3389/fpsyg.2021.703892. PMID: 34421756; PMCID: PMC8374080.

[xii] Mak, H.W. and Fancourt, D. (2019), Arts engagement and self-esteem in children: results from a propensity score matching analysis. Ann. N.Y. Acad. Sci., 1449: 36-45.
https://doi.org/10.1111/nyas.14056

[xiii] Habib, S. (2025). Activism in the arts: Co-researching cultural inequalities with young people during the COVID-19 pandemic. British Educational Research Journal, 00, 1–19.
https://doi.org/10.1002/berj.4152

[xiv] Rominger C, Fink A, Perchtold-Stefan CM, Benedek M, Schwerdtfeger AR. Habitual physical activity is related to more creative activities and achievements. Sci Rep. 2024 Nov 30;14(1):29768. doi: 10.1038/s41598-024-80714-6. PMID: 39613830; PMCID: PMC11607317.

[xv] Campaign to End Loneliness,
Health impact | Campaign to End Loneliness

[xvi] Loneliness beyond Covid-19, Learning the lessons of the pandemic for a less lonely future,
Loneliness-beyond-Covid-19-July-2021.pdf

[xvii] The climate crisis is taking a toll on the mental health of children and young people, Royal College of Psychiatrists, The climate crisis is taking a toll on the mental health of children and young people

[xviii] Eco distress for children and young people, Royal College of Psychiatrists,
Eco distress and eco anxiety for young people

[xix] Baudon P, Jachens L. A Scoping Review of Interventions for the Treatment of Eco-Anxiety. Int J Environ Res Public Health. 2021 Sep 13;18(18):9636. doi: 10.3390/ijerph18189636. PMID: 34574564; PMCID: PMC8464837.

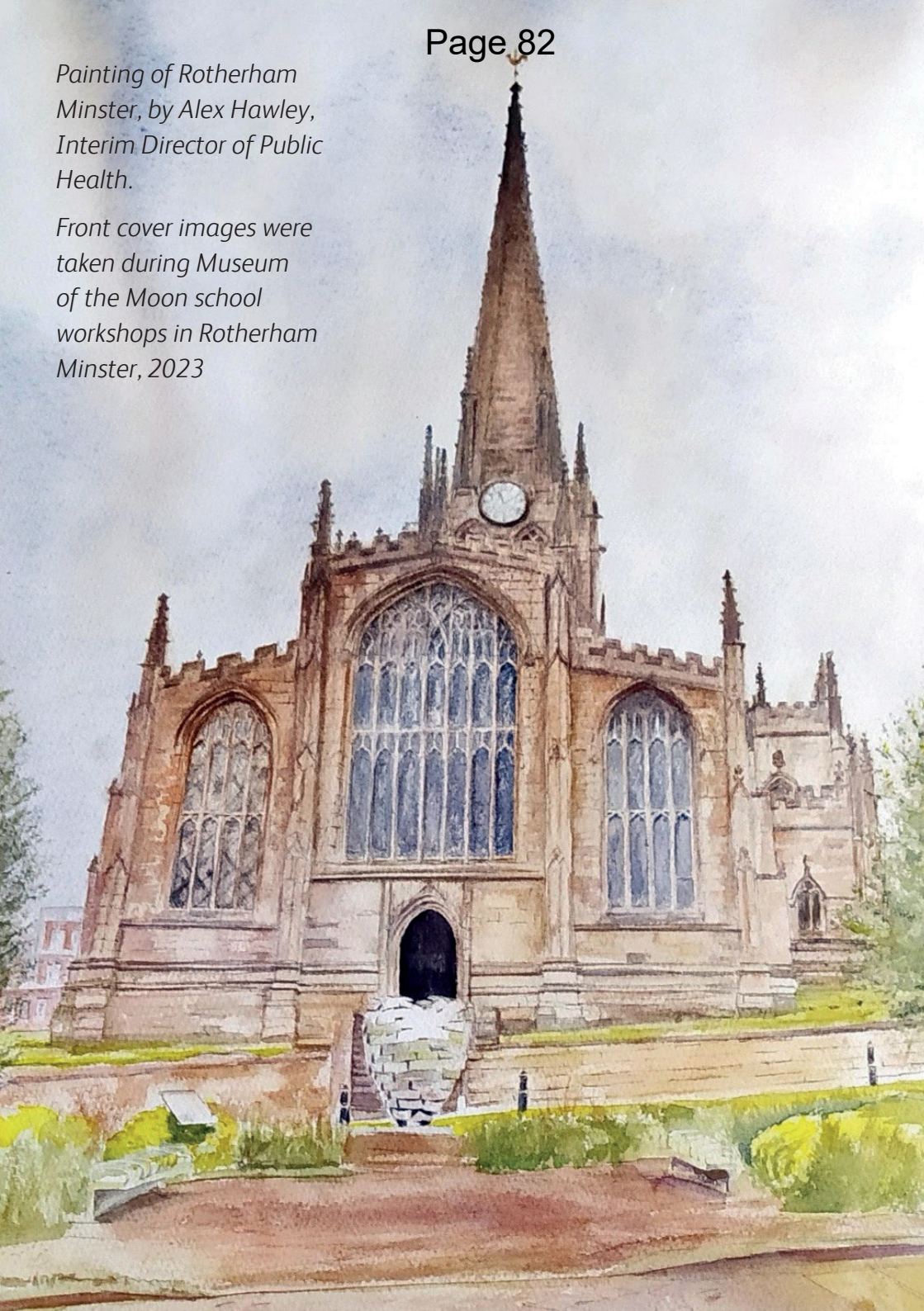
[xx] Daisy Fancourt, Saoirse Finn. Health Evidence Network Synthesis Report 67, What is the evidence on the role of the arts in improving health and well-being? A scoping review, World Health Organization Regional Office for Europe,
WHO-Scoping-Review-Arts-and-Health.pdf

[xxi] Arts Council England, The Value of Arts and Culture to People and Society, an evidence review.
The_value of arts and culture to people and society an evidence review.pdf

[xxii] All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report, Creative Health: The Arts for Health and Wellbeing, July 2017. Creative Health_ Inquiry Report 2017-Second_Edition.pdf

Painting of Rotherham Minster, by Alex Hawley, Interim Director of Public Health.

Front cover images were taken during Museum of the Moon school workshops in Rotherham Minster, 2023



‘IT’S ROTHERHAM, IT’S OURS’

Rotherham’s Director of Public Health Annual Report 2025

Alex Hawley, Interim Director of Public Health

ROTHERHAM

Rotherham Metropolitan Borough Council

CHILDREN’S CAPITAL OF CULTURE. FESTIVAL YEAR 2025

BACKGROUND

- In 2025, Rotherham has become the world's first Children's Capital of Culture (CCoC), holding a year-long festival of celebration.
- The journey to this celebration year started in 2017, with the Embassy for Reimagining Rotherham where young people created a vision for Rotherham's future.
- CCoC is not only about increasing engagement with the arts, culture and creativity – but about harnessing this engagement to improve the life chances of Rotherham's children and young people.
- Building on the momentum of this celebration year, this year's Director of Public Health Annual Report has explored the role that culture and creativity can play in the health and wellbeing of children and young people.

Paintings of 'Rotherham Minster and The Don viewed from Forge Island' and 'The Bridge Inn' and sketch of 'The Chapel on the Bridge' – by Alex Hawley, Interim Director of Public Health.

Why is art, culture and creativity important for children and young people's health?

- Children and young people aged 19 and under making up 23.5% of Rotherham's population.
- Creative Health means working with creativity, arts and/or culture to support health and wellbeing. This can include lots of activities, like drama, art, film or writing.
- For children and young people, doing cultural and creative things can help with social skills, physical health and mental health.
- Teenagers who do arts activities outside of school are less likely to do things which could harm their health, such as smoke, drink alcohol or use drugs.
- Lots of children and young people struggle with their mental health, and creative health can help if included as part of mental health support.

Having fun at Rotherham Show, 2023.

What matters to young people in Rotherham?

Children and young people have said:

- They want to feel proud of where they live.
- They want more fun things to do in Rotherham.
- There are quite a few different things that young people worry about, including education, mental health, social media and body image.
- Some young people don't feel happy, with more Year 10s than Year 7s saying their mental health is fair or poor.
- Spending time with friends and family is very important to children and young people, with many saying this is the most important thing to them.

- The DPH report is therefore split into the four CCoC themes which encompass the above.

You're Not From New York City You're From Rov'rum

- Feeling like you belong helps you to feel happier and can make you healthier.
- Being involved in arts and creative pursuits can help young people to get better grades, even in subjects that are not related to arts or culture.

"You don't have to leave to chase your dreams!"

Art by Wath Youth Group for Roots Rotherham Street Carnival, 2025.

Who We Are, Where We Come From

- Health in Rotherham is generally worse than the average for England and this is partly due to some people in Rotherham eating unhealthily, smoking and drinking alcohol. For many people, they start doing these things from childhood or being a teenager.
- Arts and culture could help reduce negativity, lift mood, calm and increase proactivity providing a positive impact on mental health.

Plug In & Play

- Some people are concerned about the impact social media is having on young people.
- Creative content online may offer an alternative to social media that is better for young people's mental health.
- Creative activities like drama clubs, music groups, writing circles or book clubs help to bring children and young people together and feel less lonely.

'Young or old, loneliness doesn't discriminate.'

The World Beneath Our Feet

- Access to green space is one of the many neighbourhood-specific characteristics that affect health, and neighbourhoods with greater access to green space tend to have greater life expectancy.
- Some young people in Rotherham are worried about the impact of climate change, but opportunities to spend time in nature and look after the environment can help.

Recommendations (1)

1. A comprehensive evaluation of the Children's Capital of Culture programme to be completed, including consideration of the role of the programme in supporting the health and wellbeing of Rotherham's children and young people.
2. A legacy programme to be delivered, building on the learning from this year-long festival of celebration, the evidence of the benefits of cultural and creative arts activities to health and wellbeing, and linking up with wider initiatives such as the SYMCA Year of Reading.
3. Cultural and creative activities in Rotherham to strive to be welcoming and inclusive for families and to tackle inequalities in access.
4. Partners and stakeholders across the local education sector to value and champion arts and culture and work to increase access and reduce inequalities to arts education.
5. Long-term and sustainable funding to be identified to support work to engage children and young people in the arts, culture and creativity.

Recommendations (2)

6. Partners and organisations to learn from the success of genuine co-production as a means for children and young people to be empowered to work with us on more of the things that matter most to them.
7. Physical activity to remain embedded when the Rotherham Cultural Strategy is refreshed, acknowledging the role it plays in culture and creative activity and the benefits to health and wellbeing and wider outcomes.
8. Opportunities for local research to be explored that build on some of the gaps identified through this report, including the role of creativity in supporting positive health behaviours and to better understand the impact of school on young people and their mental wellbeing
9. The valuable contribution of the arts, culture and creativity to children and young people's mental health to be harnessed; acknowledging that mental health is an area of increasing need and system-wide partnership working is vital to ensuring enough support for children and young people
10. The preferred communication methods of children and young people to be used to ensure that they are aware of fun things to do and places to go locally.

What next?

- Lots of lovely things have happened in 2025 to celebrate the Children's Capital of Culture and arts and creative activities for children and young people will carry on after the year is over.
- An evaluation of the Children's Capital of Culture will be undertaken and presented at the CCoC conference in March 2026.
- The Director of Public Health will be published here

Children's Capital of Culture team and volunteers at Rotherham Show, 2023.

This page is intentionally left blank

Agenda Item 9

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Rotherham Health and Wellbeing Board
	DATE:	24th September 2025
	LEAD OFFICERs:	Rachel Copley, Public Health Practitioner Paul Benson, Private Sector Housing Coordinator Sally Jenks, Public Health Improvement Principal
	TITLE:	Healthy Homes Plan

1. Background

This briefing is to inform the Rotherham Health and Wellbeing Board of the full content of the Healthy Homes Plan. This topic area sits within Aim 4 of the Health and Wellbeing Strategy.

1.1 **What is the Healthy Homes Plan?**
The proposed Healthy Homes Plan will be an annually refreshed document outlining the significance of poor housing on health and wellbeing in Rotherham and the key steps being taken to improve the housing sector. It represents a collaboration across three council directorates (Public Health, Housing and Regeneration & Environment) and a variety of voluntary and community sector organisations. There will be an action plan attached to this covering three main themes:

- Theme 1 – Intelligence and Evidence Gathering
- Theme 2 – Reducing Fuel Poverty in Rotherham
- Theme 3 – Increasing Support and Assistance to Tackle Housing Related Health Risks

1.2 A draft iteration of the plan was initially approved by Housing SMT on 4th December 2024, Public Health SMT on the 12th December 2024 and Regulation & Enforcement Managers meeting on 27th March 2025. The initial briefing is attached as appendix 1.

1.3 The 2025 version of the Healthy Homes Plan has been written, and the full version of the document and action plan is attached as appendix 2.

1.4 The action plan will be a regular agenda item on the Rotherham Energy Network meetings which take place every 6 weeks and any major changes to the action plan or full document will be brough to Public Health SMT and Housing SMT.

2. Key Issues

2.1 **Updates to needs assessment section**
Since the first round of approval with Public Health SMT, Housing SMT and Regulation & Enforcement Managers meeting and subsequent consultation with various RMBC staff, NHS partners and voluntary sector partners there have been some edits to the core content including:

- Addition of more public health related data such as mental health issues, isolation, substance use and pharmacy access.
- Addition of links to future RMBC housing planning documents and related Supplementary Planning Documents.
- A full refresh of the support section including information on all of the services in the Rotherham Energy Network Group.
- A more detailed breakdown on tenancy split in Rotherham.
- A full overall refresh of any data that was out of date.

2.2 **Updates to the Action Plan**
Each of the three themes now have two sections to them, one for actions that have been completed in the previous year and one for the actions still to be completed.

2.3 **Publication**
This document will be published on the Rotherham Joint Strategic Needs Assessment (JSNA) page on Housing.

2.4 **Housing Health Cost Calculator Data**
The 2020-2025 selective licensing scheme has been evaluated using the Housing Health Cost Calculator tool. This has provided us with the following financial benefits to the selective licensing scheme:

- £148,543 savings to the NHS from removing hazards
- £1,860,797 wider societal benefits from preventing ill health

2.5 **Future selective licensing**
There is a plan to continue with selective licensing in Rotherham for 2025-2030. A Cabinet paper on 15th September 2025 will inform the future outcome of this scheme following consultation.

3. Key Actions and Timelines

3.1 **Previous Approval**
This briefing was approved at Public Health SMT on 14th August and Adult Care, Housing & Public Health DLT on 26th August.

3.2 **Action Plan**
The action plan attached to this work will be constantly monitored to ensure progress is being made across the three key themes.

3.3 **Housing Health Cost Calculator**
The Council will need to review the findings gained from using the Housing Health Cost Calculator prior to committing funding to continue having access to the tool for subsequent years.

3.4 **Future Briefings**
An annual update on the plan, including new statistics and new and completed actions can be brought to the attention of SMT before a new version is released each year.

3.5 **2026 Document**
The full document will be updated in Summer 2026 and will continue to be done so annually.

4. Recommendations	
4.1	**Approve that the plan can be escalated to DLT on 26th August for subsequent approval for Health and Wellbeing Board on 24th September.**

Appendices

Appendix 1 – Briefing on creation of the Healthy Homes Plan to Public Health SMT on 12th December 2024 Healthy Homes Briefing Public Health SMT.docx

Appendix 2 – Rotherham Healthy Homes Plan 2025

This page is intentionally left blank

Rotherham Metropolitan Borough Council

Rotherham Healthy Homes Plan

August 2025

Executive Summary

Housing conditions are arguably one of the most influential wider determinants that impact our health. Without a safe, secure and healthy home, residents in Rotherham are at risk of adverse health effects, **reducing their healthy life expectancy** and quality of life.

The NHS spends an estimated **£1.4 billion** annually to treat illnesses related to poor housing, whether that be from homes with excess cold or homes suffering from damp and/or mould. In England, up to an estimated 27% of homes have **damp or mould** problems, nearly a quarter of a million households have **excess cold** and 11% of households are living in **fuel poverty**. It is estimated that the proportion of fuel poverty in Rotherham is even higher at 14.5% of households living in fuel poverty. Levels of **category 1 hazards** are also high in Rotherham as identified by national research and local selective licensing inspections. Research also shows 1 in 5 people **suffer mental health problems** related to housing.

Rotherham has higher levels of deprivation than the national average (35th most deprived local authority) along with higher rates of overcrowded houses (3.5%). Poor housing conditions lead to **poorer mental and physical health** and has a knock-on effect to the whole community through economic costs to the NHS and adult social care as well as slowed economic growth due to sickness and productivity losses. There are also additional impacts on education and attainment of children.

Rotherham has a variety of strategies and plans in place to improve housing and health in the borough including the Health and Wellbeing Strategy, Council Plan and Rotherham's Housing Strategy. These all aim to reduce inequalities across the borough and tackle the housing issues which impact negatively on the health of residents and form the foundation for this plan.

This new Healthy Homes Plan sets out three main themes for improvement: ***Intelligence and evidence gathering***, ***reducing fuel poverty in Rotherham*** and ***increasing support and assistance to tackle housing related health risks***.

Contents

Background

Aim of the Healthy Homes Plan

The overall health and wellbeing of Rotherham residents is influenced by many factors including physical health, mental health and the environments in which people live and work. Housing has arguably one of the biggest impacts on our health and wellbeing and is one of the key priorities in Maslow's Hierarchy of Need. This plan aims to link together the current housing strategies with the health risks associated with various housing issues and outline an action plan to improve local housing intelligence, reduce fuel poverty and reduce ill-health related to poor housing. The action plan will bring together teams across Rotherham Metropolitan Borough Council (Public Health, Housing, Regeneration & Environment) and our wider partners especially those in the voluntary sector in order to achieve joint goals which will improve health in Rotherham by targeting the housing sector.

This document will be annually refreshed but the action plan will be tracked throughout the year. Data within this document is the most up to date available data as of July 2025. The Governance process for this document is through the Health and Wellbeing Board.

Health and Wellbeing Strategy

The Rotherham Health and Wellbeing Board have produced an overarching framework for health and care commissioning plans known as the Health and Wellbeing Strategy 2025-2030. This strategy has 4 priority aims:

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

This Healthy Homes Plan contributes to all these areas in the Health and Wellbeing Strategy as housing has a significant impact on the wellbeing of children, mental health of residents as well as people's physical health and safety. However, housing is specifically referenced as part of Aim 4 in relation to these main points:

- The link between poor housing and increased NHS costs due to treating illnesses linked to cold, damp and dangerous homes
- Increased housing requirements due to an ageing population
- Impact of housing on wider mental health concerns and community cohesion

The Health and Wellbeing Board Strategy will be renewed in 2025 as but will not be published until after this document so updates on the relevant aims as well as a link to the document will be in the Healthy Homes Plan 2026 refresh. The previous Health and Wellbeing Strategy 2019-2025 is available here - rotherham-joint-health-and-wellbeing-strategy

Council Plan

The new council plan will run from 2025-2030 and will be called Forging Ahead - Appendix 1 - Council Plan 2025-30 FINAL.pdf. The housing related priorities include:

- 400 homes to be built as part of the town centre new community
- 1000 new council homes by 2027 alongside improving the quality of existing council homes
- Improving prevention outcomes for those at risk of homelessness and reducing use of emergency hotel accommodation.
- Work with developers to facilitate delivery of good quality and affordable homes

The previous Rotherham Council Plan 2022 to 2025 set out an ambitious programme to improve lives in Rotherham with one of the key themes being that people are safe, healthy and live well. The following key performance indicators on the 2024/25 Year Ahead Delivery Plan relate to healthy homes:

- PE05 – The proportion of council housing repairs completed 'Right 1st time' 2024/25 target was 93%, RMBC Achieved 94.5%
- PE06 – The number of new homes delivered with Council support, including affordable homes. 2024/25 target was 200, RMBC Achieved 213
- PE07 – The proportion of council housing stock that meets the "Decent Homes" standard. 2024/25 target was 100%, RMBC Achieved 95.1%
- PE08 – The proportion of households prevented or relieved from homelessness. 2024/25 target was 85%, RMBC Achieved 85.2%
- PE09 – The number of households in temporary accommodation. 2024/25 target was 130, 2024/25 number is 148 (lower is better)
- EN06 – The proportion of council housing with an Energy Performance Certificate (EPC) rated C and above. 2024/25 target was 50%, RMBC Achieved 58%

Rotherham's Housing Strategy

Rotherham's 30-year Housing Strategy was published in December 2012 and sets out the Councils long-term vision for housing in the borough. This is refreshed every three years with the latest issue being the Housing Strategy 2022 to 2025. The six key priorities for the 2022-25 period are:

- Building high quality new homes
- Building affordable homes to meet local need
- Investment in existing homes
- Bringing empty homes back into use
- Supporting people to live independently
- Strengthening communities

The next update of the Housing Strategy will run from 2025 to 2028 and will contain reference to the Healthy Homes Plan as well as how householders will have support to improve the thermal efficiency of their home. Priorities in this strategy will include a variety of housing issues such as independent living, preventing homelessness, building of new homes, improving quality of existing homes and ensuing neighbourhoods and safe and thriving. The priority on existing homes will aim to reduce fuel poverty, ensure landlords are operating to the highest standard and ensure residents live in safe, decent homes.

Another key Rotherham Housing related Strategy is the Homelessness Prevention and Rough Sleeper Strategy 2023-2026 which comprises of six key priorities linking housing and health including:

- Increasing access to affordable housing options

- Improving access to housing support, employment and health services

SYMCA Housing Framework

South Yorkshire Combined Mayoral Authority (SYMCA) have a Housing framework which outlines these key statistics related to health and housing in Rotherham:

- The population of Rotherham is expected to increase by 20,000 in the next 20 years (based on national figures of approximately 2.2 people per household, this will require over 9,000 new houses to be built in Rotherham as well as additional infrastructure such as GP practices and schools)
- The largest increase in housing demographics will be in single occupant households over the next decades
- Rotherham has 1,108 long term vacant dwellings (2021). Since the SYMCA framework was published, this figure has decreased to 963 vacant dwellings in Rotherham (CTB1 Council Taxbase 2024)
- 39% of houses in Rotherham are at EPC C and above (2022). This figure is continually improving as retrofit works improve existing stock, and new homes are built to higher energy efficiency standards
- Almost 20,000 households in Rotherham are in fuel poverty as calculated by the LILEE method (2024)

SYMCA Land Development and Disposal Plan (LDDP) outlines the key aims for housing and regenerations across South Yorkshire which are:

- Improve the quality of existing and new housing stock, whilst maintaining housing growth
- Ensure the supply of good quality, attractive and sustainably developed employment land that is widely accessible
- Proactively work on strategic planning opportunities to unlock potential through joined-up investment packages

National Housing Plans

A Strategic Housing plan for England has been produced in collaboration with the Department for Levelling Up, Housing and Communities (DLUHC). This document (Homes-England-strategic-plan-2023-to-2028.pdf) sets out a plan for 2023-2028 to ensure housing is not only built to a good quality but also improves local communities, reduces inequalities and has minimal environmental impact. It states some key facts around the housing sector which are impacting on livelihoods such as:

- The affordability ratio of buying a house has increased across England from 3.5 times salary in 1997 to 8.3 times salary in 2022
- As of 2020, 21% of homes in Yorkshire were non-decent, the highest for any English region. The England average is 15%.

Under the previous method of building houses to meet need in the UK, the target of houses per year for Rotherham Council to build was 544. With new legislation and a new UK government as of July 2024, this target has been increased to 1,080 houses per year to be built in Rotherham, a 98% increase. This aligns with new government plans to build 1.5 million new homes across the country in 5 years (before June 2029). This new target is therefore a mandatory housing target for Rotherham and will be supported by the refresh of the National Planning Policy Framework. In total, if the targets in South Yorkshire were met, it would require 28,060 homes to be built in 5 years in the region, a significant increase which will hopefully reduce homelessness, reduce demand and prices and provide more good quality, energy efficient homes. The UK Government have recently announced that £10 billion from the Affordable Homes programme will be made available for social housing nationally.

Awaab's Law came into effect from October 2024 and forces social landlords to fix dangerous homes. This law was introduced in honour of a two-year-old boy, Awaab, who died as a result of prolonged mould exposure in his socially rented home. Further information on Awaab's Law can be found on the Government page - Awaab's Law to force landlords to fix dangerous homes - GOV.UK

Guidance on this legislation was also offered to private landlords. Additionally, the Renters Rights Bill (RRB) will create legislation that will align all sectors to ensure that damp and mould related issues are minimised. The RRB will also include extensions of the Decent Homes Standard to the private sector and the abolition of Section 21 'no fault evictions'. Further information on RRB is available here - Guide to the Renters' Rights Bill - GOV.UK

Energy Efficiency

Energy performance certificates (EPCs) are a rating scheme to summarise the energy efficiency of buildings. The building is given a rating between A (Very efficient) - G (Inefficient) as well as practical advice on how to improve the energy efficiency. All buildings which are being sold or rented out require an EPC and an EPC certificate is valid for 10 years.

Having an EPC helps provide prospective buyers and renters with an idea of how energy efficient the home is and therefore an indication of the energy cost required to heat the home as well as ways in which the energy rating can be improved over time. Since April 2020, all rented properties must be an EPC E rating or above with the aim of getting as many properties as possible upgraded to a C or above. This process will reduce heating bills for tenants as well as reduce the carbon emissions from housing stock in the area helping to reduce fuel poverty and make a significant contribution to achieving net zero targets. It is important to note that as EPCs are only required when properties are sold or rented and are valid for 10 years, EPC data is likely out of date. A recent government consultation on raising the EPC requirements of private rented properties opened in February 2025 to seek opinions on raising the EPC requirements on private rented properties to an EPC C. More information on the consultation is available here - Improving the energy performance of privately rented homes: consultation document (HTML) - GOV.UK. Social housing is already required to be working towards an EPC C in all properties by 2030.

Independent Age have done research on the views of older residents and EPCs. Here are the key points raised:

- Only 38% of landlords were aware of existing grant schemes, suggesting a need for better promotion
- Improving a home from EPC E to EPC C could halve the energy bill for that property
- Lots of tenants and landlords are sceptical about the validity of EPCs

The full research paper can be found here - Turning the dial

Net Zero Targets

Rotherham Council are committed to their net zero targets including net zero in council buildings and fleets by 2030 and net zero throughout the borough by 2040. The national target for net zero is 2050. ONS Statistics from 2022 show that 26% of current UK greenhouse gas emissions are from households which is very similar to the Rotherham estimations. Therefore, our housing stock must undergo significant improvements over the next decades to reach the net zero targets. The first step to achieving this is ensuring as many homes as possible have an Energy Performance rating (EPC) rating of C or above.

Carbon emissions from council buildings throughout 2023-24 increased by 4.77%, against a Council Plan target of 10% reduction by 2024. This is linked to the use of carbon-based fuel to generate electricity, delays in the decarbonisation of the grid, as well as a slight increase in electricity demand.

Fuel Poverty

Fuel poverty varies across the UK and each UK country has a different definition. The England definition means that only homes with a lower energy efficiency rating (band D to G) who fall below the poverty line after energy costs are considered to be in fuel poverty. This definition excludes over 2.5 million households in England who are in the two most deprived income deciles but have efficiency ratings of a C and above. This definition is known as the LILEE method (Low Income, Low Energy Efficiency).

Data published by the Department for Energy Security and Net Zero (Figure 1) shows that the proportion of houses in fuel poverty has declined over the past decade from 22% in 2010 to 13% in 2023 however due to the rising cost of energy since 2021, the average fuel poverty gap has increased from £251 in 2020 to over £400 in 2024. Fuel poverty rates in Yorkshire & the Humber are at 14.7% of households due to lower average salaries in the area and lower average energy efficiency ratings. (Source - Sub-regional fuel poverty in England, 2025 report (2023 data) - GOV.UK)

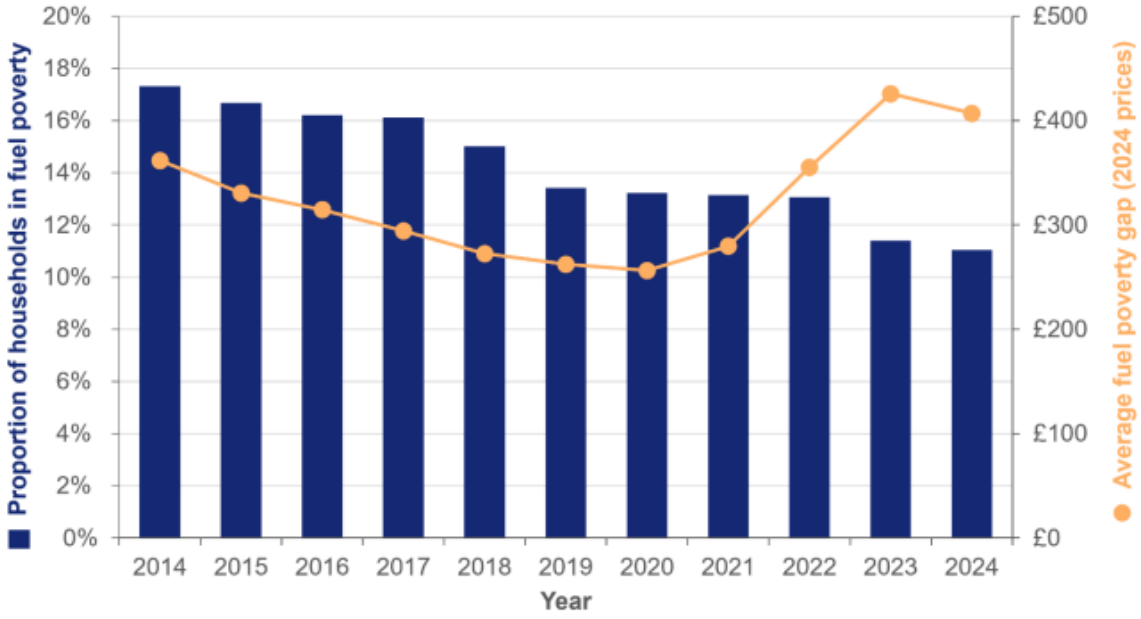


Figure 1: **Following a steady decrease over time, the proportion of fuel poor households has remained very consistent since 2019. The average fuel poverty gap has increased by 66% in real terms since 2020.**

Provision of the Rotherham Energy Network

The Rotherham Energy Network (REN) is a huge project being built to take waste heat from nearby cooling towers at Templeborough and upgrade the heat to 80°C using a water-to-water heat pump. This heat will then be distributed across Rotherham Town Centre using over 10km of pipework and 34 connections across the town centre and surrounding area. The project is funded by a share of the governments Green Heat Network Fund totalling £25 million. Construction is underway. More information on the project is available at Heat Network Procurement Pipeline: 2023 Q2. Developments of houses within the town centre new development area can benefit from this project.

Note: There is also a Rotherham Energy Network group which is separate to this project

Housing Health Cost Calculator

The Housing Health Cost Calculator (HHCC), offered by Building Research Establishment (BRE), measures the cost savings to the NHS and society of repairing poor housing stock. The HHCC enables environmental health practitioners to measure the quantitative health impact of the work undertaken to reduce and mitigate hazards defined under the Housing Health and Safety Rating System (HHSRS). The calculation provides mathematically based estimates of the cost to the NHS as a result of incidents occurring due to these hazards, with research estimating that the cost to the NHS account for only 40% of the cost to society as a whole.

For 2025/26, the HHCC has been purchased by the RMBC Regulation & Enforcement Team at a cost of £1,500 per year. The usefulness of the HHCC will be evaluated throughout the year before it is considered for re-purchasing in subsequent years.

The HHCC, has been used in the analysis of the selective licensing scheme which ran from 2020-2025.

The Local Picture

Rotherham Population & Health Demographics

The population in Rotherham as of the 2021 census is 265,807, a 3.3% increase from 2011. This equates to a population density of 928 residents per square km, more than double the national average of 438 residents per square km. Assuming this rate of population increase has continued, in 2025, there are approximately 270,000 people in Rotherham. The Director of Public Health report 2024 include a 2040 Rotherham population projection of 290,166 (Rotherham+Director+of+Public+Health+Annual+Report_Final.pdf)

Rotherham has a median age of 41 years. 61.5% of the population are aged between 16 and 64. 51% of the population is female. Rotherham has an ageing population so the percentage of people 65+ is increasing each year. (Figure 2). This results in an increase in the number of single person homes in the borough.

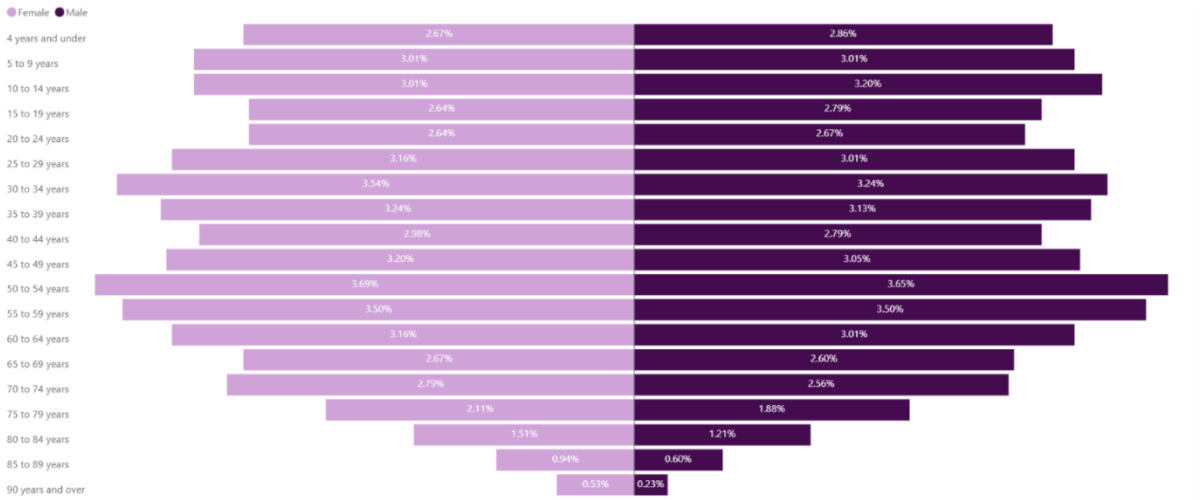


Figure 2 – **Age and gender split in Rotherham at 2021 Census**

Deprivation is high in Rotherham as it ranks as the 35th most deprived local authority out of 151. 36/167 (20% of Lower Super Output Areas (LSOAs) in Rotherham) are in the 10% most deprived in England. No LSOAs in Rotherham are in the 10% least deprived (Figure 3). In terms of households, 22% of households in Rotherham reside in the most deprived decile. 69% of the working age people are economically active, against the national average rate of 78.4%. The gap between Rotherham and the national rate, neighbouring authorities and statistical neighbours is widening.

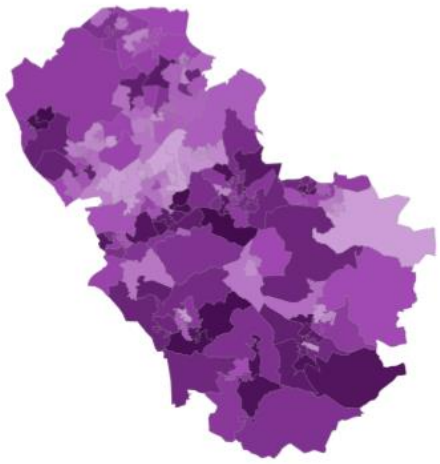


***Figure 3* – Map of LSOAs in Rotherham shaded according to deprivation, compared to each other. Deeper shading indicates less deprivation.**

Life expectancy in Rotherham is 77.8 for males at birth and 80.9 for females at birth. This is lower than the life expectancy in England which is 79.1 for males and 83 for females. From 2011-13 to 2020-22, life expectancy in Rotherham has decreased by 11.4 months for males and 14.3 months for females. Healthy life expectancy in Rotherham males however is only 58.7 years compared to the England average of 63.1 years. Healthy life expectancy for Rotherham females is 56.5 years, significantly lower than the England average of 63.9 years. This means that overall, women in Rotherham live nearly 30% of their lives in poor health. Life expectancy for local areas of Great Britain - Office for National Statistics

Rates of chronic illnesses in Rotherham are generally higher than the national average and some of the key ones that could be attributed to poor housing include:

- 2.3% prevalence of stroke in 2023/24 (England prevalence was 1.9%)
- 7.9% prevalence of asthma in 2023/34 (England prevalence was 6.5%)
- 990 per 100,000 hospital admissions for COPD (England rate was 357 per 100,000)
- 55.9 per 100,000 mortality rate from lung cancer in 2023 (England prevalence was 47.5 per 100,000)
- 22.8% reporting musculoskeletal problems in 2023 (England proportion was 17.9%)

Further figures on health statistics and the trends of the above statistics are available on Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care

Satisfaction with the borough as a place to live has improved (Resident Satisfaction 2024) - 66% of respondents said, overall, they were satisfied with the Rotherham borough as a place to live, which is above the Council Plan target of 62% and average across previous surveys (higher is better). Satisfaction with the local area as a place to live (Resident Satisfaction 2024) - 75% of respondents said, overall, they were satisfied with their local area as a place to live, which is below the Council Plan target of 80% (higher is better). (Source - Council Plan and Year Ahead Delivery Plan Quarterly Progress report)

Rotherham Housing Data

As of the 2021 census, the total number of households in Rotherham is 113,925. However, more recent council tax data put this figure at nearly 122,000. The tenure split of these houses as of the 2021 census is: 33.6% of houses are owned outright, 30.4% are owned with a mortgage or loan, 20.7% are rented social housing (council or housing association)

and 15.3% are privately rented. These figures, however, differ massively by LSOA (Figure 4). Further breakdown of this data and LSOA figures is available at - Housing – Rotherham Data Hub

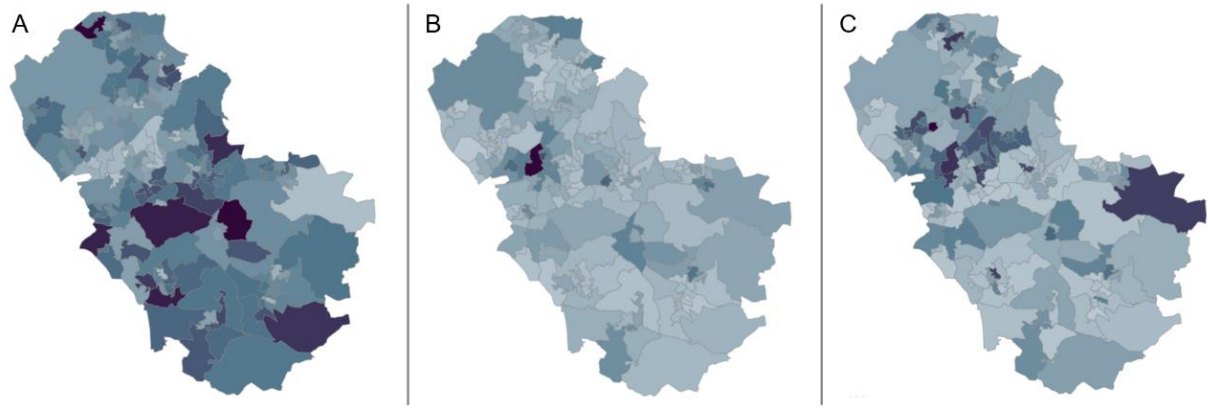


***Figure 4* – LSOA map of Rotherham shaded according to how many properties in each area fit in the following categories: A) Owner occupied housing B) Private rented housing C) Social rented housing. Darker shading indicates a higher proportion of that type of tenure**

Across the different Middle Super Output Areas (MSOAs) in Rotherham, the demographics of the population in each tenure type vary a lot. The table below shows the range (highest and lowest percentages) of each tenure type by age group.

	Owned Outright	Mortgage/ loan/ shared ownership	Social Rent	Private Rent
66+*	83.4% (Rotherham South) 40.8% (East Herringthorpe)	7.1% (Maltby West & Hellaby) 2.4% (Rotherham Central)	49.5% (East Herringthorpe) 8.6% (Rotherham South)	13.8% (Wickersley North) 3.4% (Kimberworth Park)
18-65**	38.6% (Anston & Woodsetts) 11.3% (Rotherham Central)	51.8% (Catcliffe, Treeton & Waverly) 13.3% (Rotherham Central)	46.4% (East Herringthorpe) 6.4% (Ravenfield & Bramley North)	44.6% (Rotherham Central) 8.2% (Kimberworth Park)
Children ***	14.8% (Rotherham South) 4.9% (East Herringthorpe)	68.9% (Ravenfield & Bramley North) 14.2% (Rotherham Central)	54.7% (East Herringthorpe) 5.5% (Ravenfield & Bramley North)	41.1% (Rotherham Central) 13.5% (Swinton South)

*66+ includes houses where at least one resident is aged 66 or over
**Children includes all houses where there is at least one person under 18
***18-65 includes houses where all residents are aged between 18 and 65

As of 31st March 2024, Rotherham has a total of over 20,000 council homes (including shared ownership) and half of these are houses. The breakdown of those houses is: 19.6%

are 2 beds, 77.6% are 3 beds and 2.7% are 4 beds or above. The highest demand on council houses in Rotherham is for 3-bedroom houses which in 2023 had an average of 126 bids per house (an increase from 26 bids per 3-bedroom house in 2016). (Source – Rotherham JSNA). The relet time for a council property as of Q3 2024/25 was 31.8 days, well below the target of 42 days. The most recent statistics on the council housing performance can be found here - Housing Service Performance – Rotherham Metropolitan Borough Council

The average house price in Rotherham was £193,000 in May 2025, up by 10.9% since May 2024 and up 160% over the last 20 years (£73k in March 2004). Projections show this figure will likely be £200,000 by the end of 2025. (Source - Housing prices in Rotherham (ons.gov.uk) The average house price per ward is available on the JSNA. The largest percentage increase in housing prices this year has been in detached properties.

Private rents rose to an average of £653 per month in June 2025, an annual increase of 7% from £610 in June 2024 (Figure 5). The average cost of a private 3-bedroom house is £800 per month. The annual gross salary in Rotherham in 2023 is £30,056 compared to £25,636 in 2018. This means that the average private 3-bedroom house rent for the year is nearly 1/3 of the gross average annual salary.

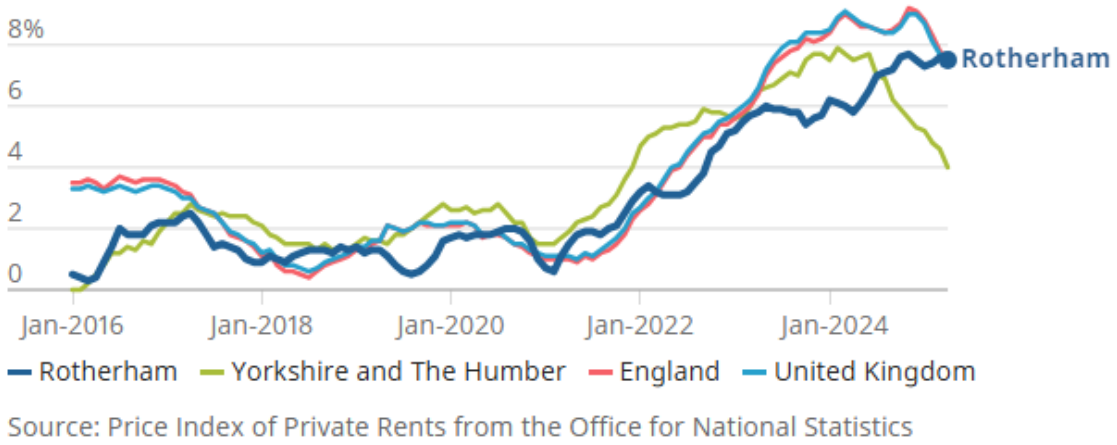


***Figure 5* – Annual percentage change in rents from 2016 to 2025 comparing Rotherham to Yorkshire and The Humber, England and Great Britain. Source – Price Index of private rents from ONS**

Housing Associations

In total housing associations provide approximately 5,500 tenancies in Rotherham. The providers have regular meetings with the strategic housing team and are constantly striving to improve the accommodation and support offer they provide to Rotherham residents. Several of the key housing association information and contacts are listed here - Housing Associations – Rotherham Metropolitan Borough Council

Additional housing associations include:

- YWCA provides 20 houses for young women and their children - Rotherham — YWCA Yorkshire
- Roundabout provide support for young people aged 16-25 (12 young people at Rush House, 4 beds in emergency accommodation and 50 young people in their own tenancies) Rotherham Services - Roundabout Homeless Charity

Temporary Accommodation, Homelessness & Other Accommodation

The number of new homelessness cases rose from 987 in 2021/2022 to 1,521 in 2023/24. In a typical month around 130 homelessness cases are accepted (Source - REPORT TEMPLATE FOR CABINET & COMMISSIONER (rotherham.gov.uk). The main reasons for homelessness applicants are:

- Family no longer able to accommodate (26.5%)
- End of private rented tenancy (21.4%)
- Relationship with partner ended (non-violent breakdown) (10.8%)
- Domestic abuse (8.6%)

Between 2019 and 2022, 22.8% of homelessness applicants were under 24 years old. Homeless applicants often have extra support needs such as a history of mental health problems (12.9%), a history of offending (5.2%), at risk of/or experienced domestic abuse (5.1%) or drug and alcohol dependency (5.1% and 3.1% respectively). These figures are significantly higher than the general population statistics showing the correlation between homelessness and general health. Stable and secure housing can therefore have a huge positive impact on the general wellbeing of the population and reduce the demand for other public health commissioned services and NHS services as well.

In 2023/24, councils in the UK spent nearly £2.3 billion combined on temporary accommodation (Source - Spending Review: Local Government Association)

In Rotherham there is a variety of temporary accommodation options including hostels, refuges and hotel use. Here is the council policy on Temporary Accommodation Placement temporary-accommodation-placement-policy-pdf-

There is also separate temporary accommodation for DA victims including an 8-bed refuge and 10 dispersed properties. These are usually at maximum capacity, with constant need for this service. (Rotherham Domestic Abuse Strategy available here- safer-rotherham-partnership-domestic-abuse-strategy-2022-27)

Residential care homes in Rotherham include both private and in-house provision of services. The 2 council commissioned care homes have a combined total of 120 beds with independent sector residential, nursing and EMI beds total 1593. More information on this is available on the council's adult care market position statement (Adult Care, Housing and Public Health Market Position Statement: Adult Care Market and Demand – Rotherham Metropolitan Borough Council

As of May 2024, Rotherham had 502 Children in Care some of which are in supported accommodation, children's homes or foster placements. Further breakdown of these figures is available on this RMBC document (mgConvert2PDF.aspx)

Fuel Poverty in Rotherham

The Department for Business, Energy and Industrial Strategy calculated fuel poverty in Rotherham to be 16.1% as of 2021, higher than the England average of 13.1%. This rose to 16.6% in 2022 which equates to nearly 19,000 households in Rotherham. (Fuel poverty is measured by LILEE methodology – Low Income Low Energy Efficiency) -Public health profiles - OHID (phe.org.uk). As of 2023, fuel poverty in Rotherham has decreased to 14% but this percentage can be skewed by the LILEE methodology which excludes any households of an EPC C or above from being included in the metrics. Therefore, as more households improve their EPC ratings, more households are excluded from the fuel poverty calculations. Overall, in England, fuel poverty is higher in rented accommodation compared

to owner occupied properties with estimates showing that up to 24.1% of people in private rented properties live in fuel poverty.

There is a massive disparity in fuel poverty across the Rotherham borough as well ranging from 52.4% of households in fuel poverty in some areas compared to 5.1% depending on LSOA. Rotherham ward data on fuel poverty shows highest fuel poverty areas to be central of the borough and out to Maltby East (Figure 6). Due to the current LILEE method for calculation of fuel poverty, one of the main factors is energy efficiency. Energy efficiency ratings (EPC) vary across Rotherham from 57.9 in Rotherham East to 63.3 in Rother Vale. For reference, an EPC rating of a C requires a score of 69. As new build properties with higher EPC scores are built and retrofit works are done to existing properties, the average EPC ratings will rise over time. This is particularly needed in the private rented sector where as of the 2018 Stock Condition Survey, more than 75% of private rented sector properties have an EPC of D or below.

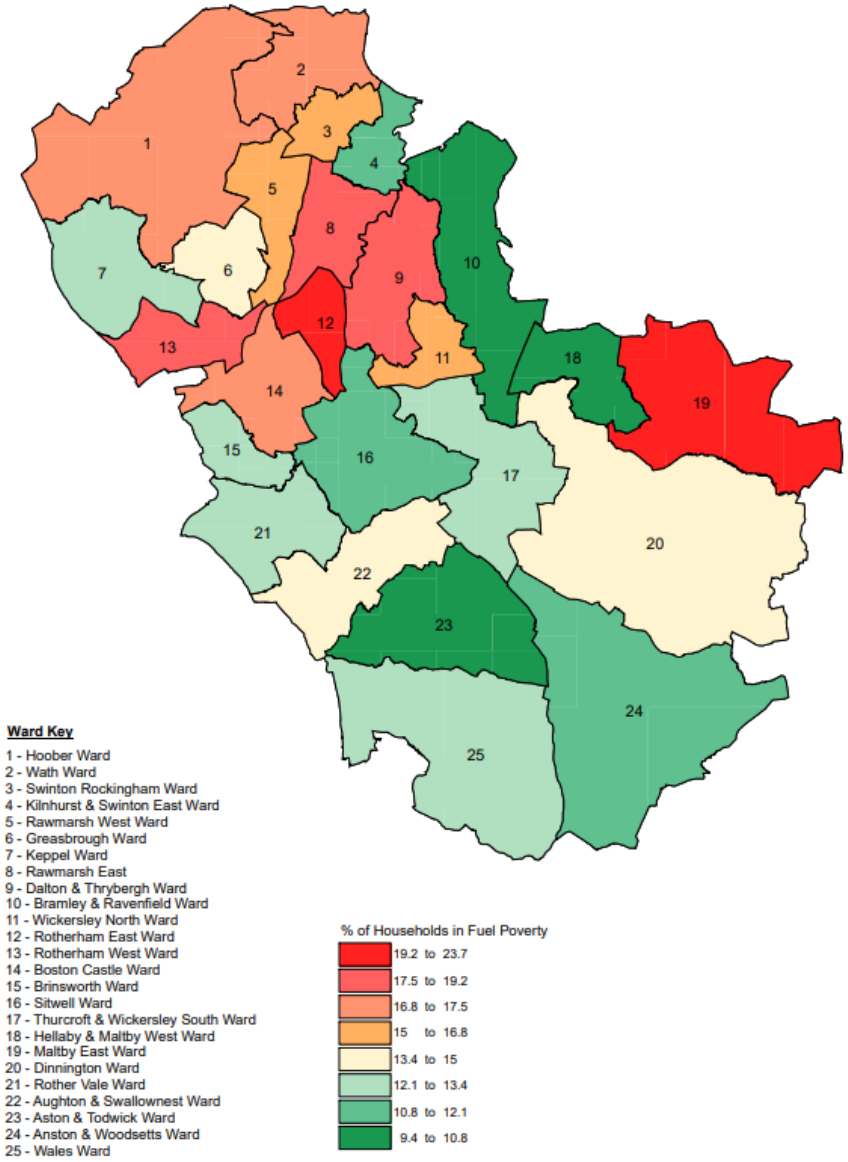


Figure 6 **- LILEE proportion of fuel poor households by Rotherham Ward in 2023**

There is also a huge disparity in fuel poverty across different ethnicities in the UK. For example, in the 2 years to March 2021, an average of 12.6% of white households were in

fuel poverty, compared with 19.1% of households from all other ethnic groups combined. Fuel poverty - GOV.UK Ethnicity facts and figures Fuel poverty rates are also higher in terraced properties, small properties and old properties (all data available here - Fuel poverty detailed tables 2025 (2024 data) - GOV.UK)

Overtime the number of fuel poor houses in Rotherham has fluctuated (Figure 7). The highest proportion of fuel poor households in Rotherham was in 2012 at 18.2%. From 2014 to 2020, rates of fuel poor households have been significantly lower between 9% and 11.4%. Since 2021 and the beginning of the cost-of-living crisis, these rates have gone back up to pre-2014 levels. The recent decrease in 2025 data cold be due to more households upgrading to EPC C and above or a slight reduce in energy costs.

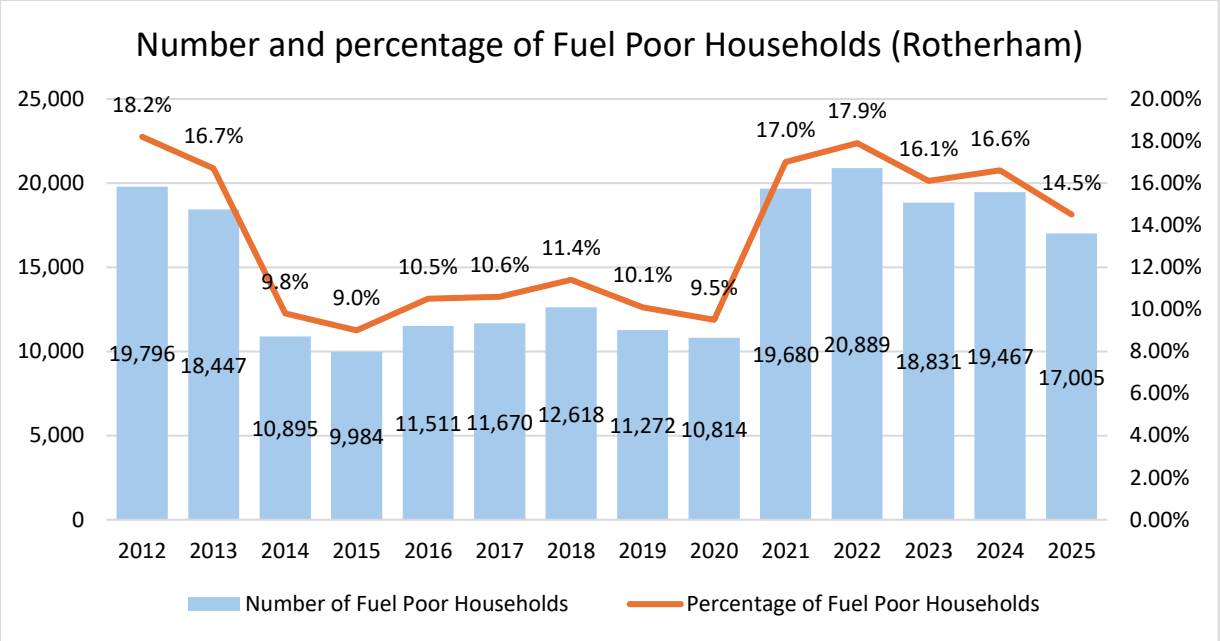


***Figure 7* – Percentage and number of fuel poor households by Rotherham over time from 2012 to 2025 assessed by LILEE method. Note: these dates are based on when the data is published**

Fuel type can play a huge role in fuel poverty as well. In Rotherham 83% of homes are heated by mains gas only and only 235 homes are heated by renewable energy only (Table 1).

Type of fuel	Proportion of households (%)
Mains gas only	82.8
Two or more types of central heating (not including renewables)	8.7
Electric only	3.3
District or communal heat networks only	1.1
Other central heating only	1.0
No central heating	0.8
Two or more types of central heating (including renewables)	0.5
Solid fuel only	0.5
Oil only	0.5
Tank or bottled gas only	0.5
Renewable energy only	0.2

Wood only	<0.1

***Table 1* – Proportion of Rotherham households using each type of fuel. Source – 2021 Census**

Housing Hazards

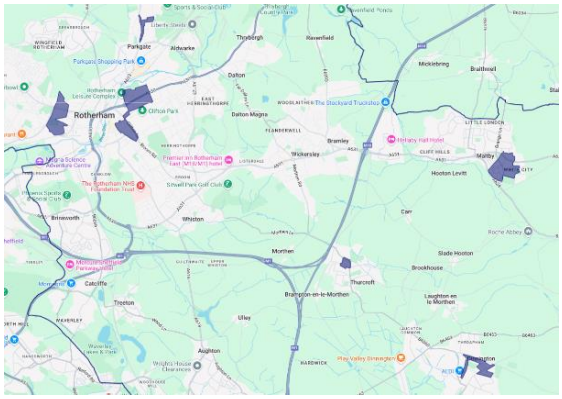
There are 29 main category 1 hazards as defined by the Housing Health and Safety Rating System (HHSRS) which are split into 4 main categories (physiological, psychological, infection protection and accident protection). Physiological requirements include, damp and mould, excess cold or heat, asbestos, biocides, carbon monoxide, lead, radiation, uncombusted fuel gas and volatile organic compounds.

The estimated proportion of homes with category one hazards in the Rotherham private rented sector ranges from 21.75% of the stock in Rotherham East to 10.79% of the stock in Bramley and Ravenfield (2018 Building Research Establishment). This is higher than the national estimate of 10% of properties in England containing at least one category 1 hazard. In addition to this, many homes in the private rented sector are also in disrepair with estimates ranging from 17.98% in Rotherham East to 4.57% in Hellaby & Maltby West. Category 1 hazards and homes in disrepair have a direct physical health effect on Rotherham residents as well as indirect implications to mental health, education, employment and social isolation. It is important to stress that these Rotherham related data are now 7 years out of date and current property inspections via selective licensing are indicating that the true rates of these hazards are much higher than the quoted data.

Identifying Concerns Across Private Rented Housing Stock

Selective licensing is a scheme under the Housing Act 2004 that allows local councils in England to require landlords in designated areas to obtain a licence for privately rented properties, aiming to address issues like poor housing conditions, anti-social behaviour, and low housing demand. Landlords must meet specific standards and conditions to obtain a licence, and failure to comply can result in significant penalties, including fines and rent repayment orders. The scheme is intended to improve housing quality, tenant safety, and community well-being by ensuring better property management and accountability from landlords. More information is available at - Selective licensing in the private rented sector: a guide for local authorities - GOV.UK

For between 2020 - 2025, six areas of Rotherham are in selective licensing zones:



- Eastwood / Town Centre
- Masbrough
- Maltby
- Dinnington
- Thurcroft
- Parkgate

Selective Licensing 1 May 2020 to April 2025 – Rotherham Metropolitan Borough Council

This public notice was active from 1st May 2020 to 30th April 2025 and enables Rotherham council to inspect private rented properties to ensure they are meeting housing standards. 2,377 properties were inspected and category 1 hazards were found in 292 properties with category 2 hazards found in 1,470 properties. The cost savings of these repairs has been

calculated as £148,543 savings to the NHS from removing hazards and £1,860,797 wider societal benefits from preventing ill health (BRE Housing Health Cost Calculator).

The most prevalent hazards types were fire (18.45% of hazards) and damp and mould growth (16.78% of hazards) with falls, electrical hazards, excess cold and carbon monoxide all significant proportions of the detected hazards.

The EPC ratings of these properties was commonly D rated and 77% of the stock is below a C rating in these areas.

A consultation was carried out (Selective Licensing Consultation in Rotherham 2025 to 2030 – Rotherham Metropolitan Borough Council) to assess views towards continuing the selective licensing scheme in the same areas plus Brinsworth.

Council Housing Budgets

Currently, the council receives no additional financial support and funding other than the (Energy Company Obligation) ECO4 programme and the Great British Insulation Scheme in order to improve energy efficiency in the private sector. The total income from council house rents in 2023/4 was £86,732,578. With total income (including other council provided services and facilities) being £96,759,270 (Source - Council Housing - Annual Reports – Rotherham Metropolitan Borough Council).

The breakdown of expenditure is as follows:

- 44% is used for major repairs and investments, new Council housing, and interest on borrowing and depreciation charges.
- 23% goes toward day-to-day repairs of houses
- 20% is allocated to managing estates and tenancies, including house letting and rent collection
- 11% supports central services like management, administration, and business support
- 2% is dedicated to developing new housing projects

Performance statistics on tenant satisfaction within council properties are available here- Housing Performance – Rotherham Metropolitan Borough Council. Key council housing statistics from the 2023/24 annual report include:

- 88% of homes meet the Decent Homes Standard
- 99% of emergency repairs are completed in time
- 74.1% of tenants are satisfied with the repairs service

The Thermal Improvement Scheme in Maltby is a £4.3 million project which has delivered external wall, cavity wall and loft insulation, and new high-performance doors and windows in 130 council homes, improving energy efficiency and reducing tenants bills by up to £400 a year. Here is a tenant quote from the process:

“The whole process has been more than worth it. In previous years I would have had to put my heating on in September but not now. It's lovely and warm and I'm already starting to notice the difference in my energy bills, which would have gone up substantially had the work not been carried out.” Maltby tenant - Mrs Russell (Thermal Improvement Scheme)

The Towns and Villages Fund 2021-2024 – Rotherham Metropolitan Borough Council was a multi-million pound commitment to delivering improvements to Rotherham’s town centre and

villages across the borough. Plans are currently being developed by ward members alongside neighbourhood coordinators.

Planning of New Homes

The 2022-2025 RMBC Housing Strategy outlines the building needs for new homes and the challenges faced in Rotherham by the Housing sector - Housing Strategy 2022-2025 The planning of new houses in Rotherham is documented in the local plan 2013-2028 - Core Strategy Adopted September 2014

All social housing must be an EPC C by 2030, but currently new homes don't have to meet this standard as long as they have a valid EPC certificate.

Rotherham Council implemented a Green Space Strategy in 2021 which recommended that "All new homes should be within five minutes walking distance of a local green space providing space for informal recreation, and fifteen minutes' walk of a larger green space providing a wider range of facilities and services. Where new green space is required, 16 square metres per person is proposed." Here is the link to the strategy - Microsoft Word - $linflaip.doc and the local plan.

National home building standards can be found here - Technical housing standards – nationally described space standard - GOV.UK

A Supplementary Planning Document (SPD) is a document that provides additional detail and guidance on policies within a Local Plan, but it is not part of the statutory development plan itself. SPDs clarify how policies should be interpreted and applied in specific situations, often relating to site-specific or thematic issues. SPDs can be found of the council webpage - Planning guidance – Rotherham Metropolitan Borough Council. Bassingthorpe Farm is a huge new planning development in Rotherham with plans indicating approximately 2400 houses will be built on this site. As a result, it requires its own SPD which is currently under consultation. This site will definitely include affordable homes.

Housing Related Health Concerns

The Link Between Housing and Health

The wider determinants of health (Figure 8) are made up of a variety of social, economic and environmental factors that affect health. A large proportion of the wider determinants of health involve living conditions, working conditions and housing environments. This section outlines the key health implications caused by poor quality housing such as category 1 hazards (including cold homes), overcrowding and indoor air pollution. These hazards and the poor housing stock costs the NHS an average of £1.4billion a year in treatment costs (Source – Building Research Establishment 2021).

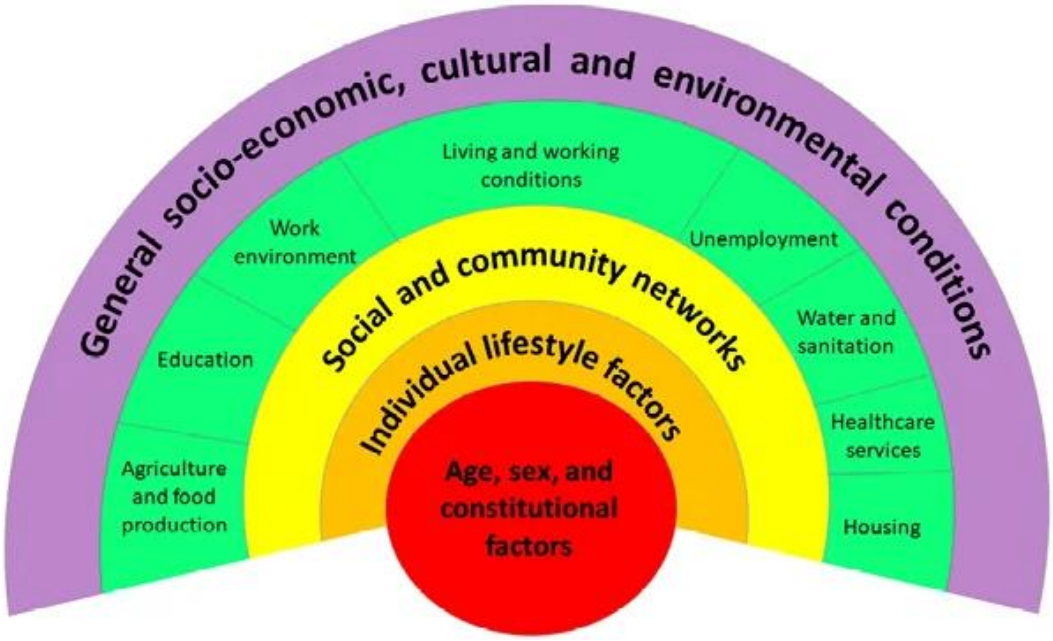


Figure 8 **– Dahlgren and Whitehead rainbow model showing the wider determinants of health**

Damp and Mould

Rotherham Council has a Damp, Mould and Condensation policy (Damp Mould and Condensation.pdf (rotherham.gov)) which outlines the causes of damp and mould in homes, the associated health risks, ways to reduce damp and mould and the policies relating to private and council rented properties. In 2021, it was estimated around 904,000 homes in England have damp problems (English Housing Survey). More recent government estimates of the number of homes in England with damp or mould have increased and range from 4% to 27% of homes depending on area. (Source - Understanding and addressing the health risks of damp and mould in the home - GOV.UK). Relating these estimates back to Rotherham would indicate that between 5,000 and 33,000 properties have damp or mould concerns. Due to higher rates of deprivation and fuel poverty in Rotherham, the local estimate could be towards to upper end of the England estimates.

Condensation can be caused by inadequate heating of the property, poor ventilation, high humidity levels, poor insulation and overcrowding. These issues are very much linked to deprivation and highlight the effects of inequalities in Rotherham, for example:

- People living in deprived areas are likely to be classed as fuel poor due to household income and lower quality, older housing and therefore are much more likely to not be able to heat their home to adequate levels
- Overcrowding is much more likely in areas of high deprivation
- Poor insulation is more common in deprived areas

Penetrating damp can be caused by both external and internal leaks which cause damp and damage to internal surfaces. Rising damp is caused by moisture rising from the ground often due to missing or defective damp proofing.

Mould is a fungus which grows best in poorly ventilated, damp homes. Mould can then reproduce and make spores which are airborne allergens leading to allergic reactions, asthma exacerbation and respiratory infections. The health effects of damp and mould in the

homes are exacerbated in vulnerable populations such as children, people with existing health conditions, pregnant women and older people.

Owner occupiers are advised to deal with damp and mould as soon as possible to avoid the health risks associated with them. However, this relies on them being able to identify issues, contact people who can do repairs or offer support and financial fund any repairs needed which adds in many additional barriers for owner occupiers.

Council homes should comply with the Decent Homes standard which includes having no category 1 hazards, therefore the council is responsible for ensuring damp and mould are prevented and dealt with in all council properties.

Private landlords are also expected to comply with the regulations and landlords have a duty to ensure their properties are free of damp and mould. If landlords, don't take action to fix the problem, the council can take enforcement action.

Cold Homes

Excess winter deaths directly correlate to low average winter temperatures, and the majority of this is attributable to cold homes (Figure 9). The temperature perceived as a cold home is indoor air temperatures below 18 degrees. On average, over the past 10 years, an average winter temperature drop of 1 degree, leads to 6,000 excess winter deaths across England. Excess cold in Rotherham's private rented stock varies by ward with the highest proportion being 4.96% in Hoober down to 0.4% in Wickersley North. In England, it is estimated that 653,000 households have excess cold.

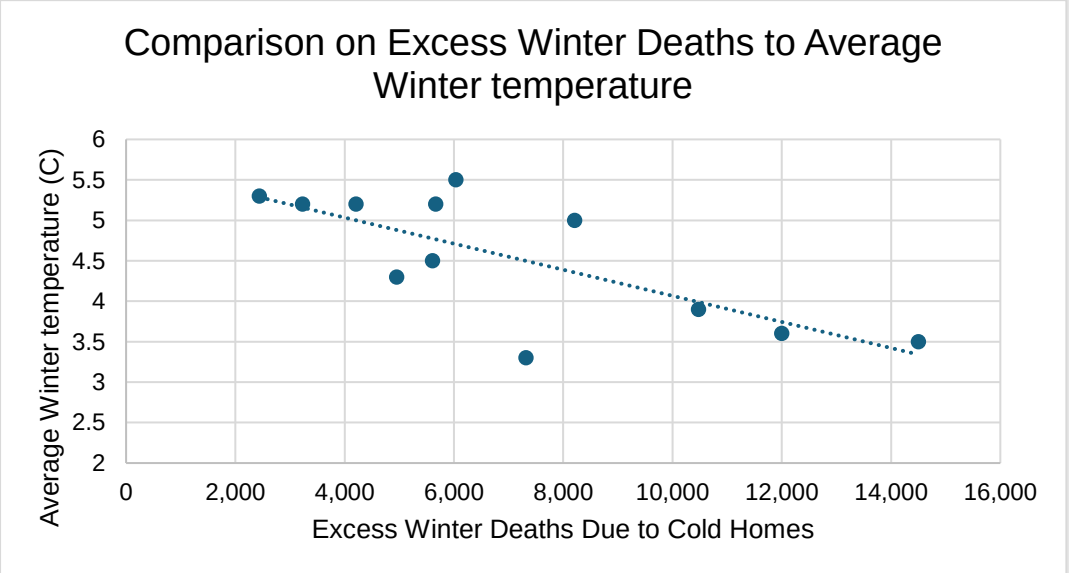


Figure 9 **- Comparison on Excess Winter Deaths to Average Winter temperatures in England using ONS statistics from 2011 to 2022.**

Cold homes have a huge impact on health, primarily through increased risk of illnesses such as cold, flu, heart attacks and pneumonia. People with existing health conditions such as arthritis, diabetes and circulatory problems are also at increased risk. Cold homes also causes other issues not directly related to physical health such as increased social isolation, increased loneliness, poor mental health and reduced sleep quality.

Hot Homes

In addition to excess cold, excess heat is also listed as a category 1 hazard in the Housing Health and Safety rating system (HHSRS). Climate change is resulting in higher summer temperatures and England temperatures reached 40°C in July 2022. With this temperature extreme expected to occur every other year from 2050 and hot spells increasing in temperature and length throughout the century, excess heat will become a serious risk to health.

Impacts of hot homes include heat stroke, dehydration, poor mental health, poor sleep quality and exacerbation of current health conditions. Periods of extreme heat lead to an increase in mortality, especially in vulnerable populations such as over 65s, people with neurodiverse conditions and those with current health conditions. In the 2022 LeDeR report, it showed that 13% of notified deaths in 2022 in the neurodivergent population occurred in the 2-day extreme heat wave in July (LeDeR report - 20231019_LeDeR_action_from_learning_report_FINAL.pdf)

The UK Met Office have a heat health alert system which people can sign up to, so they are aware when periods of extreme heat are expected. Heat-health Alert service - Met Office This can help people prepare themselves but also ensure those they care for are prepared. Rotherham Council has an adverse weather plan in place which covers our response to periods of extreme heat – Heatwave Action Plan Rotherham Metropolitan Borough Council.

Indoor Air Quality and Chemical Hazards

Indoor air quality has a massive impact on health and some sources of indoor air pollution are listed as category 1 hazards including carbon monoxide and asbestos. Second hand smoke inhalation is not directly listed as a hazard but is a huge contributor to poor indoor air quality.

Up to 2 million children in the UK are exposed to smoke in their home leading to increased likelihood of childhood cancers, emphysema development and asthma development. In a national survey of young people, 7% of respondents aged 11-18 reported that they lived in a home where people smoke (Source - ASH Smokefree GB Youth Survey 2019). There is also increased risk to pregnant women who inhale second-hand smoke in the home environment. Rotherham has a Tobacco control action plan which being currently updated and has actions covering the above areas of concern. The main service for smoking cessation support in Rotherham is HealthWave - Rotherham Healthwave - Helping Boost Health and Wellness

Fuel burning in the home causes the release of fine particulate matter (PM2.5) which can be toxic and causes various illnesses such as bronchitis, throat and lung irritation and over long periods of time, increase the risk of cancer and premature mortality.

Carbon monoxide is a poisonous gas with no taste, smell or colour created when gas, oil, coal or wood don't burn fully. Houses should be fitted with a carbon monoxide alarm as part of the Smoke and Carbon Monoxide Alarm (England) Regulations 2022. In 2023, carbon monoxide was responsible for the deaths of 77 people in England and Wales (Source - Number of deaths due to accidental poisoning by carbon monoxide, England and Wales, deaths registered in 2023 - Office for National Statistics)

People can be exposed to asbestos in the home environment via breathing in asbestos fibres or direct skin contact. Asbestos fibres are hazardous and cause a variety of serious health problems such as inducing cancers, asbestosis and mesothelioma. In Great Britain, there are over 5,000 asbestos-related deaths per year. (Source - Asbestosis, mesothelioma,asbestos related lung cancer and non-malignant pleural disease in Great Britain 2024 (hse.gov.uk))

Lead exposure is also a risk in housing in homes built pre-1970 and is significantly more prevalent in the most deprived decile of households. Lead exposure has a variety of health implications associated with it including brain and kidney damage in high doses. More information is available on the government website - Lead: information for the public - GOV.UK

Hoarding

Another housing hazard is hoarding which presents both safety concerns and mental health concerns. Hoarded homes are a fire risk due to the blocking of exits, increased concentrations of flammable items and reduced ability to contain fires due to doors not being able to close. There is also an increased chance of mould growth due to moisture build up on hoarded items, a lack of air circulation and blockage of seeing leaks. Exact figures on hoarding are not available but estimates range between 2-6% of households with higher prevalence in people aged 55+ (Source - Hoarding Disorder | OCD-UK).

There is more information and a safety statement on Hoarding on the South Yorkshire Fire and Rescue website - Hoarding - South Yorkshire Fire and Rescue

Mental Health & Isolation

One in five people suffer mental health issues linked to housing (source - Housing and mental health | Mental Health Foundation) due to a variety of issues such as dangerous, unhealthy living environments, uncertainty of accommodation and overcrowding.

Mental Health concerns and loneliness play a huge role in people's home environments. Loneliness can affect anyone of any age but is more prevalent in those who live alone or live in deprived neighbourhoods. If people have poor living conditions (damp, mould or other hazards), they could be less likely to invite people over and maintain social connectivity. The percentage of older people (65+) living alone at the 2021 census ranges from 26 to 41% depending on MSOA. RMBC have a Loneliness Action Plan which runs from 2023-2025 aimed at addressing loneliness concerns in Rotherham (Loneliness Action Plan update.pdf).

Self-reported wellbeing statistics show that 10.43% of adults in Rotherham have a low happiness score. The prevalence of depression in 2022 was 17.29% and this is increasing each year. Further mental health data is available on the JSNA - Microsoft Power BI

In Rotherham, 12% of households are classed as being rural. This can have an impact on mental health, for example, rural areas often have increased community connection and access to nature for increased health benefits but conversely have less access to key services which are predominantly located in the town centre.

To ensure our Rotherham Council residents have access to mental health support, mental health questions are included in the tenant health check which is delivered by housing staff.

Information on the mental health support available in Rotherham can be found on RotherHive - RotherHive – The wellbeing and mental health resource for Rotherham

Overcrowding

Occupancy ratings measure whether a household is overcrowded. This is calculated based on how many bedrooms a household requires to how many available bedrooms the house has. 3.5% of Rotherham households are classed as overcrowded from this metric, split between 2.9% requiring one extra bedroom and 0.6% require two or more bedrooms. (2021

census). This is similar to the England figure which was measured at 3% in 2023 but was only 1.8% in the Yorkshire and Humber region. However, overcrowded housing is much more prevalent in some groups compared to others.

Overcrowding rates vary massively by ethnicity, for example in England, 25.3% of Arab households are classed as overcrowded compared to 1.7% of White British households. In terms of tender types, 1.1% of owner occupiers, 5.6% of private renters and 8% of social rented households are classed as overcrowded. (Source – English Housing Survey and Overcrowded households - GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk))

Overcrowded households disproportionately affect children with approximately 1 in 6 living in overcrowded conditions. Research on children in overcrowded properties is available here - briefing-note-children-overcrowding.pdf. Overcrowding in properties including children is highest in the social rented sector.

Health risks associated with overcrowding include:

- A decline in mental health due to less privacy and a greater risk of conflict
- Increased spread of diseases due to close contact and an increased number of contacts
- Reduced ability to study/work due to restations with space, suitable work environment and increased distractions.

Climate Related Risks

Climate change effects such as increased average temperatures, increased rainfall and increased storms can have harmful implications to Rotherham residents and the housing stock. All climate related risks and data for Rotherham are outlined in the Climate JSNA page - Climate Change – Rotherham Data Hub

Rotherham Council have a flood risk management strategy - Flood Risk Management Strategy – Rotherham Metropolitan Borough Council and a heatwave policy - Rotherham Metropolitan Borough Council to ensure the safety and health of residents during climate related weather events.

Additional Home Risks

People aged 65 and older have the highest risk of falling. Around 30% of adults who are over 65 and living at home will experience at least 1 fall a year (approximately 2.5 million people in England). This rises to 50% of adults over 80 who are either at home or in residential care. The risk increases in patients with cognitive impairment and dementia - Patient falls manual (prevention and management) – Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

Data shows that in 2025, there are 1 million people living in the UK with Dementia. Home adaptations significantly improve quality of life and reduce falls but majority of homes don't have them. Alzheimer's UK have developed a dementia friendly housing guide - Dementia Friendly Housing_Guide.pdf

Substance Misuse adds additional risks within the home environment, particularly in homes with children present. The key service for substance misuse support in Rotherham is ROADS - Drug and Alcohol Support in Rotherham (ROADS) | WithYou. Full statistics on substance misuse are available on - NDTMS - ViewIt - Adult and the Rotherham JSNA

pages (Alcohol – Rotherham Data Hub and Substance Use – Rotherham Data Hub). Here are the statistics related to substance misuse and housing:

- In 2024, 23% of substance misuse clients in Rotherham lived in a household with a child. 440 are parents and 65 live with a child that is not theirs.
- In 2022, 12% of new presentations to Rotherham's Drugs and Alcohol had a housing need with 4% having an urgent housing need (30 adults).

Access to pharmacies is a key aspect of the built environment. Pharmacy needs assessments shows the access to pharmacy services in the borough but also provides a thorough outline of medical needs of the population. rotherham-pharmaceutical-needs-assessment-2022-to-2025 An updated Pharmacy Needs Assessment will be going for approval at the Health and Wellbeing Board in September 2025.

Local high rates of crime decrease people's feeling of safety in their community and home environment. Rates of crime vary across the borough and are detailed on the South Yorkshire police maps: Rotherham North | Police.uk , Rotherham Central | Police.uk and Rotherham South | Police.uk

Cost of Living

The cost of living crisis has had a huge effect on people in countries across the world including England where annual inflation rates in October 2022 reached 11.1%, a high proportion of which was driven by energy price increases (Source - Cost of living and inflation - House of Commons Library (parliament.uk)) According to public opinions on energy prices, 4/10 of adults said it was somewhat or difficult to pay energy bills. This is resulting in 44% of adults using less energy in their homes then necessary. This has huge implications on health and wellbeing and the growth of mould in properties (Data - Cost of living insights - Office for National Statistics (ons.gov.uk)) The annual inflation rate for housing and household services was 7% in April 2025, up from 5.1% in March 2025 (Consumer price inflation, UK - Office for National Statistics)
Age UK have written a report on older people and their current situation regarding cost of living and rising energy prices. Some key facts in this report are:

- 44% of pensioners in Yorkshire & the Humber have cut back on heating or powering their home
- 34% of pensioners in Yorkshire & the Humber feel less financially secure than a year ago
- Nearly one in four (23%) said their home is colder than they would like it to be 'all the time' or 'most of the time' – equivalent to 2.8 million people. This is an increase on the 17% giving the same answer in January 2024.

Quotes from this research from residents include:

- "My monthly payment for gas and electric takes more than my weekly pension. [I] heard that it will be rising again, along with my water bills. Living is a struggle, NOT what I imagined my later years would be." – Patricia, 76
- "I struggle, I missed the deadline for [the] winter fuel [payment] as I still haven't received Pension Credit guaranteed. It's been 8 weeks now. It's cold but I have duvets and extra clothes. I would rather [not] eat than go into debt to pay heating." – Anonymous
- "I am on palliative care for my cancer and need to keep warm. I do not want my elderly wife to be left in debt because of my having to have our house kept warm." – Anonymous

The full report from Age UK is available here - cost-of-living-report_0325.pdf

Housing costs contribute a huge amount to debt and poverty issues in the UK. On average white British adults spend approximately 11% of their income on housing compared to 21% for Black African adults and 23% for Bangladeshi households for example. (Source - The Reality of Ethnic Inequalities in Housing: Heritage and Home Research by The Resolution Foundation - Resolve - Antisocial Behaviour)

What Support is Available?

Support Summary

National and local support for cost of living and other payments change regularly due to changes in funding, changes in government and other related changes to the economy and energy prices. A variety of the support which has been available in recent years in detailed in the sections below including the ECO4 scheme (4th iteration of the ECO programme), Energy Crisis Support Fund and Winter Fuel payments.

General information on bills, money and up to date household support is available on Money matters – Rotherham Metropolitan Borough Council

Rotherham Energy Network Group

The Rotherham Energy Network is a group of third sector organisations who alongside RMBC's Community Energy Team, Public Health, Neighbourhoods and Strategic Housing teams meet bi-monthly to discuss issues and resources around energy support, fuel poverty and financial issues. This group also shares members with the Humanitarian group which is chaired by RMBC Neighbourhoods team. (Note: this group is not related to the Rotherham town centre Energy Network infrastructure). Below is the information of each member of the Rotherham Energy Network Group and the support they provide to Rotherham residents:

Community Energy Team

The team offers advice and support to Rotherham residents and council staff regarding living in fuel poverty and/or a cold/damp home. Rotherham residents can contact the team via social media, email or via the website.

The team can provide help with:

- → Referring to the relevant support services available on a case-by-case basis.
- → Providing information on which energy schemes and support grants are available to residents.
- → Help people understand energy bills and how to make their home more energy efficient.

Here is the link to the Community Energy Teams council pages: Community Energy Rotherham – Rotherham Metropolitan Borough Council

Email address to contact the team: community-energy-rotherham@rotherham.gov.uk

Age UK Rotherham

A local part of the national Age UK charity that help to support older people, their families and carers.

The team can provide help with:

- → Advice and information particularly benefits support

- → Home help services such as cleaning and shopping
- → EngAge project which helps people stay connected in their local community

Website - Welcome to Age UK Rotherham

Citizens Advice

Citizens Advice Rotherham & District offer advice for a range of services including energy, debt, legal rights, housing and healthcare. They offer advice through detailed information packs via their website or 1 to 1 telephone appointments or at home visits.

Website link - About Us - Citizens Advice Rotherham

RotherFed (Rotherham Federation)

Support communities through a variety of projects designed to strengthen communities, improve lives and promote unity. Four current key projects are:

- → More Energy Know How project, has now acquired funding until May 2027. This scheme runs energy sessions with groups, offering advice and information on saving energy and reducing energy bills.
- → Make Our Money Go Further project, support people to reduce expenditure, increase income and renegotiate outgoings
- → Money Skills for Life project helps people over 19 to heat their homes for less and understand more about their finances
- → Open Arms project (detailed below)

Website link - About Us - Rotherham Federation

Open Arms Project

The Open Arms project is a multi-operation project, involving Citizens Advice Rotherham, Rotherfed, Lazer Credit Union and Voluntary Action Rotherham (VAR). The project plans to deliver support sessions across all 25 wards in Rotherham, until March 2026.

The project aims to support people with:

- → Money Management including debt, benefits and budgeting support.
- → Energy Advice
- → Cost-of-living support
- → Digital skills support
- → Community support via family events and groups

Open Arms website - Open Arms - Community Support Hubs - Rotherham Federation

Green Doctor (Groundwork)

Groundworks is a charity based on South Yorkshire which run a project called Green Doctor. The Green Doctor project offers free advice to residents within Rotherham through home visits or telephone calls.

The eligibility for Green Doctors service occurs a broad range of criteria, covering those on low income, living in debt and poor housing accommodation. Other eligibility criteria cover those with health conditions, disabilities and underrepresented groups.

These services can be accessed through:

Phone - 0300 303 3292

Email - greendoctoryorkshire@groundwork.org.uk

Website - Get Energy Help - Groundwork

Live Inclusive

Live Inclusive is a Charity supporting disabled people and people living with long-term health conditions in Rotherham and Doncaster. Their aim is to support people to live their lives as independently as possible and receive all benefits they are entitled to.

Website - Live Inclusive | Access to Independence

Home Heating Hub

The Home Heating Hub is a free service provided by Communitas Energy CIC. With a focus on the heating system, the service aims to help residents understand energy efficiency and low carbon technology upgrades they could make to their homes, to help reduce costs and carbon emissions and improve comfort. The service checks what measures could be suitable for their home and if there is any funding available to them. The service also provides advice and support on a range of related topics, such as assessment and application for the Priority Services Register (PSR), Carbon Monoxide risks/safety information, energy saving tips and advice, benefit checks and financial debt advice. Some of the specialist advice is provided by other organisations they are working with. With funding from Northern Powergrid, they are able to provide the service for free to residents across the Northern Powergrid network area.

Contact Information - hello@ce-cic.org.uk | 0113 486 2941 homeheatinghub.org.uk

For more information and/or to discuss working with us contact: chris.sowerbutts@ce-cic.org.uk | 07758216238

ECO4 Scheme

The Energy Company Obligation (ECO) is a Government programme designed to offset emissions created by energy company power stations via retrofitting low income and vulnerable households. ECO4 is the 4th period of this programme running from 2022 to 2026. The range of measures available through the scheme include heating upgrades, solar panels, wall and roof insulation. The provision of these measures is designed to help vulnerable families reduce their energy bills and assists with the Governments 2050 net zero target.

Government estimates show that over its four years, ECO4 will upgrade around 450,000 homes in Great Britain, most of them to EPC band C, ensuring that current and future households living in those homes will not face fuel poverty. It will reduce household bills by around £290 on average but for the least efficient homes this could be up to £1,600. It will also support around 18,000 jobs across Great Britain and improve the general skillset. Further information is available at - ECO4: 2022 -2026: government response (publishing.service.gov.uk). 7,215 energy efficiency measures have been installed in private sector houses under the previous iteration of the scheme, Energy Company Obligation (ECO3) in Rotherham.

The ECO4 scheme operates through a general and FLEX route, with 50% of suppliers' contribution going to each route. The ECO4 FLEX route is set and monitored by local authorities, with RMBCs flex route focusing on widening the eligibility of the general scheme.

As of June 2025, 1,455 ECO4/GBIS-FLEX applications had been signed off since the beginning of the scheme in July 2022. An average household installation cost saving for this period is £6,500. The distribution of these application sis shown in Figure 10.

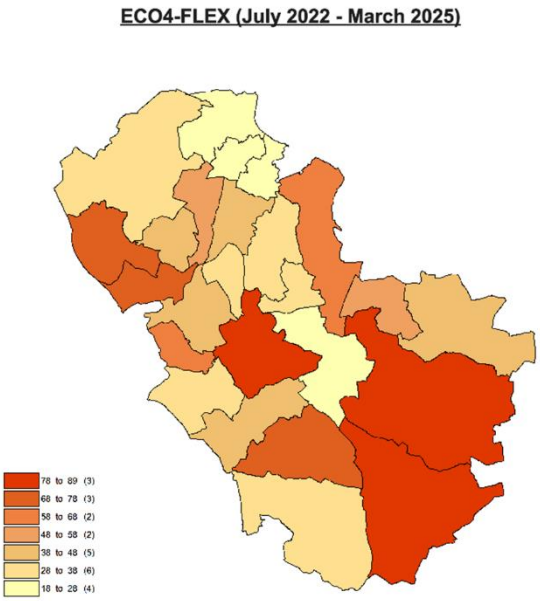


Figure 10 – Distribution of ECO4/GBIS flex applications across wards in Rotherham.

Energy Crisis Support Scheme – Historic Support

The Energy Crisis Support scheme provided a payment of up to £400 to any households struggling to pay for energy costs. The qualifying criteria was to have less than £150 a month left after paying all essential costs (food/rent/bills). This scheme had been made available again for the winter of 2024/25 and applications for this opened in November 2024 with a maximum payment offer of £250. The need for the Councils Energy Crisis Support varies across Rotherham (Figure 11).

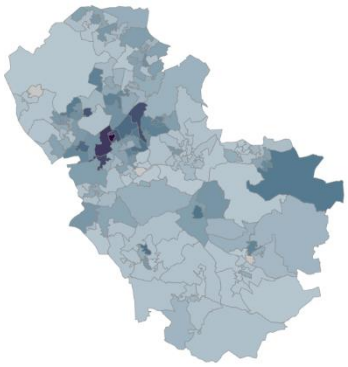


***Figure 11* – Distribution of Energy Crisis Support scheme funds across Rotheram at an LSOA level**

Great British Insulation Scheme

If a home has an EPC of D to G and the house is in a council tax band of A-D (A-E in Scotland and Wales) it will be eligible for this scheme. It applies to homeowners, landlords and tenants and enables people to access cheaper home insulation including cavity wall insulation, loft insulation and solid wall insulation (internal or external). This scheme was announced at the end of the 2022/23 financial year and is scheduled to run for 3 years. The estimates in how many properties this could help is 300,000 but in the first 8 months of the scheme, only 3,526 measures have been installed in 2,979 households across Great Britain up to December 2023. 61% of the installations have been cavity wall insulation. Further

information is available at - Summary of the Great British Insulation Scheme: January 2024 - GOV.UK

Great British Insulation Scheme (GBIS) also operates through the FLEX route, similar to the ECO4 scheme. There has been little uptake of GBIS across Rotherham households due to ECO4 operating as a whole house approach and including more home energy improvement measures.

Warm Homes: Social Housing Fund

This was previously known as the Social Housing Decarbonisation Fund Wave 3. This fund supports social housing providers to insulate social homes, improve energy efficiency and upgrade heating systems. Together with matched funding from housing associations it helps retrofit social homes and tackle fuel poverty for residents, deliver carbon savings to progress toward net zero by 2050, and grow the housing retrofit sector. The Council have submitted a bid to the Fund, and it was successful.

RMBC originally submitted a bid for £14,926,471 (with an additional £12,413,130 in co-funding from RMBC) for the Warm Homes Social Decarbonisation Fund from the Department for Energy Security and Net Zero (DESNZ). However, RMBC have been awarded £8,791,994 from DESNZ and will be contributing £9,636,435 in co-funding. This work will be carried out in partnership with our contactor Mears.

Additional Bills Support

The Household Support Fund has been provided to Rotherham Council by the Department for Work and Pensions to cover a variety of services such as:

- Discretionary housing payments are extra payments to help people pay rent. They can be awarded to people who are already receiving Housing Benefit or get the housing element of universal credit but need more help with housing costs.
- Food vouchers for school holidays worth £15 per week provided to people eligible for free school meals.
- Local Council Tax support top ups which ensures that the lowest income households don't have to pay the minimum Council Tax payment for 2025/26
- Provision of household goods via Open Arms Project (project extended to March 2026).
- Support for care leavers is provided through the Children and Young People Services directorate to care leavers who needs additional support for food and utility bills.

The following cabinet report detailed the 2025/26 allocation - https://moderngov.rotherham.gov.uk/mgConvert2PDF.aspx?ID=151846

More information on this is available at - The Household Support Fund – Rotherham Metropolitan Borough Council

Further support and advice on bills are available on RotherHive – The wellbeing and mental health resource for Rotherham, Money matters – Rotherham Metropolitan Borough Council and About Us - Citizens Advice Rotherham.

Winter Fuel Payments

The Winter Fuel Payment is an annual tax-free payment for households that include someone born on or before 22 September 1959 (for 2025-26). It's designed to help you

cover your heating costs in winter, with households receiving either £200 or £300 depending what year you were born in. The UK government have announced in 2024 that this payment will become means tested from winter 2024/25. The qualifying benefits are Pension Credit, Universal Credit, Income Support, income-based Jobseeker's Allowance or income-related Employment and Support Allowance, or an award of Child Tax Credit or Working Tax Credit of at least £26 for the tax year 2024-25. This decreased the number of households receiving this payment from 11.4million to 1.5million and put significant pressure on a lot of households who rely on this payment. Additionally, some households will find it more challenging to heat their home this winter due to a predicted 10% rise in energy bills for the winter of 2024/25. However, this decision has been re-assessed for winter 2025/26 and the eligibility criteria will be increased to £35,000 of taxable income. There is a significant correlation between the Rotherham areas with higher rates of fuel poverty and the proportion of pensioners in those areas that receive means tested winter fuel payments (Figure 12).

Age UK have produced a Pension Credit Information guide - Pension Credit downloadable information guide | Age UK

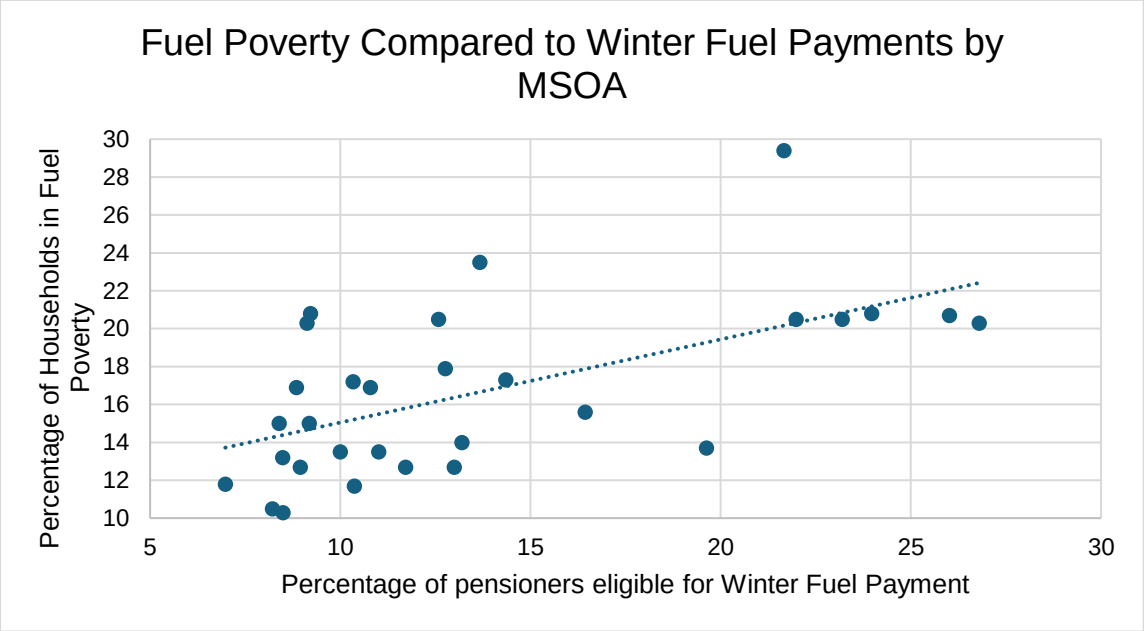


***Figure 12* – Correlation between percentage of fuel poverty and percentage of pensioners eligible for Winter Fuel Payments**

Employment Solutions

Employment is a key aspect infleuncing someones living environment as it impacts what type of accomondation someone can afford to live in but also what repairs and upgrades someone can do to their property. The employment solutions team at RMBC offer support for people wanting to get back into work. Here is the website link - Employment Support – Rotherham Metropolitan Borough Council

Support For Private Landlords

Let Zero Project is an 18-month pilot initiative led by the South Yorkshire Mayoral Combined Authority (SYMCA), funded with £2.4 million from Innovate UK. Its goal is to support private sector renters by helping landlords make better decisions about property renovations and energy efficiency improvements, especially for vulnerable tenants. More information is available at News - South Yorkshire MCA. Rotherham council housing and Public Health departments have been involved with consultation for this project.

RMBC Training Offer

Rotherham council staff from Public Health and the Community Energy team have collaborated to create a training offer for front line staff on the topic of damp, mould and energy support. This training will run with the Making Every Contact Count (MECC) theme to coincide with healthy chats training on other topics already delivered by Public Health. This training will be offered to RMBC and NHS staff as well as volunteer staff working in Rotherham. The main aims of this training will be:

- Explaining the MECC approach and how to initiate conversations about damp and mould
- Differences between damp types and the associated health risks
- What support is available for Rotherham residents around damp, mould and energy?

As of the end of the 2024/25 financial year, more than 280 people have been trained on this topic across various sectors. This content is being reviewed, and further sessions will commence in September 2025.

Action Plan

Theme 1: Intelligence and Evidence Gathering

Action to be completed	Description	Lead Department / Organisation	Completion date	Progress
Actions Completed in the last period				
Housing Health Cost Calculator subscription	Identify a means of funding the annual subscription to the Housing Health Cost Calculator for 2025/26 – This was funded by Regulation & Enforcement	Public Health and Regulation & Enforcement	March 2025	
Produce Support Data	Collate the data for the Energy Support section on uptake of the scheme – This data was produced and is included in this document	Community Energy Team and Housing	June 2025	
Healthy Homes Planning Map	Production of a Rotherham map detailing areas of concern for flooding as well as location data for healthcare accessibility, green/blue space access, food accessibility, school locations and bus stop accessibility	Public Health Intelligence	July 2025	
Review of selective licensing data	Understand the comprehensive picture of the health risks faced by Rotherham residents in private rented properties and allow more opportunities for action. It needs to be ensured that all properties with identified issues should be followed up to ensure repairs and offer advice and support information to the tenants	Housing	July 2025	
Slips trips falls	Reviewing slips, trips and falls data helps to identify vulnerable people living in potentially dangerous homes. This allows for an intervention opportunity to ensure all Rotherham homes are free from hazards and dangers. This data will be added into the Healthy Homes Plan	Public Health and Adult Social Care	July 2025	

	document from the 2025 refresh to highlight the issue. This data was reviewed but it not publicly available.			
Other housing hazard data	Expand data on other household related hazards such as substance misuse and mental health and detail these in the plan with appropriate links.	Public Health	July 2025	
Data input into Housing Health Cost Calculator	Input all internal housing records of hazards and completed work into the calculator	Public Health Intelligence and Regulation & Enforcement	July 2025	
Actions to be completed in the next period				
Demographic Damp and Mould Index	Creation of the Damp and Mould risk index tool that combines various data points to establish a risk of damp and mould in housing by LSOA	Public Health Intelligence	December 2025	
Data analysis from the Housing Health Cost Calculator	Utilising the Housing Health Cost Calculator to conduct cost benefit analysis. Data provided from the tool includes cost savings to the NHS and cost savings to society. This needs to be compared to the costs spent on completing this work.	Public Health Intelligence and Regulation & Enforcement	December 2025	
Performance Monitoring Tool	Creation of tool to monitor the performance of internal housing teams on areas related to reducing housing hazards within council stock	Public Health Intelligence & Housing	February 2026	
Review of Housing Health Cost Calculator	Conduct review of the system and assess whether there is beneficial data collected from it in order to reprocure for future years	Public Health Intelligence and Regulation & Enforcement	April 2026	

JSNA updates to include health in all policies	Review housing sections of JSNA and ensure elements relating to health risks detailed in this Healthy Homes Plan are detailed in JSNA. This will continue to enhance the health in all policies approach across the council.	Public Health Intelligence	Next JSNA refresh – April 2026	
Energy Performance Certificate	Reviewing EPC ratings allows for constant identification of households that could benefit from further support. All opportunities should be made to inform households with low ratings of the support that is available.	Strategic Housing	June 2026	
Utilise personal quotes	Use quotes and experiences of Rotherham residents from the Health and Wellbeing Board refresh and the Maltby and Dinnington study to embed throughout document. This is key to ensure the voice of Rotherham residents is referenced throughout.	Public Health	June 2026	

Theme 2: Reducing Fuel Poverty in Rotherham

Action to be completed	Description	Lead Department/ Organisation	Completion date	Progress
Actions Completed in the last period				
Produce a list of interventions available for reduction of fuel poverty	Produce a digital offer of all interventions to ensure people have access to all necessary information they need. Also allows other council departments to have a central location to signpost people to. This will include council and voluntary services related to fuel poverty	Community Energy Team	December 2024 (will be refreshed every winter)	
Minimum Energy Efficiency consultation response	To collate a response from across council partners to the government consultation on the new MEES requirements for private rented housing	Strategic Housing	April 2025	

Councillor Engagement	Organise and deliver an awareness sessions from local councillors to ensure the issues surrounding fuel poverty are a priority for councillors.	Rotherham Energy Network Group, Housing and Financial Inclusion	May 2025	
Let Zero Engagement	Initial discussion with Let Zero project to outline key areas of interest in Rotherham	Strategic Housing and Public Health	May 2025	
Actions to be completed in the next period				
Healthy Homes Checklist	Creation and adoption of the healthy homes planning checklist for future planning projects related to housing	Public Health & Planning	October 2025	
Let Zero Promotion	Connect Let Zero up with local private rented sector tenants and landlords to ensure as many people as possible can be involved in the project	Housing	December 2025	
Rotherham Energy Network utilisation	The new heat network being built in Rotherham is scheduled to become operational in 2027. Information about this and potential benefits will need to be monitored and added to future updates of the Healthy Homes Plan	Rotherham Energy Network	Once the system is operational (Likely 2027)	
Social Housing Decarbonisation	Delivery of energy efficiency upgrades to social housing stock in order to decarbonise the stock and reduce energy bills for residents	Housing Property services	August 2026	
EPC targets	Continue to make improvements to social housing stock with target of all social housing being EPC C by 2030	Housing Property Services	2030	

Theme 3: Increasing Support and Assistance to Tackle Housing Related Health Risks

Action to be completed	Benefit of action	Lead Department/ Organisation	Completion date	Progress

Actions Completed in the last period				
Delivery of Damp & Mould MECC training	Increase knowledge and confidence of RMBC staff and Rotherham frontline workers to have conversations about damp and mould and offer support to tenants using the MECC approach. There will also be a help sheet available for all those who attend the course with key information on.	Public Health	Started September 2024. Aim of 2 sessions per month from September 2024 to March 2025	
Evaluation of MECC training	The Damp and Mould MECC sessions delivered in 2024/25 will be evaluated	Public Health & Community Energy Team	August 2025	
Promotion of health and housing correlation to other key partners in Rotherham	Ensure all partners are aware of the current work happening across the sector and allow opportunities for joint working. The Healthy Homes plan will be brought to the attention of the Humanitarian group every 6 months to highlight changes and progress and allow the members a chance to add to the action plan	Humanitarian Group	April 2024 (Next update in November 2025)	
Brunch and Learn session about climate change and energy	To inform the adult social care workforce of the challenges posed by increased heat in homes as well information about the fuel poverty picture and support available in Rotherham	Public Health, Climate Change and Community Energy Team	July 2024	
Expand training sessions to library staff and children's sector	Ensuring front line staff across all council departments know about the availability of energy support to create a united support offer across the council.	Public Health and Community Energy Team	March 2025	
Awareness session in Riverside	Raising awareness of available support in Rotherham for cold homes and energy/cost of living issues. Public Health will have representative at the event as well to provide	Community Energy Team	October 2024	

	information on the mental and physical health support services in Rotherham.			
Actions to be completed in the next period				
Town Centre Awareness session	Coordination and delivery of an awareness session on available energy, bills and housing support hosted in Rotherham town centre (exact location TBC)	Rotherham Energy Network Group	October 2025	
Winter 2025/26 Comms	Work with RMBC Comms team to create winter comms related to fuel poverty, damp and mould	Public Health, Community Energy Team and Comms	October 2025	
Landlord newsletters	Collating information on support for landlords about damp, mould and energy support. The newsletter goes out to approximately 1100 landlords	Public Health, Community Energy Team and Comms	October 2025	
Expand awareness sessions	Replicating the awareness session held in Riverside House in October 2024 into other areas across the borough to ensure everyone can access them without having to travel into the town centre.	Community Energy Team	March 2026	

This page is intentionally left blank

Healthy Homes Plan

Health and Wellbeing Board 24th September 2025

Rachel Copley – Public Health Practitioner

What is the Healthy Homes Plan?

Collaboration between housing and health directorates, using data that indicates the impact of poor housing on health and outlines the importance of cross-sector action to tackle this issue

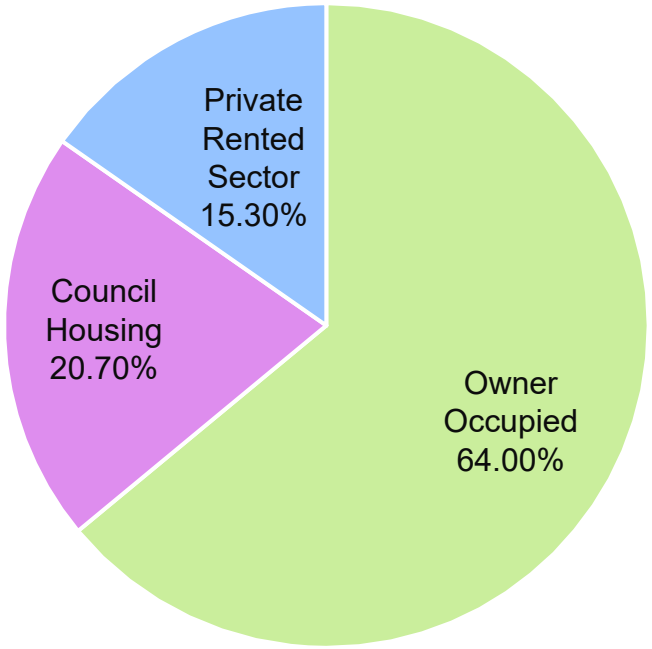
Main Sections of the Plan:

- Current Housing and Health Strategies
- Local Demographic and Housing Data
- Health Risks in Housing
- Available Support
- The Action Plan

Plan Content: Current Housing and Health Data in Rotherham

Rotherham Housing Data

Total Dwellings – 122,000 (approx.)

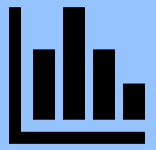


Rotherham Demographics

- Population – 270,000
- Deprivation – 35th most deprived LA
- Life expectancy has decreased
- Rotherham has higher rates of Asthma, Heart Disease, Stroke, Lung cancer and MSK issues

Action Plan

The action plan is split into three themes:

1) Intelligence and Evidence Gathering 

2) Reducing Fuel Poverty in Rotherham 

3) Increasing Support and Assistance to Tackle Housing Related Health Risks 

BRIEFING		
	TO:	Health and Wellbeing Board
	DATE:	24th September 2025
	LEAD OFFICER	Amelia Thorp
	TITLE:	Tobacco control update

Background

1.1 Despite a decreasing trend in the number of people who smoke in the last 50 years, smoking remains the leading cause of preventable and early deaths in the UK and Rotherham.

Prevalence of smoking in Rotherham is significantly higher than for all-England. Approximately 14.5% of Rotherham adults (around 30,800 people) were smokers in 2023 compared to 11.6% nationally.[1]

Nationally 16% of hospital admissions in 2022-23 for conditions that can be caused by smoking are attributable to smoking, a figure that has been declining since 2018-19.

An estimated 9,206 Disability Adjusted Life Years (DALYs) in Rotherham were caused by smoking in 2021 alone. This accounts for 10% of all DALYs in Rotherham - making smoking the single greatest contributor to the total burden of disease locally.[2]

Smoking is the single largest driver of health inequalities in England. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.

Rates of smoking are considerably higher amongst some groups, including:

- People who work in routine and manual occupations
- People from lower socioeconomic groups
- People with long term mental health conditions
- People with drug and alcohol dependence
- People from some ethnic groups – including mixed ethnic groups and White British populations
- LGBTQIA+ people

Despite recent declines in smoking prevalence locally, Rotherham is projected to miss the Smokefree by 2030 target and performs significantly worse than all-England for indicators used to monitor the impact of smoking on population health.

Indicator	Rotherham	All England
Lung cancer registrations per 100,000 (2017-19)	101.5	77.1
Emergency admissions for COPD per 100,000 (2023/4)	596	357
Smoking status at time of delivery (2022/3)	10.8%	7.4%

1.2 This briefing provides an update on measures being taken locally to improve tobacco control and seeks:

- Approval for a 3-year multi-partner Tobacco Control Work Plan for Rotherham and a Vaping Position Paper for Rotherham.
- Support for the development of the Vaping Harms Action Plan

[1] Smoking Profile | Department of Health and Social Care
[2] Global Burden Study of Disease

Key Issues	
2.1	Rotherham Tobacco Control Updates 2022-2025 An internal audit and a health needs assessment was undertaken in 2022 to identify gaps in Rotherham's tobacco control programme. Both reviews recommended that a group be established to coordinate tobacco control activities and resources. The reviews also identified a range of measures required to strengthen and align Rotherham's tobacco control work with best practice. In response to this the Rotherham Tobacco Control Steering Group was formed in 2022, and the Tobacco Control Work Plan 2022-2025 was developed. Since the local achievements include: • A decrease in smoking prevalence from 16.9% in 2021 to 14.5% in 2023 (latest available data). • The launch of a new Community Stop Smoking Service in October 2023 • Implementation of national schemes; including Swap to Stop and Smoking in Pregnancy Incentives • Embedding of hospital provision of specialist stop smoking services for patients at TRFT and RDASH • Expansion of tobacco treatment services to all staff at TRFT and RDASH • The development of a dashboard of indicators to enable meaningful tracking of progress against the strategy and work plan • The development of a Rotherham Position Statement on Vapes

2.2	National Tobacco Control Updates 2022-2025
	
	• The Khan Review (an independent review into the Government's ambition to be smokefree by 2030) was published in 2022, identifying four critical 'must do' national recommendations:
	  ○ Urgently invest £125m per year in interventions to reach smokefree 2030.
	  ○ Raise age of sale of tobacco by one year, every year.
	  ○ Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
	  ○ The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care.
	• The Government launched "Stopping the start: our new plan to create a smokefree generation" in 2023 which aimed to address the recommendations outlined in The Khan Review. This plan included Government commitments to support 1 million adult smokers to swap from tobacco products to vapes to support quit attempts and to support all pregnant smokers to quit through the provision of incentives.
	• The Tobacco and Vapes Bill was introduced to the House of Commons in 2024. The Bill proposes:
	  ○ Increasing the age of sale of tobacco products in England by one year, every year, for those born on or after 1st January 2009
	  ○ The introduction of a ban on the display and advertising of vapes and other nicotine products
	  ○ Expand indoor smoking restrictions to certain outdoor public places and to introduce powers to make places vape-free
	  ○ Strengthen enforcement activity to support the above proposals

2.3	Local Stop Smoking Services and Support Grant Alongside the launch of the Government's plan to create a smokefree generation in 2023, a ringfenced £70m Local Stop Smoking Services and Support Grant (LSSSSG) was announced with the intention of supporting an additional 360,000 people to quit smoking nationally. Rotherham was allocated £384,845 in funding for 2024/25 with a similar amount (to be confirmed annually) each year through to 2028/29, giving an estimated total of £1.92m over five years. Locally the LSSSSG has supported the delivery of a Local Enhanced Service, which includes training of staff in primary care to identify, triage and offer stop-smoking interventions, including NRT. Initially the service has targeted high-prevalence and high-risk groups, as identified by the Rotherham Tobacco Control Steering Group. These include: • Routine and Manual Workers - aligned with the CVD Health Check • Most Deprived Neighbourhoods in Rotherham (top 40%) - offering six additional face-to-face groups each week in these areas • Smokers with mental health conditions • Smokers from ethnic groups with highest smoking prevalence • Smokers screened for tobacco addiction in hospital and whose care is transferred/referred via the South Yorkshire and Bassetlaw QUIT programme As the service expands its reach it will also target smokers who: • Live in Social Housing • Are experiencing homelessness • Have drug and/or alcohol dependence • Are LGBTQIA+ • Have a learning disability • Have smoking related conditions or a condition made worse by smoking • Are carers • Live in immediate households of pregnant women (partners, siblings, older children, parents) A proportion of the LSSSSG funding has been set aside to support the additional capacity required in the Community Stop Smoking Service to meet the needs of those identified through the Local Enhanced Service.
2.4	South Yorkshire Tobacco Control Alliance The South Yorkshire Tobacco Control Alliance was formed in 2024. The Alliance is a collaborative partnership between the four Local Authorities within South Yorkshire and the South Yorkshire Integrated Care Board (NHS) and wider partners from the public, private and voluntary sectors. Its primary aim is to collectively accelerate our efforts in eliminating smoking across our region and contribute to the achievement of making South Yorkshire Smokefree by 2030, in line with the government ambition. Since its formation, the Alliance has developed the South Yorkshire brand "Smokefree Starts" to build an image upon which all Alliance activity can be built. The first public campaign launched under this new brand focused on the impact of smoking on mental health, which included the development of: • A Smokefree Starts website to host all campaign materials and signpost to local services • TV and radio advertising • Information resources for professionals

	• Information leaflets and posters for the public • Social media content Additionally, the Alliance has partnered with all Yorkshire and Humber Local Authorities in partnership with the National Centre for Smoking Cessation and Training (NCSCT), to deliver a five-year programme aimed at advancing the knowledge and skills of those involved in commissioning, managing, and delivering tobacco dependency treatment services across Yorkshire and the Humber. The goal of this collaboration is for every person accessing tobacco dependency treatment to benefit from a system delivered with the highest level of skill and expertise. Additionally, the Alliance has contributed to the delivery of a Joint Yorkshire and Humber Mass Media Campaign. The campaign launched in March 2025 and ran for 8 weeks. The campaign included the development of a campaign website to signpost users to local services as well as TV, radio, social media and out-of-home advertising. The campaign overdelivered across all advertising channels in relation to reach. A summary of reach can be found below: • The TV advert was seen on average 5.6 times by 37% of the C2DE audience (people with manual occupations and unemployed people) on ITV Linear and had over 820,000 impressions across on demand channels • Nearly 10 million delivered impacts across Greatest Hits radio • Over 435,000 clicks to the campaign website • Over 10 million impressions on social media Campaign evaluation found that 30% of smokers cut down the amount they smoked and 15% made a quit attempt following seeing the campaign.
2.5	Vaping in Children Vapes remain one of the most effective quit aids to support adult smokers to quit, however there are concerns about the increase in vape use in young people, particularly children, who have never smoked. The recent local School Survey data shows that most students (74%) have never tried vaping, however it must be acknowledged that the number of Year 10 students in Rotherham who reported that they vaped regularly has been increasing between 2017 to 2024. As the School Survey relies on self-reporting there are concerns that the actual prevalence of vaping in children may be higher than the data suggests. Whilst the exact figures are unknown, it must be acknowledged that nicotine exposure can negatively impact children and young people through adverse impacts on brain development and addiction. Furthermore, as vapes are an age restricted product the circumstances in which children can obtain them may be associated with wider social harms. To respond to the increasing vaping prevalence in children locally, a Vaping Harms Action Plan will be developed in partnership with local stakeholders, through a dedicated sub-group of the Rotherham Tobacco Control Steering Group. The first meeting is scheduled to take place on 23rd September. It is recognised that as vapes are an effective quit aid for adult smokers this will be developed separately to the Tobacco Control Work Plan.
Key Actions and Timelines	
3.1	The Tobacco Control Work Plan is a 3-year plan, with all proposed actions to be completed by March 2029.

3.2	To develop a Vaping Harms Action Plan in partnership with key stakeholders, a draft version of the Plan will be presented to key stakeholders in September 2025 and agreed by December 2025.
Recommendations	
4.1	It is recommended that the Rotherham Health and Wellbeing Board approve the attached Tobacco Control Work Plan, developed by the Rotherham Tobacco Control Steering Group. It is also requested that members of the Board seek to provide the leadership, support and resources required to enable effective implementation of these priority actions within the organisations they represent.
4.2	It is recommended that the Rotherham Health and Wellbeing Board approve the attached vaping position paper, developed in partnership with key stakeholders across the Borough. It is also requested that organisations represented at the Board take steps to endorse the position paper internally by March 2026 and to subsequently align their own practice with the commitments included in the paper.
4.3	It is recommended that the Rotherham Health and Wellbeing Board support the development of the Vaping Harms Action Plan, that will be developed with key local stakeholders.

This page is intentionally left blank

Rotherham

Position Paper on Vapes

This position paper is informed by the best current evidence from UK Health Security Agency, Royal College Physicians, Action on Smoking and Health, National Centre Smoking Cessation Training and NICE/NHS guidance. The aim of this statement is to develop an agreed consensus in Rotherham on vapes that all local partners are signed up to. This is to ensure that the public receive clear, evidenced based and consistent advice on vapes.

We acknowledge evidence that:

Vapes are significantly safer than cigarettes and are a valuable harm reduction tool and quitting aid for adults.

- Smoking is the leading cause of premature death, disease, and disability in our communities (1).
- Vaping is significantly less harmful than smoking tobacco and switching completely from smoking to vaping offers significant health benefits.
- When combined with standard behavioural support, nicotine containing vapes are effective smoking cessation and reduction aids (2).
- Nicotine-containing vapes are the most popular quitting aid used by smokers in England (1).
- The long-term implications of vape use is not fully understood. As such, people who have never smoked should be encouraged not to smoke or vape (1).
- Unfortunately, the public are increasingly likely to incorrectly believe that vaping is as harmful as smoking. These misperceptions are particularly common among smokers who do not vape and may prevent them from using vaping products as a stop smoking aid (3).

Young people should be discouraged from vaping.

- In children and adolescents, the consumption of nicotine, including via vapes, potentially has a detrimental impact on brain development (4).

- Although the available evidence does not suggest that trying vaping products leads to regular smoking, there is widespread concern that young people who develop a nicotine addiction through vaping will go on to smoke (4).
- Children exposed to smoking are significantly more likely to take up smoking themselves (5). There is concern that, similarly, exposure to vaping will normalise and increase the uptake of vaping amongst young people.

Vaping amongst pregnant people is safer than tobacco smoking - but is not risk-free.

- Use of vapes as a quit aid in pregnancy has a harm reduction impact for mother and the unborn baby due to the elimination of exposure to the known carcinogenic chemicals present in cigarettes. However, the impact of vaping in pregnancy is poorly understood and licensed nicotine replacement therapy products are the recommended first option to stop smoking during pregnancy (6).

A better balance is needed between minimising promotion of vapes to young people, whilst allowing promotion to adults who smoke.

- Vape manufacturers, including those owned by tobacco companies, have a commercial interest in maximising the widespread use and uptake of vapes.
- Advertising restrictions in England regulate the promotion of vape products on media platforms, including on television, radio, newspapers, and magazines (7).
- There has been an overall increase in young people reporting noticing vape promotions - most prominently marketing on billboards and posters, taxis, buses, and public transport, which are permitted channels in England. Worryingly, young people who have never smoked or vaped notice vape marketing at a consistently higher rate than adults who smoked (8).

We don't have all the answers now, but on balance there is sufficient evidence to take action to improve the health of local people.

- Patterns of use, behaviours, and social norms around vaping are rapidly evolving, including amongst young people and children.
- National and international guidance on the safety and long-term health impacts of vaping continue to change and evolve.

We welcome:

- The Government's ambition to make England smokefree by 2030 and tackle health inequalities in smoking prevalence.
- The proportionate regulation of vapes through the UK Medicines and Healthcare products Regulatory Agency (MHRA), under the Tobacco and Related Products (TPR) Regulation.
- Ongoing efforts to develop and approve medically licensed vape products available through NHS prescription.

- The Government's implementation of the "Swap to Stop" scheme which aims to provide 1 million smokers across England with vape starter kits.
- The development and adaptation of national guidance around the safe, effective, and cost-effective use of vapes as a quitting aid.
- The development of national guidance and evidence around how to minimise uptake amongst young people and never-smokers.
- Proposals for legislation requiring plain packaging of vapes to help frame them as a quit aid rather than a product which is appealing to children and non-smokers.
- The development of guidance on how to best support under 18s who smoke, including pregnant smokers, to access vapes legally and safely.
- The increasing concern relating to other nicotine containing products, including but not exclusive to smokeless tobacco (nicotine pouches/snus) and heated tobacco products. We recognise that more research is required to further understand the health impact of other nicotine products alone as well as in relation to smoking tobacco or vaping.

In recognition of the available evidence, we commit to:

1. **Ensure that vaping is effectively integrated into stop smoking services and campaigns across Rotherham, to maximise quit rates and reduce harm caused by tobacco smoking,** including by:
    a) Ensuring that all smoking cessation services (including those available through community, hospitals, antenatal, and mental health services) are aligned with latest guidance from NICE/NHS on vapes.
    b) Ensuring that all smoking cessation services can provide vape starter kits through the "Swap to Stop" scheme.
    c) Providing accurate information and guidance about the safe and effective use vapes as a quit aid alongside information about other methods, so that smokers can make an informed decision about which approach to use.
    d) Offering behavioural support to people who chose to vape as a quit aid.
    e) Ensuring that the value of switching to vapes from tobacco smoking is understood and effectively communicated by non-health professionals as part of the Making Every Contact Count programme.
    f) Minimising inequality in access to effective quit aids including vapes.
    g) Ensuring that all local smoking cessation services offer advice to people who want to reduce or quit vaping.

2. **Minimise the incidence of vaping amongst young people as part of ongoing efforts to create a smokefree generation**, including by:
    a) Scaling-up enforcement of existing laws which prevent retailers from selling vapes or e-liquids under 18s and prevent adults from buying or attempting to buy vapes on behalf of a child ('proxy purchasing').

b) Supporting schools and colleges to implement smokefree and vape free policies.
c) Incorporating messaging about the harms of vaping into local youth-focused anti-smoking campaigns and materials.
d) Ensuring that there is support available to reduce vape use and / or quit for young people who vape.

3. **Restrict public messaging, advertising and promotions relating to vaping to ensure a focus on the value of vapes as a quitting tool, whilst avoiding promoting individual brands, or glamorising vaping amongst non-smokers, especially children and young people.** This will involve:
   a) Remaining vigilant and ensuring that any work relating to vapes is aligned with our ongoing commitment to protect tobacco control activity from the vested interests of the tobacco industry (as set out in WHO FCTC Article 5.3).
   b) Preventing advertising of all commercial vape products on publicly owned or contracted advertising spaces.
   c) Restricting reference to vapes, vape products and vaping on publicly owned sites to public health messages focusing on the value of vaping as a harm reduction tool and quitting aid.

4. **Support employers and organisations who manage outside public spaces to develop and expand Smokefree policies** which de-normalise vaping, whilst ensuring that they are a preferable option for smokers to switch or quit, by:
   a) creating an environment where smoking and vaping are not visible to support de-normalisation of everyday social use.
   b) supporting smokers to stop smoking, such as providing visible signposting to quit services.
   c) responding to the harm reduction and health needs of people living in secure and other restricted settings.
   d) aligning smokefree policies with national smokefree law and policy.

5. **Take measures to minimise the use of potentially unsafe vape products, including by;**
   a) Ensuring that local stop smoking services recommend that service users who wish to use vapes to quit or switch should be offered a vape starter kit through the service in the first instance. Following this service users should be advised to purchase products that are registered with the MHRA and are compliant with the requirements of the TPD. This includes requirements for products to:
      i. Have child resistant and tamper evident packaging.
      ii. Be protected against breakage and leakage and capable of being refilled without leakage.
      iii. Deliver a consistent dose of nicotine under normal conditions.

iv. Include tank and cartridges that are no more than 2ml in volume and contain liquids that have no more than 20mg of nicotine (this must appear on the label).
v. Have packaging which is covered by a health warning that covers at least 30% of packs.
vi. Contain an information leaflet on use of the product and ingredients within the e-liquid.

b) Enforcing trading restrictions preventing the sale of unsafe products
c) Working with local vape retailers to ensure that they offer MHRA-approved products, guidance on safe and effective use of vapes, and referrals into local stop smoking services.
d) Promoting the Yellow Card reporting scheme (which enables consumers and healthcare professionals to report side effects and safety concerns about vapes or refill containers) through local stop smoking services.
e) Helping the public to identify responsible vape shops and retailers.

6. Respond to evolving trends and evidence, including by:

a) Monitoring the trends in vape use amongst young people through local and national surveys.
b) Collecting and reviewing data on trends in vape quit rates and long-term use amongst community service users.
c) Regularly reviewing and updating this policy position as evidence and guidance around the safety and use of vapes continues to emerge.

Accessing support

Local stop smoking services are free and can increase the chance of quitting for good. Expert advisers are available to provide accurate information, give advice on stop smoking aids including vaping products, and support quit attempts.

Call the free Smokefree National Helpline on 0300 123 1044 to speak to a trained expert adviser.

Find your local stop smoking service on the NHS Better Health website.

Contact Rotherham Healthwave for more information about services locally: Rotherham Healthwave - Helping Boost Health and Wellness (connecthealthcarerotherham.co.uk)

Endorsements

The Rotherham Tobacco Control Group, which includes partners from:

- Public Health, Rotherham Metropolitan Borough Council
- Trading Standards, Rotherham Metropolitan Borough Council
- Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Yorkshire NHS Foundation Trust
- Connect Healthcare
- Community Pharmacy South Yorkshire

Bibliography

1. **Office for Health Improvement & Disparities.** Nicotine vaping in England: 2022 evidence update main findings. [Online] September 2022. https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings

2. *Electronic cigarettes for smoking cessation.* **Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek.** s.l. : Cochrane Database of Systematic Reviews, 2021.

3. **Action on Smoking and Health.** Use of e-cigarettes (vapes) among adults in Great Britain. [Online] August 2023. https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf?v=1691058248

4. **Organisation, World Health.** Tobacco: E-cigarettes. [Online] 25 May 2022. https://www.who.int/news-room/questions-and-answers/item/tobacco-e-cigarettes.

5. *Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. .* **Leonardi-Bee J, Jere ML, Britton J.** 10, s.l. : Thorax, 2011, Vol. 66.

6. **National Institute of Health and Clinical Excellence.** Tobacco: preventing uptake, promoting quitting, and treating dependance: Evidence reviews for nicotine replacement therapies and e-cigarettes in pregnancy: update. [Online] https://www.nice.org.uk/guidance/ng209/evidence/j-nicotine-replacement-therapies-and-ecigarettes-in-pregnancy-update-pdf-10890777860.

7. **Department of Health and Social Care.** Article 20(5), tobacco products directive: restrictions on advertising electronic cigarettes. [Online] May 2016. https://www.gov.uk/government/publications/proposals-for-uk-law-on-the-advertising-of-e-cigarettes/publishing-20-may-not-yet-complete.

8. **Cancer Research UK .** E-cigarette marketing in the UK: evidence from adult and youth surveys and policy compliance . *Cancer Research UK.* [Online] March 2021. https://www.cancerresearchuk.org/sites/default/files/e-cigarette_marketing_in_the_uk_fullreport_march_2021.pdf.

TOBACCO CONTROL STEERING GROUP – WORK PLAN 2025/26 – 2028/2029

This workplan is aligned against five strategic aims designed to deliver a smokefree Rotherham by 2030.

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

A. **Strategy and Coordination.** Deliver a coordinated tobacco control policy, strategy, governance and monitoring system	B. **Quit for good**. Encourage and support smokers to quit for good	C. **Enforcement.** Tackle suppliers of cheap, counterfeit, and illicit tobacco and nicotine-containing-products through delivery of effective enforcement	D. **Reduce variation** in smoking rates by tackling inequalities	E. **Stop the start.** Reduce the number of people taking up smoking, particularly young people
1. Create a shared vision, plan, governance structure, and set of policies for effective tobacco control across Rotherham. 2. Improve the availability and use of local data on tobacco use, exposure, and related health outcomes.	3. Provide high quality community-based smoking cessation support 4. Deliver a smokefree NHS. 5. Eliminate tobacco dependence in pregnant women. 6. Work with local employers to help staff to quit.	7. Create a hostile environment for tobacco fraud and underage sales through intelligence sharing. 8. Tackle illegal activity including sales of counterfeit and illegal nicotine containing products. 9. Change perceptions about illegal tobacco sales and the harms of buying and using illegal vape products.	10. Deliver targeted and tailored smoking cessation services and communications to reach groups with highest prevalence of smoking.	11. Support schools to minimise uptake of smoking and e-cigarette use amongst Rotherham children and young people. 12. Reduce exposure to second-hand smoke and de-normalise smoking by expanding and enforcing smokefree place policies. 13. Use targeted and mass communication to change attitudes and social norms around smoking and increase quit attempts.

Ref	Action	Timescale												Output	Notes
		2025/6				2026/7				2028/9					
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
A	**Strategy and Coordination. Deliver coordinated tobacco control policy, strategy, governance and monitoring systems across Rotherham**														
1	**Create a shared vision, plan, governance structure, and set of policies for effective tobacco control across Rotherham**														
1.1	Maintain Tobacco Control Steering Group (TCSG) with representation from partners across Rotherham				X				X				X	Tobacco Control Group Workplan and Terms of Reference developed and approved by HWBB	Quarterly meetings chaired by Consultant in Public Health.
1.2	Review validity of and progress of vaping position paper, including use as quit aid and addressing normalisation		X				X				X			Policy position paper approved by TC Group annually	Last approved – Feb 2024.
1.3	Maintain partner awareness and buy-in to workplan and progress through updates to boards such as: - Prevention and enablers group - HWBB	X				X				X				Update papers presented.	Tobacco Control Update scheduled for September HWBB meeting.
1.4	Review progress against workplan and strategy (annually) and update				X				X				X	Workplan updated and assurance of output monitoring.	
1.5	Use TC Steering Group to facilitate regular information sharing and problem-solving sessions and improve coordination between partners	X	X	X	X	X	X	X	X	X	X	X	X	Agenda items on quarterly Tobacco Control Steering Group meetings.	Ongoing action.

1.6	Develop a more comprehensive pathway of smoking cessation for Rotherham.	X	X	X	X									Overview of smoking cessation pathway developed for Rotherham place.	Tobacco Control put forward for consideration by HWbB in priority setting, will support with linking partners/provision if taken forward.
1.7	Contribute a local perspective into national consultations and advocacy				X				X				X	Appropriate consultation responses submitted or similar.	
2.	**Improve the availability and use of local data on tobacco use, exposure, and related health outcomes**														
2.1	Review dashboard of indicators, progress measures and targets for Rotherham to enable meaningful tracking of progress against the strategy and action plan				X				X				X	Dashboard of targets and indicators reviewed annually and approved by TC group	
2.2	Review Rotherham Schools' Survey questions about smoking and vaping use. Explore opportunities to align with national, validated surveys to enable comparison.	X				X				X				Annual review of Schools survey prior to survey and responses to consider resulting actions required.	Schools' Survey questions reviewed, and survey currently live for 2025.
2.3	Review the findings of the Rotherham Schools' Survey smoking and vaping section	X				X				X				Findings of Schools Survey to be shared with the TC Group annually.	
2.4	Review JSNA tobacco control data and intelligence ensuring integration of smoking dashboard indicators				X				X				X	JSNA data report collation supported by, and dashboard data reviewed by TC Steering Group.	
B.	**Quit for good. Encourage and support smokers to quit for good**														
3	Provide high quality, **community-based** smoking cessation support														

3.1	Ongoing delivery of an effective local smoking cessation service	X	X	X	X	X	X	X	X	X	X	X	X	Service monitoring overseen by Public Health commissioners.	Ongoing action. Service continues to deliver high-quality service. NMP now in post to prescribe varenicline. Pathway to go live June 2025.
3.2	Ensure availability of MECC training that aligns with current best practice and policy (including vape policy) for all partners.				X				X				X	Assurance of provision of front-line worker signposting information.	To join up with the TRFT MECC offer.
3.3	Review opportunities to enhance stop smoking support; and smokefree homes communications to smokers living in social housing (including through very brief advice; referrals to smoking cessation services; targeted messaging) offered through housing services; midwifery services; 0-19 services and other contacts				X				X				X	Reviewed opportunities for front-line services for referral and support to smokers for quitting.	Explore opportunities to join up with SiP incentives scheme (postnatal checks), 3-4 month check, and provision of vapes to support quit attempts
3.4	Invest in opportunities to enhance training and support offer for partners to facilitate stop smoking initiatives in the community				X				X				X	Increased training opportunities for front-line services to support smokers quit referrals or health coached conversations.	
4	Implement a truly **smokefree NHS**														
4.1	Provide Tobacco Treatment Services to all TRFT secondary care patients	X	X	X	X	X	X	X	X	X	X	X	X	Expansion to Outpatient and community services	This work is ongoing. We are sharing details of the service in all our MECC training sessions. We will also be doing some work with the paediatric team and are hoping to expand to that service soon.
4.2	Review TRFT Policy to promote a Smokefree NHS Site	X	X	X	X									Formal policy publication	Awaiting the final decision with the Tobacco and Vapes Bill and also the regional work on the signage so that we

															can tie this in with the wider work in this area.
4.3	Provide Tobacco Treatment Services to household members of admitted children				X	X	X	X	X	X	X	X	X	Increased service activity and onward community referrals	Introduction of household member screening required
4.4	Regularly identify smokers and refer to cessation support through Targeted Lung Health Checks (TLHC) and Lung Cancer Screening appointments	X	X	X	X	X	X	X	X	X	X	X	X	Smoking cessation referrals from TLHC and Lung Cancer Screening appointments	Lung Cancer Screening (previously the Lung Health Check) is due to restart in October 2025
4.5	Regularly identify smokers and refer to cessation support through NHS Health Checks	X	X	X	X	X	X	X	X	X	X	X	X	Smoking cessations referral from NHS health check	Ongoing action. Service continues to deliver high-quality service.
5	**Eliminate tobacco dependence in pregnant women**														
5.1	Ongoing delivery of Rotherham-wide service supporting pregnant women and their families to quit smoking during pregnancy	X	X	X	X	X	X	X	X	X	X	X	X	Service monitoring via ICB commissioners	Ongoing action.
5.2	Delivery of national incentive-to-quit scheme in Rotherham	X	X	X	X									Incentive scheme roll out by midwifery service.	National incentives funded until March 2026.
5.3	Review feasibility of delivering an evidence-based incentive-to-quit scheme in Rotherham – targeting low-income families					X	X	X	X					(To be confirmed, but in national pipeline for consideration.)	This action to be reviewed following decision on funding of national SiP incentive scheme post March 2026.
5.4	Review and strengthen messaging around smoking in pregnancy delivered at pre-				X				X				X	Effective messaging in communities and from front-line services on	Work continues in the family hub development, MECC model being promoted and also tackling inequalities in

	conception stage (family planning, nurse family partnerships and other services)													support to quit and smokefree norms.	Antenatal phase in the Barnardo's project targeting Eastwood and Eastdene.
5.5	Strengthen post-partum support for those who have quit during pregnancy	X	X	X	X	X	X	X	X	X	X	X	X	Reduce risk of smoking relapse post-partum.	Smoking in Pregnancy Incentives Scheme includes incentives at 2 touch points post-partum. SiP will conduct the post-partum follow up. This has been extended to those not accessing the incentives to ensure equity.
5.6	Coordinate maternity focused tobacco control work with Local Maternity Neonatal System	X	X	X	X	X	X	X	X	X	X	X	X	Integrated quit smoking support into maternity system.	PH Specialist regularly attends LMNS meetings to support coordination of SiP provision.
6	**Work with local employers to help staff to quit**														
6.1	Continue to promote smokefree policies and smoking cessation support through the BeWell@Work award scheme	X	X	X	X	X	X	X	X	X	X	X	X	Smokefree integral part of bewell@work employer scheme.	Ongoing action. Promotion of smokefree policies embedded in bewell@work offer.
6.2	Provide Tobacco Treatment Services to all TRFT and RDASH staff	X	X	X	X	X	X	X	X	X	X	X	X	Increased staff service utilisation and quit rates	TRFT - Offering Swap to Stop scheme and NRT to all staff.
6.3	Offer smoking cessation support to staff as part of anchor institution commitments through healthy workplace programmes.	X	X	X	X	X	X	X	X	X	X	X	X	Increased awareness of employees via support available via by large employers.	The CVD Health Check pilot has now come to an end – A continuation of this programme is being discussed with the ICB for Health and Social Care staff
C	**Reduce variation in smoking rates by tackling inequalities**														
7	Deliver targeted and tailored smoking cessation services and communications to reach groups with highest prevalence of smoking.														
7.1	Deliver specialist stop smoking services for people with **mental health conditions**	X	X	X	X	X	X	X	X	X	X	X	X	Service monitoring data shared.	Ongoing action. RDASH share data for TC dashboard

7.2	Identify opportunities to strengthen referral to smoking cessation services from SMI health checks	X	X	X	X									Assurance of support to stop smoking referral integrated into SMI health checks appropriately to maximise uptake.	Action to be picked up Q2. RDASH to review referral pathway from SMI health checks.
7.3	Consolidate smoking focused actions from PCN health inequalities action plans and identify support needs	X	X	X	X									Assurance of roll of PCNs in reducing inequalities through tackling smoking.	Action to be picked up Q2. Healthwave to liaise with PCN mangers for updates.
7.4	Explore opportunities to improve reach **to manual workers** as a group with disproportionately high prevalence of smoking					X	X	X	X					Targeted support to manual workers.	Workplace health checks will support with this action in 2025/26. Action to be picked up in 2026/27.
7.5	Increase referrals to community smoking cessation services in **high deprivation** LSOAs through targeted health checks programme	X	X	X	X	X	X	X	X	X	X	X	X	Service monitoring to track inequalities reach.	Public Health Intelligence are doing analysis of the data which will be shared once completed.
7.6	Pilot integration of provision of vapes to support quit attempts for **drug and alcohol service users**			X	X	X	X								
7.7	Expand the capacity of current community stop smoking service via Local Stop Smoking Services Support Grant to address inequalities in smoking prevalence	X				X				X				Contract variation where required and new outcomes framework with updated targets to reduce variation and reduce smoking prevalence.	Year 2 contract in place, along with an extension of the swap to stop.
D.			**Enforcement - Tackle suppliers of cheap, counterfeit, and illicit tobacco and nicotine containing products through delivery of effective enforcement**												

8			**Create a hostile environment for tobacco fraud and underage sales through intelligence sharing**													
8.1	Expand opportunities to work with schools to identify sites selling tobacco products and vapes to under-18s	X	X	X	X	X	X	X	X	X	X	X	X		Ongoing action. TS contributed to the development of the Vapes in Schools Protocol outlining pathways for schools to report intel.	
8.2	Collaborate with SY police and local partners on intelligence gathering and sharing about sale of counterfeit and illegal tobacco and nicotine-containing products	X	X	X	X	X	X	X	X	X	X	X	X		Ongoing action. Intel sharing protocol is now in place with SYP which also utilises the trading standards national intel data base to transfer data to SYP. All TS regional returns that feed into HMRC Operation CeCe are now required to be entered onto the national Intel data base which has increased the amount of intel been collected and shared with other TS authorities	
8.3	Engage with retailers to improve awareness of legislation around tobacco control, of what to with information about illicit tobacco locally, and implications of operating illegally.	X	X	X	X	X	X	X	X	X	X	X	X	Responsible retailer visits and information packs provided when noncompliance has been established.	Ongoing action. All retailers known to TS were contacted in March 25 ahead of the Single-use Vapes Ban to outline the new legislation.	
9			**Tackle illegal activity including sales of counterfeit and illegal nicotine containing products (including unlicenced nicotine containing vapes)**													
9.1	Carry out regular seizures based on local intelligence	X	X	X	X	X	X	X	X	X	X	X	X	Regular operations carried out based on local need and reported to TC group.	Query whether action has paused due to capacity.	
9.2	Carry out targeted test purchasing operations, and investigations of repeat offenders.	X	X	X	X	X	X	X	X	X	X	X	X	Regular operations for both illicit tobacco including vapes and UAS to be undertaken	Query whether action has paused due to capacity.	

														and reported to TC group.	
9.3	Review hotspot areas and identify potential gaps in intelligence	X	X	X	X	X	X	X	X	X	X	X	X		Query whether action has paused due to capacity.
10	**Change perceptions about illegal tobacco sales and the harms of buying and using illegal vape products**														
10.1	Work with locally vape retailers to ensure that they offer MHRA-approved products, guidance on safe and effective use of vapes, and referrals into local stop smoking services.	X	X	X	X	X	X	X	X	X	X	X	X		Ongoing action. Retailers are provided with advice during any interactions when noncompliance has been established. Most interactions tend to be with retailers who are willingly breaking the law. Focus on enforcement than prevention. Query whether action has paused due to capacity.
10.2	Help the public to identify responsible vape shops and retailers		X											Development of a local standardised response in public correspondence regarding retailers.	
10.3	Generate comms output using behavioural levers to expose the true nature of the fraud and the consequences for those involved in it		X				X				X				Comms output to be generated in response to local intelligence. Updates to be reported to TC Group annually.
E.	**Stop the start: Reduce the number of people taking up smoking – particularly young people**														
11	**Support schools to minimise uptake of smoking and vape use amongst Rotherham children and young people**														
11.1	Provide local PSHE coordinators with information about the prevalence of smoking locally and resources to support				X				X				X		

	anti-smoking education across all age groups.														
11.2	Contribute to planning of sessions for school students and staff to highlight harms of underage vape sales and illicit products. Support schools to develop and roll out smokefree schools toolkit (primary and secondary) – including a focus on vaping in line with local and national messaging and tools	X				X				X					Vaping and YP workshop took place in May 2025. Findings will outline future activity to support schools. Primary School Toolkit reviewed. To be circulated in next academic year.
12	**Reduce exposure to second-hand smoke and de-normalise smoking by expanding and enforcing smokefree space policies**														
12.1	Identify opportunities to expand smokefree places in Rotherham	X	X	X	X										Smokefree Places to be established in town centre. Signs installed on Forge Island. Smokefree messaging to be added to play parks toolkit – to be rolled out with ongoing play parks upgrades. Paper outlining expansion to whole borough produced and reviewed. Decision made to pause high-profile roll out, future opportunities to be reviewed in line with the Tobacco and Vapes Bill.
12.2	Review existing smokefree places policies to integrate vaping guidance	X				X				X					All smokefree places policies currently in place include vape-free element. Policy to continue to be reviewed in link with Tobacco and Vapes Bill.
12.3	Increase signage around smokefree places	X	X	X	X										Options regarding roll out to be reviewed to align to Tobacco and Vapes Bill.
13	Use **targeted and mass communications** to change attitudes and social norms around smoking and increase quit attempts														

13.1	Contribute to the development of regional tobacco control communications focusing on social norms change, and inspiring quitting	X	X	X	X	X	X	X	X						SY campaign delayed avoiding duplication with Y&H campaign. AT continues to contribute to SY projects.
13.2	Deliver regional comms campaign	X	X	X	X										Contributed to Y&H campaign “What Will You Miss?” which ran from 25th March 2025 for 8 weeks (inc. TV/radio ad, OOH advertising, social media, website).
13.3	Maintain regular local comms messaging to support quit attempts and smokefree place e.g. No Smoking Day, Stoptober	X	X	X	X	X	X	X	X	X	X	X	X		Amplified national No Smoking Day campaign (March 25) on Council comms.

BRAG Status	Description
	Complete
	On track
	Mainly on track with minor issues
	Not on track with major issues

This page is intentionally left blank

Tobacco Control Progress Update

September 2025

Amelia Thorp, Public Health Specialist

Why prioritise tobacco control?

- Smoking is the leading cause of preventable and early deaths in the UK and Rotherham.
- Smoking is the greatest contributor to the total burden of disease in Rotherham
- Smoking rates in Rotherham > all England (14.5% vs 11.6%)
- Smoking is the single largest driver of health inequalities locally and nationally.

National timeline

Government commitment

- In 2019 the Government made a commitment to make England Smokefree by 2030
- Smokefree defined as <5% prevalence

The Khan Review

- Published 2022
- Independent review into the Government's smokefree ambition
- Recommendations:
  - Increase investment
  - Increase age of sale
  - Offer vapes as a substitute for smoking
  - Prioritise prevention in the NHS

Stopping the Start

- Government plan to create a smokefree generation
- Launched 2023
- Aimed to address Khan review recommendations
- Included launch of Swap to Stop and Smoking in Pregnancy Incentives Schemes

Tobacco and Vapes Bill

- Introduced to House of Commons in 2024
- Proposes:
  - Increasing age of sale of tobacco products
  - Ban on display, and advertising of vapes
  - Expand smokefree measures to some outdoor settings
  - Strengthen enforcement activity

Local timeline

- An internal audit and health needs assessment was undertaken in 2022
- Resulting in the establishment of the Rotherham Tobacco Control Steering Group and development of a 3-year multi-partner tobacco control workplan

Local achievements:

- Launch of a new Community Stop Smoking Service in October 2023
- Implementation of national schemes; including Swap to Stop and Smoking in Pregnancy Incentives
- Embedded hospital provision of specialist stop smoking services for patients at TRFT and RDASH
- Expansion of tobacco treatment services to all staff at TRFT and RDASH
- The development of a dashboard of indicators to enable meaningful tracking of progress against the strategy and work plan
- The development of a Rotherham Position Statement on Vapes

Local Stop Smoking Services and Support Grant (LSSSSG)

- Launched alongside the Government's plan in 2023
- Ringfenced funding to support an additional 360,000 people to quit smoking nationally
- Rotherham was allocated £384,845 for 2024/25, similar amount (to be confirmed annually) each year through to 2028/29

Local impact

- Supported the delivery of a Local Enhanced Service (LES)
- LES includes training of staff in primary care to identify, triage and offer stop smoking interventions
- Initially targeted to focus on high-prevalence and high-risk groups, with capacity to expand in future
- Funding also set aside to support additional capacity in the Community Stop Smoking Service

South Yorkshire Tobacco Control Alliance (SYTCA)

- Collaborative partnership between the four Local Authorities within South Yorkshire and the ICB and wider partners from the public, private and voluntary sector
- Aims to collectively accelerate our efforts in eliminating smoking across our region and contribute to the achievement of making South Yorkshire Smokefree by 2030

South Yorkshire Campaign

- Development of the South Yorkshire Brand “Smokefree Starts” in 2023
- First campaign focusing on Smoking and Mental Health launched in March 2024
- Campaign materials included:
  - Smokefree Starts website
  - TV and radio advertising
  - Information resources for professionals
  - Information leaflets and posters for the public
  - Social media content
- Follow up campaign launched in November 2024

South Yorkshire contribution to Y&H

Mass media campaign

- Eight-week mass media campaign launched in March 2025
- Included TV and radio advertising, OOH advertising, digital and social media advertising, search engine optimisation and launch of campaign website signposting to local services
- Campaign evaluation found that 30% of smokers cut down the amount they smoked and 15% made a quit attempt following seeing the campaign

Training programme

- Developed in partnership with all 15 Y&H LAs and the National Centre for Smoking Cessation and Training (NCSCT)
- Five-year programme aiming to advance the knowledge and skills of those involved in commissioning, managing, and delivering tobacco dependency treatment services across Yorkshire and the Humber.

Work Plan (2025 – 2029)

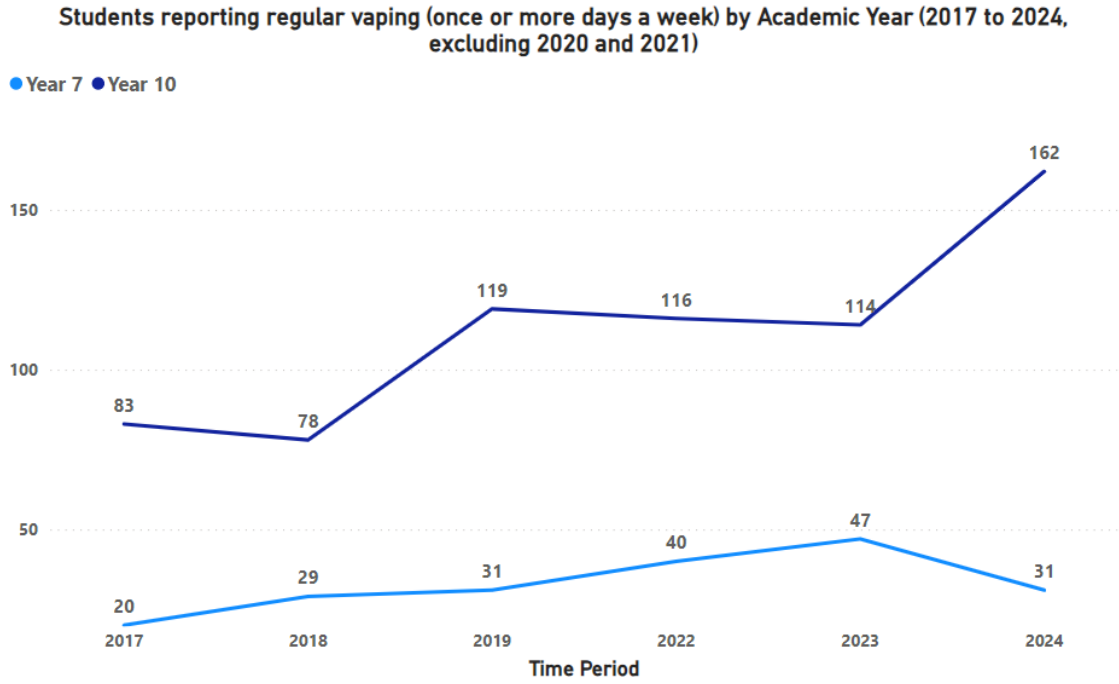
Ambition:

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

A. **Strategy and Coordination.** Deliver a coordinated tobacco control policy, strategy, governance and monitoring system	B. **Quit for good**. Encourage and support smokers to quit for good	C. **Enforcement.** Tackle suppliers of cheap, counterfeit, and illicit tobacco and nicotine-containing-products through delivery of effective enforcement	**D. Reduce variation** in smoking rates by tackling inequalities	E. **Stop the start.** Reduce the number of people taking up smoking, particularly young people
1. Create a shared vision, plan, governance structure, and set of policies for effective tobacco control across Rotherham. 2. Improve the availability and use of local data on tobacco use, exposure, and related health outcomes.	3. Provide high quality community-based smoking cessation support 4. Deliver a smokefree NHS. 5. Eliminate tobacco dependence in pregnant women. 6. Work with local employers to help staff to quit.	7. Create a hostile environment for tobacco fraud and underage sales through intelligence sharing. 8. Tackle illegal activity including sales of counterfeit and illegal nicotine containing products. 9. Change perceptions about illegal tobacco sales and the harms of buying and using illegal vape products.	10. Deliver targeted and tailored smoking cessation services and communications to reach groups with highest prevalence of smoking.	11. Support schools to minimise uptake of smoking and e-cigarette use amongst Rotherham children and young people. 12. Reduce exposure to second-hand smoke and de-normalise smoking by expanding and enforcing smokefree place policies. 13. Use targeted and mass communication to change attitudes and social norms around smoking and increase quit attempts.

Vaping in Children

- Recent local data shows that most students (74%) report never trying vaping
- The overall number regularly vaping has been increasing since 2017
- To respond we are developing a Vaping Harms Action Plan



Rotherham Position Paper on Vapes

Five key principles:

- Vapes are significantly safer than cigarettes and are a valuable harm reduction tool and quitting aid for adults.
- Young people should be discouraged from vaping
- Vaping amongst pregnant people is safer than tobacco smoking - but is not risk-free
- A better balance is needed between minimising promotion of vapes to young people, whilst allowing promotion to adults who smoke
- We don’t have all the answers now, but on balance there is sufficient evidence to take action to improve the health of local people.

Recommendations

- Review and approve:
  - Rotherham Tobacco Control Work Plan
  - Rotherham Position Paper on Vapes

- Provide leadership and support within your own organisations to:
  - Implement the Tobacco Control Work Plan
  - Endorse and implement the Rotherham Position Paper on Vapes

- Support the development of the Vaping Harms Action plan

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	24th September 2025
	LEAD OFFICER	Jean Summerfield, Lead Nurse for Child Deaths Alex Hawley, CDOP Chair
	TITLE:	Child Death Overview Panel Annual Report 2024-25

Background

1.1	Child Death Overview Panels (CDOP) are statutory bodies established in every part of England. The child death review partners (i.e. the local authority and the ICB) in every local authority area are required to make arrangements for the review of each death of a child normally resident in the area.
1.2	The purposes of the reviews are to derive learning from each child death that might be helpful to the welfare or public health of children in the area, which might include factors that could be modified in order to prevent future deaths.
1.3	The child death review partners are also required to publish a report to cover how they have carried out these child death review arrangements and how effective this has been.
1.4	Following a review of Rotherham's arrangements, in December 2024 the Health and Wellbeing Board agreed to take on the oversight role for Rotherham's CDOP, inheriting that role from the Rotherham Safeguarding Children's Partnership. Alongside this decision, the responsibility for managing and administering the Panel moved from the Safeguarding Board to the Acute Trust's Safeguarding Team.
1.5	Previously, the reporting arrangements for Rotherham had been solely through an annual report prepared by the South Yorkshire CDOP, with individual place sections contributed by each of the four SY places. In the Autumn of 2024, a decision was taken by all the four CDOPs to relegate South Yorkshire CDOP to a community of interest. In view of this, whilst some joint regional reporting may continue to take place, Rotherham CDOP will in any case now always present a Rotherham annual report to the Health and Wellbeing Board.
1.6	This is the first of those such reports, which has largely been prepared by the new administrative resource at TRFT, and agreed by the whole CDOP panel (at its July meeting).

Key Issues

2.1	The key issues are set out in the annual report.
2.2	Child deaths are rare, and annual numbers of notifications vary considerably, but over the longer period we expect to see of an average of around 17 child deaths per year in Rotherham. However, the number of cases reviewed does not necessarily correspond to the deaths in a given year, as the time taken for all the related information to be collated for a case to come to panel also varies considerably.

2.3	In 2024-25 there were 20 child deaths notified in Rotherham, but the panel reviewed 29 cases, partly because additional panels were held as part of a concerted effort to reduce the backlog of cases awaiting a review.
2.4	The report contains tabulations, charts and other analysis of the cases reviewed, e.g. by category of death and age, as well as summarising the learning from deaths and the identification of child deaths.
2.5	From time to time the panel will ask for work to be done, for example through a task and finish group, to search for additional learning arising from a case discussion, such as through a literature search around a particular topic, or to carry out deeper analysis of the data. Rotherham CDOP has made good use of its GP Registrars on a Public Health placement in this respect. An appendix to the report shows the outcome of one such piece of work carried out during the year to look back at infant and neonatal deaths over recent years, in order to understand a large single-year increase in Rotherham in 2021/22.
Key Actions and Relevant Timelines	
3.1	The report will be presented to the Health and Wellbeing Board in September 2025, seeking approval for its publication.
3.2	The report will then be shared for information with the Safeguarding Partnership.
Implications for Health Inequalities	
4.1	As is set out in the report, the pattern of child deaths we see continues to bear out the general finding (as described by the National Child Mortality Database) that the risk of child death increases with deprivation. CDOP constantly seeks to understand where social conditions may be directly contributory to preventable deaths or have played a more indirect role in the vulnerability of a child who has died, and to take actions to address such concerns. Unfortunately, the conditions that lead to such learning are very often outside the scope of the panel.
Recommendations	
5.1	That the Board approve the annual report for publication.

ROTHERHAM

CHILD DEATH OVERVIEW PANEL

Annual Report

1 April 2024 –31 March 2025

Contents

Foreword

This year will be the first time while I have been the Chair that Rotherham Child Death Overview Panel (CDOP) publishes a separate annual report for Rotherham, rather than contributing a Rotherham section to a joint South Yorkshire report. There have been a number of important changes during the last year that set the context for this.

Following a review of oversight arrangements for Rotherham's CDOP last year, the decision was taken to move from the aegis of the Safeguarding Children Partnership to that of the Health and Wellbeing Board. Whilst it remains of paramount importance to the Panel to identify and respond to any safeguarding concerns that arise from case discussions, it is certainly true that the large majority of the learning and actions generated by CDOP cases are largely of a healthcare or public health nature.

As a result of this decision, it was logical to reconfigure the administrative and management arrangements of the Panel, which previously sat within the administration of the Safeguarding Partnership. Since January this year, the Rotherham NHS Foundation Trust has been providing this function, which is now merged with their existing functions to support the child death review processes that take place in the Trust prior to the preparation of documents for review at a CDOP Panel. This provides an opportunity for a more joined up and efficient process, and appears to be working well.

I have to take the opportunity afforded to me in this foreword to pay tribute to Sharon Pagdin, our former Lead Nurse for Child Death Review, who retired from a long career of public service, dedication and care in December last year, and I would also like to thank Jean Summerfield, who has taken on the mantle so readily as Lead Nurse and CDOP Manager, and who is brilliantly supported by Ellie Brown, our CDOP Administrator. I would also like to thank Dr Sundhar Kanagasabapathy, our Designated Paediatrician and all of our panel members, who have dedicated their time to such a worthwhile but obviously emotionally challenging responsibility. Despite all the changes we have seen during the year, we have nevertheless been able to reduce our backlog of cases, which is a great achievement.

The South Yorkshire CDOP took the pragmatic decision in October 2024 to relegate itself to become more of a community of interest, with less frequent meetings. It is fair to say at this point in time that the exact shape and ongoing purpose of the regional group is still being discussed, which will no doubt include a consideration of any remaining value in joint reporting at a South Yorkshire level. Irrespective of how this plays out, Rotherham has already taken the decision that it will produce its own annual reports of CDOP activity and learning (during the twelve months to the end of March), which will be approved for publication by Rotherham's Health and Wellbeing Board each Autumn. This is the first of those reports.

Alex Hawley

Consultant in Public Health

Chair of Rotherham Child Death Overview Panel

July 2025.

Introduction

Since April 2008, all deaths of children up to the age of 18 years are reviewed by a Child Death Overview Panel (CDOP) to comply with the statutory requirement set out in Working Together.

This report outlines the activities and findings of the Rotherham Child Death Overview Panel (CDOP) for the period April 2024 to March 2025.

All deaths of Rotherham children, (from birth up to 18 years) excluding stillbirths and planned terminations, are reviewed by the CDOP within Rotherham, in accordance with the statutory requirement.

National data for 2024/25 is not yet available, so this report will focus on Rotherham CDOP activity, with comparisons made with previous years to illustrate any points where necessary.

In South Yorkshire around 80 to 100 child deaths are expected per year. There is random variation in the data year-to-year, due to the small numbers involved. The total number of child deaths recorded in South Yorkshire during 2023-24 was 97. This is less than 2022-23 when there were 108.

The death of a child is a devastating loss that profoundly affects bereaved parents as well as siblings, grandparents, extended family, friends and professionals who were involved in caring for the child in any capacity.

CDOP aims to identify patterns, modifiable factors, and opportunities for prevention. Rotherham CDOP operates in collaboration with the South Yorkshire CDOP, which includes Barnsley, Doncaster and Sheffield, to share anonymised data and coordinate regional actions.

South Yorkshire CDOP

Across South Yorkshire, individual Child Death Overview panel (CDOP) review processes continue to cover each local authority area. It is felt that this remains the most efficient and practical way to carry out individual reviews, enabling the best alignment to networks of healthcare, social care, education, and other related agencies.

The South Yorkshire CDOP provides a forum for the four areas to work together. Through this collaboration, Barnsley, Doncaster, Rotherham and Sheffield data is combined to enable improved opportunity to identify themes, trends and shared learning than can be achieved at local authority level.

Rotherham CDOP

The purpose of CDOP panels are to:

- Ascertain why a child has died by a thorough but proportionate review of the facts and circumstances surrounding the death
- Determine the contributory and modifiable factors
- To make recommendations to all relevant organisations where actions have been identified which may prevent further deaths or promote the health, safety and wellbeing of children
- Provide detailed data to NCMD which they analyse nationally and produce regular reports
- Produce an annual report highlighting local trends and patterns and any actions taken
- Contribute to the wider learning locally, regionally and nationally.

Rotherham CDOP meetings are held bi-monthly. There were eight Rotherham CDOP meetings during 2024/2025 period, which included two additional meetings to support reduction of the backlog of cases.
During the reporting period, Rotherham CDOP reviewed 29 child deaths. These included some deaths notified in previous years as Rotherham CDOP.

The TRFT CDR Lead Nurse Sharon Pagdin retired in December 2024. Her hard work and dedication to driving change, developing arrangements when a child dies and improving recognition of the needs of the bereaved has been greatly valued and will be much missed. There was no gap in service as TRFT appointed in a timely way, allowing a significant handover period to ensure a seamless transfer.

Review and analysis of all Rotherham children who have died

In 2024/25 Rotherham recorded twenty child deaths in total, six more than the previous year and slightly above average for Rotherham (17). At 31/03/25, there were twenty-two active cases progressing through the child death review process. Six of these cases date back over a year as Coronial inquests, specialist pathology reports, criminal investigation and capacity within Rotherham Safeguarding Children Partnership administrative arrangements delay the review process. The CDOP

has collaborated with other agencies involved and worked extensively in partnership to address the issues identified. Exceptional CDOPs have taken place during 2024 to reduce the backlog, which will continue to be monitored through Rotherham CDOP

A total of 29 cases were reviewed at CDOP throughout 2024-2025, which worked to significantly reduce the backlog of cases.

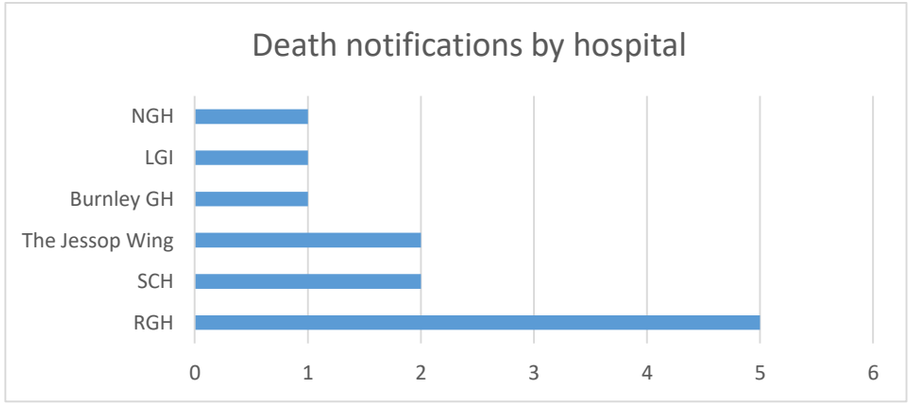
Four deaths were not considered part of the Rotherham CDOP process. Two cases were transferred to Sheffield, one to Doncaster and one case was noted to be a stillbirth, therefore not required to be considered in CDOP.

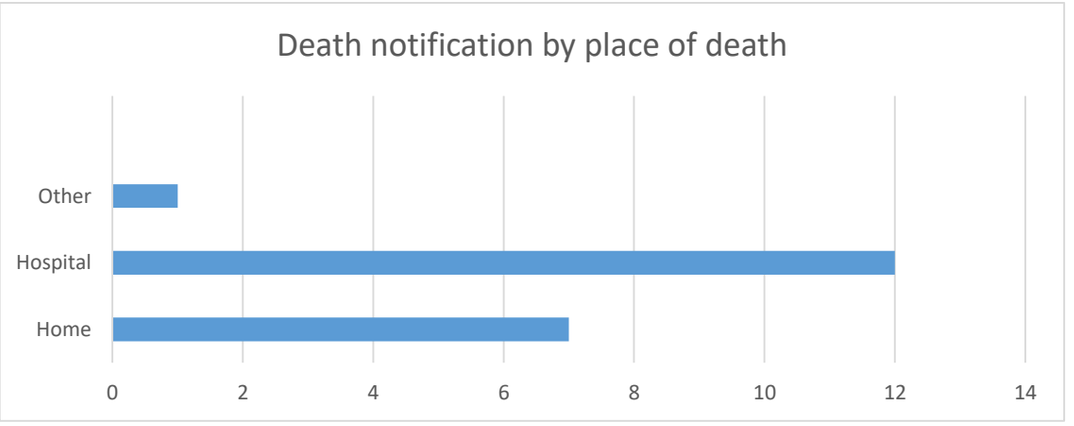
Number of Rotherham child deaths on a financial yearly basis from 2016 onward.

2024/2025	2023/2024	2022/2023	2021/2022	2020/2021	2019/2020	2018/2019	2017/2018	2016/2017
20	14	17	23	11	13	22	20	15

Notifications of Rotherham Child Deaths 1 April 24 – 31 March 2025

Expected deaths	Q1	Q2	Q3	Q4	Unexpected deaths	Q1	Q2	Q3	Q4
Child resident in Rotherham	4	2	4	1	Child Resident in Rotherham	3	3	0	3





Annual Comparison

Death notifications by LA and year

LAA name	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Rotherham	13	9	23	17	14	20
Total	**13**	**9**	**23**	**17**	**14**	**20**

Death notifications by age group and year

Age group	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
0 - 27 days	3	2	14	5	8	7
28 - 364 days	5	3	3	1	1	4
1 - 4 years	2		2	3		2
5 - 9 years	1	2	2	4	3	5
10 - 14 years				3	2	1
15 - 17 years	2	2	2	1		1
Total	**13**	**9**	**23**	**17**	**14**	**20**

Annual Comparison

All death notification from 01/04/19 by month and year

Month of death	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Apr	1	0	0	1	1	2
May	1	1	2	1	0	0
Jun	1	0	2	2	1	5
Jul	1	1	1	0	1	3
Aug	3	1	3	3	3	1
Sep	0	1	2	2	2	1
Oct	2	0	3	2	1	1
Nov	2	1	2	4	1	0
Dec	2	1	1	0	1	3
Jan	0	1	1	1	0	1
Feb	0	1	3	0	1	1
Mar	0	1	3	1	2	2
Total	**13**	**9**	**23**	**17**	**14**	**20**

Overview

Data on this page relates to deaths after 1st April 2019 or where CDOP review was outstanding at 1st April 2019, up to and including 31st March 2025

NCMD National Child Mortality Database

Number of cases reviewed 24/25:	Total cases with review ongoing:
29	22

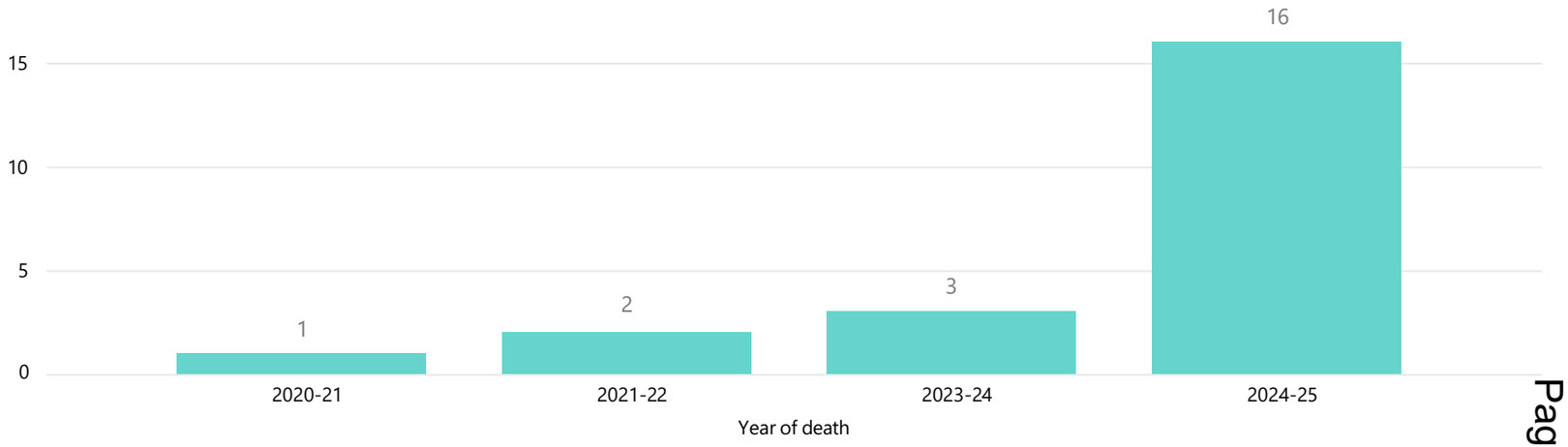
Number of deaths during 24/25:

20

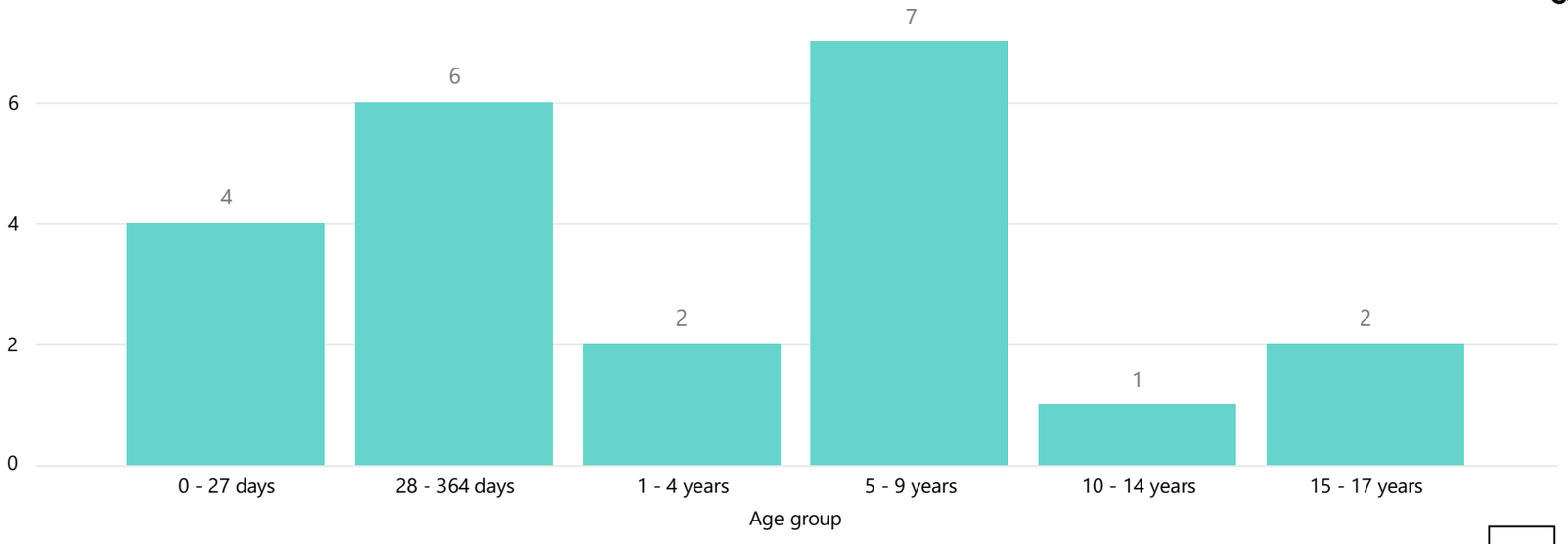
Number of ongoing cases entered by LAA

LAA name	Cases
Rotherham	22
Total	**22**

Number of ongoing cases by year of death and status of case



Number of ongoing cases by age group and status of case



Completed Reviews - Overview 1

Data on this page relates to cases marked as finalised with a CDOP meeting date between 1st April 2024 and 31st March 2025

NCMD National Child Mortality Database

Number of cases reviewed 24/25:

29

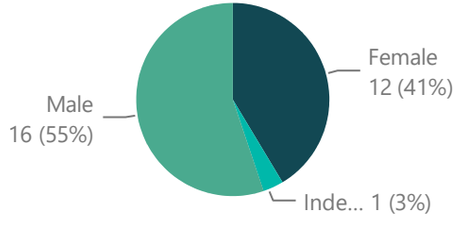
Completed CDOP Reviews by LAA

LAA name	Cases
Rotherham	29
Total	**29**

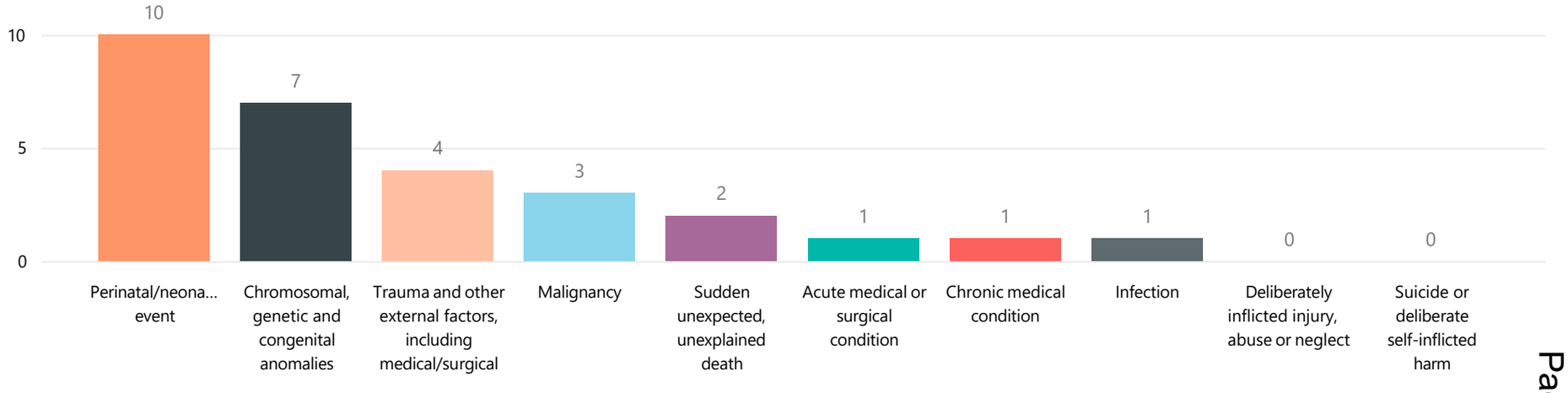
Completed CDOP Reviews by year of death

Year of death	Cases
2021-22	3
2022-23	11
2023-24	11
2024-25	4
Total	**29**

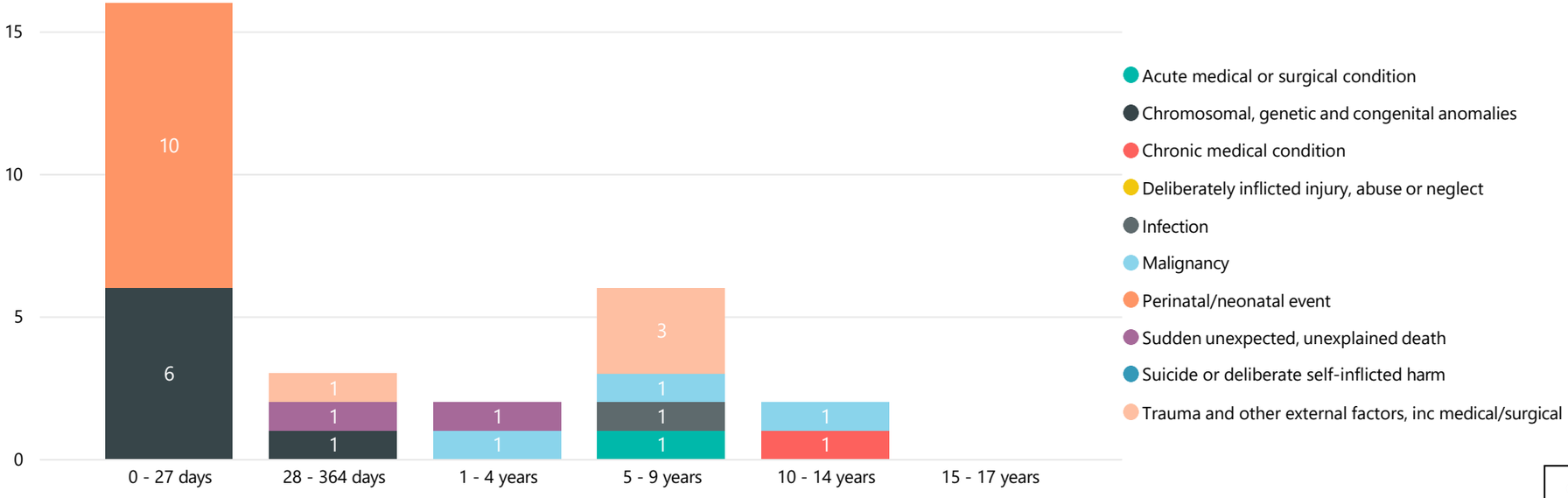
Completed CDOP reviews by sex



Completed CDOP reviews by primary category of death



Completed CDOP reviews by age group



Completed Reviews - Overview 2

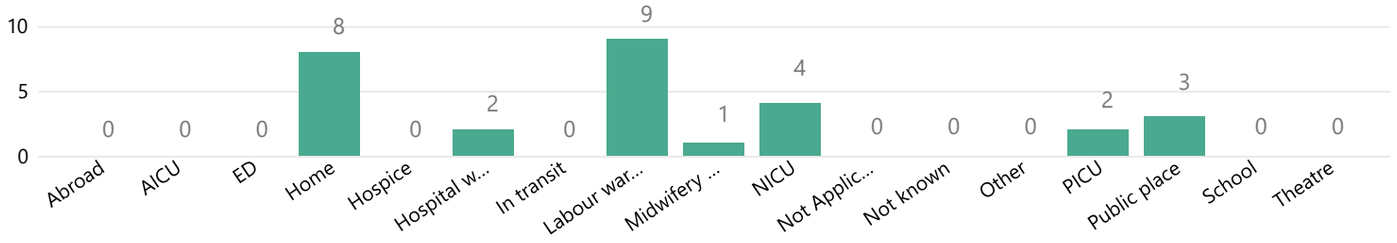
Data on this page relates to cases marked as finalised with a CDOP meeting date between 1st April 2024 and 31st March 2025

NCMD National Child Mortality Database

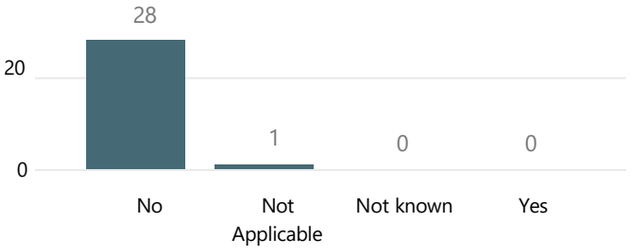
Number of cases reviewed 24/25:

29

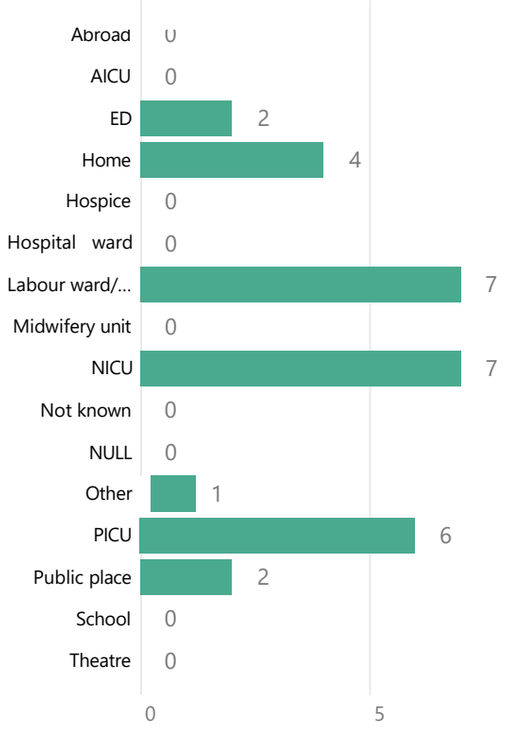
Completed CDOP reviews by place of onset of illness/incident



Completed CDOP reviews by abuse/neglect concerns



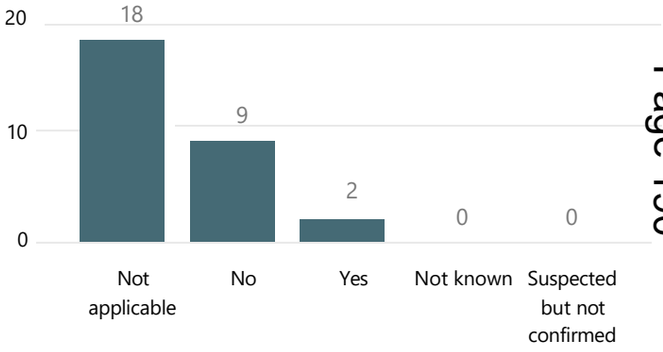
Completed CDOP reviews by place of death



Completed CDOP reviews by ethnic group and age group

Ethnic Group	0 - 27 days	28 - 364 days	1 - 4 years	5 - 9 years	10 - 14 years	15 - 17 years	Total
White	9	1	1	5	2	0	18
Unknown	1	0	0	0	0	0	1
Other	2	0	0	0	0	0	2
Mixed	0	1	0	0	0	0	1
Black or Black British	2	0	0	0	0	0	2
Asian or Asian British	2	1	1	1	0	0	5
Total	**16**	**3**	**2**	**6**	**2**	**0**	**29**

Completed CDOP reviews where had a learning disability



Completed CDOP reviews by ethnic group and primary category of death

Ethnic Group	Acute medical or surgical condition	Chromosomal, genetic and congenital anomalies	Chronic medical condition	Deliberately inflicted injury, abuse or neglect	Infection	Malignancy	Perinatal/neonatal event	Sudden unexpected, unexplained death	Suicide or deliberate self-inflicted harm	Trauma and other external factors, including medical/surgical complications/error	Total
White	0	4	1	0	1	2	6	1	0	3	18
Unknown	0	0		0	0	0	1	0	0	0	1
Other	0	1	0	0	0	0	1	0	0	0	2
Mixed	0	0	0	0	0	0	0	1	0	0	1
Black or Black British	0	1	0	0	0	0	1	0	0	0	2
Asian or Asian British	1	1	0	0	0	1	1	0	0	1	5
Total	**1**	**7**	**1**	**0**	**1**	**3**	**10**	**2**	**0**	**4**	**29**

Modifiable Factors

The CDOP review process requires panels to identify if there are any modifiable factors in relation to each death. The purpose of this is to enable agencies to learn lessons, improve practice and ultimately prevent further deaths. A modifiable factor is defined as something which: “may have contributed to the death of the child and which, by means of locally and nationally achievable interventions, could be modified to reduce the risk of future child deaths”.

Identifying modifiable factors is crucial for preventing future child deaths. Nationally, 43% of child deaths reviewed in the year ending March 2024 had modifiable factors. The proportion of reviews identifying such factors varied by region, ranging from 34% to 57%. The national and regional figures for 2024/25 are not yet available; however, modifiable factors were identified in four Rotherham CDOP reviews.

These identified issues related to the use of seatbelts in modified vehicles, the management of tracheostomies in babies and the importance of good communication between professionals.

While specific child mortality data for Rotherham is not detailed in the NCMD 2023–2024 report, regional and national trends suggest that factors such as socioeconomic deprivation and ethnic disparities likely influence child health outcomes in the area. Efforts by local health services to monitor and address these issues are crucial in improving child health and reducing mortality rates.

Common Modifiable Factors Identified nationally (using 2023-24 data):

- **Infant Deaths (Under 1 year):**
  - Parental smoking: Identified in 27% of reviews.
  - High maternal Body Mass Index (BMI): 23%.
  - Smoking during pregnancy: 22%.
- **Children Aged 1–17 Years:**
  - Poor inter-agency communication: 12%.
  - Issues with treatment (e.g., delays, complications): 9%.
  - Lack of appropriate supervision:

Additionally, 15% of the children reviewed were known to social care at the time of their death, with 46% of these cases identifying modifiable factors.

National Child Mortality Database

The analysis of modifiable factors in child deaths highlights critical areas for intervention both nationally and within South Yorkshire, including Rotherham. Efforts to reduce parental smoking, manage maternal health and improve interagency communication are essential steps toward decreasing preventable child mortality.

The child death process also creates an opportunity at the meetings for services to identify other changes to practice, e.g. a need for workplace training or amendments to policies and procedures.

CDOPs themselves do not undertake public health campaigns or deliver interventions arising from the learning from reviews. Instead, through Health and Wellbeing Boards and Safeguarding Children Partnerships, lessons learned are incorporated into policy and appropriate interventions are developed. Rotherham CDOP continues to monitor trends and causes of death to inform prevention strategies.

It is recognised nationally that there have been inconsistencies in data recording and interpretation of modifiable factors over previous years. There is a degree of subjectivity when modifiable factors are decided on a case-by-case basis and is reliant on the thorough completion of national CDOP reporting forms by clinicians which takes place after the Child Death Review Meeting (CDRM) where all the relevant professionals who know the family share knowledge of the child's life and circumstances of the death. Across South Yorkshire, there is some variation in the agreement of modifiable factors, particularly around parental smoking status.

Four domains are used to categorise the information with a corresponding level of relevance (0-2):

Domain A: Factors intrinsic to the child

Domain B: Factors in social environment including family and parenting capacity

Domain C: Factors in the physical environment

Domain D: Factors in service provision.

Completed Reviews - Modifiable Factors

Data on this page relates to cases marked as finalised with a CDOP meeting date between 1st April 2024 and 31st March 2025

NCMD National Child Mortality Database

Number of cases reviewed 24/25:

29

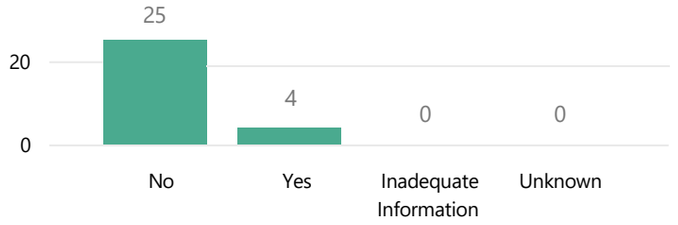
% cases with modifiable factors (CDOP):

14%

% cases with modifiable factors (England):

43%

Were any modifiable factors identified?



% of cases where modifiable factors were identified by age group

Age group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
0 - 27 days	16	2	13%
28 - 364 days	3	1	33%
1 - 4 years	2	0	0%
5 - 9 years	6	1	17%
10 - 14 years	2	0	0%
15 - 17 years	0	0	0%
Total	**29**	**4**	**14%**

% of cases where modifiable factors were identified by category of death

Primary category of death (CDOP)	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
Trauma and other external factors, including medical/surgical complications/error	4	2	50%
Suicide or deliberate self-inflicted harm	0	0	0%
Sudden unexpected, unexplained death	2	0	0%
Perinatal/neonatal event	10	1	10%
Malignancy	3	0	0%
Infection	1	0	0%
Deliberately inflicted injury, abuse or neglect	0	0	0%
Chronic medical condition	1	0	0%
Chromosomal, genetic and congenital anomalies	7	1	14%
Acute medical or surgical condition	1	0	0%
Total	**29**	**4**	**14%**

Ethnic Group	Completed Reviews	Cases where modifiable factors identified	Modifiable Factors Identified (%)
White	18	3	17%
Unknown	1	0	0%
Other	2	0	0%
Mixed	1	0	0%
Black or Black British	2	0	0%
Asian or Asian British	5	1	20%
Total	**29**	**4**	**14%**

eCDOP

eCDOP provides a shared IT system for each of the areas that make up South Yorkshire CDOP to enable notification of child death and rapidly allows wraparound support for families and schools. The four local authorities jointly procure a licence on an annual rolling basis with Barnsley acting as the contractual lead authority.

In April 2019, the National Child Mortality Database (NCMD) became operational and pulls from the relevant data within eCDOP. The NCMD system is used to generate the data contained within this report.

Learning from Child Deaths

During the process of reviewing a child death, if the CDOP panel identifies a theme or matter of concern that could affect the safety or welfare of children in Rotherham, or any wider public health concerns arising from a death or from a pattern of deaths in the area, action will be taken and specific recommendations made. Learning is also routinely shared with professionals through South Yorkshire CDOP meetings and wider Safeguarding children groups and networks.

During 2024/25 Rotherham CDOP commissioned a Task and Complete Group to consider a disproportionally high number of infant and neonatal deaths across South Yorkshire in 2021/22, demonstrated by data released by the NCMD.

The group, led by V Raven, looked at the death of every child under one year and collated age, cause of death (as per medical certificate of death), category of death and learning points. Review of this data showed that there were fourteen neonatal deaths and three infant deaths. Two of these deaths may have survived should alternative action have been taken by staff at Jessops. However, the large majority were immaturity/prematurity related deaths with no significant learning points identified.

Data released by NCMD spanned from 1 April 2019 to 31 March 2024 and across South Yorkshire:-

- Most infant, neonatal and child deaths occurred within the highest level of social deprivation, and the least deaths were seen within the lowest levels of social deprivation.
- Most childhood deaths were seen in children aged one to four, and deaths across South Yorkshire in those aged five to nine and ten to fourteen years followed national trends.

- Hospital was consistently the most common place of all child deaths.
- South Yorkshire was close to the national average of population-adjusted child deaths in 2019/20 and 2020/21, but then consistently above average from 2021/22 onwards.
- Every region in South Yorkshire had the greatest proportion of deaths occurring in neonates, and the second greatest proportion in infants.
- Across South Yorkshire regions, the highest proportion of deaths were seen in the categories of: *Chromosomal, genetic and congenital anomalies* and *Perinatal/neonatal events.*
- Rotherham saw a high number of child deaths in 2022/23. This was seen in Barnsley and Doncaster, but not Sheffield.

There was further breakdown of child deaths in Rotherham in 2022/23, as above, cause of death (as per medical certificate of death), category of death and learning points were evaluated. There were ten deaths in total; the most common causes of death were infection on a background of a chronic medical condition. There were two cases where death may have been avoided with learning points identifying areas of failure across primary and secondary care.

Overall, the Task and Finish group did not identify any significant concerns from the data reviewed from 1 April 2019 to 31 March 2024. Across South Yorkshire:

- Most infant, neonatal and child deaths occurred within the highest level of social deprivation, and the least deaths were seen within the lowest levels of social deprivation.
- Most childhood deaths were seen in children aged one to four, and deaths across South Yorkshire in those aged five to nine and ten to fourteen years followed national trends.
- Hospital was consistently the most common place of all child deaths.
- South Yorkshire was close to the national average of population-adjusted child deaths in 2019/20 and 2020/21, but then consistently above average from 2021/22 onwards.

- Every region in South Yorkshire had the greatest proportion of deaths occurring in neonates, and the second greatest proportion in infants.
- Across South Yorkshire regions, the highest proportion of deaths were seen in the categories of: *Chromosomal, genetic and congenital anomalies* and *Perinatal/neonatal events.*
- Rotherham saw a high number of child deaths in 2022/23. This was seen in Barnsley and Doncaster, but not Sheffield.

There was further breakdown of child deaths in Rotherham in 2022/23, as above, cause of death (as per medical certificate of death), category of death and learning points were evaluated. There were ten deaths in total; the most common causes of death were infection on a background of a chronic medical condition. There were two cases where death may have been avoided with learning points identifying areas of failure across primary and secondary care.

Overall, the Task and Finish group did not identify any significant concerns from the data review. *Further detail can be seen in Appendix 1*

National Child Mortality trends

Analysis of the NCMD data for 2023/24 highlighted the following:

Total Child Deaths: 3,577 deaths among children aged 0–17 in England, a 4% decrease from the previous year.

Infant Mortality: Accounted for 61% of child deaths, with a rate of 3.9 per 1,000 live births, slightly up from 3.8 the previous year.

Neonatal Deaths: Represented 42% of child deaths, with a rate of 2.7 per 1,000 live births, an increase from 2.6 the prior year.

Ethnic Disparities:

- Black or Black British children: 55.4 deaths per 100,000 population.
- Asian or Asian British children: 46.8 deaths per 100,000.
- White children: 25.5 deaths per 100,000.

Deprivation Impact: Children in the most deprived areas had death rates more than twice those in the least deprived areas.

Rotherham, being part of the Yorkshire and the Humber region, aligns with the regional trends observed in the NCMD data. The region's child death rate ranged from 24.2 to 40.7 per 100,000 population of 0–17-year-olds.

The Rotherham CDOP's proactive approach in reviewing various categories of deaths and planning for future reviews indicates a commitment to understanding and addressing mortality factors within its service area.

Membership and attendance

The Rotherham CDOP Terms of Reference sets out a list of roles that are required to form the core membership. This comprises of:

Nursing and/or Midwifery (TRFT)	Bluebell Wood Children's Hospice
Designated Doctor for Child Death	South Yorkshire Police
Child Death Review Lead Nurse	Primary care (GP or 0-19 Practitioner)
Children Social Care Services	

Agency	%
Public Health	100%
Designated Doctor, TRFT	100%
Lead Nurse CDR, TRFT	100%
Nursing rep, TRFT	100%
Midwifery rep, TRFT	62.5%
RSCP Business Unit	25%
RDaSH	100%
C&YP Services, RMBC	37.5%
SYICB	75%
Bluebell Wood Children's Hospice	87.5%
* South Yorkshire Police (Attendance where appropriate agreed)	87.5%

Next Steps

Building on the progress of the past year, the Rotherham CDOP work programme for the coming year will continue to prioritise the reduction of preventable child deaths through targeted action, learning, and system improvement. A key focus will be the enhancement of our Safe Sleep campaign. We will strengthen partnerships with maternity, health visiting, and early-years services to promote consistent safe sleep messaging and increase community engagement. Targeted interventions will be developed for high-risk groups, informed by local and national data in partnership with SYCDOP partners.

Work to reduce the backlog will continue, however, we are mindful that many of the remaining cases are delayed for reasons beyond the control of CDOP, such as Police investigations, awaiting inquests and specialist reports. This will be closely monitored going forward with a position statement provided to each CDOP meeting, and appropriate escalation agreed if required.

In addition, we will undertake a comprehensive review of modifiability factors identified through Child Death Overview Panel (CDOP) case reviews. This will involve thematic analysis to better understand recurring issues and opportunities for early intervention. The findings will guide recommendations to improve service delivery, inform training, and influence policy across agencies.

Through these priorities, we aim to drive meaningful change, reduce inequalities, and promote safer environments for children and families.

Conclusion

While national child mortality rates have seen a slight decrease, disparities persist, particularly in regions like Yorkshire and the Humber. Rotherham, along with neighbouring towns and cities, faces challenges related to socioeconomic deprivation that impact child health outcomes. Addressing these issues requires targeted interventions and policy changes focused on health equity and socioeconomic improvements.

This year’s report reflects the strong performance of the CDOP in delivering its statutory responsibilities with rigour, compassion, and consistency. Despite the challenging context in which many partner agencies continue to operate, the Panel maintained a timely and thorough review process, ensuring that all child deaths were examined in detail. This report highlights the continued commitment of Rotherham CDOP to understanding the factors contributing to child deaths and identifying opportunities for

prevention. While every child death is a profound tragedy, each review offers a vital chance to learn and improve services. Themes emerging from our analyses, such as modifiable risk factors, the importance of early intervention, and the value of coordinated multi-agency responses already inform practice changes across agencies and will continue to guide our recommendations for local practice and policy. Collaboration across health, social care, education, and the voluntary sector remains central to our work.

Looking forward, we will strengthen our focus on addressing inequalities, listening to families, and ensuring that the voice of the child remains at the heart of everything we do. Through collaborative and reflective practice with our partners and communities, we remain committed to reducing preventable child deaths and improving outcomes for all children and families across Rotherham.

Appendix 1

National Child
Mortality Database Su

NATIONAL CHILD MORTALITY DATABASE SUMMARY

South Yorkshire

1st April 2019 – 31st March 2024

NCMD – WHAT IS IT?

Data from CDOP (child death overview panels). This is **any** child who dies **after** birth and **before** their eighteenth birthday.

Does not include stillbirths and medical terminations of pregnancy.

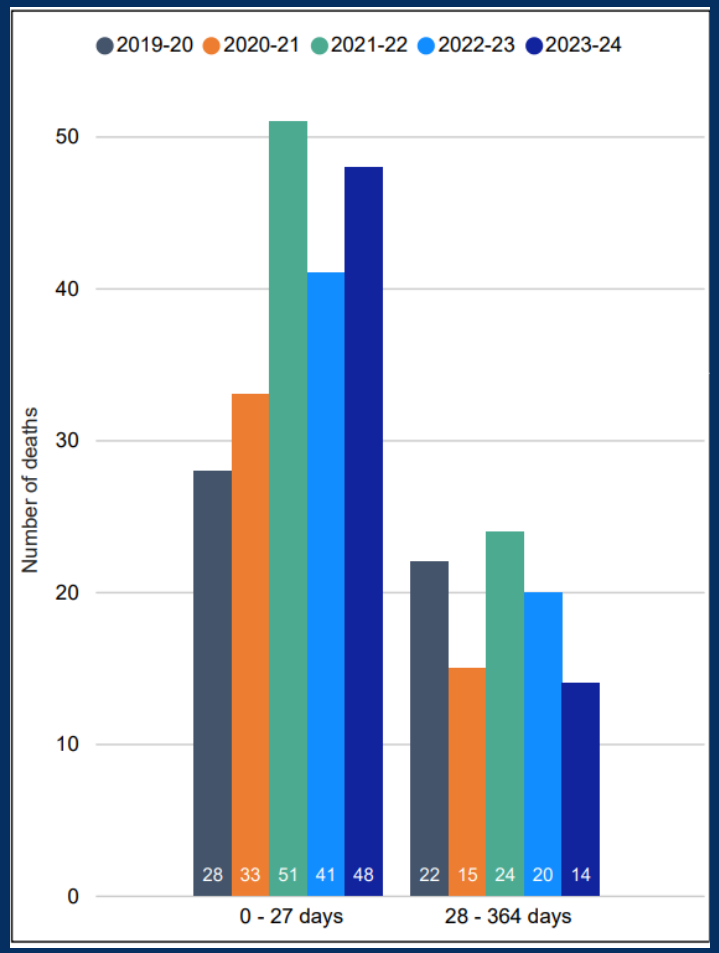
Data presented by region overall (South Yorkshire) and CDOP panel (Barnsley, Doncaster, Rotherham and Sheffield)

INFANT DEATHS – NEONATES AND CHILDREN <1 YEAR

Neonate = 0 - 27 days

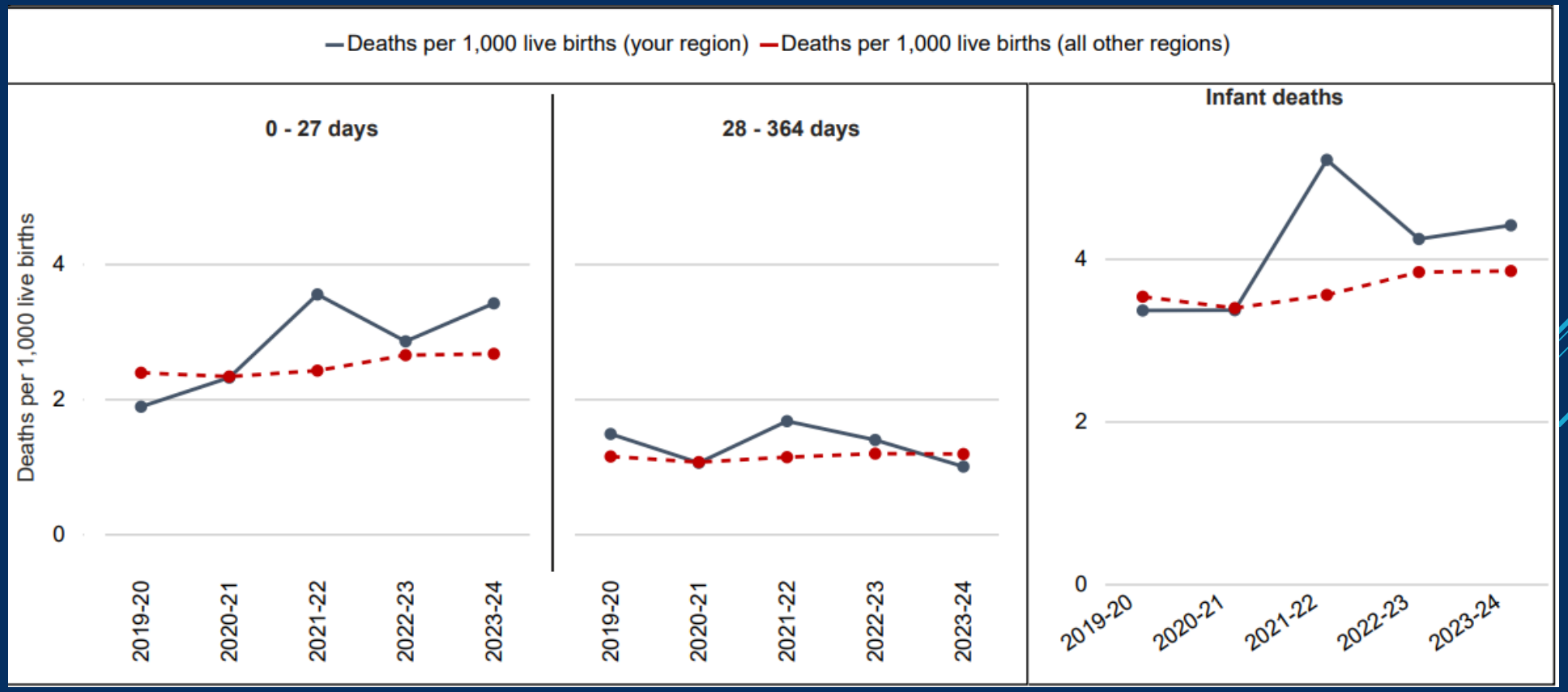
Infant = 28 days – 364 days

NUMBER OF NEONATAL DEATHS IS GREATER THAN NUMBER OF INFANT DEATHS ACROSS ALL CALENDAR YEARS

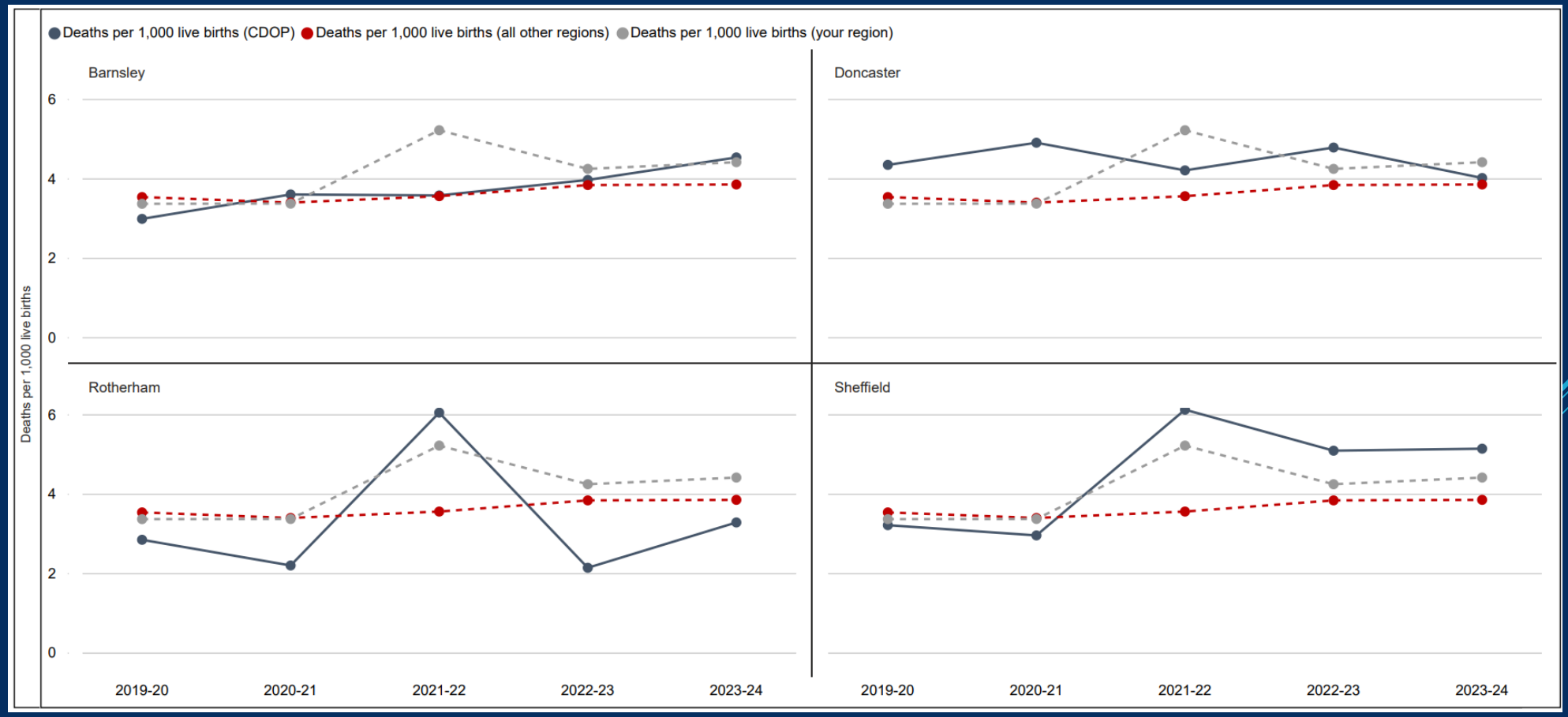


On average 2.2 x more prevalent.

2021-2022 HAD A DISPROPORTIONALLY HIGH NUMBER OF INFANT & NEONATAL DEATHS ACROSS SY – EVEN CONFOUNDED FOR POPULATION AND WAS NOT REFLECTED NATIONALLY



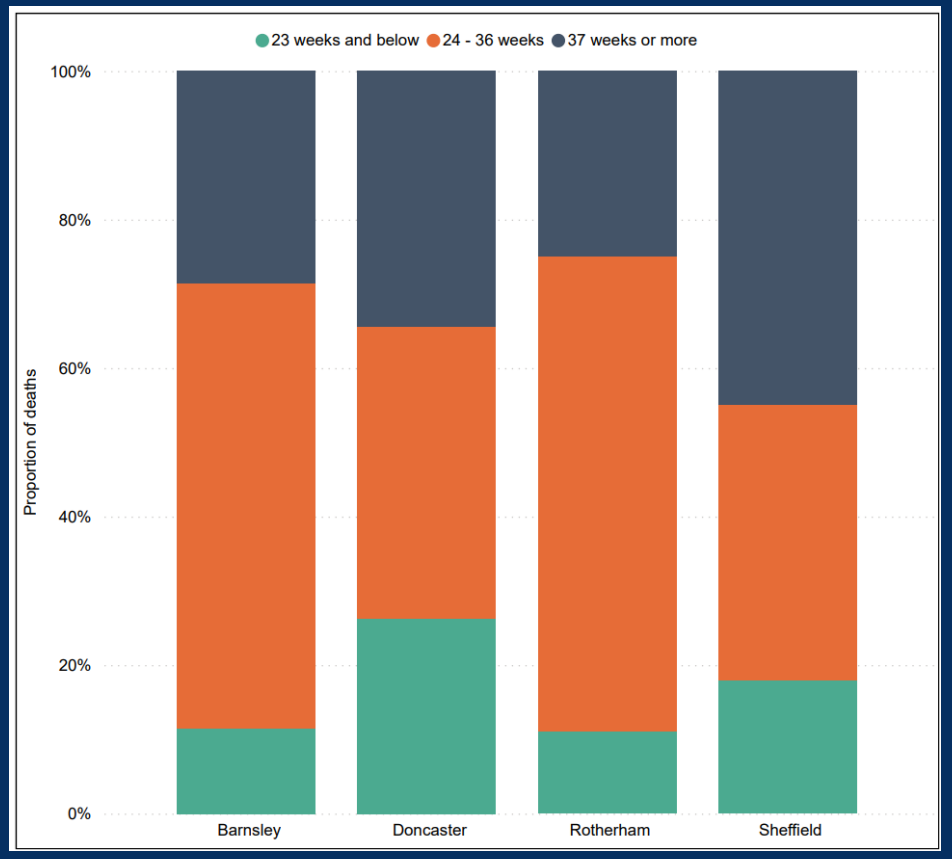
INFANT AND NEONATAL DEATHS IN SHEFFIELD AND ROTHERHAM ACCOUNT FOR THE DISPROPORTIONATE RAISE IN 2021-2022



LOOK INTO THIS DISPROPORTIONATE INCREASE IN ROTHERHAM

Alex had requested all CDOP reports for neonates and infants in Rotherham 2021-22 to see if we can identify any reason for the spike.

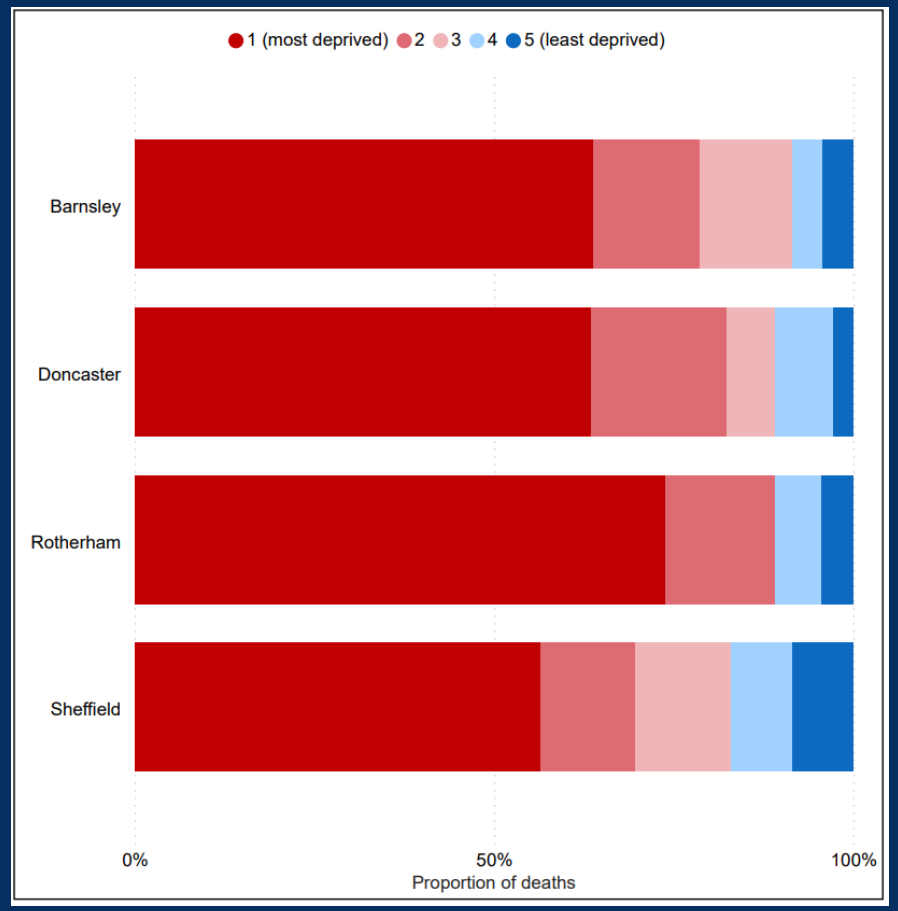
ACROSS REGIONS MOST DEATHS OCCURRED IN INFANTS AND NEONATES BORN AT 24-36 WEEKS' GESTATION



There is **NO COMPARISON** between these figures and:

- Number of births at these gestations and children surviving beyond 365 days
- Duration of life

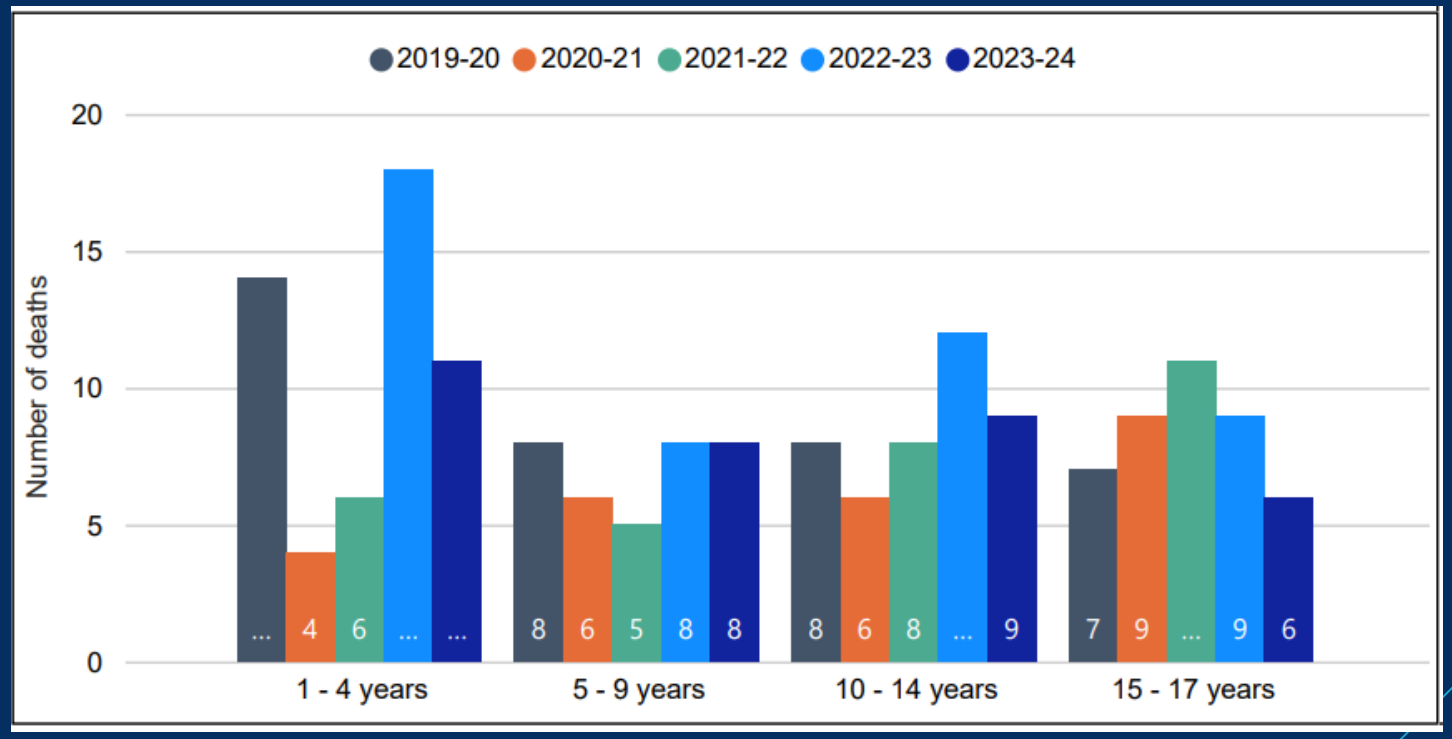
ACROSS REGIONS MOST INFANT AND NEONATAL DEATHS OCCURRED WITHIN THE HIGHEST LEVEL OF SOCIAL DEPRIVATION



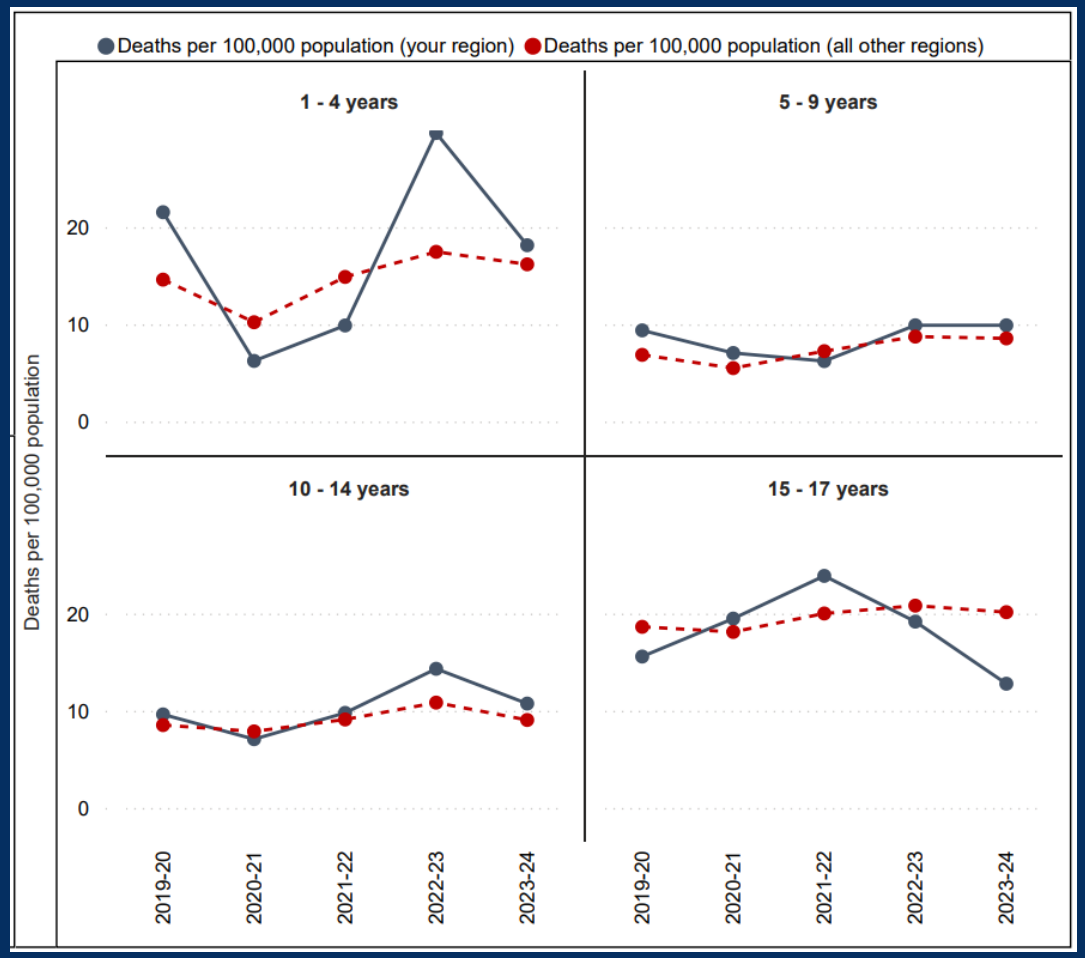
- … and the least deaths seen within the lowest level of social deprivation.
- There is nearly a proportional decrease in number of neonatal and infant deaths as social deprivation is reduced

CHILDHOOD DEATHS – 365 DAYS TO 17 YEARS

MOST CHILDHOOD DEATHS WERE SEEN IN CHILDREN AGED 1-4



DEATHS IN 5-9 AND 10-14 YEARS ACROSS SY FOLLOWED NATIONAL TRENDS



- Yet there were outliers (of unknown statistical significance) across deaths in age groups 1-4 and 15-17 years in SY.

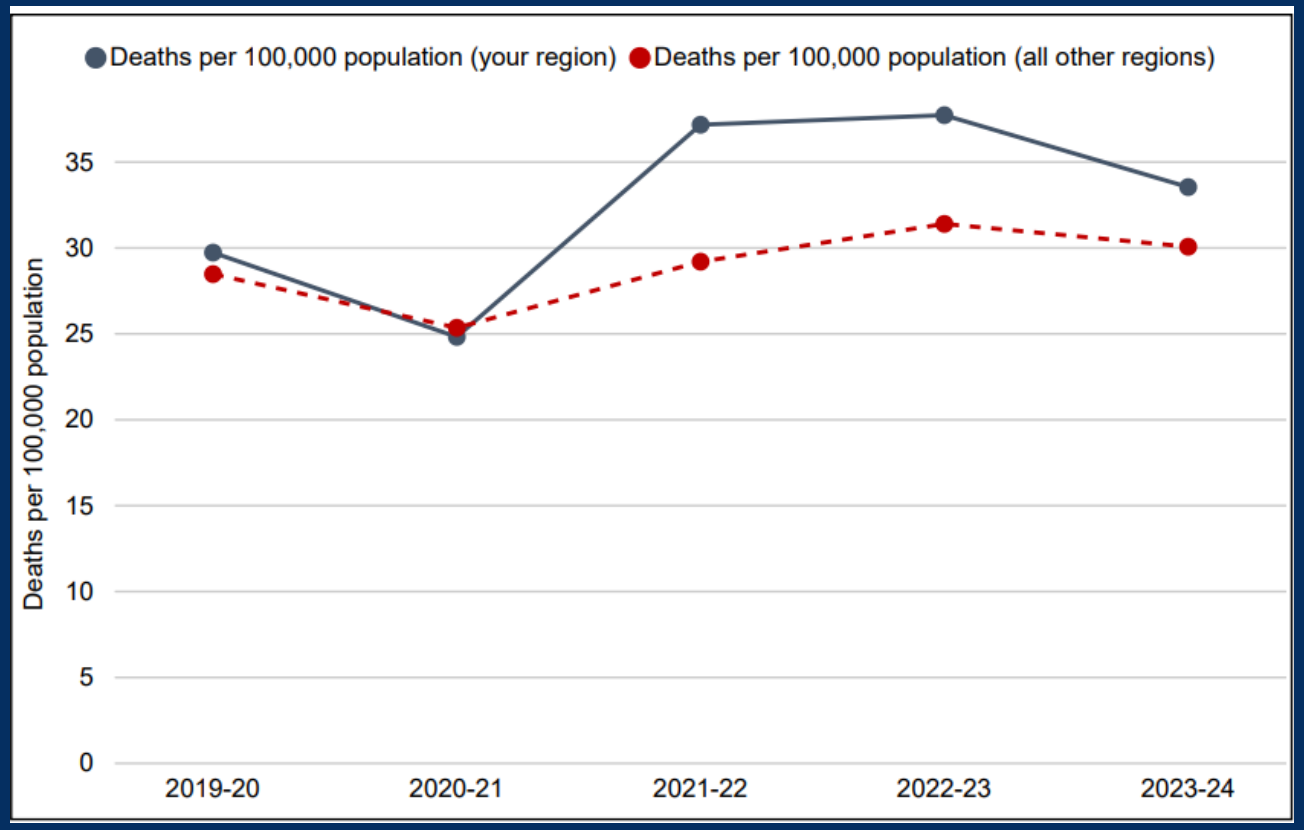
ROTHERHAM SAW A HIGH NUMBER OF CHILD DEATHS IN 2022-2023…

- But so did Barnsley and Doncaster

THERE IS NO DATA ON REGIONAL BREAKDOWN OF CHILD DEATHS ACROSS VARIOUS AGES

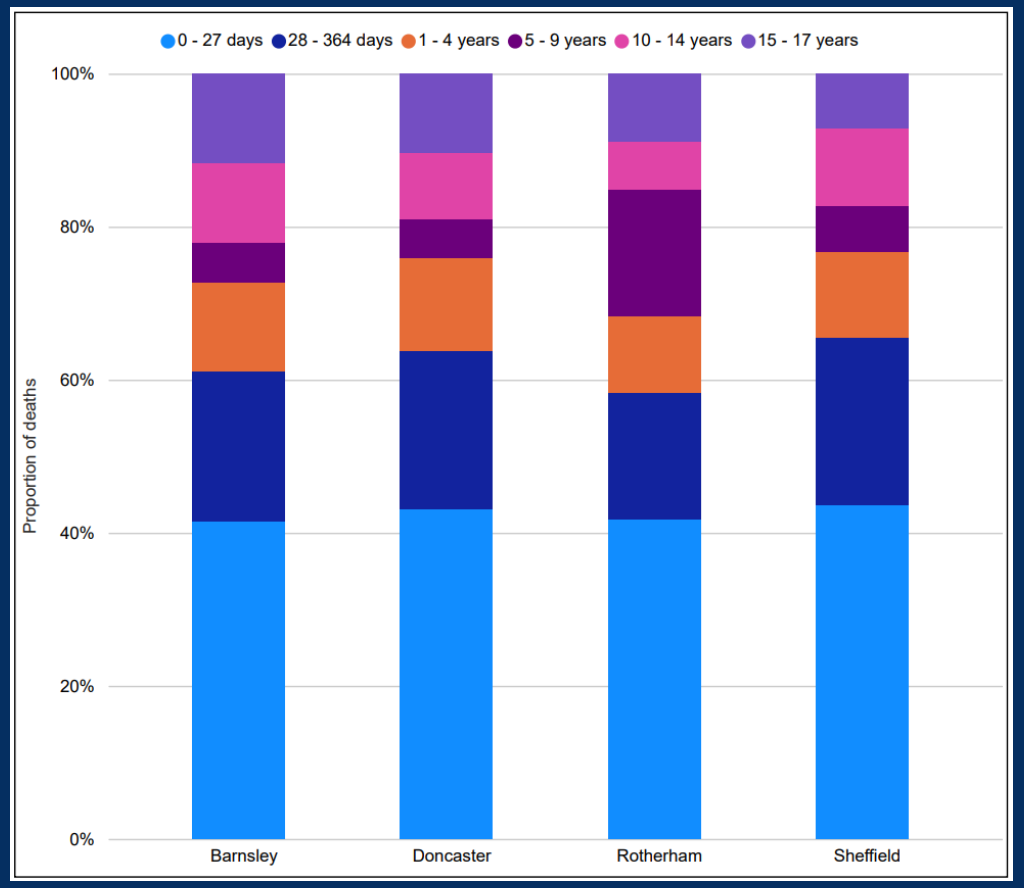
ALL CHILD DEATHS (0-17 YEARS)

SY WAS CLOSE TO THE NATIONAL AVERAGE OF POPULATION-ADJUSTED CHILD DEATHS IN 2019-20 AND 2020-21



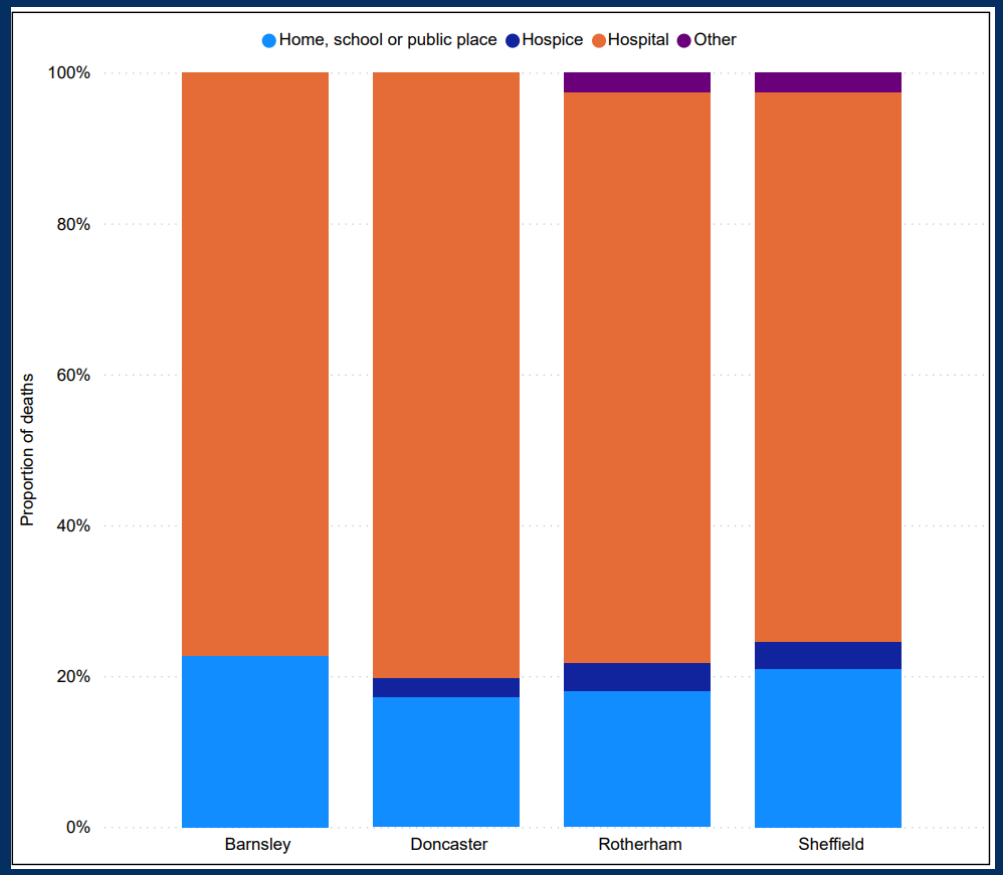
- But then consistently above the national average from 2021-22 onwards…

EVERY REGION IN SY HAD THE GREATEST PROPORTION OF DEATHS OCCURRING IN NEONATES



- And the second greatest proportion in infants

HOSPITAL WAS CONSISTENTLY THE MOST COMMON PLACE OF ALL CHILD DEATHS



THROUGHOUT SY MOST DEATHS OCCURRED IN THE MOST DEPRIVED QUINTILE

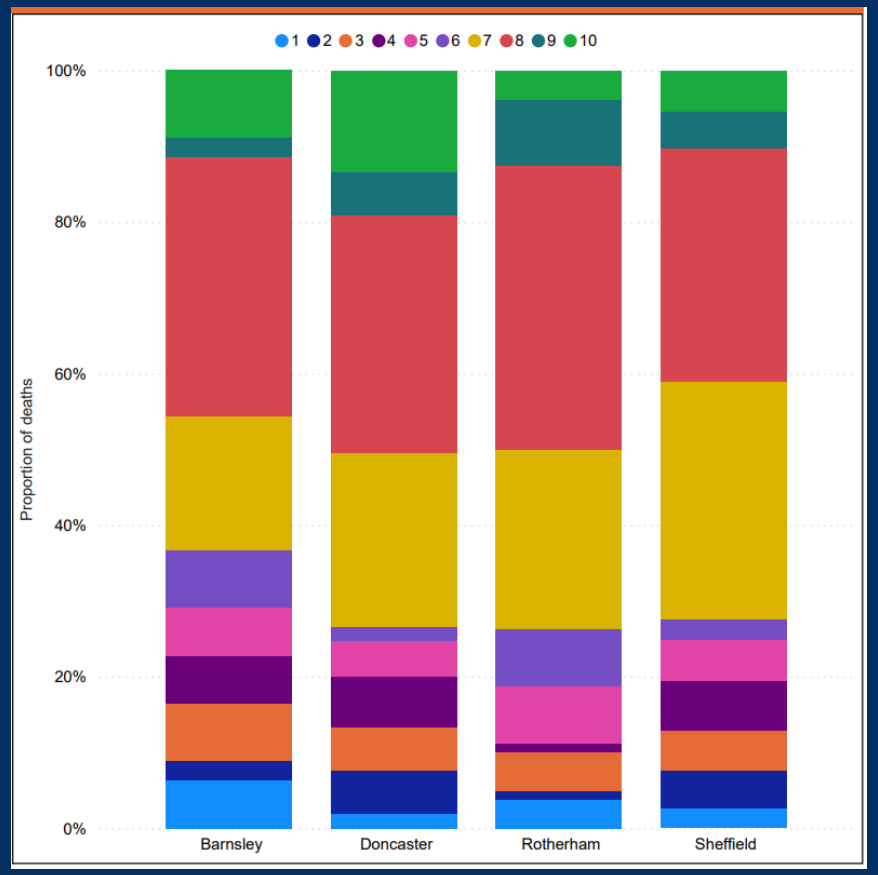
CDOP ▲	1 (most deprived)	2	3	4	5 (least deprived)
Barnsley	48	12	10	5	2
Doncaster	74	22	8	8	4
Rotherham	50	16	4	7	2
Sheffield	117	23	22	17	18
Total	**289**	**73**	**44**	**37**	**26**

CDOP

ROTHERHAM FALLS BEHIND IN % OF DEATHS REVIEWED FROM YEARS 2020-21 ONWARDS

Year of Death	2019-20		2020-21		2021-22		2022-23		2023-24		**Total**	
CDOP	Deaths	% Reviewed	Deaths	% Reviewed	Deaths	% Reviewed	Deaths	% Reviewed	Deaths	% Reviewed	**Deaths**	**% Reviewed**
Barnsley	14	100%	14	100%	12	100%	20	90%	20	20%	**80**	**78%**
Doncaster	21	100%	27	100%	20	100%	26	62%	20	15%	**114**	**76%**
Rotherham	13	100%	9	89%	23	78%	17	35%	14	0%	**76**	**59%**
Sheffield	38	100%	24	100%	50	94%	44	86%	43	16%	**199**	**77%**
Total	**86**	**100%**	**74**	**99%**	**105**	**92%**	**107**	**73%**	**97**	**14%**	**469**	**74%**

ACROSS ALL SY REGIONS, THE HIGHEST PROPORTION OF DEATHS WERE SEEN IN CATEGORIES 7&8



Category 1 = Deliberately inflicted injury, abuse or neglect
Category 2 = Suicide or deliberate self-inflicted harm
Category 3 = Trauma and other external factors, including medical/surgical complications/error
Category 4 = Malignancy
Category 5 = Acute medical or surgical condition
Category 6 = Chronic medical condition
Category 7 = Chromosomal, genetic and congenital anomalies
Category 8 = Perinatal/neonatal event
Category 9 = Infection
Category 10 = Sudden unexpected, unexplained death

ACROSS ALL SY REGIONS, MODIFIABLE FACTORS WERE MOST COMMONLY FOUND IN CATEGORIES 1, 2, 3 AND 8.

Category of Death number	1		2		3		4		5		6		7		8		9		10	
CDOP	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)	Number of reviews	Modifiable factors identified (%)
Barnsley	5	80%	2	100%	6	17%	5		5	20%	6	17%	14	7%	27	44%	2		7	100%
Doncaster	2	100%	6	50%	6	83%	7	29%	5	40%	2		24	21%	33	58%	6	50%	14	71%
Rotherham	3	67%	1	100%	4	50%	1		6		6	33%	19	26%	30	50%	7	43%	3	
Sheffield	5	40%	9	78%	10	70%	12		10	30%	5		58	7%	57	30%	9	11%	10	70%
Total	**15**	**67%**	**18**	**72%**	**26**	**58%**	**25**	**8%**	**26**	**23%**	**19**	**16%**	**115**	**13%**	**147**	**43%**	**24**	**29%**	**34**	**71%**

Category 1 = Deliberately inflicted injury, abuse or neglect
Category 2 = Suicide or deliberate self-inflicted harm
Category 3 = Trauma and other external factors, including medical/surgical complications/error
Category 4 = Malignancy
Category 5 = Acute medical or surgical condition
Category 6 = Chronic medical condition
Category 7 = Chromosomal, genetic and congenital anomalies
Category 8 = Perinatal/neonatal event
Category 9 = Infection
Category 10 = Sudden unexpected, unexplained death

- NB: There is **no consistency** across the region on the definition of 'modifiable'

ROTHERHAM FELL BEHIND IN CDOP NOTIFICATIONS CONTAINING NHS NUMBER AND GESTATIONAL AGE

3.1.1: Completeness of notifications 2023-24

CDOP	Valid NHS number	Date of birth	Date of death	Sex	Ethnic group	Gestational age (under 1s)	Postcode	Place of death	Hospital specified
Barnsley	100%	100%	100%	100%	95%	92%	100%	100%	100%
Doncaster	100%	100%	100%	100%	95%	100%	100%	100%	100%
Rotherham	93%	100%	100%	100%	100%	89%	100%	100%	100%
Sheffield	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total	**99%**	**100%**	**100%**	**100%**	**98%**	**97%**	**100%**	**100%**	**100%**

ROTHERHAM'S MEDIAN TIMELINESS OF REVIEWS WAS 2X THAT OF OTHER SY REGIONS

3.2.2: Timeliness of completed reviews 2023-24

CDOP	Median days between death and review	% of reviews in 12 months
Barnsley	350	57%
Doncaster	354	53%
Rotherham	614	
Sheffield	337	58%
Total	**372**	**48%**

	Median days between death and review	% of reviews in 12 months
England total	**411**	**42%**

- And Rotherham was significantly behind the national average
- There was no data on % of reviews in 12 months for Rotherham

This page is intentionally left blank

Rotherham Child Death Overview Panel Annual Report

1 April 2024 – 31 March 2025

Presented by:

Alex Hawley, CDOP Chair &

Jean Summerfield, Lead Nurse Child Death Review

Foreword & Context

- First standalone Rotherham CDOP report
- Transitioned oversight from Safeguarding Children Partnership to Health and Wellbeing Board
- Administrative support now provided by Rotherham NHS Foundation Trust
- Tribute to Sharon Pagdin; welcome to Jean Summerfield
- SY CDOP having less frequent meetings.
- Backlog of cases reduced despite organisational changes

CDOP Purpose & Structure

- The panel includes RMBC – public health and social care; TRFT – safeguarding, paediatrics, midwifery; SYP; RDaSD; ICB; Children's hospice
- Statutory function – to review deaths of children (under 18 years) excluding stillbirths and planned terminations
- To categorise cause of death
- To consider the importance/relevance of factors present within four key domains - factors intrinsic to the child; factors in social environment including family and parenting capacity; factors in the physical environment; factors in service provision
- To identify modifiable factors, and prevention opportunities
- To update the National Child Mortality Database
- To share learning and take whatever improvement actions are identified within the system to prevent future deaths or reduce vulnerabilities

South Yorkshire CDOP network

- Covers Barnsley, Doncaster, Rotherham & Sheffield
- Enables identification of regional themes & trends
- Pragmatic shift in 2024 – now a community of interest with less frequent meetings
- Still valuable for shared learning & data comparison

Rotherham CDOP 2024–25

- 8 meetings held (2 additional to reduce backlog)
- 29 cases reviewed (20 deaths in 2024/25)
- 22 active cases ongoing (delays due to inquests, reports, investigations)
- Age Distribution: Highest in neonates (0–27 days)
- Place of Death: Mostly hospital-based
- Ethnicity: Majority White; some Asian, Black, Mixed
- Collaboration with agencies to improve timeliness

Modifiable Factors

4 cases (14%) had modifiable factors

National average: 43% of cases had modifiable factors

Issues included:

- Seatbelt use in modified vehicles
- Tracheostomy management in babies
- Inter-professional communication

National common factors:

Parental smoking, high maternal BMI, supervision issues, poor inter-agency communication

Learning & Actions

Themes/actions identified at CDOP inform local practice.

- Safe Sleep campaign enhancement planned
- Task & Finish group reviewed neonatal deaths (2021/22)
- Most deaths linked to deprivation and chronic conditions
- Learning shared with professionals and networks

  Example: Swimming lessons partnership for children with learning disabilities

Task & Finish group reviewed infant/neonatal deaths

Findings:

- Most deaths due to prematurity/immaturity
- Some avoidable deaths due to care delays
- No evidence of a single factor explaining increase in numbers

National Trends

- 3,577 child deaths in England 23/24 (↓ 4% vs previous year)
- Child deaths at 29.8 per 100k children

  Significant disparities:
  - Black children: 55.4 deaths/100k
  - Asian children: 46.8 deaths/100k
  - White children: 25.5 deaths/100k
- Children in most deprived areas >2x death rate of least deprived. Deprivation strongly linked to mortality.
- Infant deaths (within 1st year of life) = 61% of total child deaths
- Neonatal deaths (within 28 days of birth) = 42% of total child deaths
- Infant mortality rate (under 1 year): 3.9 per 1,000 live births – a slight increase from the previous year

Next Steps

- Thematic review of modifiable factors
- Strengthen multi-agency collaboration
- Focus on health equity and early intervention
- Continue to work to improve the Safe Sleep offer
- Targeted interventions for high-risk groups
- Continue backlog reduction & monitoring delays
- Thematic review of modifiability factors
- Influence training, service delivery & policy
- Aim: Reduce inequalities & prevent child deaths

Conclusion

- CDOP delivered statutory responsibilities effectively
- CDOP maintained rigorous review standards
- Continued to strive towards timely & thorough reviews
- Identified modifiable factors & learning points
- Continued commitment to learning, prevention and family support
- Focus on reducing inequalities and improving child outcomes
- Persistent challenges: deprivation & inequalities
- Commitment to prevention, partnership & family voice
- Ongoing work to improve outcomes for children & families in Rotherham

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	24th September 2025
	LEAD OFFICER	Lorna Quinn, Public Health Intelligence Principal
	TITLE:	Pharmaceutical Needs Assessment

Background

1.1 The purpose of a Pharmaceutical Needs Assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's area for a period of up to three years. The draft Pharmaceutical Needs Assessment has been updated to cover the period 2025-2028.

1.2 PNAs are primarily used to make commissioning and development decisions. Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide pharmaceutical services must apply to NHS England and NHS Improvement (NHSE/I) to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant PNA. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. The PNA and this associated supplementary update are designed to contribute to, and become an integral part of, the Rotherham JSNA – available for review at https://www.rotherham.gov.uk/data/.

1.3 As agreed at Health and Wellbeing Board (H&WbB) upon publication of the 2022-2025 PNA, there was agreement to hold a steering group annually to review any emerging needs or changes to provision and make recommendation to H&WbB, and that this steering group will take responsibility to update the document every three years.

1.4 The PNA has now been updated to cover the period 2025-2028.

Key findings

2.1 Overall, access to pharmaceutical services is Rotherham is good. Most of the population live within easy access of a pharmacy and good physical access is supplemented by increasing growth in national online service provision.

2.2 In consideration of all the information available at the time of writing, the Health and Wellbeing board concluded that:

- Based on the information presented in the report, the Rotherham health and wellbeing board is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Rotherham.
- The health and wellbeing board has identified that there would be need for pharmaceutical provision if one of the four 100-hour pharmacies reduced their opening hours to no longer cover evenings (17:00 onwards) or weekends (Saturday and Sunday). This would be because the geographical spread of the four pharmacies mean that a large proportion of the population would find it

	difficult to access pharmaceutical provision during evenings and weekends. The health and wellbeing board would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or the integrated care board will direct pharmacies to open to meet any differences in opening hours. If there is a need to direct pharmacies to increase their hours, the location should be in a similar place to where there has been loss of hours, or within an area that is easily accessible on public transport, such as the town centre. The health and wellbeing board would expect the replacement pharmacy, or hours covered by other pharmacies, to cover the same hours and services as the current provision in this assessment. - There are no new housing developments of significant size during the lifetime of the document, and the population projections are not predicted to increase to sufficient size to create unmet pharmaceutical need providing services remain as are at the time of writing.
2.3	The health and wellbeing board has noted the number of pharmacies that have signed up to provide, and are providing, the advanced and enhanced services of Lateral Flow Device Tests Supply Service, New Medicine Service, Emergency Hormonal Contraception, Needle and Syringe Provision Needle Exchange, Palliative Care, Supervised Consumption, and Over The Counter Medication Labelling Scheme, and are satisfied that the current demand can and will be met by the existing providers.
Key Actions and Relevant Timelines	
3.1	The Pharmaceutical Needs Assessment covers the period 2025-2028.
3.2	The steering group will continue to meet annually or more frequently if required.
Implications for Health Inequalities	
4.1	A section of the assessment focusses on the pharmaceutical needs of those most likely to experience inequalities and barriers to accessing care in Rotherham and the ways in which community pharmacy can address these needs. This includes consideration of: • People living in the 20% most deprived communities (according to IMD, 2019) • Those with one or more protected characteristics defined within the Equality Act 2010 (age, disability; pregnancy and maternity; race which includes colour, nationality, ethnic or national origins; religion (including a lack of religion) or belief; sex; sexual orientation; gender re-assignment; marriage and civil partnership.) • Inclusion health groups, such as: o Asylum seekers and refugees o Gypsy, Roma and Traveller communities o Homeless people and rough sleepers o People with drug or alcohol dependence o Those in contact with the criminal justice system o Sex workers
Recommendations	
5.1	To note the findings of the pharmaceutical needs assessment.

Rotherham Metropolitan Borough Council

Rotherham 2025-2028 Pharmaceutical Needs Assessment

Rotherham Metropolitan Borough Council

Contents

Rotherham Metropolitan Borough Council

Acronyms

CPCF	Community Pharmacy Contractual Framework
CHD	Coronary Heart Disease
EHC	Emergency Hormonal Contraception
HES	Hospital Episode Statistics
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD	Indices of multiple deprivation
LSOA	Lower super output area
NDRS	National Disease Registration Service
NHSE/I	NHS England / NHS Improvements
NHS BSA	NHS Business Services Authority
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Provision
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
RMBC	Rotherham Metropolitan Borough Council
TRFT	The Rotherham NHS Foundation Trust
QOF	Quality Outcomes Framework

Executive Summary

What are Pharmaceutical Needs Assessments?

Legislation requires that Health and Wellbeing Boards produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments, or PNAs) are due every three years. The last PNA was published September 2022.

PNAs describe:

- current need for pharmaceutical services within a locality,
- current pharmaceutical services provision,
- whether current need is met by existing service provision or could be improved,
- potential future need, and
- potential need for new services.

How was this PNA produced?

Data regarding the provision of existing pharmaceutical services was gathered from NHS England / NHS Improvements and Rotherham Metropolitan Borough Council. This data was collated into a single master spreadsheet.

Data was analysed using the Department of Health and Social Care Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE) – a web-enabled application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

The health and pharmaceutical need of the Rotherham population were identified based on data from a range of sources including the Joint Strategic Needs Assessment, recent health needs assessments, and other local intelligence. The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs.

In line with statutory requirements, a 60- day consultation on the PNA is being undertaken from 14th July 2025. This consultation will be sent to the list of stakeholders as defined by the regulations. Feedback from the consultation will be incorporated into the PNA. Oversight of the PNA development was provided by a Steering Group, the purpose of which was to advise on the production of, and consultation on, the PNA on behalf of the Health and Wellbeing Board. The final PNA will be reviewed by the Health and Wellbeing Board in September 2025.

What are the health and wellbeing needs of the Rotherham population?

Rotherham borough covers an area of 110 square miles and has a population of 270,000. Around half of the borough's population lives in the urban, central part of the borough. Others live in many outlying small towns, villages and rural areas. Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council-built

housing estates, leafy private residential suburbs, industrial areas, rural villages, and farms.

Rotherham people live shorter lives, in poorer health than the UK average and there is substantial variation between different groups in terms of underlying health needs, ability to access services, experience of services and health outcomes. The points below give a flavour of the challenges and opportunities Rotherham faces over the next decade and are accurate as of May 2025 unless otherwise specified. A live, dynamic analysis of this and further information can be found in the Rotherham JSNA (https://www.rotherham.gov.uk/data/).

Population

- Rotherham has an age structure that is slightly older than the national average and a below-average percentage of people aged 18 to 29 because of students leaving Rotherham to study elsewhere, and young adults leaving the area for work.
- The population is growing due to there being more births than deaths, and more people moving to Rotherham to live.

Health Inequality

- 36% of the population live in the most deprived quintile and deprivation is a major cause of health inequalities.
- English is an additional language to 4.1% of our population.
- Over 11,000 children in Rotherham are living in absolute poverty.
- Over 3,700 people are currently accessing adult social care services, with around half of these over the age of 75.
- Over 23,000 people provide unpaid care, with over half of these doing so for more than 35 hours per week, and a third of adult carers feel socially isolated.
- In 2023, 1,236 families were identified as being at risk of homelessness.
- Life expectancy is lower than average for the people of Rotherham, and there is an inequalities gap of over 10 years between the most deprived and least deprived.
- Our residents develop poor health earlier than average and live longer in poor health than average; healthy life expectancy in 2021-23 in Rotherham is 56 years for males and females.

Health and health behaviours

- The prevalence of depression has risen to 17% in 2022, and 25% of school children reported problems with mental wellbeing in 2024.
- Deprivation significantly impacts patient experience and outcomes of chronic pain, mental health issues, diabetes, cardiovascular and other long-term conditions.
- Smoking is still the primary cause of morbidity and early mortality. Although smoking rates remain high, every year more people are successfully quitting.

- The percentage of physically active adults has decreased to 59% in 2023/24 and conditions such as stroke, coronary heart disease and hypertension remain higher than regional and national comparators.
- 40% of 11-year-old children and 72% of adults are overweight or obese.
- Adult community substance and alcohol services are able to support more people and have increased to over 950 people reached per year.
- Around 800 people engage in problem gambling, and around 3,200 in moderate risk gambling.

Access to care

- Screening uptake rates have generally been good in Rotherham compared to England, but for breast and cervical cancer, screening rates have not yet returned to pre-covid levels.
- Those in the most deprived areas are more likely to miss appointments and experience difficulties in accessing healthcare.

What are the main findings of the PNA?

As of January 2025, there were 65 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board. This includes:

- 61 Pharmacies
- 1 dispensing appliance contractor (DAC)
- 3 dispensing GP Practices

A local population of 268,267 (mid-2022 – most recent estimate for local areas) indicates 22.7 pharmacies per population head in Rotherham. The range within Rotherham is from 60.0 per 100,000 in Boston Castle ward to 9.6 per 100,000 in Brinsworth ward.

In Rotherham, 23% of our population do not have access to a car or van in their household (26,000 of 114,000 households) therefore access has been reviewed to include walking time and walking distance alongside drive time:

- 83.4% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider.
- Including cross-border pharmacies has a marginal impact on the proportion of Rotherham residents within 15 minutes' walk, or 1.6km (1 mile) walk, of a pharmaceutical services provider.
- The proportion of Rotherham residents within 15 minutes' walk increases from 84.2% to 84.8% when including these cross-border pharmacies (a further 1,590 people).
- The proportion of Rotherham residents within 1.6km (1 mile) walk increases from 95.5% to 96.6% when including these cross-border pharmacies (a further 2,980 people).
- 100% of Rotherham-based residents live within a 10-minute drive of a Rotherham based pharmaceutical services provider during rush hour.

Essential Services are those services offered by all pharmacy contractors. As such, access to Essential Services within Rotherham equates to access to pharmacies overall and the Rotherham PNA steering group agreed that the Essential Services would make up the Necessary Services for the PNA alongside some advanced services based on health need in Rotherham. These are the advanced services of Pharmacy First, hypertension case-finding, flu vaccination, and contraception service.

Conclusions and Statements

Overall, access to pharmaceutical services is Rotherham is good. Most of the population live within easy access of a pharmacy and good physical access is supplemented by increasing growth in national online service provision.

In consideration of all the information available at the time of writing, the Health and Wellbeing board concluded that:

- Based on the information presented herein, the Rotherham health and wellbeing board is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Rotherham.
- The health and wellbeing board has identified that there would be need for pharmaceutical provision if one of the four 100-hour pharmacies reduced their opening hours to no longer cover evenings (17:00 onwards) or weekends (Saturday and Sunday). This would be because the geographical spread of the four pharmacies mean that a large proportion of the population would find it difficult to access pharmaceutical provision during evenings and weekends. The health and wellbeing board would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or the integrated care board will direct pharmacies to open to meet any differences in opening hours. If there is a need to direct pharmacies to increase their hours, the location should be in a similar place to where there has been loss of hours, or within an area that is easily accessible on public transport, such as the town centre. The health and wellbeing board would expect the replacement pharmacy, or hours covered by other pharmacies, to cover the same hours and services as the current provision in this assessment.
- There are no new housing developments of significant size during the lifetime of the document, and the population projections are not predicted to increase to sufficient size to create unmet pharmaceutical need providing services remain as are at the time of writing.
- The health and wellbeing board has noted the number of pharmacies that have signed up to provide, and are providing, the advanced and enhanced services of Lateral Flow Device Tests Supply Service, New Medicine Service, Emergency Hormonal Contraception, Needle and Syringe Provision Needle Exchange, Palliative Care, Supervised Consumption, and Over The Counter Medication Labelling Scheme, and are satisfied that the current demand can and will be met by the existing providers.

1. Introduction

1.1. Introduction to pharmaceutical needs assessments

The purpose of a Pharmaceutical Needs Assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (HWB's) area for a period of up to three years.

PNAs are primarily used to make commissioning and development decisions. Under the guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023, where a person wishes to open a pharmacy or dispensing appliance contractor premises and provide pharmaceutical services; apply to relocate existing premises, or; buy an existing business, they must first apply to the relevant ICB to be included in the pharmaceutical list in respect of the HWB in whose area the premises are or are to be located.

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations, a person who wishes to provide pharmaceutical services must apply to NHS England and NHS Improvement (NHSE/I) to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant PNA. There are exceptions to this, such as applications for benefits not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors can ensure services are targeted to areas of health need; and will reduce the risk of overprovision in areas of less need. PNAs should not be a stand-alone document. This PNA is designed to contribute to and become an integral part of the Rotherham Joint Strategic Needs Assessment (JSNA) – available for review at https://www.rotherham.gov.uk/data/.

1.1.1. Legislative context and statutory requirements

The Health and Social Care Act 2012 established HWBs. It also transferred responsibility to develop and update PNAs from primary care trusts to HWBs with effect from April 2013. At the same time, responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHSE/I.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, (the '2013 Regulations') set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development. This report covers the requirements of the 2013 Regulations as follows:

A series of statements are given in Section 6 (Conclusions and Statements) with regards to:

- The pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services,
- The pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service,
- The pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access,
- The pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and,
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

As required by the 2013 Regulations, this PNA also contains details of:

- How the Health and Wellbeing Board has determined the localities in its area (Section 1.2.5)
- How it has accounted for the different needs of the different localities, and the different needs of those who share protected characteristics (Section 2.3.16, Section 1.2.5 and throughout Section 4)
- A report on the consultation process (Annex 1)
- A map that identifies the premises at which pharmaceutical services are provided (Section 3, Map 3)
- Information on the demography of the area (Section 2)
- Whether there is sufficient choice with regard to obtaining pharmaceutical services (Section 6)
- Any different needs of the different localities (Section 2.1, Section 2.2 and throughout Section 4)
- The provision of pharmaceutical services in neighbouring HWB areas (Section 4.2.4).

The structure and content of the report is based on guidance provided in 2021 by the Department of Health and Social Care.[1]

[1] Pharmaceutical needs assessments: Information pack for local authority health and

1.2. Process summary

1.2.1 Governance

A PNA Steering Group was established for the PNA updated in 2022 whose purpose was to advise on the production of, and consultation on, the Rotherham PNA, on behalf of the HWB with the aim of ensuring that a PNA for Rotherham was published in compliance with the 2013 regulations and the needs of the local population. This steering group have continued to meet as required since this publication and have additionally met for the purpose of producing the 2025 document. Full terms of reference, including a list of members, for the Steering Group is provided at Annex 2.

1.1.2 Gathering health and demographic data

Annual population estimates for Rotherham were obtained from the Office of National Statistics (ONS) Mid-2022 estimates published November 2024. The population data included population sub-groups, gender, age and split by Lower Super Output Area (LSOA). Population and Indices of multiple deprivation (IMD) by Rotherham's new ward boundaries apply a best fit model.

Birth rates and death registrations and occurrence data were obtained from ONS – birth rates at local authority level and death registrations data by local authority and place of death. Data on life expectancy and IMD were obtained from Office for Health Improvement and Disparities (OHID) Fingertips, numerator and denominator data from ONS annual death extracts and ONS mid-year population estimates. The IMD 2019 was used to define the deprivation deciles for this document.

Data for cancer, cardiovascular disease, diabetes, dementia, respiratory disease, and mental health are available at an Integrated Care Board (ICB) and national level. The cancer data are collated by the National Disease Registration Service (NDRS) and the cardiovascular profiles are created and maintained by the National Cardiovascular Intelligence Network. The data used for the indicators on diabetes comes from different sources, including routine primary care data, national survey data, national clinical audit data and hospital records. Respiratory data comes from OHID (based on ONS source data) for mortality and QOF, NHS Digital for prevalence of asthma.

Data for alcohol, liver disease, drug use, smoking, obesity and healthy weight and sexual health are available at a local authority level. The alcohol data are part of a series of products by The UK Health Security Agency (UKHSA) that provide local data alongside national comparisons to support local health improvement and data for liver disease are calculated by the OHID. Health and social care data was used from OHID Fingertips where data are derived from NHS Digital, Hospital Episode Statistics (HES) and ONS, Mid-year Population Estimates.

1.1.3 Pharmaceutical services information

Data on pharmaceutical services for this PNA were taken from multiple sources:

- **A list of pharmaceutical service providers operating in Rotherham as of January 2025** was obtained from NHS Business Services Authority (NHS BSA) records, which was filtered by HWB.[2] Clarifications about whether some pharmacies are located in Rotherham or neighbouring authorities were made using this list. Although it is acknowledged that there could be changes to the list of service providers since January 2025, this cut off point was chosen to enable time for data cleaning, upload, and analysis.
- **Information on the number of items dispensed by Pharmacy and Appliance Contractors as of January 2025** which includes Advanced Services declared by each pharmacy and dispensing appliance contractor, along with activity for some of the advanced services was obtained from the NHS Business Services Authority website, Pharmacy and appliance contractor dispensing data, using data from calendar year 2024. The organisation data codes for all the services that generate prescriptions were obtained from NHS Digital. This data is accurate as of January 2025 and covers data from January 2024-December 2024.
- **Information on advanced services claimed for** were reviewed as fees for Appliance use review, Covid-19 lateral flow device distribution service, what was known as the Community Pharmacist Consultation service and is now the Pharmacy First service, Hepatitis C testing service, Hypertension case-finding service, New Medicine Service, Smoking cessation service, and Stoma Appliance Customisation Service. These were obtained from the NHS Business Services Authority website, April 2025, and covered the period January 2024-December 2024.
- **Information on prescriptions generated, and dispensed, in Rotherham** to identify the total number of items prescribed in a fixed period by each practice and service was obtained from the NHS Business Services Authority website practice prescribing dispensing data, using data from the calendar year 2024. This includes data for the Electronic Prescription Service. This data is accurate as of April 2025 and covers data from January 2024-December 2024.

1.1.4 Public and contractor engagement

Healthwatch Rotherham (HWR) invited Rotherham residents to complete an online questionnaire, about their experiences of and views on pharmacies locally. 57 people living in Rotherham completed the survey.

[2] Consolidated Pharmaceutical List - Datasets - Open Data Portal

1.1.5 Data analysis – to be updated

Localities

The regulations require the HWB decide which localities to divide its area into for analysis.

Data on pharmaceutical service availably were compiled at Ward level to enable comparisons between Wards. Data on deprivation was compiled at LSOA level and aggregated to Ward level. There are 170 LSOAs in Rotherham and 25 wards.

The HWB determined to analyse information for the PNA primarily at borough-level, due to the relatively small total population and geographical area covered by the Rotherham HWB and the paucity of health-related data available at ward, Lower or Middle Super Output Area. However, deprivation and ward split were considered throughout the document. This is in keeping with the previous Rotherham PNAs (2018 and 2022). The HWB is mindful that the localities should not be so large that they mask variations in need, and consideration has been given to the practicality of dividing Rotherham into smaller geographical areas such as ward and deprivation deciles.

A table showing LSOA to ward best-fit is provided below in table 1.

LSOA Code	LSOA Name	Ward Name
E01007786	Dinnington South	Anston & Woodsetts
E01007658	North Anston West	Anston & Woodsetts
E01007662	North Anston Central	Anston & Woodsetts
E01007657	Anston Greenlands	Anston & Woodsetts
E01007661	South Anston West	Anston & Woodsetts
E01007659	Anston Park	Anston & Woodsetts
E01007660	North Anston East	Anston & Woodsetts
E01007663	South Anston East	Anston & Woodsetts
E01007664	Woodsetts	Anston & Woodsetts
E01007748	Todwick Outer	Aston & Todwick
E01007670	Aston East	Aston & Todwick
E01007673	Aston Lodge	Aston & Todwick
E01007674	Swallownest South	Aston & Todwick
E01007669	Aston North	Aston & Todwick
E01007672	Aston South	Aston & Todwick
E01034250	Orgreave West	Aughton & Swallownest
E01007668	Aston North West	Aughton & Swallownest
E01007666	Aughton North & Ulley	Aughton & Swallownest
E01007667	Swallownest North	Aughton & Swallownest
E01007671	Swallownest Central	Aughton & Swallownest
E01007714	Town Centre	Boston Castle
E01007677	Canklow North	Boston Castle
E01007680	Wellgate	Boston Castle
E01007675	Broom Valley	Boston Castle
E01007767	Clifton West	Boston Castle

E01007679	Broom East	Boston Castle
E01007678	Moorgate West	Boston Castle
E01007765	Clifton East	Boston Castle
E01007691	Ravenfield Common	Bramley & Ravenfield
E01007692	Ravenfield	Bramley & Ravenfield
E01007681	Bramley Grange	Bramley & Ravenfield
E01007683	Bramley North	Bramley & Ravenfield
E01007684	Bramley South West	Bramley & Ravenfield
E01007689	Bramley South East	Bramley & Ravenfield
E01007676	Canklow South	Brinsworth
E01007707	Brinsworth Whitehill	Brinsworth
E01007705	Brinsworth West	Brinsworth
E01007704	Brinsworth Manor	Brinsworth
E01007703	Brinsworth North	Brinsworth
E01007702	Brinsworth North East	Brinsworth
E01007706	Brinsworth Howarth	Brinsworth
E01007720	Thrybergh North & Hooton Roberts	Dalton & Thrybergh
E01007737	East Herringthorpe North	Dalton & Thrybergh
E01007721	Dalton	Dalton & Thrybergh
E01007723	East Herringthorpe East	Dalton & Thrybergh
E01007719	Thrybergh South	Dalton & Thrybergh
E01007727	Thrybergh East	Dalton & Thrybergh
E01034251	Laughton North	Dinnington
E01007789	Laughton South & Dinnington North West	Dinnington
E01007785	Dinnington South East	Dinnington
E01007790	Dinnington Central	Dinnington
E01007791	Dinnington East	Dinnington
E01007788	Dinnington North East	Dinnington
E01007792	Dinnington South West	Dinnington
E01034252	Laughton West	Dinnington
E01007732	Rockingham West	Greasbrough
E01007728	Greasbrough East	Greasbrough
E01007733	Rockingham East	Greasbrough
E01007730	Wingfield	Greasbrough
E01007731	Greasbrough North	Greasbrough
E01007729	Munsbrough	Greasbrough
E01007685	Hellaby	Hellaby & Maltby West
E01007762	Maltby West - High School	Hellaby & Maltby West
E01007755	Maltby West - Dale Hill	Hellaby & Maltby West
E01007756	Maltby West - Explorers	Hellaby & Maltby West
E01007761	Maltby West - Addison Road	Hellaby & Maltby West
E01007754	Maltby West - Amory's Holt	Hellaby & Maltby West
E01007696	Wentworth & Harley	Hoober
E01034246	West Melton North	Hoober
E01007698	West Melton South	Hoober
E01007695	Brampton South	Hoober
E01007697	West Melton West	Hoober

E01007694	Brampton North	Hoober
E01007801	Thorpe Common & Scholes	Keppel
E01007740	Kimberworth Park East	Keppel
E01007742	Kimberworth North West	Keppel
E01007807	Kimberworth Park South	Keppel
E01007802	Thorpe Hesley Central	Keppel
E01007803	Thorpe Hesley West	Keppel
E01007808	Thorpe Hesley East	Keppel
E01007805	Kimberworth Park Roughwood	Keppel
E01007804	Kimberworth Park West	Keppel
E01007806	Kimberworth Park Central	Keppel
E01007772	Kilnhurst South & Sandhill East	Kilnhurst & Swinton East
E01007777	Kilnhurst Meadow View	Kilnhurst & Swinton East
E01007794	Swinton South	Kilnhurst & Swinton East
E01007798	Swinton South East	Kilnhurst & Swinton East
E01007795	Kilnhurst Piccadilly	Kilnhurst & Swinton East
E01007764	Maltby East - Birks Holt	Maltby East
E01007763	Maltby East - Town Centre	Maltby East
E01007757	Maltby East - Grange Lane	Maltby East
E01007759	Maltby East - Highfield Park	Maltby East
E01007760	Maltby East - Muglet Lane	Maltby East
E01007758	Maltby East - Salisbury Road	Maltby East
E01007783	Rawmarsh South	Rawmarsh East
E01007773	Ryecroft North	Rawmarsh East
E01007776	Rawmarsh South West	Rawmarsh East
E01007775	Rawmarsh North East	Rawmarsh East
E01007771	Ryecroft West	Rawmarsh East
E01007774	Ryecroft South	Rawmarsh East
E01007784	Parkgate	Rawmarsh West
E01007782	Rawmarsh North	Rawmarsh West
E01007781	Rawmarsh Monkwood	Rawmarsh West
E01007779	Manor Farm	Rawmarsh West
E01007780	Rawmarsh Victoria Park	Rawmarsh West
E01007778	Upper Haugh	Rawmarsh West
E01034248	Waverley	Rother Vale
E01034249	Orgreave East	Rother Vale
E01007700	Treeton East	Rother Vale
E01007699	Catcliffe	Rother Vale
E01007701	Treeton West	Rother Vale
E01007769	Eastwood Village	Rotherham East
E01007768	Eastwood Central	Rotherham East
E01007708	Herringthorpe South	Rotherham East
E01007736	Eastwood East	Rotherham East
E01007738	East Dene North East	Rotherham East
E01007770	East Dene North West	Rotherham East
E01007766	East Dene South	Rotherham East
E01007735	East Herringthorpe South	Rotherham East

E01007739	East Dene East	Rotherham East
E01007734	Herringthorpe North	Rotherham East
E01007716	Masbrough	Rotherham West
E01007718	Meadowbank	Rotherham West
E01007715	Ferham	Rotherham West
E01007717	Bradgate	Rotherham West
E01007744	Kimberworth South	Rotherham West
E01007741	Kimberworth North East	Rotherham West
E01007743	Dropping Well	Rotherham West
E01007746	Blackburn	Rotherham West
E01007745	Richmond Park	Rotherham West
E01034253	Whiston South & Morthen	Sitwell
E01007713	Moorgate East	Sitwell
E01007712	Broom South	Sitwell
E01007711	Stag South	Sitwell
E01007710	Herringthorpe East	Sitwell
E01007811	Whiston North	Sitwell
E01007812	Whiston East	Sitwell
E01007709	Stag North	Sitwell
E01007800	Swinton Central & Bridge	Swinton Rockingham
E01007796	Swinton North	Swinton Rockingham
E01007818	Swinton North West & Warren Vale	Swinton Rockingham
E01007799	Swinton West	Swinton Rockingham
E01007793	Swinton South West	Swinton Rockingham
E01007797	Bow Broom	Swinton Rockingham
E01007810	Thurcroft East	Thurcroft & Wickersley South
E01007690	Wickersley South	Thurcroft & Wickersley South
E01007687	Wickersley East	Thurcroft & Wickersley South
E01007815	Thurcroft Central & Brampton	Thurcroft & Wickersley South
E01007809	Thurcroft South West	Thurcroft & Wickersley South
E01007750	Wales West	Wales
E01007749	Kiveton Park North & Todwick Central	Wales
E01007747	Wales East	Wales
E01007751	Wales South & Woodall	Wales
E01007752	Kiveton Park South & Harthill North	Wales
E01007753	Harthill South & Thorpe Salvin	Wales
E01007821	Wath North East	Wath
E01007820	Wath North	Wath
E01007816	Wath South East	Wath
E01034247	Manvers	Wath
E01007822	Wath Central & Newhill	Wath
E01007819	Wath South	Wath
E01007817	Wath South West	Wath
E01007724	Brecks	Wickersley North
E01007686	Wickesley West	Wickersley North
E01007688	Listerdale	Wickersley North
E01032927	Sunnyside South	Wickersley North

E01007682	Bramley West	Wickersley North
E01007726	Flanderwell	Wickersley North
E01007725	Sunnyside East	Wickersley North
E01032926	Woodlaithes Village	Wickersley North

***Table 1**: Lower Layer Super Output Area code and name to ward best fit in Rotherham.*

Assessment of service availability and access

To assess service availability and access, pharmaceutical services data was compiled into a Master Spreadsheet and compared to the data on the Department of Health and Social Care Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE)[3] – a web-enabled application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE maps pharmacy locations against demographic information and indicators of health status and need. To assess the sufficiency of pharmaceutical services in Rotherham, analysis was made in terms of:

- **Choice of pharmacies:** Number of pharmacies per 100,000 residents (Section 4.1)
- **Geographical access:** SHAPE was used to identify walk-time, walk-distance, and drive time to pharmaceutical service providers (Section 4.2).
- **Opening hours:** Data on opening hours was tabulated to compare access in the week, at weekends and in the evenings (Section 4.3).
- **Service type:** Data were compiled for the number of outlets providing advanced and locally commissioned services to identify any areas of under-provision (Section 4.4).

Data from the HWR survey were used to complement this, asking participants questions about their ability to access a pharmacy, including method and time to travel to it and which days and times were convenient to visit.

Analysis of excluded populations and protected characteristics

To identify whether there are any disparities in access to pharmaceutical services according to characteristics such as deprivation and age (which are associated with greater health needs and poorer health outcomes), SHAPE was used to compare the profile of populations excluded from pharmaceutical provision with the demographic profile of Rotherham as a whole.

Unfortunately, data is not available to enable detailed analysis of whether people with most protected characteristics are disproportionately excluded from access to pharmaceutical services. For example, detailed and up-to-date data on the prevalence of disability at LSOA level is not available to enable analysis of whether access to pharmaceutical services is worse for people living with a disability.

[3] Department of Health and Social Care, Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE), https://shapeatlas.net/

However, because SHAPE does include IMD domains at LSOA level, analysis of access by the Health and Disability domain is used as a proxy indicator in analysis of access for several protected characteristics including disability.

Additionally, the HWR survey asked participants questions around protected characteristics, including deprivation and disability.

1.1.6 Consultation

A 60-day public consultation is being conducted from 14th July 2025. A consultation report is provided in Annex 1.

2 Rotherham: Demographic overview and summary of local health need

2.1 Rotherham: Demographic overview and summary of local health needs

Rotherham borough covers an area of 110 square miles and has a population of 270,000. Around half of the borough's population lives in the urban, central part of the borough. Others live in many outlying small towns, villages and rural areas. Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council-built housing estates, leafy private residential suburbs, industrial areas, rural villages, and farms.

Rotherham people live shorter lives, in poorer health than the UK average and there is substantial variation between different groups in terms of underlying health needs, ability to access services, experience of services and health outcomes. The points below give a flavour of the challenges and opportunities Rotherham faces over the next decade and are accurate as of May 2025 unless otherwise specified. A live, dynamic analysis of this and further information can be found in the Rotherham JSNA (https://www.rotherham.gov.uk/data/).

Population

- Rotherham has an age structure that is slightly older than the national average and a below-average percentage of people aged 18 to 29 because of students leaving Rotherham to study elsewhere, and young adults leaving the area for work.
- The population is growing due to there being more births than deaths, and more people moving to Rotherham to live.

Health Inequality

- 36% of the population live in the most deprived quintile and deprivation is a major cause of health inequalities.
- English is an additional language to 4.1% of our population.
- Over 11,000 children in Rotherham are living in absolute poverty.
- Over 3,700 people are currently accessing adult social care services, with around half of these over the age of 75.
- Over 23,000 people provide unpaid care, with over half of these doing so for more than 35 hours per week, and a third of adult carers feel socially isolated.
- In 2023, 1,236 families were identified as being at risk of homelessness.
- Life expectancy is lower than average for the people of Rotherham, and there is an inequalities gap of over 10 years between the most deprived and least deprived.

- Our residents develop poor health earlier than average and live longer in poor health than average; healthy life expectancy in 2021-23 in Rotherham is 56 years for males and females.

Health and health behaviours

- The prevalence of depression has risen to 17% in 2022, and 25% of school children reported problems with mental wellbeing in 2024.
- Deprivation significantly impacts patient experience and outcomes of chronic pain, mental health issues, diabetes, cardiovascular and other long-term conditions.
- Smoking is still the primary cause of morbidity and early mortality. Although smoking rates remain high, every year more people are successfully quitting.
- The percentage of physically active adults has decreased to 59% in 2023/24 and conditions such as stroke, coronary heart disease and hypertension remain higher than regional and national comparators.
- 40% of 11-year-old children and 72% of adults are overweight or obese.
- Adult community substance and alcohol services are able to support more people and have increased to over 950 people reached per year.
- Around 800 people engage in problem gambling, and around 3,200 in moderate risk gambling.

Access to care

- Screening uptake rates have generally been good in Rotherham compared to England, but for breast and cervical cancer, screening rates have not yet returned to pre-covid levels.
- Those in the most deprived areas are more likely to miss appointments and experience difficulties in accessing healthcare.

2.2 Population: Current population and forecasts

The population of Rotherham borough is 271,200 with an age structure that is slightly older than the national average (2023 estimate of population, though please note that due to data availability, a mid-2022 population has been used in this document where geographies are represented for smaller areas such as wards). Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving Rotherham to study elsewhere and young adults leaving the area for work. The high proportion of residents aged 50-64 is largely a reflection of high birth rates in the 1960s and early 1970s. Demographic change is likely to result in subsequent changes to demand for health and care services. The Rotherham population has increased steadily from an estimated 261,400 in 2014 to 271,200 in 2023 (+3.8%). This steady increase was a result of more births than deaths occurring locally, coupled with high net inward migration. The oldest age groups are the fastest growing, mainly those aged 75+.

The population of Rotherham is projected to grow as well as continue to change in age structure (figure 1). There will be an overall estimated 277,000 people living in Rotherham in 2030 and 290,000 people in 2040, with noted projected increases in those aged 70 years old and above.

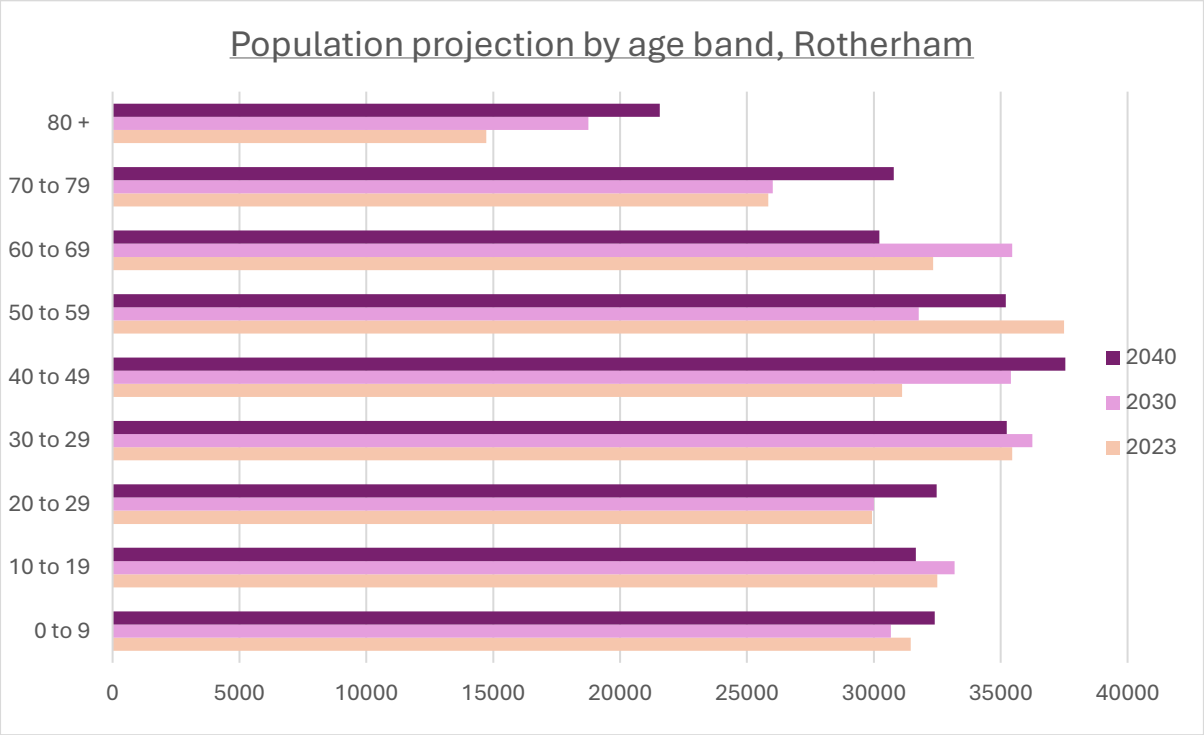


***Figure 1**: Rotherham population projections by age band.*

2.3 Population health needs in Rotherham

2.3.1 Cancer (QOF)

In the period 2023/24, there were 10,363 people living with cancer registered to a Rotherham GP (QOF prevalence data). This equates to 3.8%, 0.2 percentage points greater than the prevalence for England. This is also 0.6 percentage points higher than the proportion at the previous PNA in 2022. New cancer cases, 2022/23, were 1,805 equating to 669 per 100,000. This is higher than the national rate at 548 per 100,000, and 27 people per 100,000 higher than the crude incidence rate in Rotherham at the previous PNA in 2022.

2.3.2 Cardiovascular disease and risk factors

The prevalence of cardiovascular diseases such as Coronary Heart Disease (CHD) and Heart Failure are higher in Rotherham than England (QOF prevalence), both of which have considerable impacts on health with CHD being the single most common cause of premature death in the UK. In the period 2023/24, a total of 10,309 people, 3.8%, were on the CHD register in Rotherham, compared to 3.0% for England.

During the same period, there were 3,016 patients with heart failure, equivalent to 1.1% of the Rotherham population, the same as the proportion for England.

Hospital admissions for CHD for all persons were 1,685 in total, equivalent to 615 per 100,000, worse than that for England at 390 per 100,000. There was a consistent trend towards a decreasing rate of admissions in Rotherham between 2003/04 and 2020/21, however there has been a steady increase in the rate of admissions from 566 per 100,000 in 2021/22 to 615 per 100,000 in 2023/24. Admissions for heart failure were slightly higher in Rotherham than England, 184.9 per 100,000 and 179.6 per 100,000 respectively. There has been a steady increase in the rate of admissions in both Rotherham and England since 2020/21 to 2023/24.

During 2023/24, 2.3% of Rotherham residents had experienced a stroke, a total of 6,404, higher than the England prevalence at 1.9%. Risk factors for cardiovascular disease include smoking and hypertension, both of which have a greater QOF prevalence in Rotherham than England. In 2020/21, 46,489 residents (all ages) were living with hypertension, 17.0 %, compared to 14.8% in England. During the same period, 35,901 people, 16.1% of the population smoked compared to an England value of 14.5%. It is estimated that the prevalence of undiagnosed adult hypertension in Rotherham is 8.9% and in England is 8.6%.

2.3.3 Diabetes (QOF)

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. In 2023/24, 19,315 in Rotherham were living with diabetes, equivalent to 8.8 % (patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers). This has been increasing since 2012/13 and has remained above the England value throughout this time, with prevalence currently at 7.7%. The gap between the prevalence of diabetes in Rotherham compared to England has widened over the period, from 0.3 to 1.1 percentage points between 2016/17 and 2023/24. It is likely that the true prevalence is higher, and some will remain undiagnosed; in the 2022 Health Survey for England, the national prevalence of diabetes was 10%, comprised of approximately 5% of adults with doctor-diagnosed diabetes and a further 5% with undiagnosed diabetes.

2.3.4 Dementia

The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. For those aged 90 and above, the annual incidence of Alzheimer's type of dementia rises to 34.3 per 100 person years at risk; the prevalence is higher in women due to increased lifespan. In a third of cases, dementia is associated with other psychiatric problems.

In Rotherham, a total of 2,941 people were recorded as having dementia in 2020/21, a prevalence of 1.1%, higher than the value for England which was 0.8 %. (Recorded dementia prevalence is the number of people with dementia recorded on GP practice registers as a proportion of the people registered at each GP practice). Recorded prevalence in those aged 65 years old and above was also higher for Rotherham, 4.5% compared to 3.97% for England.

2.3.5 Respiratory disease (QOF)

The annual percentage of registered deaths where respiratory disease was the underlying cause in 2020 was 12.4% for Rotherham, higher than the England value which was 10.2%. For emergency hospital admissions for respiratory disease, 2022/23, Rotherham had 2,670 persons, a rate of 4,965 per 100,000, which is significantly worse than the England rate of 711 per 100,000. The under 75 mortality rate from respiratory disease in 2022 was 52 per 100,000, a total of 128 deaths. This is higher than the England value of 30.7 per 100,000.

2.3.6 Alcohol

Misuse of alcohol can have significant health implications, impacting on both the individual and the wider community. Nationally, the Health Survey for England 2022 showed 32% of men and 15% of women were drinking at a level of increased harm (over 14 units of alcohol a week). In Rotherham, in 2019/20, the estimate of number of alcohol dependent adults, was 1.69 per 100 compared to 1.37 nationally.

In 2022/23, there were a total of 5,892 admission episodes for alcohol-related conditions (broad definition), of which 4,159 were males and 1,733 were females. This is a rate of 2,201 per 100,000 – (3,240 for males and 1,271 for females) – all of which are significantly worse than the national average, which is a rate of 1,705 per 100,000 overall, 2646 for males and 881 for females. For both Rotherham and England, there is a substantially higher rate of admissions for men than women, which is consistent with data for previous years. In Rotherham, in 2022/23, the rate of admissions was 2.5 times higher for males than females, whereas it was 3 times higher for England. In Rotherham, there has been a gradual increase in the rate of admissions since 2016/17 across all three categories, however there was a slight decline between 2021/22 and 2022/23 (from 2,362 to 2,201 for persons).

In addition, for alcohol-specific conditions during the same period, there were 2,286 admissions of which 1,520 were male and 645 females. This is a rate of 866 per 100,000 for persons, 1,194 per 100,000 for males and 555 per 100,000 for females, all of which are significantly worse than the England rates of 581 per 100,000, 819 per 100,000 and 355 per 100,000 respectively. As with alcohol-related conditions, men have a substantially higher rate for alcohol-specific admissions than women. In Rotherham, in 2022/23, the rate of admissions is 2.2 times higher for males than females, where it is 2.3 times higher for England. In Rotherham, there was a notable increase in the rate of admissions since 2019/20 across all three categories, however there was a slight decline between 2021/22 and 2022/23 (from 1,017 to 866 for persons). There was a greater decline in the rate of admissions for men than for women.

2.3.7 Liver disease

Liver disease is one of the top causes of death in England and is having an impact on much younger people. Most liver disease is preventable and is often influenced by alcohol and obesity. The hospital admission rate due to liver disease in Rotherham, 2022/23, was 202.1 per 100,000 (persons). This value was higher in

males at 246.6 per 100,000, and lower in females at 160.1 per 100,000. The rates for Rotherham were higher (worse) across all three groups compared to the England average, where the hospital admission rate due to liver disease was 155.2 per 100,000 for persons, 194.8 per 100,000 for males and 118.6 per 100,000 for females.

The age-standardised, under 75 mortality rate from liver disease (persons, 1 year range), was 28.1 per 100,000 in 2023 compared to the value for England at 21.9 per 100,000. This has fluctuated in Rotherham since 2018, although it has trended towards increase since 2001. The under 75 mortality rate from alcoholic liver disease (persons, 3-year range), was 12.3 per 100,000 in 2021-23, which is slightly worse than the England value of 11.7 per 100,000. In Rotherham, this has increased consistently since the rate for 2018-20 and has trended towards increase overall throughout the data period.

2.3.8 Drug use

In 2019/20 there were 25 admission episodes (10 male and 15 female) where there was a primary diagnosis of drug related mental and behavioural disorders in Rotherham. This equates to 10 admissions per 100,000 population. This is lower than the England admission rate which is 13 per 100,000. During the same period, there were 685 admissions episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders which amounts to 276 admissions per 100,000 population. This is higher than the regional rate, which is 191 per 100,000 and the national rate, which is 181 per 100,000. Admission episodes with a primary diagnosis of poisoning by drug misuse were 80, a rate of 31 per 100,000 - equivalent to that of the national average.

In terms of dual diagnosis, in Rotherham in 2022/23, 76.1% of clients entering into drug treatment identified as having a mental health treatment need were also receiving treatment for their mental health. This is consistent with previous years and is marginally higher than the England average of 74.8%.

2.3.9 Mental health

The Adult Psychiatric Morbidity Survey (2014), found around one in six adults (17%) surveyed in England met the criteria for a common mental disorder and 39% of adults aged 16-74 with conditions such as anxiety or depression, were accessing mental health treatment. This figure has increased from 24% since the previous survey (2007). The data and report for the Adult Psychiatric Morbidity Survey (2023/24) will be release in July 2025.

In primary care in Rotherham 2022/23, the recorded prevalence of depression (aged 18+) was 17.3% a total of 36,892 persons. This is higher than the England value of 13.2% and has been increasing in Rotherham since 2012/13. This indicator was retired after 2022/23, so there is no data for the following year. The incidence of new diagnoses during 2023/24 (the most recent period) was 1.5%, a total of 3,145 persons, the same as the England value. Previously, the Rotherham incidence rate was greater than the England rate. This incidence has fluctuated in Rotherham since

being recorded in 2013/14, with an overall trend towards decrease since a peak of 2% in 2015/16.

2.3.10 Smoking (APS)

Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a risk factor for many diseases such as cancer, COPD and heart disease. Tobacco control measures can assist in reducing the prevalence of smoking in the population. In the Adult Population Survey (APS) Rotherham in 2023, the prevalence smokers aged 15 years and over was 14.5%, an increase from 14.0% in 2022.

The prevalence in Rotherham has decreased overall throughout the data period since 2013/14, from 21.9% to 14.5% in 2022/23, a decrease of 7.4 percentage points.

In Rotherham 2022/23, the rate of people who self-reported successfully quitting at 4 weeks of treatment in NHS Stop Smoking Services was 3,156 per 100,000 smokers aged 16 and over, double from 1,580 per 100,000 in 2018/19. This is substantially higher than the England average of 1,620 per 100,000.

There has also been a decrease in the number of mothers smoking during pregnancy, dropping from 12.5% in 2022/23 to 10.8% in 2023/24. The Rotherham prevalence in 2023/24 was higher than the England average of 7.4%. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The prevalence in Rotherham has decreased throughout the data period since 2010/11, from 23.0% to 10.8%, a decrease of 12.2 percentage points based on the number of maternities where smoking status is known.

2.3.11 Weight

The prevalence of excess weight has been increasing over time, both locally and nationally. Rotherham has a higher prevalence of excess weight than the national average. In 2022/23, 74.0% of adults in Rotherham were classified overweight or obese, compared to 67.2% regionally and 64.5% nationally – this equates to around 154,356 adults in Rotherham with excess weight. Of children in Rotherham schools, both excess weight in reception and excess weight in Year 6 aged children are above the national average. 24.7% of reception age children were overweight or obese in 2023/24, compared to 22.1% nationally and 40.5% of Year 6 children were overweight or obese in 2023/24, compared to 35.8% nationally (National Child Measurement Programme). The proportions of reception and Year 6 students who are overweight or experiencing obesity have fluctuated over the data period since 2007/08.

2.3.12 Physical activity

In 2023/24, 58.8% of adults in Rotherham were meeting the national physical activity guideline, while in England 67.4% of adults were attaining the recommended level

(at least 150 minutes of moderate intensity activity each week or at least 75 minutes of vigorous intensity activity per week). In Rotherham, this decreased from 64.1% in 2022/23, a 5.3 percentage point decrease. Prior to this, the proportion of physically active adults had stayed consistent since 2019/20.

In 2023/24, 44% of children and young people were meeting the national physical activity guideline (an average of at least 60 minutes moderate to vigorous intensity activity per day across the week), lower than the England average of 47.8%. In Rotherham, this was a decrease from 48.7% in 2022/23. Over the data period, since 2017/18, the proportion of children in Rotherham meeting the national physical activity guideline has fluctuated between approximately 42% and 49%.

2.3.13 Sexual health

As of 2023, Rotherham had a smaller rate than England for all STI diagnoses, with 1,614 diagnoses equating to 601 per 100,000 in Rotherham compared to 704 per 100,000 in England. This difference between Rotherham and England is consistent with previous years. The rate of all STI diagnoses in both areas has increased since 2021, and in Rotherham the rate in 2023 was similar to pre-Covid levels with 614 diagnoses per 100,000 in 2019, compared to 601 in 2023.

HIV testing is integral to the treatment and management of HIV infection and awareness of HIV status can assist with improving survival rates, improving quality of life and can reduce the risk of onward transmission. The HIV testing rate for Rotherham was significantly worse than the England average, at 2,355 per 100,000 in Rotherham compared to 2,771 per 100,000 in England in 2023. It should be noted that this does not take community testing into account.

The HIV diagnosed prevalence rate for those aged 15 to 59, 2023, was 1.70 per 1,000 in Rotherham, better than the England rate of 2.40 per 1,000. Rotherham's diagnosed rate has consistently been lower than England, although it has increased across the data period, from 0.97 in 2011 to 1.70 in 2023. For the same period, the new HIV diagnosis rate per 100,000, which includes people of all ages, was better in Rotherham than the England, with a rate of 8.5 diagnoses per 100,000 population in Rotherham compared to 10.4 per 100,000 in England. The rate in Rotherham has fluctuated throughout the period, but increased substantially from 3.7 diagnoses per 100,000 population in 2022 to 8.5 per 100,000 in 2023. Both the Rotherham and England rates have increased since 2020.

Both the syphilis and gonorrhoea diagnostic rate in Rotherham were significantly better than the England rate at 11.2 per 100,000 and 111 per 100,000 compared to 16.7 per 100,000 and 149 per 100,000 respectively. The syphilis diagnostic rate in Rotherham decreased between 2022 and 2023, after having increased substantially between 2020 and 2022. The gonorrhoea diagnostic rate in Rotherham has increased substantially since 2021, from 38 per 100,000 in 2021 to 111 per 100,000 in 2023, and is nearly 3 times larger.

The chlamydia detection rate for those ages 15 to 24, was statistically better in Rotherham than England in 2023; 2,549 per 100,000 for Rotherham compared to 1,962 per 100,000 for England. The detection rate in Rotherham has been

increasing since 2022, after decreasing substantially in 2020. However, it is not yet back at pre-Covid levels; 3,040 per 100,000 in 2019.

2.3.14 Limiting long term illness and disability

A relatively high proportion of Rotherham's population have a long-term condition or are living with a disability. In the 2021 Census in Rotherham, 56,177 people (21.1%) reported having a limiting disability, defined by long-term physical or mental health conditions or illnesses. This was 2.8 percentage points higher than England as a whole (17.3%). Caution should be taken when making comparisons between 2011 and 2021 because of changes in question wording and response options. Of the people in Rotherham with a limiting disability, 26,118 people (9.8%) had a disability that limited their day-to-day activities a lot, whilst 30,059 (11.3%) had a disability that limited their day-to-day activities a little. The percentage of people who were identified as being disabled and limited a lot in Rotherham decreased by 2.1 percentage points between the 2011 and 2021 Census.

In the Rotherham School Survey in 2023/24, 1,337 (29.5%) students answered 'yes' to having a long-term illness, medical condition or disability that has been diagnosed by a doctor, compared to 21% in 2022/23 and 25% of young people nationally in 2021/22.[2]

In 2014-15, 14.9% of Rotherham residents were living with a long-term illness, disability or medical condition diagnosed by a doctor at aged 15. In 2011, 31,001 people (12%) in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill-health/disability or problems related to old age.

2.3.15 Vision, hearing and physical impairments

A greater risk of sight loss is associated with increased age and Rotherham has a higher proportion of older age groups compared to the average of England. Poor health and other health conditions can be linked to sight loss such as smoking and obesity which can increase the risk of developing diabetes leading to sight loss.

In Rotherham, there are an estimated 9,150 people, 3.4% of the population, living with sight loss; 5,880 people living with mild sight loss, 2,050 with moderate sight loss, 1,230 with severe sight loss.[3]

8.1% of people reported deafness or hearing loss in Rotherham in the GP Patient Survey in 2024, significantly greater than the England average of 5.8% (a 2.3 percentage point difference).[4] With the exception of 2017, Rotherham has consistently had a significantly larger proportion of people reporting deafness or hearing loss than England.

1.2% of people registered to a Rotherham GP reported having a learning disability in the GP Patient Survey, data updated 2021.

2.3.16 Multiple morbidities

Multimorbidity is almost universal in older adults, and prevalence increases with age. Although multi-morbidities have been researched extensively, one precise definition does not exist and the number, type (physical or mental health) and selection criteria for conditions included in multi-morbidity indices vary. Measures of multi-morbidity and frailty are being developed on Fingertips. [5] In a good-quality retrospective cohort study in England (with 403,985 participants), the overall prevalence of multimorbidity was 27.2%. [6] Females had a higher prevalence of 30%, compared to 24.4% for males.

General practice data suggests that, for a total of 268,849 registered patients, 38.7% of patients had at least 1 co-morbidity.

2.4 The role of pharmacy in addressing inequality in Rotherham

This section of the assessment focusses on the pharmaceutical needs of those most likely to experience inequalities and barriers to accessing care in Rotherham and the ways in which community pharmacy can address these needs. This includes consideration of:

- People living in the 20% most deprived communities (according to IMD, 2019)
- Those with one or more protected characteristics defined within the Equality Act 2010 (age, disability; pregnancy and maternity; race which includes colour, nationality, ethnic or national origins; religion (including a lack of religion) or belief; sex; sexual orientation; gender re-assignment; marriage and civil partnership.)
- Inclusion health groups, such as:
    - Asylum seekers and refugees
    - Gypsy, Roma and Traveller communities
    - Homeless people and rough sleepers
    - People with drug or alcohol dependence
    - Those in contact with the criminal justice system
    - Sex workers

It should be noted that geography can also be a key driver of inequality, but detailed analysis of geographical factors influencing access to pharmacies in Rotherham is covered in Section 4.2.

2.4.1 Socioeconomic deprivation

Socioeconomic deprivation is a major driver of health inequalities in Rotherham, with 36% of communities living in the 20% most deprived communities in England according to IMD, 2019. Those living in areas of high deprivation are more likely to experience poor health outcomes and live with chronic disease than those living in areas of lower deprivation. This means that areas of high deprivation may have a high level of pharmaceutical need.

However, whilst the need may be high, there are several barriers for deprived communities seeking to access pharmaceutical services:

- Financial barriers. This can include the cost of medication, but also the 'hidden costs' associated with accessing pharmacy services (such as the cost of transport.) Pharmacists should provide advice on eligibility criteria for free prescriptions. As outlined in Section 4.2, ensuring that residents in Rotherham can access a pharmacy within a short walk or via public transport is also important.
- Shift and/or insecure work. People living in the most deprived communities are more likely to do shift or casual/insecure work, which is generally less flexible than other types of work and can make accessing services outside of working hours more challenging. Section 4.3 considers availability of pharmacies according to opening hours and has taken this into account.
- Digital exclusion. Those living in areas of high deprivation are more likely to have no internet at home and/or to be digitally excluded. While digital provision such as online ordering can help improve access to pharmaceutical services for some groups, it should not be at the expense of physical provision, as this could widen health inequalities.

Section 3 outlines the distribution of pharmacies in Rotherham.

2.4.2 Age

Age can influence medicine choice and the route of administration, meaning pharmacies must be able to flex to address differing needs by age.

Older people are also more likely to have a higher prevalence of illness, and subsequently may take more medication. Medication management in older age groups can be complex due to multiple disease, polypharmacy and metabolism changes due to the ageing process. Pharmacy services can help to meet the needs of older people through medication ordering and reordering support, home delivery and compliance aids such as reminder charts. Pharmacies can also support independence in older age by supplying daily living aids and signposting to additional support systems.

Similarly, younger people have a different ability of metabolism and drug elimination. For children and young people, advice can be given to parents on medicine/appliance usage and the different routes of drug administration.

Certain provisions within community pharmacies are targeted to certain age cohorts, such as the flu vaccine. These provisions are purposefully targeted in order to address inequalities that are influenced by age (such as deaths or serious illness from flu).

2.4.3 Disability

The needs of disabled people in accessing pharmacy services are extremely diverse and vary by disability.

For those with mobility issues, physically accessing pharmacy services has the potential to be challenging. Ensuring that pharmacies have both disabled parking and other accessibility measures such as ramps and sufficient space within the pharmacy for wheelchairs can help to mitigate barriers to access. Pharmacies may also provide a delivery service.

For those with visual impairments (as well as for those with mobility issues), it would be beneficial for pharmacies to ensure that the pathway is clear and unobstructed. Additionally, lighting, contrasting colours and the use of tactile signage, such as Braille may be supportive for those with visual impairments.

Pharmacists may need to adjust their approach to communication for those with certain disabilities, such as some learning disabilities or those with hearing impairments.

If a client has a physical or mental impairment that impacts their ability to manage their medication, pharmacies could apply reasonable adjustments to packaging or instructions to support.

2.4.4 Pregnancy and maternity

This group may require advice on safe use of medication in pregnancy and breastfeeding. There are also many common health problems that are associated with pregnancy and the post-partum period, which pharmacies can provide advice and guidance on.

Additionally, ensuring that pharmacies are wheelchair accessible has the additional benefit of making them pram accessible, which may make pharmacies easier to access for those with young children.

2.4.5 Race

Ethnic minority communities experience health inequalities and generally worse health outcomes than the overall population (although patterns vary for each health condition and some groups have worse health than others.) Deprivation is likely to be a driving factor in this inequality, meaning that some of the barriers in the section on socioeconomic deprivation section may apply.

Particularly for those who were born outside of the UK, there may be additional barriers, such as language and a lack of understanding of how the UK healthcare system works. Where appropriate, pharmacies should consider translated materials and/or services and should take care to ensure patients understand the services and support that are available to them.

2.4.6 Religion

Religious belief may influence the medications that an individual is willing to take, such as medications including animal products. Certain customs such as fasting or specific prayer times may also impact a patient's adherence to treatment plans.

Pharmacies should provide sensitive advice and guidance to patients and find alternative options where appropriate.

2.4.7 Sex

Some services provided by pharmacies are sex-specific, such as female contraception.

Women are more likely to provide unpaid care, so may be more likely to access pharmacy services on behalf of older or younger relatives. Some of the mitigations outlined in the age section of this assessment may also benefit unpaid carers, such as home delivery and advice and guidance on the appropriate use of medications based on age.

2.4.8 Sexual orientation

LGBTQ people are more likely to engage in certain behaviours that are associated with poor health outcomes, such as smoking. Pharmacies should offer advice or signpost to relevant support such as smoking cessation services where appropriate.

Pharmacies should offer advice or signpost to relevant support such as smoking cessation services where appropriate.

Men who have sex with men may also be at greater risk of HIV and may benefit from targeted, preventative treatment (such as Pre-Exposure Prophylaxis).

2.4.9 Gender reassignment

Medication often plays a critical role in gender reassignment, making it important that pharmacists have a good understanding of the health needs of this group. This group may experience stigma, which could influence their access to and experience of healthcare services. On this basis, it is recommended that pharmacists consider ways to ensure that pharmacies are inclusive spaces for transgender and gender-diverse individuals.

Transgender and non-binary people may also be at greater risk of certain health conditions and may benefit from targeted preventative treatment (such as Pre-Exposure Prophylaxis to reduce the risk of getting HIV).

2.4.10 Marriage and civil partnership

No specific pharmaceutical needs have been identified in relation to this protected characteristic.

2.4.11 Asylum seekers and refugees

Asylum seekers and refugees are amongst the most vulnerable groups within society, with often complex health and social care needs. Many asylum seekers

arrive in relatively good health but the most common health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking
- Sexual health needs – Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seekers.
- Consequences of injury and torture.
- Trauma and poor mental health.

Asylum seekers and refugees may need additional support in navigating the healthcare system and understanding what they have access to from a pharmaceutical perspective. Where appropriate, pharmacies should consider translated materials and/or services.

2.4.12 Gypsy, Roma and Traveller communities

Gypsy, Roma and Traveller communities face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance, misuse and diabetes. These issues are representative of various lifestyle factors alongside lack of integration with mainstream support services and a lack of trust in such institutions. Pharmacies building trust with this community may be challenging but could be critical in improving health outcomes.

2.4.13 People with drug and/or alcohol dependence

Drug and alcohol dependence is associated with a number of adverse health outcomes and lower life expectancy. Pharmacological support can play an integral role in an individual's recovery and there are enhanced/locally commissioned services that are specifically targeted at supporting this group, such as needle exchange and supervised consumption.

As a vulnerable population group, it is important that this group has access to pharmacy services, including these locally commissioned services. It is recommended that the coverage for this population group is carefully considered in any decisions taken around pharmacy provision.

2.4.14 Homeless people and rough sleepers

Homeless people and rough sleepers are more likely to experience poor health outcomes and have complex and intersecting health needs, including serious mental illness. Long-term physical health conditions are also common in this population, as are communicable diseases, such as hepatitis or tuberculosis.

This group may also lack trust in health services, which is a barrier to access. Pharmacies building trust with this community may be challenging but could be critical in improving health outcomes.

Homeless people and rough sleepers are more likely than the general population to experience drug and/or alcohol dependence. As above, it is recommended that the access to pharmacies and the coverage of enhanced services around supervised consumption and needle exchange is carefully considered to ensure the needs of this vulnerable group are met.

2.4.15 Those in contact with the criminal justice system

Poor mental health is higher for those in contact with the criminal justice system, as are other health issues, including certain communicable diseases, such as Hepatitis B and C and HIV. They are also more likely than the overall population to engage in certain behaviours that are associated with poor health, such as smoking.

Those in contact with the criminal justice system are more likely than the general population to experience drug and/or alcohol dependence. As above, it is recommended that access to pharmacies and the coverage of enhanced services around supervised consumption and needle exchange is carefully considered to ensure the needs of this vulnerable group are met.

2.4.16 Sex workers

Sex workers are at a higher risk for a number of health issues, including violence, poor mental health and STIs. Stigma and discrimination can also inhibit sex workers from accessing support and healthcare services. Pharmacies building trust with this community may be challenging but could be critical in improving health outcomes.

Sex workers are more likely than the general population to experience drug and/or alcohol dependence. As above, it is recommended that access to pharmacies and the coverage of enhanced services around supervised consumption and needle exchange is carefully considered to ensure the needs of this vulnerable group are met.

2.4.17 Visitors to the area for business or to visit friends and family

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Rotherham. As they are only in the county for a short while their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care or
- Signposting to other health services such as a GP or dentist

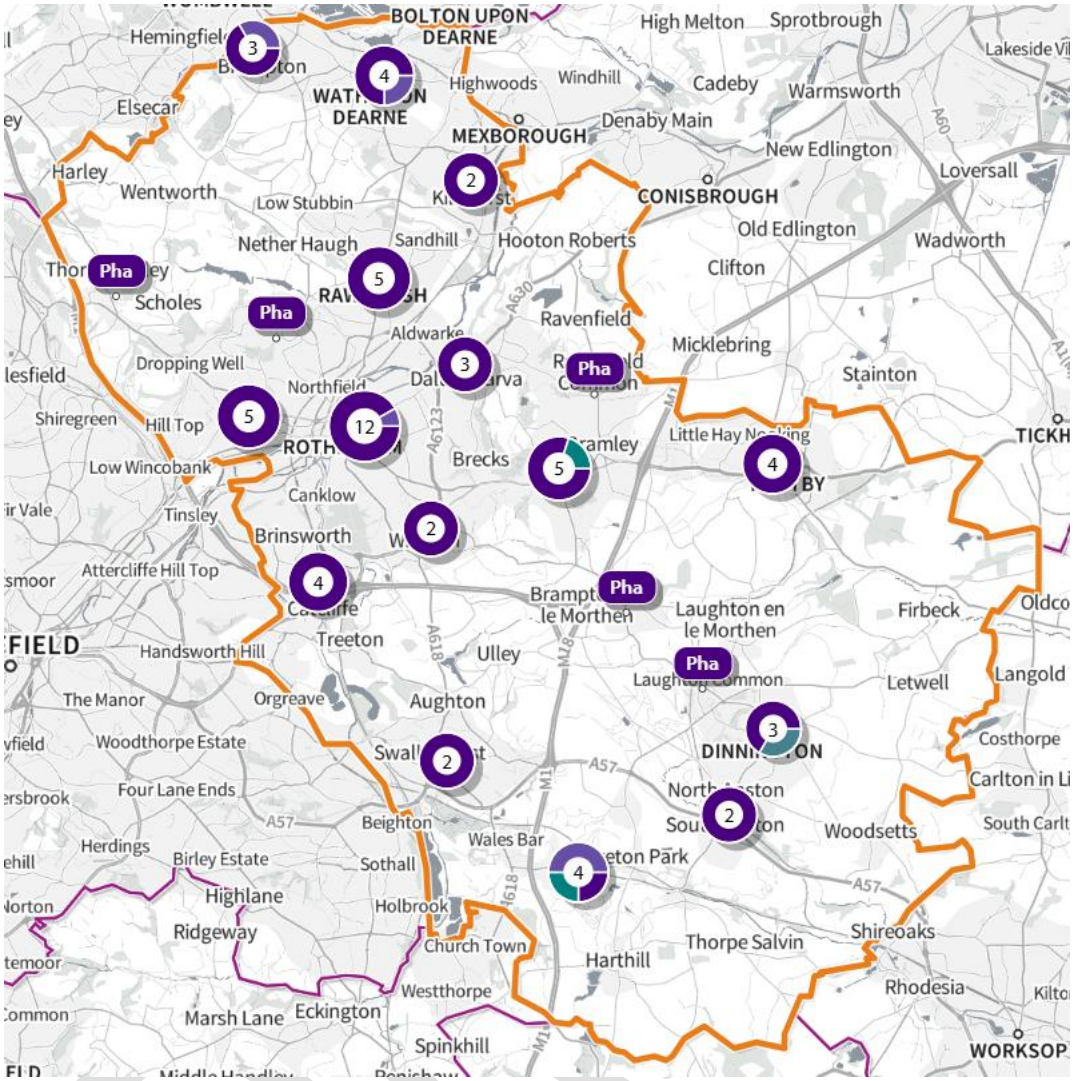
3 Current provision of pharmaceutical services in Rotherham

As of January 2025, there were 65 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board (maps 1-5). This includes:

- 61 Pharmacies
- 1 dispensing appliance contractor (DAC)
- 3 dispensing GP Practices.

A full list of pharmaceutical service providers is provided in Annex 4. The distribution of service providers across Rotherham is visually provided at Maps _.

Map 1: Premises at which pharmaceutical services are provided in Rotherham



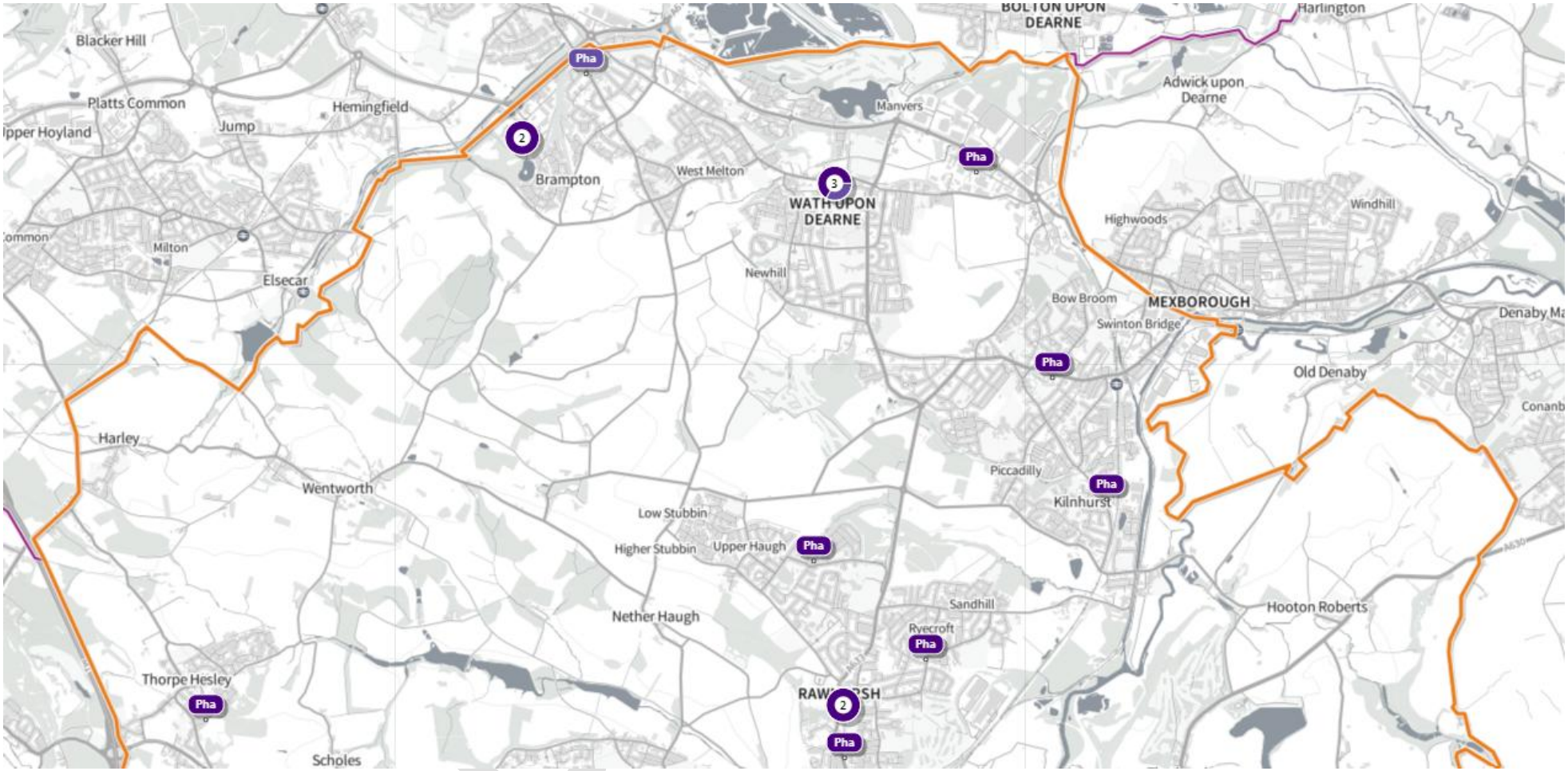
Key

Pha Single Pharmacy

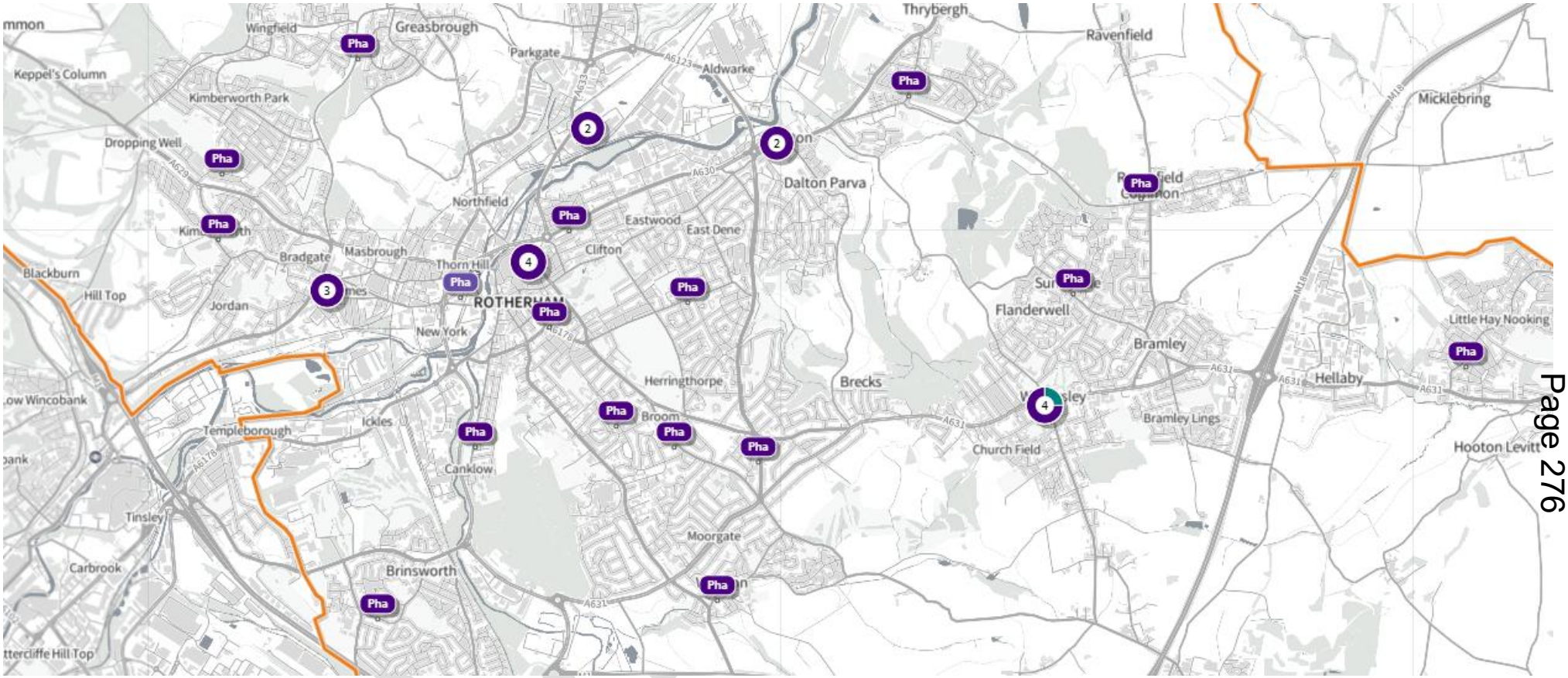
5 Multiple pharmacies located too close together to be able to display separately without increasing the resolution

3 Pharmacy/ies and Dispensing GP/s which are located too close together to be able to display separately without increasing the resolution (here, there are three providers in total – two pharmacies, and one Dispensing GP)

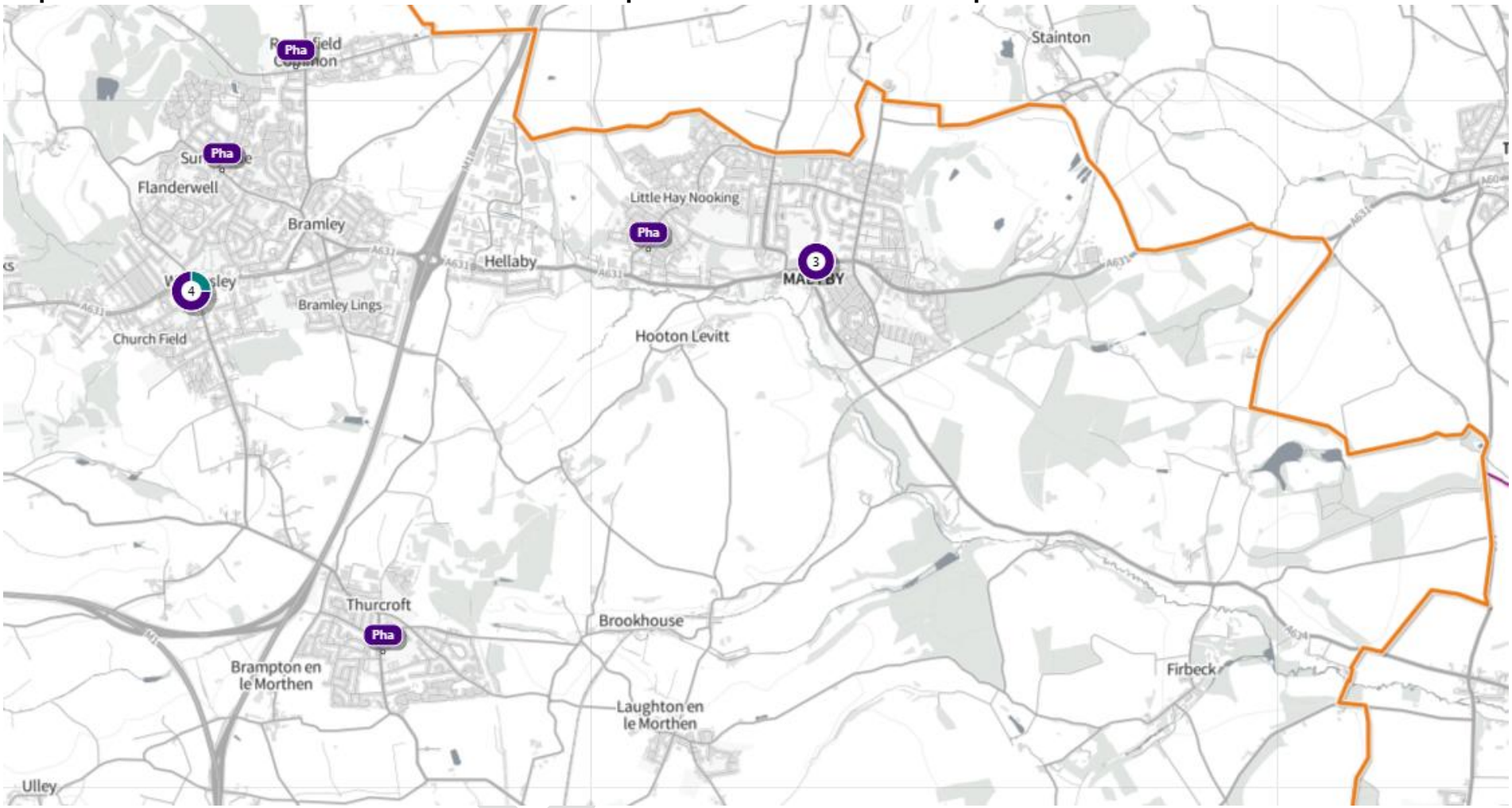
Map 2: North Rotherham: Premises at which pharmaceutical services are provided



Map 3: Central / West Rotherham: Premises at which pharmaceutical services are provided



Map 4: Central East Rotherham: Premises at which pharmaceutical services are provided



Map 5: South Rotherham: Premises at which pharmaceutical services are provided

4 Assessment of service availability

4.1 Pharmaceutical service providers per 100,000 people

For the purposes of determining whether the number of pharmacies in Rotherham is sufficient for the population size of Rotherham and whether there is sufficient choice, it was determined that the total number of pharmacies per head of population should be comparable with, or better than, the national average. In England, 2023/24, there were 12,009 active community pharmacies[4], and a population of 57,690,323[5] (mid-2023). This indicates 20.8 pharmacies per 100,000 population head.

There are 61 community pharmacies in Rotherham, and a population of 268,267 (mid-2022 – most recent estimate for local areas) indicating 22.7 pharmacies per population head. The range within Rotherham is from 60.0 per 100,000 in Boston Castle ward to 9.6 per 100,000 in Brinsworth ward. 15 wards have a rate of pharmacies per 100,000 population head below the Rotherham average (below is worse) (table 2).

The wards with the highest rate are Boston Castle, Rawmarsh West and Rawmarsh East (60.0, 42.1, and 34.0 per 100,000 respectively). The wards with the lowest rates are Brinsworth, Bramley & Ravenfield, and Aston & Todwick (9.6, 10.7, and 10.7 respectively).

Ward	Index of Multiple Deprivation Score (Red = most deprived, green = least deprived)	Number of pharmacies	Population	Average population per pharmacy	Pharmacies per 100,000 population head
Rother Vale	24.9	2	9980	4990.0	20.0
Boston Castle	36.9	9	14989	1665.4	60.0
Aston & Todwick	14.9	1	9307	9307.0	10.7
Dalton & Thrybergh	54.4	3	8957	2985.7	33.5
Rawmarsh East	36.8	3	8820	2940.0	34.0
Wath	30.7	4	12207	3051.8	32.8
Rotherham West	39.2	3	14438	4812.7	20.8
Rawmarsh West	30.8	4	9490	2372.5	42.1
Hoober	24.9	3	11027	3675.7	27.2
Sitwell	13.7	2	13439	6719.5	14.9
Rotherham East	57.5	2	16638	8319.0	12.0
Wales	15.7	3	10302	3434.0	29.1

[4] General Pharmaceutical Services in England 2015-16 - 2023-24, General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA

[5] Estimates of the population for England and Wales - Office for National Statistics

Kilnhurst & Swinton East	27.7	1	7792	7792.0	12.8
Dinnington	29.4	3	11941	3980.3	25.1
Anston & Woodsetts	16.3	2	12170	6085.0	16.4
Maltby East	44.6	2	9528	4764.0	21.0
Thurcroft & Wickersley South	29.5	2	9789	4894.5	20.4
Keppel	26.0	2	13933	6966.5	14.4
Greasbrough	43.7	1	7817	7817.0	12.8
Wickersley North	18.9	3	11645	3881.7	25.8
Hellaby & Maltby West	17.7	2	8395	4197.5	23.8
Bramley & Ravenfield	14.3	1	9366	9366.0	10.7
Brinsworth	20.8	1	10407	10407.0	9.6
Aughton & Swallownest	25.1	1	7513	7513.0	13.3
Swinton Rockingham	29.3	1	8377	8377.0	11.9
Total		**61**	**268267**	**4397.8**	**22.7**

***Table 2**: Pharmacy availability per population head, Rotherham and Rotherham wards.*

4.2 Availability and access according to distance and travel time

For the purposes of determining whether residents require better access and towards identifying improvements for pharmaceutical services **the proportion of the population within 15-minute walk of a provider pharmaceutical services** was reviewed. This indicator was selected because rates of car ownership are not uniform across the population.

In Rotherham, 23% of our population do not have access to a car or van in their household (26,000 of 114,000 households). The range across the borough is 5% to 62%, and if grouped into deprivation, this is 40% in the most deprived decile through 10% in the least deprived. There is a correlation, figure 2, showing a more deprived area has a greater proportion of the population that does not have access to a car or van and therefore may require access to a pharmacy be either a walk or on public transport.

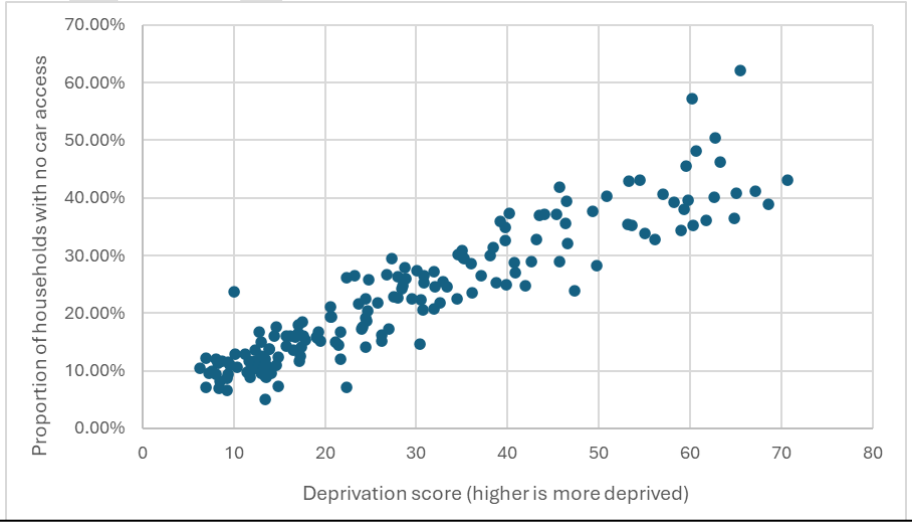


***Figure 2**: LSOA deprivation score and proportion of households with no car access.*

Two additional indicators of geographical access were also considered:

- the proportion of the population **within a 1.6km walk** of a provider of pharmaceutical services; and
- the proportion of the population within a **10-minute drive (during rush hour)** of a provider of pharmaceutical services.

Included and excluded populations are calculated using LSOA geographic boundaries and a LSOA is excluded from the count of population if the LSOA centroid is not within the travel catchment selected.

In analysing availability, consideration was given to whether there is sufficient access to pharmaceutical services across the population as a whole and also how access differs according to deprivation and age – both factors which are associated with poorer health.

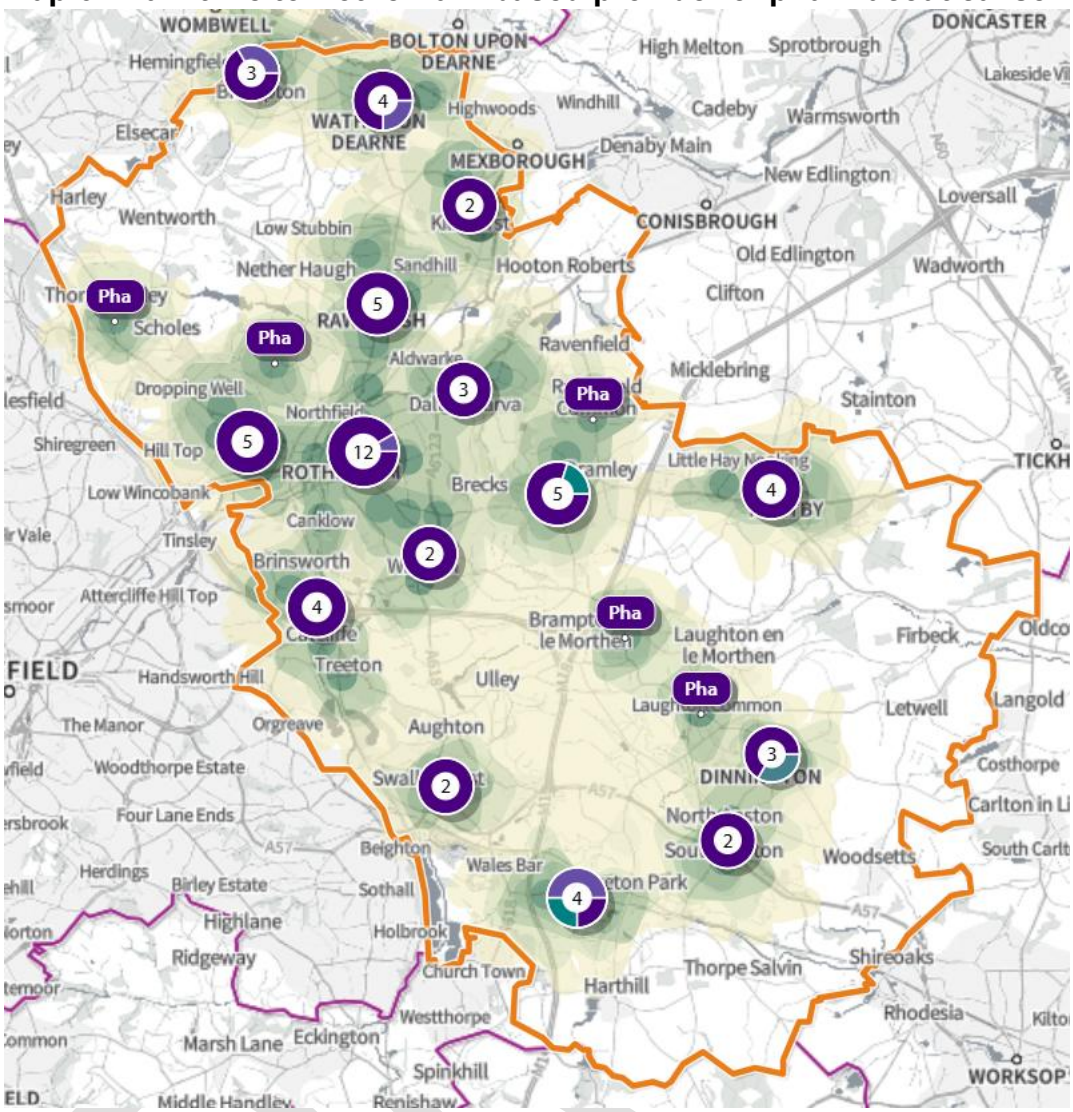
There is no national guidance or definition of sufficient access, but where possible, comparisons were made with figures included in the 2022 PNA.

For the sake of simplicity, the detailed analysis outlined below focuses primarily on Rotherham-based providers although it is possible Rotherham residents access pharmaceutical providers outside of Rotherham.

4.2.1 Walk time

Map 6 shows how walk time to pharmacies varies across Rotherham. The darker the shading, the less time it takes to walk to a pharmaceutical service provider.

Map 6: Walk time to Rotherham-based provider of pharmaceutical services



From Table 3, we see that 83.4% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider. This is 3.9 percentage points lower than the proportion in the 2022 PNA.

Table 3: Walk time to a Rotherham-based provider of pharmaceutical services

	Included Rotherham residents	Included Rotherham residents	Excluded Rotherham residents	Excluded Rotherham residents
Walk time to a Rotherham-based provider of pharmaceutical services	**Number**	**%**	**Number**	**%**
5 mins	92,875	34.6%	175,392	65.4%
10 mins	187,527	69.9%	80,740	30.1%
15 mins	225,776	84.2%	42,491	15.8%
20 mins	254,684	94.9%	13,583	5.1%
30 mins	261,979	97.7%	6,288	2.3%

Figure 3 provides detail about the demographic profile of those Rotherham residents living more than 15 minutes-walk from a provider of pharmaceutical services – referred to as 'the excluded'.

The areas that are excluded, due residents living more than 15 minutes' walk from a Rotherham-based pharmaceutical services provider, are a population of 42,491 residents from 28 LSOAs. This is an increase of 5,183 people and 4 LSOAs compared to the 2022 PNA.

Deprivation and age

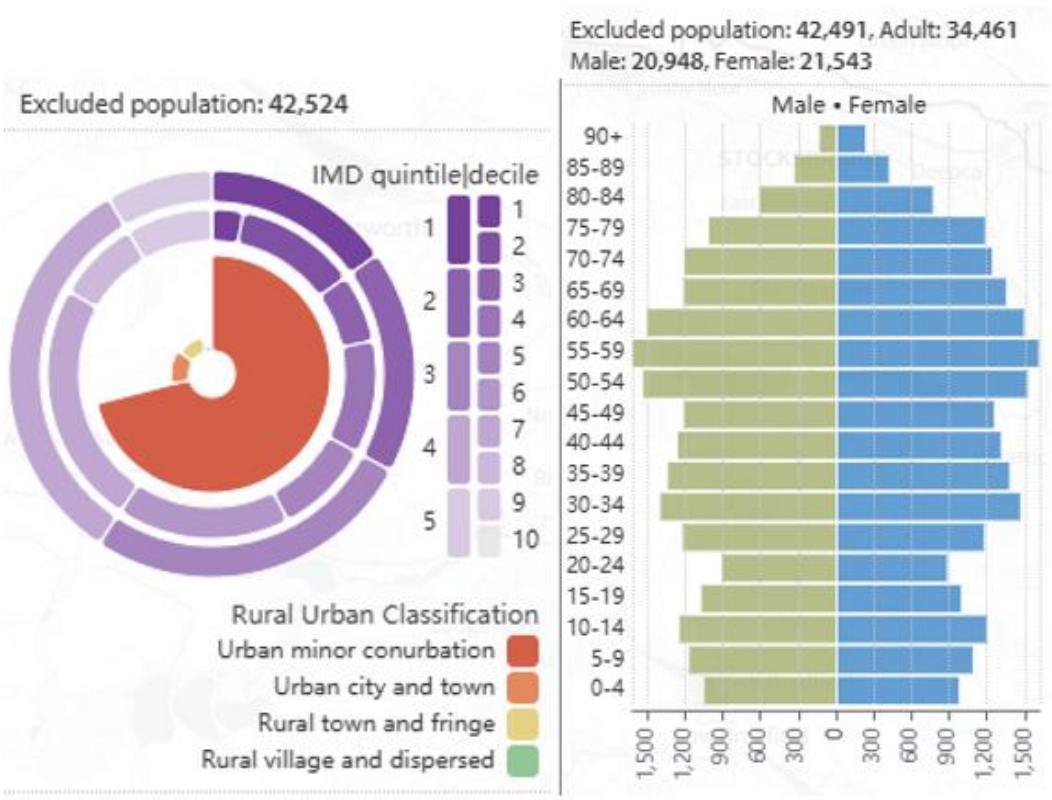
93.2% (87,883) of residents who live in the 20% most deprived LSOAs are within a 15-minute walk of a pharmacy. 6.8% (6,401) are further than a 15-minute walk from a pharmacy.

Of LSOAs with population excluded, 1 had an IMD score of 1 (most deprived), 3 had a score of 2, 2 with a score of 3, 3 with a score of 4, 3 with a score of 5, 5 with a score of 6, 7 with a score of 7, 2 with a score of 8 and 2 with a score of 9 (least deprived) (table 4).

IMD decile	Number of LSOAs with some population excluded
1 (most deprived)	1
2	3
3	2
4	3
5	3
6	5
7	7
8	2
9 (least deprived)	2

The proportion of the population aged over 65 in Rotherham is 19.8%, higher than the England average of 18.7%. Of the 28 LSOAs with excluded population, 21 have a greater percentage of the population over 65 years old compared to Rotherham (ranging from 20.5% to 36.9%). Of the 4 excluded LSOAs which were in the most deprived quintile, 2 have a greater population of those aged 65 than the Rotherham average.

Figure 3: Demographic characteristics of population living more than 15 minutes' walk from a Rotherham-based pharmaceutical services provider.

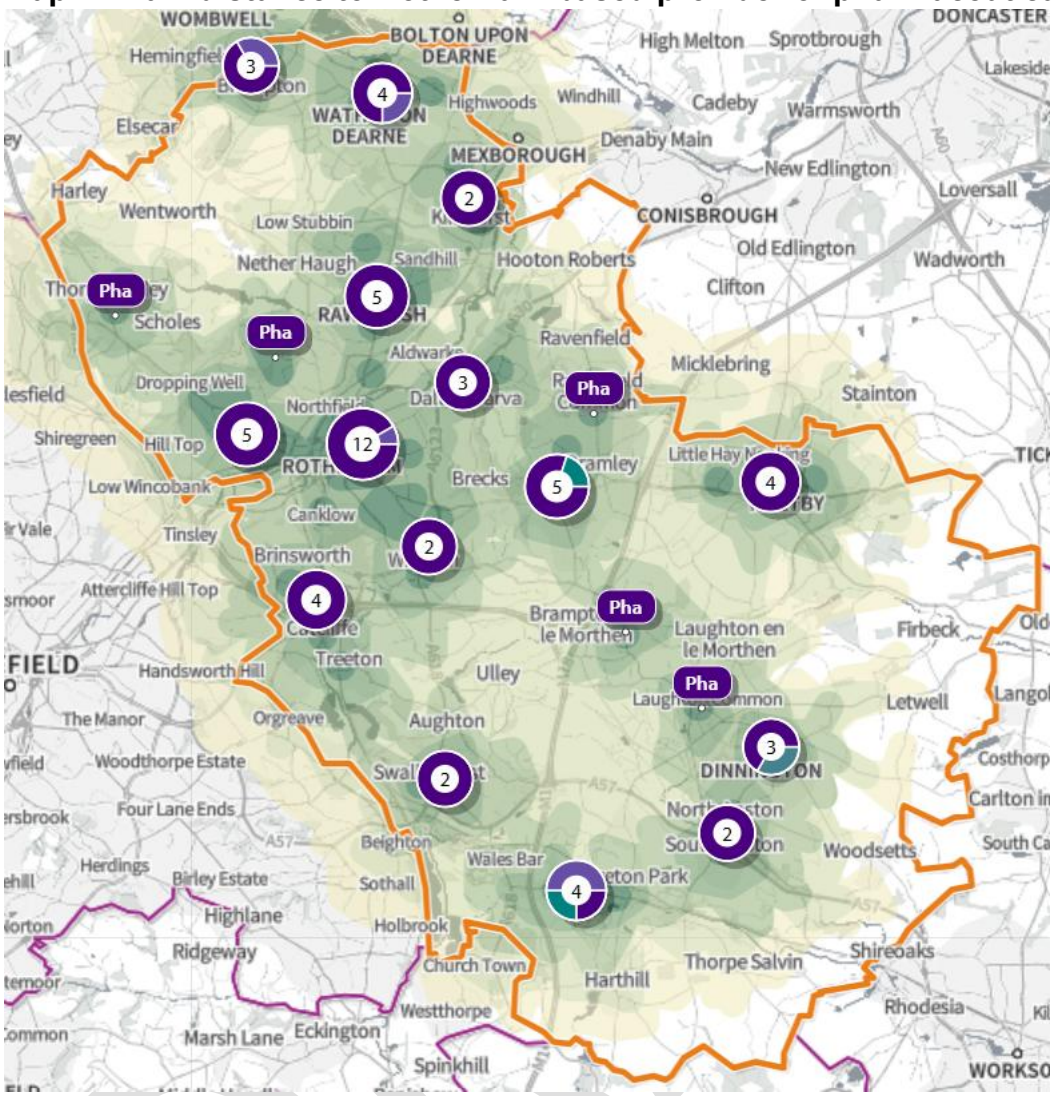


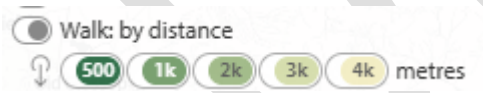
Due to the dispersed geography of these excluded LSOAs, there are no obvious single geographies excluded, that have a high population density, where a new service provider would reduce the volume of people excluded.

4.2.2 Walk distance

Map 7 and table 5 show the walk distance to pharmaceutical services in Rotherham. The darker the shading, the closer the population is to a provider of pharmaceutical services.

Map 7: Walk distance to Rotherham-based provider of pharmaceutical services





	Population included within this radius	Population included within this radius	Population living beyond this radius	Population living beyond this radius
Walk distance Rotherham-based provider of pharmaceutical services	**Number**	**%**	**Number**	**%**
500m	147,355	54.9%	120,912	45.1%
1.6km (1 mile)	256,105	95.5%	12,162	4.5%
3km	266,433	99.3%	1,834	0.7%
4km	268,267	100.0%	0	0.0%

***Table 5**: Walking distance to a Rotherham pharmaceutical provider.*

4.2.3 Drive time

As shown in Table 6, 100% of Rotherham-based residents live within a 10-minute drive of a Rotherham based pharmaceutical services provider during rush hour.

	Rotherham population living within this drive time of a Rotherham-based provider of pharmaceutical services	Rotherham population living within this drive time of a Rotherham-based provider of pharmaceutical services	Rotherham population living outside this drive time of a Rotherham-based provider of pharmaceutical services	Rotherham population living outside this drive time of a Rotherham-based provider of pharmaceutical services
Drive time (in rush hour)	**No.**	**%**	**No.**	**%**
5 mins	263,464	98.2%	4,803	1.8%
10 mins	268,267	100.0%	0	0.0%

***Table 6**: Driving time to a Rotherham pharmaceutical provider.*

4.2.4 Access to cross-border pharmaceutical services

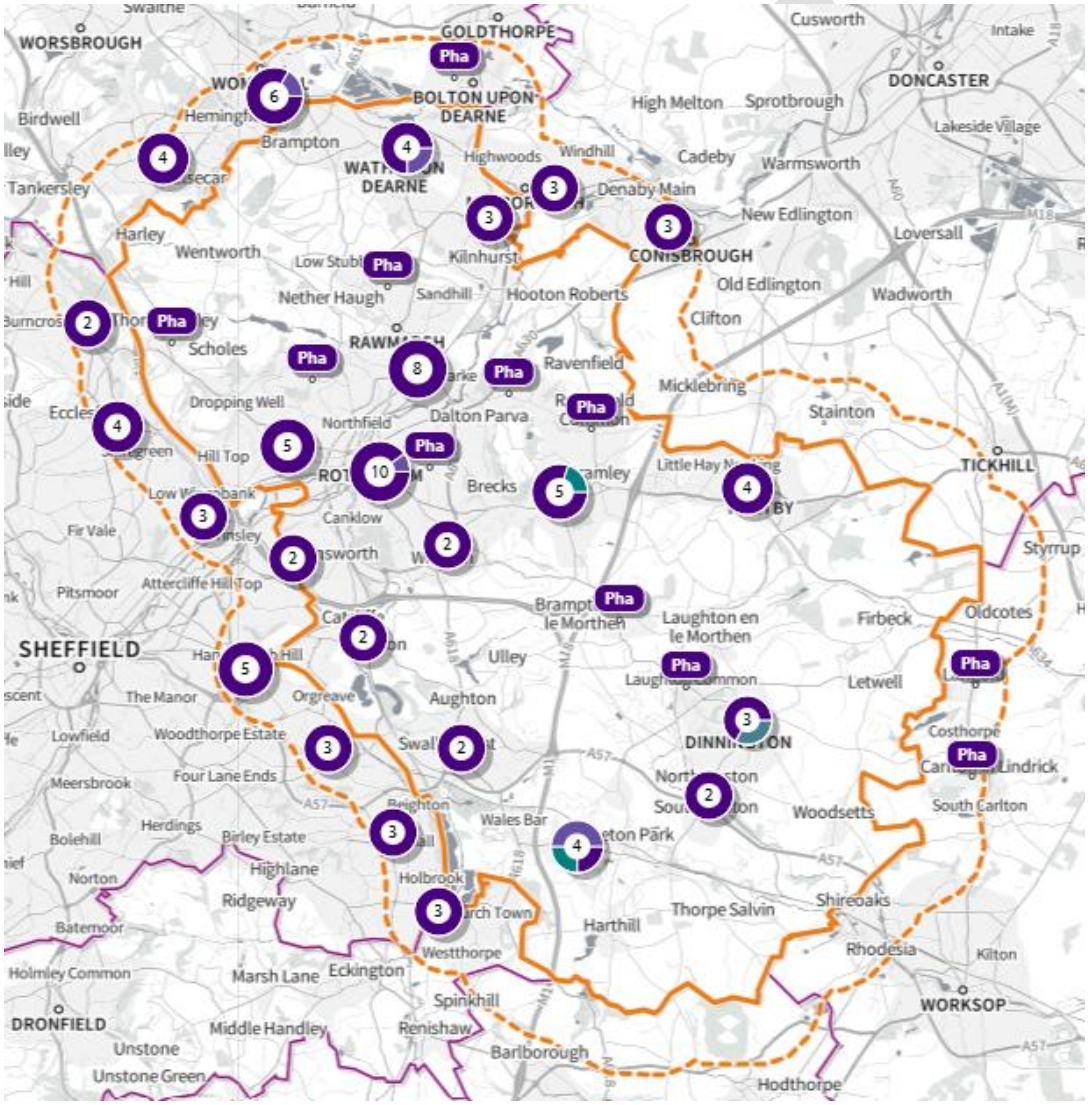
Patients have a choice of where they access pharmaceutical services. This may be close to their doctors, their home, their place of work, or where they go for shopping, recreational or other reasons. Rotherham shares borders with several other local authorities each with their own HWB and associated PNA. It is common for

Rotherham Metropolitan Borough Council

Rotherham residents to access services in areas served by neighbouring HWBs, and for people from neighbouring areas to access services within Rotherham.

To account for the cross-border movement of individuals between Rotherham and neighbouring areas, analysis of the time and distance to pharmaceutical services, including Rotherham-based pharmacies, and those within 1.6km of the Rotherham border, has been conducted in the SHAPE mapping tool. Once pharmacies that lie within this range are included (see Map 8), the total number of pharmacies increases to 104.

Map 8: Pharmaceutical services in Rotherham, and within 1.6km of the Rotherham boarder



Including these cross-border pharmacies has a marginal impact on the proportion of Rotherham residents within 15 minutes' walk, or 1.6km (1 mile) walk, of a pharmaceutical services provider. The proportion of Rotherham residents within 15

minutes' walk increases from 84.2% to 84.8% when including these cross-border pharmacies (a further 1,590 people). The proportion of Rotherham residents within 1.6km (1 mile) walk increases from 95.5% to 96.6% when including these cross-border pharmacies (a further 2,980 people). As all Rotherham residents were within a 10-minute drive at rush hour of a pharmaceutical services provider without including these cross-border pharmacies, including these pharmacies has no impact.

4.3 Availability according to opening times

Each Community Pharmacy is required to be open for 40 hours a week minimum (referred to as Core Hours). There are four 100-hour pharmacies; at the previous PNA in 2022, there were five.

Pharmacy owners who want to change their supplementary opening hours are required by their terms of service to notify the relevant ICB.[6] If a pharmacy owner wants to:

- **increase** supplementary opening hours at the pharmacy, notification of the change must be given to the ICB in advance of the increase but there is no notice period.[7]
- **decrease** supplementary opening hours at the pharmacy, How long a period of notice is to be given will depend on how the contractor wishes to change their supplementary opening hours.[8]

Pharmacy owners are encouraged to give the ICB as much notice of changes as they can of any changes to supplementary opening hours

For the purposes of assessing opening hours, the HWB considered access to a pharmacy or dispensing GP of primary importance during normal working hours (9am-5pm) during the week. This generally coincides with the opening hours of GP surgeries, when people are likely to receive prescriptions. The HWB also considered access at weekends, and out of hours.

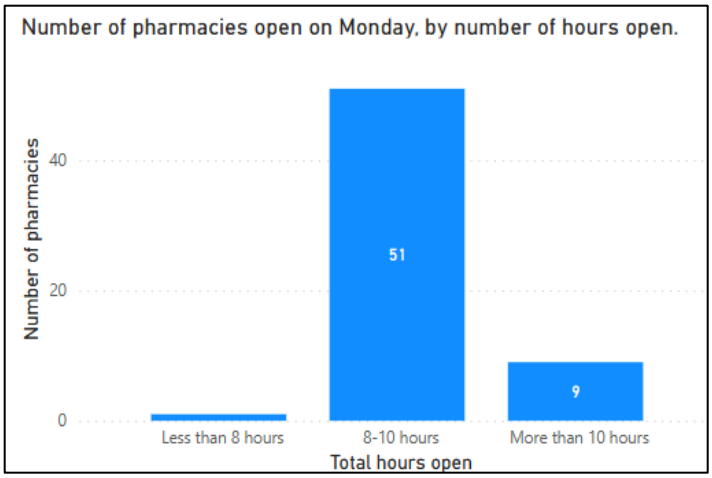
Out of hours, when pharmacies and GPs are closed, people's remaining options to access Pharmacy First services would be to access referrals through NHS 111 (online and via telephone), or through urgent and emergency care settings.[9]

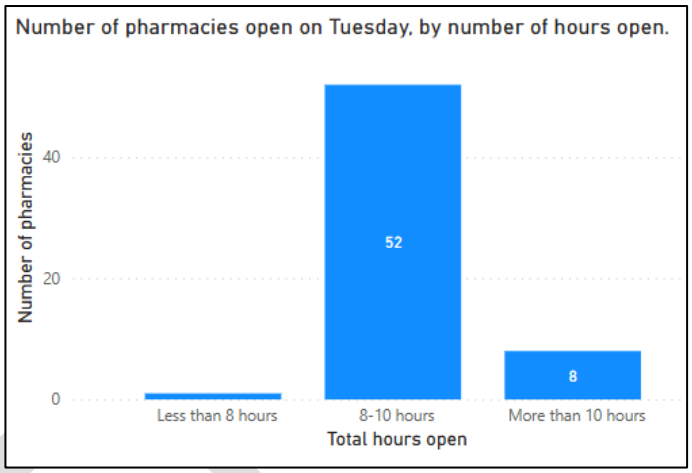
4.3.1 Weekday opening

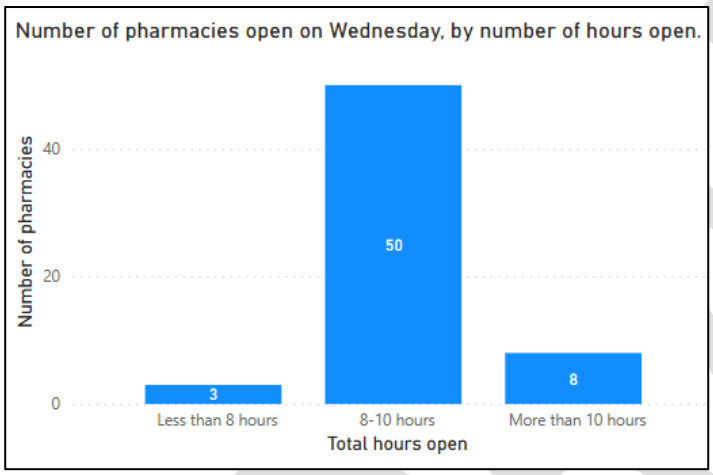
Figure 4 shows the number of hours Rotherham pharmacies are open Monday – Friday. Similar patterns of opening hours are seen across all weekdays, with most pharmacies open for 8-10hours per day. Most of Rotherham's pharmacies open between 8.30am-9.00am Monday to Friday with some opening much earlier (for

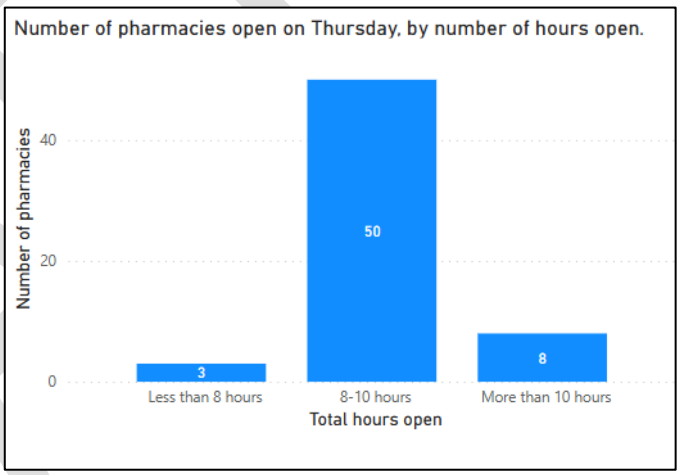
[6] Changing Supplementary Opening Hours - Community Pharmacy England
[7] NHS England » Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023. Chapter 4.4.1
[8] NHS England » Guidance on the NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023. Chapter 4.4
[9] NHS England » Pharmacy First

example, between 6.30am-8.00am). Most pharmacies close between 5.00pm and 6.00pm. Two pharmacies open at 8am, whilst no pharmacies open earlier.









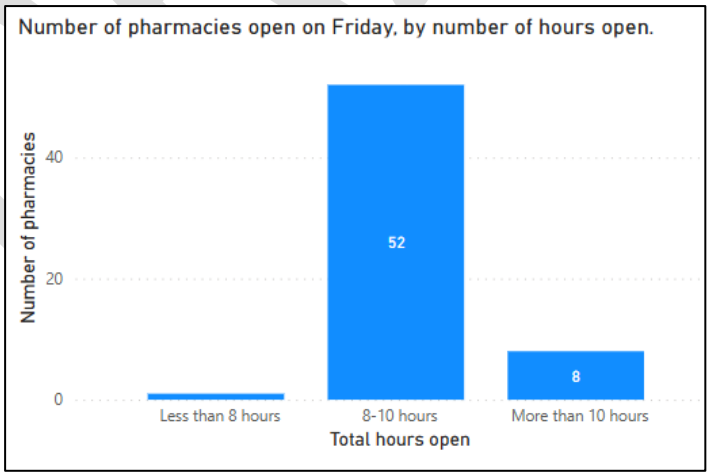


***Figure 4**: Pharmacy opening hours by day – weekday.*

4.3.2 Weekend opening hours

Of the 61 community pharmacies operating in Rotherham as of January 2025, 39 pharmacies (63.9%) are open on a Saturday, and 9 pharmacies (14.8%) are open on a Sunday (figure 5).

Of the 39 pharmacies open on a Saturday, 27 (69.2%) are open for less than 8 hours. The majority of these are open for 4 hours or less, closing by 1pm.

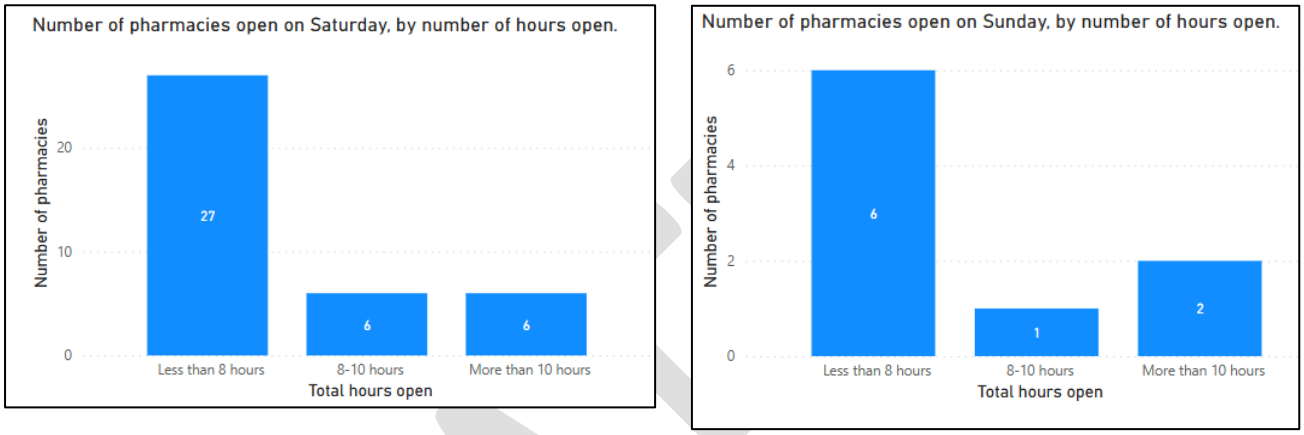


***Figure 5**: Pharmacy opening hours by day – weekend.*

Analysis of populations with access to Saturday and Sunday opening shows that there is a reduction in access over the weekend – particularly on Sundays. Almost 100% of Rotherham residents live within 10 mins drive of an open pharmacy on Saturdays, however this decreases to nearly three quarters of residents on Sundays (73.9%). There is a larger difference in the proportion of residents within a 15-minute walk or a 1 mile walk on Saturdays and Sundays (table 7 and map 9).

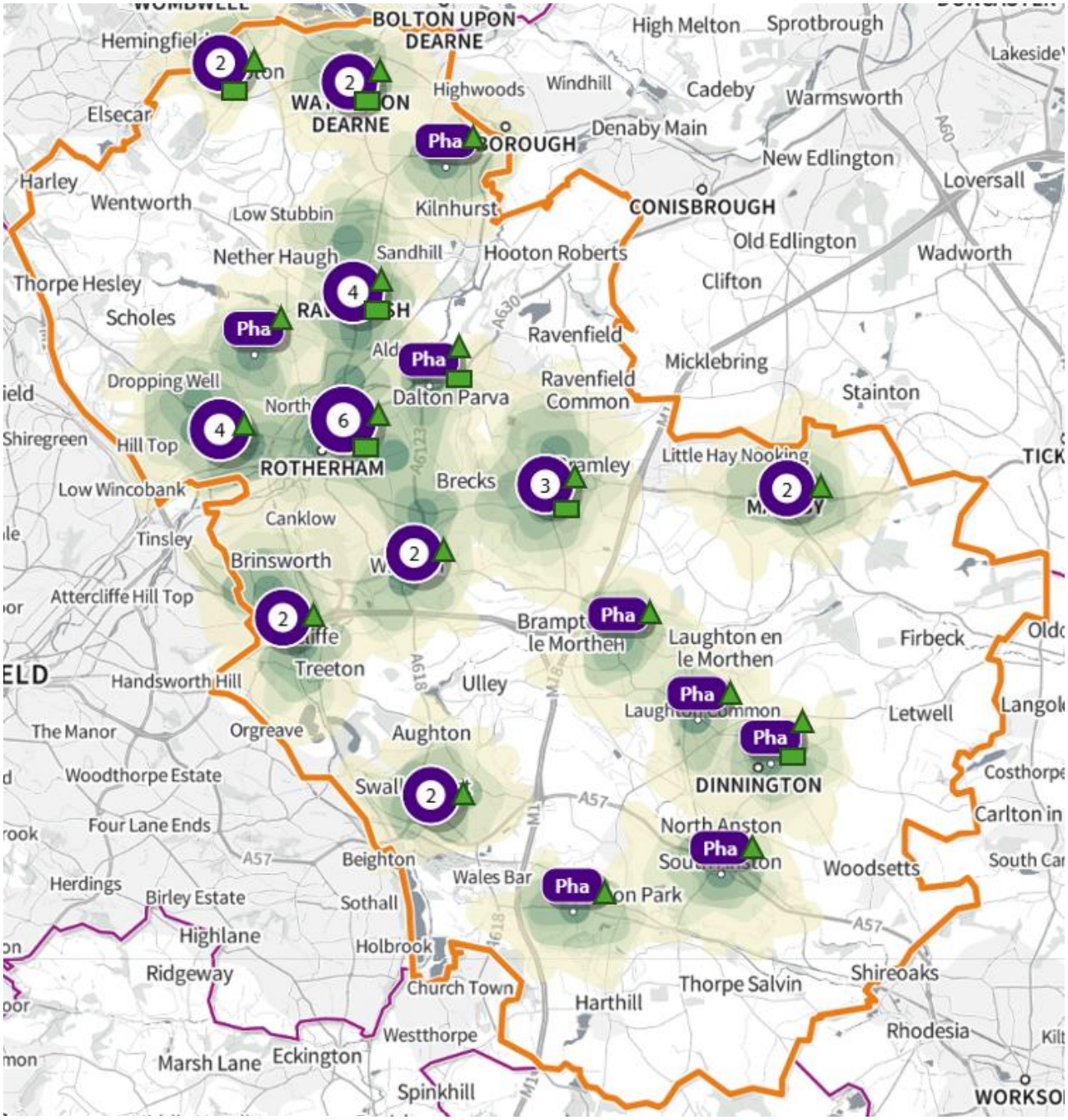
This is within the context that there is limited out of hours prescriptions coverage on a Sunday at primary care level. There are two pharmacies open late on a Sunday: Rawmarsh Pharmacy (open until 9pm) and Wickersley Pharmacy (open until 9:45pm). Urgent primary care support is also available at the Urgent and Emergency Care Centre for those who need management of a primary care problem within the next 48 hours.[10] The urgent primary care service runs from 8am to 10pm every day. When urgent primary care closes at 10pm, urgent access to primary care services is through NHS 111. As part of this service, people can request a limited emergency supply of a regular prescription they have completely run out of.[11]

[10] What to expect when in the Urgent and Emergency Care Centre | The Rotherham NHS Foundation Trust
[11] Emergency prescriptions - NHS 111

	Included population	Included population
	No. of people	**%**
Saturday opening		
Walk time of 15mins	187,456	69.9%
Walk distance of 1.6km (1 mile)	241,151	89.9%
Drive time of 10 mins	266,888	99.5%
Sunday opening		
Walk time of 15mins	54,575	20.3%
Walk distance of 1.6km	97,814	36.5%
Drive time of 10 mins	198,314	73.9%

***Table 7**: Included population by weekend day and travel type.*

Map 9: Pharmacies open at weekends and included population by walk time

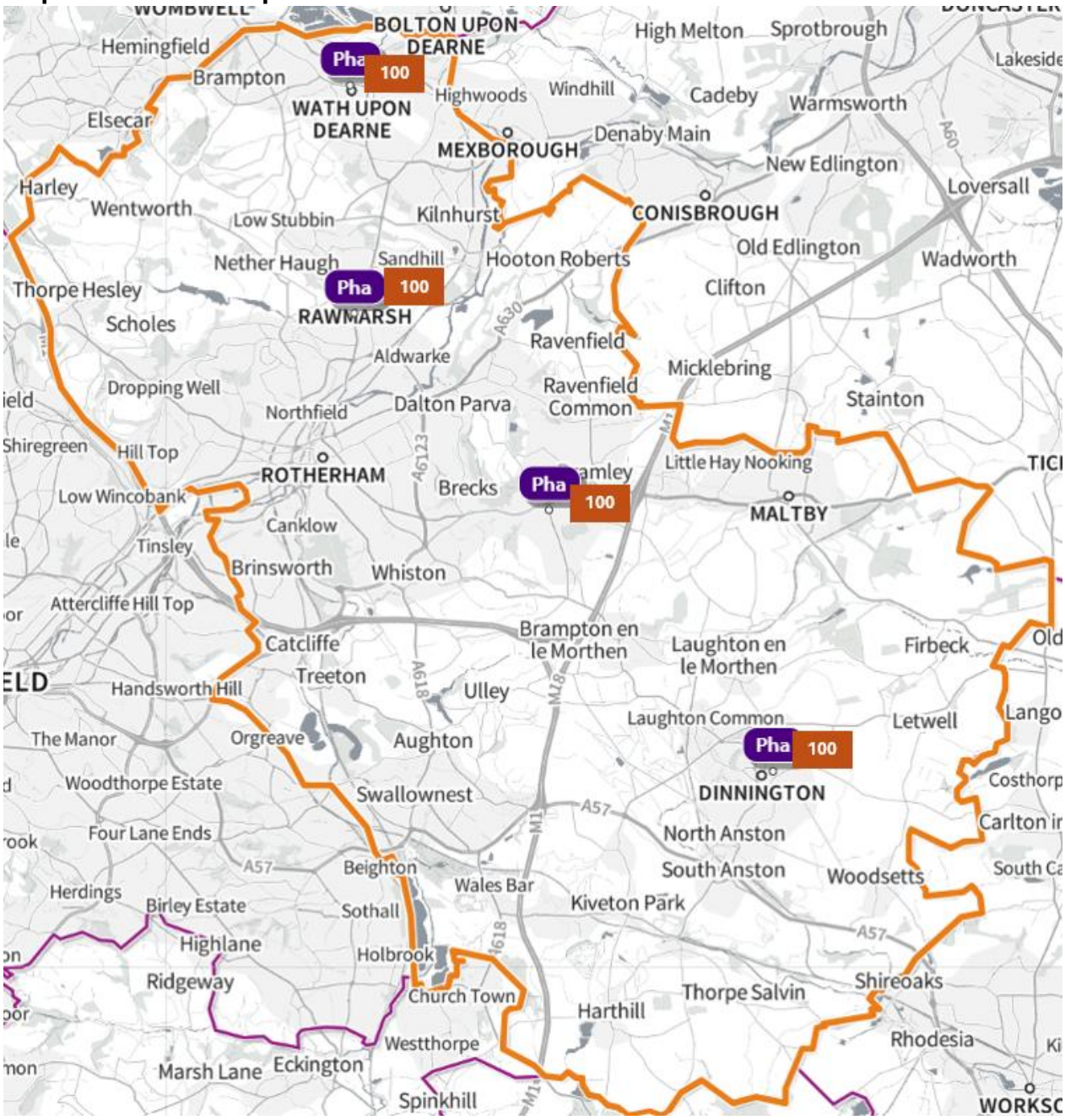


▲ Saturday opening ■ Sunday opening

4.3.2 Evening opening

There are four 100-hour pharmacies in Rotherham (map 10). There has been a reduction in evening pharmacies provision since the previous PNA in 2022; there were previously five 100-hour pharmacies. There are now no pharmacies in Rotherham open later than 9pm Monday to Friday, compared to five at the previous PNA. There are also no pharmacies in Rotherham open later than 9pm Saturday, compared to five at the previous PNA (table 8).

Map 10: Rotherham pharmacies with a 100-hour contract



Under the National Health Service (Pharmaceutical Services) Regulations 2005 (regulation 13(1)(b)), primary care trusts were required to grant applications for inclusion in a pharmaceutical list where the applicant undertook to provide pharmaceutical services for at least 100 hours per week. Such pharmacies have became known as “100-hour pharmacies”.

Whilst the ability to apply to open a new 100-hour pharmacy was removed from the regulations with effect from 1 September 2012, the requirement on these pharmacies to continue to be open for 100 hours per week was carried into the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. NHS England could not vary or remove this “100 hours condition” (regulation 65(3)). With effect from 25 May 2023, the 2013 regulations have been amended so that a pharmacy contractor can now apply to the relevant Integrated Care Board (ICB) to reduce the total core opening hours of their 100-hour pharmacy. These applications must be granted where they meet the requirements of the regulations. The requirements are that the pharmacy will still have:

- at least 72 core opening hours per week;
- core opening hours between 5pm and 9pm Monday to Saturday;
- core opening hours on a Sunday between 11am and 4pm, if the pharmacy currently has core hours at these times. The contractor may introduce a rest break provided it is no longer than one hour, and starts at least three hours after the pharmacy opens and ends at least three hours before it closes, and
- the changes must not reduce the total number of core opening hours on a Sunday.

Additionally, the contractor must provide the ICB with at least five weeks’ notice of the proposed changes.

The four 100-hour pharmacies in Rotherham reduced their opening hours following a valid application to the ICB and one 100-hour pharmacy has closed (Maltby Pharmacy (FAA29) closed on 17/09/2023). The four 100-hour pharmacies are:

- Dinnington Pharmacy
- Rawmarsh Pharmacy
- Tesco Pharmacy (Wath upon Dearne)
- Wickersley Pharmacy

For a full list of pharmacies and their opening hours, please see Annex 4.

Table 8: Comparison of pharmacies open after 9pm and on Sundays between the 2023 and 2025.

Opening Times	1st January 2023	1st January 2025	Narrative
Later than 21:00 Monday to Friday	5	0	There are now no pharmacies open later than 21:00 Monday-Friday in Rotherham
Later than 21:00 on Saturday	5	0	There are now no pharmacies open later than 21:00 Saturday in Rotherham
Open on a Sunday	9	9	There are the same number of pharmacies open on a Sunday

4.4 Availability by service type

Data for pharmacies operating in Rotherham is up to date as of the beginning of January 2025, using the Quarter 3 2024/25 list of pharmacies from NHS Business Services Authority.[12] Data for services provided by pharmacies in Rotherham and the number of deliveries covers January to December 2024, from NHS Business Services Authority.[13]

As of January 2025, there were 61 pharmacies, 1 DAC and 3 dispensing GPs operating in Rotherham.

4.4.1 Pharmaceutical services: an overview

4.4.1.1 Essential services

Table 9: Essential services

Service	Description
Dispensing medicines	This service involves the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
Dispensing repeat prescriptions	This involves dispensing prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
Discharge Medicines Service	This service aims to reduce the risk of medication problems when a person is discharged from hospital. Under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
Disposal of unwanted medicines	Community pharmacy owners are obliged to accept back unwanted medicines from patients. The local NHS contract management team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.
Healthy Living Pharmacies	The Healthy Living Pharmacy (HLP) framework aims to achieve a consistent provision of a broad range of health promotion interventions through community pharmacies to

[12] Consolidated Pharmaceutical List - Open Data Portal
[13] Dispensing contractors' data | NHSBSA

Service	Description
	meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.
Support for self-care	This service involves the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. To enhance access and choice for people who wish to care for themselves or their families. People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines.
Signposting	This service involves the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person.
Public health (promotion of healthy lifestyles)	Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England; see further details below. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. This service involves the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: a) have diabetes; or b) be at risk of coronary heart disease (especially those with high blood pressure); or c) who smoke; or d) are overweight, and pro-active participation in six health campaigns where requested to do so by NHS England and NHS Improvement.

Adapted from Community Pharmacy England.[14]

[14] Essential services - Community Pharmacy England

4.4.1.2 Advanced Services

Advanced Services are those which that require accreditation of the pharmacist providing the service and/or specific requirements to be met regarding premises.[15] A description of each Advanced Service is provided below.

Table 10: Advanced services

Service	Description
Appliance Use Review (AURs)	AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use; identifying, and resolving poor or ineffective use of the appliance by the patient; advising the patient on the safe and appropriate storage of the appliance; and advising the patient on disposal of the appliance/s.
Community Pharmacist Consultation Service (CPCS)	The CPCS aimed to relieve pressure on the wider NHS by connecting patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. As well as referrals from GPs, the service takes referrals from NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases, via the 999 service. The two previous elements of the CPCS were incorporated into the Pharmacy First service when it launched on 31st January 2024 (see below) – urgent medicines supply and minor illness.
Flu vaccination service	This service involves running a seasonal flu vaccination campaign (March to September) aiming to vaccinate all patients who are at risk of developing more serious complications from the virus
Hypertension case-finding service	This service has two stages: 1) identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'); 2) where clinically indicated, offer 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP
Lateral Flow Device (LFD) Tests Supply Service	The Lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) was commissioned as an Advanced service from 6th November 2023. This service is to offer at risk patients eligible for COVID-19 treatments, access to LFD tests to enable testing at home for COVID-19, if they develop symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is

[15] Advanced services - Community Pharmacy England

Service	Description
	suitable for and will benefit from NICE recommended COVID-19 treatments.
New Medicine Service	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.
Smoking Cessation Advance Service	This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. In Rotherham the QUIT programme has been rolled out to ensure access to nicotine addition services whist accessing secondary care. This service will help ensure continuity of care upon discharge
Stoma Appliance Customisation Service	The aim of the service is to ensure proper use and comfortable fitting of a stoma appliance and to improve the duration of usage, thereby reducing waste.
Pharmacy Contraception Service (PCS)	The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC. From October 2025, subject to the introduction of IT updates to community pharmacy clinical services IT systems, the service will be expanded to include Emergency Hormonal Contraception (EHC).[16] There will be no age restrictions within the national service that will prevent supply.
Pharmacy First	The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which ran since October 2019. The new Pharmacy First service, launched 31st January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways. The two previous elements of the CPCS were incorporated into the Pharmacy First service (see below) – urgent medicines supply and minor illness.

[16] Adapted from: Pharmacy Contraception Service (PCS) - Community Pharmacy England

Service	Description
	The local pharmacy can now supply prescription-only treatment, if they believe you need it, for the following conditions: • Sinusitis (for patients aged 12 years and over only) • Sore throat (aged 5+) • Earache (aged 1 year-17) • Infected insect bite (aged 1 year+) • Impetigo (aged 18 years+) • Shingles (aged 18 years+) • Uncomplicated urinary tract infections (women aged 16 to 64)

4.4.1.3 Enhanced and Locally Commissioned Services

Table 11: Enhanced and Locally Commissioner Services

Service	Description
Emergency Hormonal Contraception (EHC)	Free emergency oral contraception is available for Rotherham residents at select pharmacies as part of sexual health services commissioned by RMBC.[17] Where pharmacies are not signed up to deliver free EHC it can purchased. Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.
Needle and Syringe Provision (NSP) – needle exchange	This service involves the provision of access to sterile needles and syringes, and sharps containers for return of used equipment. Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. Pharmacies will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.[18]

[17] Adapted from: Emergency contraception | The Rotherham NHS Foundation Trust
[18] Adapted from: Needle & Syringe Exchange - Community Pharmacy England

Service	Description
Nicotine Replacement Therapy (NRT) for pregnancy	You can use nicotine replacement therapy (NRT) during pregnancy if it will help you stop smoking and you're unable to stop without it. NRT in pregnancy support is provided as part of the Rotherham Foundation Trust maternity services by the stopping smoking in pregnancy team. All pregnant smokers will be referred to the stopping smoking in pregnancy team. You can also buy it over the counter without a prescription from a pharmacy.[19]
Over the Counter (OTC) Medication Labelling Scheme	The Community Pharmacy Labelling OTC Medication Scheme enables community pharmacies to label over the counter (OTC) medicines purchased for self-care, allowing them to be administered in settings such as schools or by care workers—without the need for a GP-issued NHS prescription.
Palliative care	The Palliative Care Scheme ensures that participating pharmacies keep a stock of certain palliative care drugs.
Supervised consumption / administration	This service will require the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. Pharmacies will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.[20]
Varenicline – smoking cessation support	Varenicline (previously called Champix) is a medicine used to help stop smoking in adults. It reduces nicotine cravings and helps with withdrawal symptoms.[21] Varenicline is not recommended if you're pregnancy. This is because there is little safety information on its use in pregnancy. Nicotine replacement therapy (NRT), such as nicotine patches and gum, can be used during pregnancy.[22]

[19] Stop smoking in pregnancy - NHS
[20] Adapted from: Supervised Administration - Community Pharmacy England
[21] Varenicline – a medicine to help you stop smoking - NHS
[22] Pregnancy, breastfeeding and fertility while taking varenicline - NHS

4.4.2 Service availability in Rotherham

Essential Services are those services offered by all pharmacy contractors. As such, access to Essential Services within Rotherham equates to access to pharmacies overall – as covered in sections 4.1 and 4.2 above.

The Rotherham PNA steering group agreed that the Essential Services would make up the Necessary Services for the PNA alongside some advanced services based on health need in Rotherham. These are the advanced services of Pharmacy First, hypertension case-finding, flu vaccination, and contraception service.

Because not all service providers register to provide any / all Advanced or Locally Commissioned Services, access to these services differs by service type. Table 12 below provides a breakdown of the number and proportion of Rotherham pharmacies which provide each service. Annex 3 provides the same information at Ward level.

For Essential and Advanced Services, the number of pharmacies providing each service was calculated based on the number of pharmacies that had provided that service once or more in 2024.[23] The number of deliveries of each service was based on the number of times a service was declared by each pharmacy, or the number of fees for a service, each of which equate to one delivery of the service. For instance, one Stoma Appliance Customisation fee would equate to this service being delivered once.

Locally Commissioned Services data was provided by contractors and the Strategic Commissioning team in Adult Care, Housing and Public Health at RMBC.

[23] Data for Essential and Advanced service provision was taken from the 'Pharmacy and appliance contractor dispensing data' on the NHS BSA, accessed April 2025: Dispensing contractors' data | NHSBSA

Table 12: Advanced, Enhanced and Locally Commissioned Service availability and service provision

	Service provision	Service provision	Service provision
Service	**No. of Pharmacies delivering service during 2024**	**Proportion of eligible pharmacies and Dispensing Appliance Contractors providing this service (%) (Jan 2025)**	**Services provided (Jan – Dec 2024[24])**
Appliance Use Review (AURs) [25]	0	-	-
Community Pharmacist Consultation Service (CPCS)[26]	40	66%	500
Flu vaccination service	50	84%	17,648
Hypertension case-finding service	50	82%	16,405
Lateral Flow Device (LFD) Tests Supply Service	36	59%	7,736
New Medicine Service	60	98%	35,325
Smoking Cessation Advance Service [27]	1	2%	1
Stoma Appliance Customisation Service	3	5%	12,013
Pharmacy Contraception Service (PCS)	32	52%	1,628

Advanced Services

[24] With the exception of the flu vaccination service, where the data period was the most recent flu season, September 2024 – March 2025, accessed May 2025.
[25] The Appliance Use Review Service and the Stoma Appliance Customisation Service can be provided by both pharmacies and appliance contractors (62 locations in total), all other services are provided by pharmacies only (61 locations in total).
[26] The two previous elements of the CPCS were incorporated into the Pharmacy First service when it began on 31st January 2024 – urgent medicines supply and minor illness.
[27] Pharmaceutical smoking cessation services are primarily carried out through the locally commissioned Stop Smoking service: Tobacco Treatment Team | The Rotherham NHS Foundation Trust

Service	Service provision No. of Pharmacies delivering service during 2024	Service provision Proportion of eligible pharmacies and Dispensing Appliance Contractors providing this service (%) (Jan 2025)	Service provision Services provided (Jan – Dec 2024[24])
Pharmacy First (all services) [28]	59	97%	18,929
Emergency Hormonal Contraception (EHC)	14	23%	Data not available
Needle and Syringe Provision (NSP) – needle exchange	10	16%	Data not available
Nicotine Replacement Therapy (NRT) for pregnancy [29]	N/A	N/A	Data not available
Over the Counter (OTC) Medication Labelling Scheme	18	30%	Data not available
Palliative care	34	55%	Data not available
Supervised consumption / administration	43	71%	Data not available
Varenicline (formerly Champix) [30]	N/A	N/A	Data not available

4.4.2.1 Essential services

Number of items on prescriptions

This is the number of times a product appears on a prescription, meaning that if a person's prescription contains multiple medications, these are individually counted.

All 61 community pharmacies that were operating in Rotherham as of January 2025 had delivered prescriptions in 2024. There were **6,694,073 prescriptions dispensed in Rotherham during this period.**

[28] This service took over from the CPCS from 31st January 2024, as well as add other services. For further detail

[29] Available through the Smoking in Pregnancy team at TRFT.

[30] Support to stop smoking is available locally through your GP or the local Stop Smoking service.

The majority of prescriptions are processed through the Electronic Prescription Service (EPS). All 61 pharmacies that were operating in Rotherham as of January 2025 processed prescriptions through the EPS in 2024. **6,334,312 items were processed through the EPS during this period.**

Discharge Medicines Service

As of February 2025, 22 of the 61 pharmacies in Rotherham had provided this service once or more in 2024 (36.1% of pharmacies in Rotherham). There were 174 complete Discharge Medicine Services provided during this period. 60 (34.5%) of these were provided by one pharmacy. There were also 100 incomplete Discharge Medicine Services in the period.

4.4.2.2 Advanced services

New Medicine Service (NMS) interventions

60 (98.4%) of the pharmacies operating in Rotherham as of January 2025 declared NMS interventions in 2024. 35,325 NMS interventions were declared during this period.

Appliance Use Review

NHS BSA records show that no pharmacies that were operating in Rotherham as of January 2025 had provided Appliance Use Reviews in 2024, either at the premises or in the user's home.

Medicine Use Reviews (MURs) declared

NHS BSA records show that no pharmacies that were operating in Rotherham as of January 2025 had provided Medicine Use Reviews in 2024.

Influenza (flu) vaccinations – to add full data

Fees are given for each influenza (flu) vaccination administered. 51 (83.6%) of the pharmacies operating in Rotherham as of January 2025 declared flu vaccinations in the 2024/25 season (September 2024 to March 2025).[31] 17,648 flu vaccinations were declared during this period.

Lateral Flow Device (LFD) Test Supply Service

36 (59.0%) of the 61 pharmacies that were operating in Rotherham as of January 2025 had supplied Lateral Flow Device (LFD) tests in 2024. This was delivered

[31] Data collected from NHS Catalyst:

7,736 times during this period. Five pharmacies provided the vast majority of the tests (88.4%, 6,837).

Hypertension case-finding service

50 (82.0%) of the pharmacies operating in Rotherham as of January 2025 carried out at least one type of blood pressure check in 2024. In total, there were 16,405 checks carried out during the period.

Community Pharmacy Clinic Blood Pressure checks

This is a simple recording of your blood pressure that is taken for a short period of time.

50 (82.0%) of the pharmacies operating in Rotherham as of January 2025 carried out clinic blood pressure checks in 2024. There were 15,754 checks carried out during this period. 12.3% (1,940) of these were carried out by Green Arbour Pharmacy.

Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM)

This is a simple recording of your blood pressure that requires you to wear a cuff on your arm and a small box on a belt around your waist, typically for 24 hours.

31 (50.8%) of the pharmacies operating in Rotherham as of January 2025 provided ABPM in 2024. There were 651 measurements carried out during this period.

Pharmacy Contraceptive Service (PCS)

Community Pharmacy Contraceptive Initiation Consultations

28 (45.9%) of the pharmacies operating in Rotherham as of January 2025 carried out this service in 2024. There were 172 consultations carried out during this period.

Community Pharmacy Contraceptive Ongoing Consultations

32 (51.6%) of the pharmacies operating in Rotherham as of January 2025 carried out this service in 2024. There were 1,456 consultations carried out during this period.

Hepatitis C Antibody Testing Service

NHS BSA records show that no pharmacies that were operating in Rotherham as of January 2025 had provided the Hepatitis C Antibody Testing Service in 2024.

Community Pharmacy Smoking Cessation consultations

Pharmaceutical smoking cessation services are primarily carried out through a locally commissioned service Stop Smoking service, with few pharmacies using the national NHS Community Pharmacy Smoking Cessation service. One of the pharmacies operating in Rotherham as of January 2025 carried out one smoking cessation consultation in 2024.

Pharmacy First

59 pharmacies in Rotherham provided a Pharmacy First service as of February 2025 (96.7% of pharmacies in Rotherham).

Minor Illness Referrals

59 (96.7%) of the pharmacies operating in Rotherham as of January 2025 delivered referral(s) in 2024. There were 4,678 Minor Illness Referrals completed during this period. Nearly half of these were delivered by Archway Pharmacy (48.4%, 2,266).

Urgent Medicine Supply consultations

59 (96.7%) of the pharmacies operating in Rotherham as of January 2025 provided these consultation(s) in 2024. There were 3,638 Urgent Medicine Supply consultations completed during this period. 16.1% of these consultations were completed by Wickersley Pharmacy.

Acute Otitis Media – Clinical Pathways consultations

This is an infection in the middle ear. 52 (85.2%) of the operating in Rotherham as of January 2025 delivered this service in 2024. There were 1,282 consultations during this period, just under a fifth of which were delivered by two pharmacies (19.8%, 254).

Acute Sore Throat – Clinical Pathways consultations

56 (91.8%) of the pharmacies operating in Rotherham as of January 2025 delivered this service in 2024. There were 3,487 consultations during this period, just over a fifth of which were delivered by two pharmacies (20.9%, 729).

Impetigo – Clinical Pathways consultations

53 (86.9%) of the pharmacies operating in Rotherham as of January 2025 delivered this service in 2024. There were 497 consultations during this period.

Infected Insect Bite – Clinical Pathways consultations

56 (91.8%) of the pharmacies operating in Rotherham as of January 2025 delivered this service in 2024. There were 1,307 consultations during this period.

Sinusitis – Clinical Pathways consultations

55 (90.2%) of the pharmacies operating in Rotherham as of January 2025 delivered this service in 2024. There were 1,015 consultations during this period.

Shingles – Clinical Pathways consultations

49 (80.3%) of the pharmacies operating in Rotherham as of January 2025 delivered this service in 2024. There were 335 consultations during this period.

Uncomplicated UTI – Clinical Pathways consultations

56 (91.8%) of the pharmacies operating in Rotherham as of January 2025 delivered this service in 2024. There were 2,666 consultations during this period.

Stoma Customisation

2 of the community pharmacies that were operating in Rotherham as of January 2025 had delivered this service in 2024. This was provided twice by community pharmacies during this period.

The main provider of this service was South Yorkshire Ostomy Supplies Ltd. This is a Dispensing Appliance Contractor (DAC), which has a contract focused on dispensing medical appliances, not medications, and specialises in stoma customisation. This DAC provided Stoma Customisation 12,011 times during 2024.

4.4.2.3 Locally commissioned services

Palliative care

As of April 2025, 34 (54.8%) of the pharmacies operating in Rotherham as of January 2025 offered the Palliative Care Scheme.[32]

Pharmacies offering the Palliative Care Scheme can be found here.

Over-The-Counter Medication Labelling Scheme

As of June 2025, 18 (29.5%) of the pharmacies operating in Rotherham as of January 2025 offered the over-the-counter labelling scheme.

[32] Pharmacies offering the Palliative Care Scheme can be found at Palliative Care Scheme – South Yorkshire LPC

Nicotine Replacement Therapy (NRT) for pregnancy

As pregnant patients access NRT directly through the Smoking in Pregnancy team in Maternity services at Rotherham TRFT, there wouldn't be a need for them to access through pharmacy, so there is not a list of pharmacies providing this.

The Rotherham Community Stop Smoking service has a nurse prescriber role who can provide patients with prescriptions for varenicline as required for collection from pharmacies. NRT and vapes are provided direct to patients without a required pharmacy visit.

Varenicline – smoking cessation support

Rotherham residents can get a prescription through their GP, or through the non-medical prescriber who sits within the Stop Smoking service when they have accessed this service. They can then pick up their prescription from a local pharmacy. The non-medical prescriber replaces the need for this service to be provided by individual pharmacies.

Needle and Syringe Provision (NSP) – needle exchange

The drug and alcohol treatment provider, We Are With You, have subcontracting arrangements with pharmacies for Needle and Syringe Provision (NSP). The Council commission the treatment service provider.

As of May 2025, 10 (16.4%) of the pharmacies operating in Rotherham as of January 2025 were supplying NSP under the subcontracting arrangements of We Are With You.

Supervised Consumption

As of May 2025, 43 (70.5%) of the pharmacies operating in Rotherham as of January 2025 were providing the supervised consumption service under the subcontracting arrangements of We Are With You.

Emergency Hormonal Contraception (EHC)

14 (23.0%) of the pharmacies operating in Rotherham as of January 2025 were providing out-of-hours free emergency oral contraception for Rotherham residents under 25.[33]

Access to the locally commissioned EHC service was limited in the South and East of the borough, although this may increase as EHC is due to become part of the Advanced Service of Pharmacy Contraception Service.

[33] Emergency contraception | The Rotherham NHS Foundation Trust

4.4.2.4 Dispensing doctors – prescriptions

In 2024, 202,119 prescriptions were dispensed and/or personally administered in England by Dispensing Doctor Practices and Prescribing Doctor Practices. 27 (96.4%) of the 28 GPs operating in Rotherham dispensed prescriptions during 2024. Three dispensing GPs dispensed nearly three quarters of these prescriptions (72.7%, 146,999 prescriptions):

- Kiveton Park Medical Practice
- Dinnington Group Practice
- Morthen Road Surgery.

4.5 Views and experiences of local people (Healthwatch Rotherham survey)

4.5.1 Demographics

58 participants completed the survey, with 57 living in Rotherham. The responses by Rotherham residents have been used in analysis. All participants responded to questions about protected characteristics.

For gender:

- Just under two thirds of participants were women (63.2% 36).
- A third were men (33.3%, 19).
- One participant was gender fluid.
- The remaining participant said they preferred not to say.

For gender identity:

- Almost all participants said their gender identity was the same as their sex recorded at birth (94.7%, 54).
- Other participants preferred not to say (5.26%, 3).

For sexual orientation:

- The vast majority of participants said they identified as heterosexual (84.5%, 49).
- 7 participants said they identified as another sexuality, including bisexual, pansexual, asexual and fluid (12.3%).
- The remaining two participants preferred not to say.

For ethnicity:

- The vast majority of participants said they were white (91.2%, 52).
- Three participants said they were ‘mixed or multiple’ (5.3%)

- One participant said they were Asian/Asian British.
- One participant preferred not to say.

For age:

- Older people made up a higher proportion of the participants than younger people.
- Just under a third of participants were aged 65 years or older (31.6%, 18).
- For younger participants, four were aged 18-24, two were aged 25-34 and seven were aged 35-44.

For disabilities:

- 63.2% (36) of participants reported having a disability, a long-term condition, and/or being a carer for someone else.
- 14.0% (8) of participants reported having a disability.
    - All but one of participants who reported having a disability also reported having a long-term condition (87.5%, 7).
    - No participants reported to being a carer.
- Just under half of participants reported to having a long-term condition (45.6%, 26).
    - Just over a quarter of participants who reported having a long-term condition also reported having a disability (26.9%, 7).
    - Four participants who reported having a long-term condition also reported to being a carer (15.4%).
- Just over a fifth of participants reported to being a carer (22.8%, 13).

47 of the 57 Rotherham participants provided full postcodes, meaning their IMD decile could be identified. Of the 47, 21.3% (10) participants lived in the two most deprived deciles.

4.5.2 Pharmaceutical services and choice of pharmacy

When asked why they usually visited a pharmacy, participants were asked to say 'yes' or 'no' to given reasons. All 57 participants responded:

- The vast majority of participants said for they went for their prescriptions, which was the most common reason given by far (93.0%, 53).
- The next most common reason was to buy over-the-counter medicines, which was true for over half of the participants (52.6%, 30).
- Just under a quarter of participants said they went to their local pharmacy for vaccinations (24.6%, 14).
- Just over a fifth said they went for consultations, Pharmacy First services or 111 advice (20.7%, 12).

- All participants responded "No" when asked whether they usually visited a pharmacy for emergency contraception, or separately, for needle exchange or supervised consumption.
- A small number of participants said they visited a pharmacy for any other reason, specifying this was for toiletries.

Later in the survey, when asked if there was anything else they wished to add, three participants highlighted issues they had with receiving their prescriptions. This included the time for prescriptions to be ready to be collected, or time to be delivered. One participant said they had issues with “prescriptions not being ready for over a week and having to go to and from home”.

When responding to the same question, several participants said they would like their pharmacy to provide more services, so that they had an alternative to their GP. This emphasises the appetite for Pharmacy First or a similar offer. One participant said, “I would love my pharmacy to offer more routine treatments instead of needing a GP appointment.” Another participant said the same, whilst adding they would also like “a clear guide of when it's appropriate to use my pharmacy instead of my GP or A&E”. One participant specified a negative experience with their pharmacy, saying that “[When] I ask about Pharmacy First and [my pharmacy] always tell me [they] can't deal with my issue even though there's posters up for it and go see your GP”. In contrast, another participant responding to the same question said “I have had help and advice from the pharmacist on several occasions which has been really helpful”. When asked what influences their choice of pharmacy, a participant highlighted their pharmacy had “a private consultation room to discuss personal matters or to access emergency support”.

In a separate question, no participants answered whether emergency contraception was free at their local pharmacy, suggesting they didn't know.

Participants were asked what influenced their choice of pharmacy in their own words, with the majority of participants responding (51 of 57 participants). Access was the most important theme for participants; the majority of participants emphasised convenience as important.

- Just under two thirds of participants who responded to this question said that convenience of location was important (64.7%, 33). Participants often specified this was how close the pharmacy was to their home, although in some cases this included distance from their GP.
    - Distance also depended on the participants' own circumstances. One participant who said their pharmacy was "close to home" also said "If I didn’t drive I wouldn’t be able to get to the pharmacy", whilst several participants specified it was good that their pharmacy was "within

walking distance", with one person specifying “I have emphasemia” in context of this.
    - Related to location, a few participants also identified the importance of pharmacies having parking. When asked in another question how they travelled to a pharmacy, driving was the most commonly cited method, jointly with walking (55.6% of participants who responded to the question). Later in the survey, when asked why they didn’t go to the closest pharmacy to them, two participants cited this was due to lack of parking or free parking.
- Nearly a quarter of participants said that good customer service from staff was also important (23.5%, 12). There were two key aspects of this.
    - The way that staff treated customers mattered, with participants highlighting how staff being “accommodating”, “helpful” and “friendly” was a factor in what pharmacy they went to. One participant said this helped them with issues, as their pharmacy had “good customer services when things aren't quite right”, meaning issues could be sorted out.
    - Another aspect was the skill and ability of staff, with participants highlighting that staff were “knowledgeable” and “efficient”.
- Along with location, another key factor in convenience was opening times of the pharmacy, which just over a fifth of participants said was important (21.6%, 11).
    - Two participants specifically highlighted that it was useful to be able to pick up medication “late at night” or at the weekend.
    - Participants who identified opening times as an important factor often also identified the importance of location.
- Several participants also identified the level of stock and the reliability in their pharmacy as being important, as this meant they were less likely to risk running out of their medication.
    - One participant said their pharmacy “generally have stock to fill prescriptions [on the] same day and if not will order for the following day”.
    - Other participants highlighted that a benefit of their pharmacy was that it didn’t take long for them to get their prescriptions, with one participant highlight their pharmacy did “Timely prescription filling”.

Participants were asked whether there was a more convenient and/or closer pharmacy that they don't use. 53 of 57 participants responded:

- Over three quarters of participants reported there wasn't, meaning they used the closest/most convenient pharmacy (77.4%, 41).
- One fifth of participants said there was a more convenient and/or closer pharmacy that they don't use (22.6%, 12).

Participants who said they didn't use the closest or more convenient pharmacy to them were asked to explain why in their own words. Participants mainly focused on why they didn't go to the closer pharmacy, rather than why they went to the pharmacy that was further away.

- More than half of these participants cited a lack of access as the reason, due to the opening times being unsuitable for them and/or a lack of parking.
- Several participants said the pharmacy they lived closest to sometimes or always had shortages of medication, whilst a few participants said there were issues with staff or customer service.
- However, two participants said that they went to a pharmacy that was further away for positive reasons.

54 of the 57 participants responded when asked whether they used the same pharmacy or different pharmacies:

- Almost all participants used the same pharmacy all the time or often (94.4%, 51).
    - The majority of participants said they always use the same pharmacy (59.3%, 32).
    - A large minority said they often did (35.2%, 19).
- Only three participants said they never use the same pharmacy.

4.5.3 Access to a pharmacy

4.5.3.1 Day and time

When asked how often they use a pharmacy, 54 of the 57 participants responded:

- The majority of which said they used a pharmacy once a month (59.3%, 32).
- 2-4 times a year, (22.2%, 12)
- Just under 10% of participants said they used a pharmacy once every two months (10.9%, 6).
- Just over 5% of participants said they used a pharmacy once every week.
- Less than 5% said they used it once a year or less.

When asked the most convenient time to use a pharmacy, 54 of 57 participants responded, and were able to say "yes" or "no" to multiple time periods. All time periods except for one were convenient for less than half of the participants who responded:

- Evening (5pm-8.59pm); this was most convenient time, with over half of participants (53.7%, 29).

- Afternoon (12pm-4.59m); this was the next most convenient time, with 42.6% fifth of participants (23).
- Morning (9am-11.59pm); this was convenient for just under a third of participants (31.5%, 17)
- Early morning (before 9am); this was convenient for just over a fifth of participants (22.2%, 12).
- Late (after 9pm); this was the least convenient time, with less than 10% of participants (9.3%, 5).

In addition to this, participants were asked which days of the week were the most convenient for them to use a pharmacy, with the option of saying “yes” or “no” to each day. 54 of the 57 participants responded:

- Saturday was the most popular, with two thirds of participants (66.7%, 36) responding “yes”.
- This was substantially more popular than the second most popular day, Monday, which was convenient for just over half the participants who responded (53.7%, 29).
- All other days were convenient for under half of the participants who responded, ranging from 23 to 25 participants (42.6-46.3%).

4.5.3.2 Transport

When asked how they travelled to a pharmacy, participants were given different options and asked to say "yes" or "no". 54 of 57 participants responded.

- The most commonly-used modes of transport were walking or using a mobility aid, and driving, with the same number of positive responses (55.6%, 30).
    - 12 participants reported to travelling to a pharmacy using both modes of transport.
    - There were 18 participants who walked to a pharmacy and did not drive, or who drove to a pharmacy and did not walk.
- There were fewer than five participants who said "yes" to taking other modes of transport; two participants said they cycled and three said they used public transport, whilst no participants said they got a taxi/ someone else takes them.
- Six participants reported that they relied on delivery of medication, although two of these participants also reported to travelling to a pharmacy.
    - All six participants who said they relied on delivery reported to having a disability or a long-term health condition, with four participants reporting they had both.

- Two participants reported that others visit the pharmacy on their behalf, and one of these also reported that they relied on delivery.

Participants were also asked how long it to them to travel to a pharmacy. 54 of 57 participants responded:

- 92.6% of participants said they travelled to a pharmacy (50), with the remaining participants reporting they did not travel (7.4%, 4).
- Of the participants who said they travelled to a pharmacy:
    - The vast majority said it took up to 15 minutes but no longer (94.0%, 47).
    - The remaining participants said it took them over 15 minutes but less than 30 minutes (6.0%, 3).

4.5.4 Deprivation

47 of the 57 Rotherham participants provided full postcodes, meaning their IMD decile could be identified. Of the participants who provided a postcode, 21.2% (10) participants lived in the two most deprived deciles.

4.5.4.1 Demographics

All participants in the two most deprived deciles, and those living in less deprived areas, responded to questions about protected characteristics.

In terms of gender:

- 60% of participants living in the two most deprived deciles were women, compared to 64.9% of participants living in less deprived deciles.
- 40% of participants living in the two most deprived deciles were men, compared to 29.7% of participants living in less deprived deciles.

In terms of gender identity:

- All participants in the two most deprived deciles said their gender identity was the same as their sex recorded at birth, compared to 94.6% of participants living in less deprived deciles.
- 5.4% of participants living in less deprived deciles preferred not to say.

In terms of sexual orientation:

- 90% of participants living in the two most deprived deciles identified as heterosexual, compared to 81.0% of participants living in less deprived areas

- 10% of participants living in the two most deprived deciles identified as bisexual; 13.5% of participants living in less deprived areas identified as bisexual or another sexuality.

In terms of ethnicity:

- 90% of participants living in the two most deprived deciles were white, compared to 91.9% of participants living in less deprived areas.
- 10% of participants living in the two most deprived deciles were 'mixed or multiple', compared to 2.7% of participants living in less deprived areas.

In terms of health and disability:

- 80.0% of participants living in the two most deprived deciles reported having a disability, a long-term condition, or being a carer for someone else. Participants living in less deprived areas were less likely to report any of these (62.2%).
- Participants living in the two most deprived deciles were slightly less likely to report having a disability than participants living in less deprived areas (10.0% compared to 13.5%).
- Over half of participants living in the two most deprived deciles reported having a long-term condition (60.0%), compared to less than half of participants living in less deprived areas (46.0%).
- Just over a third of participants living in the two most deprived deciles reported being a carer for someone else (30.0%). Participants living in less deprived areas were less likely (21.6%).

In terms of age:

- Participants living in the two most deprived deciles were similarly likely to be 65 years old or over, compared to participants living in less deprived deciles (30% compared to 33.3%).

4.5.4.2 Pharmaceutical services and choice of pharmacy

When asked why they used a pharmacy, all 10 participants living in the two most deprived deciles responded:

- Participants living in the two most deprived deciles were similarly likely to use a pharmacy for prescriptions than participants living in less deprived areas (100% compared to 97.3%).
- Participants living in the two most deprived deciles were slightly less likely to report to using a pharmacy to buy over the counter medicines than participants living in less deprived areas (40.0% compared to 51.4%).

- Participants living in the two most deprived deciles were slightly less likely to report to using a pharmacy for vaccinations than participants living in less deprived areas (20.0% compared to 27.0%).
- No participants living in the two most deprived deciles reported to using a pharmacy for consultations, Pharmacy First services, or 111 advice, compared to just under a quarter of participants in other deciles (24.3%).
- As with all participants in the survey, no participants living in the two most deprived deciles or those living in less deprived areas reported to using pharmacies for emergency contraception or needle exchange.

Participants living in the two most deprived deciles were less likely to use the closest pharmacy to them than participants in less deprived areas. 9 of the 10 participants living in the two most deprived deciles responded.

- 40.4% of participants living in the two most deprived deciles said there was a more convenient and/or closer pharmacy that they don't use. This compares to 17.4% for participants in other deciles.

When asked whether they used the same pharmacy or different pharmacies, 10 of the 11 participants living in the two most deprived deciles responded:

- All participants living in these areas reported they always or often used the same pharmacy, and were more likely to than participants in less deprived areas (100% compared to 91.7%).
- Participants in these areas were slightly less likely to report to always using the same pharmacy than participants in less deprived areas (55.60% compared to 63.9%).
- Participants in these areas were more likely to report to often using the same pharmacy than participants in less deprived areas (44.4% compared to 27.8%).
- Three of the 36 participants in less deprived areas reported to ‘never’ using the same pharmacy, whilst no participant living in the two most deprived deciles reported this.

4.5.4.3 Access to a pharmacy

Day and time

When asked how often they visit a pharmacy, participants living in the two most deprived deciles were also less likely to report to using pharmacies frequently. 9 of the 10 participants in these areas responded:

- 55.5% of participants living in the two most deprived deciles reported using a pharmacy once every month or once every week,
- This was lower than the proportion of participants in other deciles, two thirds (66.7%).

When asked which days of the week were the most convenient for them to use a pharmacy, 9 of the 10 participants living in the two most deprived deciles answered the question.

- Saturday was most popular day of the week participants said was convenient to visit a pharmacy (66.7%). Participant in the two most deprived deciles were more likely to find this day convenient than participants in other deciles (58.3%).
- Sunday was the second most popular day, with over half of the participants finding it convenient (55.6%) higher compared to a third of participants in less deprived deciles (33.3%).
- In contrast, Monday was convenient for just over a fifth of participants living in the two most deprived deciles (22.2%), three times lower than the proportion of participants in less deprived deciles (61.1%).
- Participants living in the two most deprived were less likely than participants in other deciles to find other days of the week convenient to visit a pharmacy. Less than a third of participants reported finding other days of the week convenient to visit a pharmacy (11.1%-33.3%), compared to approximately half of the participants in other deciles who answered the question (44.4%-52.8%).

9 of the 10 participants living in the two most deprived deciles responded when asked what times of the day were convenient to visit a pharmacy. Participants in these areas were less likely to different times in the day convenient to visit a pharmacy.

- Morning (9am-11.59am); no participant living in these areas found this time convenient, compared to 41.7% of participants in less deprived areas.
- Late (after 9pm); no participant living in these areas found this time convenient, compared to 5.6% of participants in less deprived areas.
- Evening (5pm-8.59pm); participants living in these areas were more likely to find this time convenient than of participants in less deprived areas (55.6% compared to 41.7%).
- Afternoon (12pm-4.59pm); participants living in these areas were just as likely to find this time convenient than participants in less deprived areas (both 44.4%).
- Early morning (before 9am); participants living in these areas were just as likely to find this time convenient than participants in less deprived areas (both with 22.2%).

Transport

When asked how they travelled to a pharmacy, 9 of the 10 participants living in the two most deprived deciles responded. Participants in these were less likely to find different methods of transport

- The most common method was driving, although this was slightly less likely for participants living in the two most deprived deciles than those living in less deprived areas (55.6% compared to 58.3%).
- Walking was the next most common method, although participants in these areas were less likely to walk to a pharmacy than those in less deprived areas (44.4% compared to 55.6%).
- Participants living in the two most deprived deciles were as likely to rely on delivery from a pharmacy as those in less deprived areas (11.1% for both). However, no participants living in the two most deprived deciles reported others visited their pharmacy on their behalf, compared to 5.6% of participants in less deprived areas.
- Participants living in the two most deprived deciles were slightly more likely to cycle or take public transport to a pharmacy than those in less deprived areas (11.1% for both modes of transport compared to 2.8% for both modes of transport).

With regards to time taken to travel to a pharmacy, 9 of the 10 participants living in the two most deprived deciles responded.

- When comparing only those who travelled to a pharmacy, these participants were slightly less likely to report that it took them up to 15 minutes to travel to a pharmacy than participants in less deprived areas (88.9% compared to 96.9%).
- Four of the 36 participants in less deprived areas reported they did not travel to a pharmacy, whilst no participant living in the two most deprived deciles reported this.

5 Other considerations

5.1 Housing developments – to be completed when data shared

The Local Plan (2013-2028) is the Council's 15-year plan to provide for future development needs for the borough. It sets out how many houses need to be built to keep pace with forecasted population growth and allocates land for new homes and jobs. The Local Plan underpins other key Council strategies, such as the Economic Growth Plan and the Housing Strategy.

The plan is made up of two parts:

- Core Strategy, which sets out the headline numbers and strategic policies, was approved by a Government Inspector (adopted by the Council in 2014), and
- Sites and Policies document, which identifies individual sites for development and provides detailed policies to assess all proposed future development against (adopted in 2018)

The Sites and Policies document identifies sites for over 14,000 indicative homes that are anticipated for development in Rotherham to meet the vision of the Local Plan.

The PNA will be considered in as part of the evidence base for any standard housing development applications. Access to services, including pharmaceutical services are considered at the planning stage and NHS colleagues are part of the formal consultation process for planning applications. The government is aiming to build 1,111 new homes in Rotherham as part of a proposed new method of local housing targets. This would be an increase from the previous target of 544 homes. Rotherham Council is continuing to honour its commitment to deliver more new homes for the borough through an ambitious Housing Delivery Programme.

In 2024, the government announced plans to tackle the housing crisis and meet its own commitment to deliver 1.5 million more homes. Under a proposed new method of local housing targets, Rotherham's target would increase from 544 to 1,111.

Since April 2024, nearly 60 new homes have been delivered for Council rent or shared ownership, taking the total to 575 homes since January 2018. A further 129 are currently under construction or in the process of being purchased. The Council's Cabinet has approved further updates to the Housing Programme which looks to address the borough's continuing need for more affordable homes across the borough. An additional ten schemes have been added to the housing programme, delivering homes on both Council owned sites and through strategic acquisitions. Sites at Kiveton Park, Thrybergh, Bramley, Harthill and Herringthorpe have been identified and are in pre-procurement.

When a large-scale housing development is being proposed, a number of factors may influence the potential need for additional pharmaceutical service providers. To ensure that pharmaceutical services are commissioned in line with population need, the HWB partners will monitor the development of major housing sites and, if necessary, provide supplementary statements in accordance with regulations.

The development of a totally new community is an exception to this general rule. Within the Sites and Policies Document, the upcoming housing development which is likely to have the most impact on the capacity of pharmaceutical service providers is the Bassingthorpe Farm development.[34] This will comprise of around 2,400 homes, however the first phrase of development is unlikely to be completed within the lifetime of this PNA (i.e., before 2028). If there are any major impacts on pharmaceutical provision within the lifetime of this PNA, these will be reviewed in a Supplementary Update.

5.2 Access to other services

The 2013 regulations then require PNAs to include a statement of the other NHS services that the HWB considers affect the need for pharmaceutical services. Those NHS services that may affect the need for pharmaceutical services, in Rotherham are outlined below.

5.2.1 Hospital pharmacies

Hospital pharmacies are departments or services in a hospital responsible for the supply of medications to hospital wards as well as ambulatory patients. The department is headed by a senior pharmacist who directly supervises and ensures the correct dispensing, compounding, and distribution of medication to in and out-patients. Rotherham Hospital is an acute general hospital in Rotherham. It is managed by the Rotherham NHS Foundation Trust. Rotherham Hospital has 370+ beds providing a range of hospital-based Medical, Surgical, Paediatric and Obstetric & Gynaecological services. Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

5.2.2 Personal administration of items by GP practices

Under their medical contract with NHS England there will be occasion when a GP practice personally administers an item to a patient. When a patient requires a medicine or appliance, their GP will give them a prescription which they take to their preferred pharmacy. In some instances, the GP will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures. For these items the practice will produce a prescription, however the

[34] Agenda item for Bassingthorpe development for Cabinet – 20th January 2025

patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

5.2.3 GP out of hours service

The out-of-hours period is from 6.30pm to 8am on weekdays and all day at weekends and on bank holidays. GPs can choose whether to provide 24-hour care for their patients or to transfer responsibility for out-of-hours services to NHS England, which is responsible for providing a high-quality service for the local population. GP out-of-hours services affect the level of need for pharmaceutical services depending on whether GPs provide a prescription, or alternatively provide patients a course of treatment directly.

In Rotherham, all practices opt out of the out of hours service provision in the core contract and it is provided for the majority by TRFT, therefore there is no change in demand in community pharmacies, due to out-of-hours services.[35] The GP Out of Hours Service is open when community GP practices close. It operates every day from 6:30pm to 8am, and 24 hours a day at weekends and bank holidays. The service also provides cover for Rotherham GP practices when they are closed for staff training. The GP Out of Hours Service provides care that would usually be provided by your GP practice and cannot wait until your GP practice opens again. The service does not undertake any tests or investigations. If these are required urgently you will be directed to a more suitable service.

This is also located within the Urgent and Emergency Care Centre at The Rotherham Foundation Trust and can be accessed through NHS 111. It is appointment only.

Extended access

Extra appointments are available for all Rotherham patients and are designed to help people who struggle to attend their GP practice during the working week. Appointments can be booked by contacting your practice or by using the NHS Health App. Connect Healthcare Rotherham CIC regularly reviews the services we can offer and will be updating the website and social media platforms when we can offer a wider range of services. You can find out the current extended access provision from: Extended Access – Connect Healthcare Rotherham.

5.2.4 Flu vaccination by GP practices

Populations who are eligible for a free flu vaccine through the NHS, you can book an appointment at a GP surgery, or a pharmacy that offers it on the NHS. In Rotherham, there are 28 main GP practices registered in Rotherham CCG who constitute to the

[35] What to expect when in the Urgent and Emergency Care Centre | The Rotherham NHS Foundation Trust

Primary Care Network practices (as of late May 2025). Previously, there were 29, with Queens Medical Centre closed

However, there are 50 GP practices codes within Rotherham of which, some are linked to main practices outside the Rotherham boundary.

Of the 28 main GP practices in Rotherham, all provide flu vaccination service – thus reducing demand on this service in community pharmacies.

The GP enhanced service specifications for the seasonal influenza vaccination programme and childhood seasonal influenza vaccination are published on the website NHS GP contract web page.

5.2.5 Walk-in centres and minor injury units

A walk-in clinic is a medical facility that accepts patients on a walk-in basis and with no appointment required. A number of healthcare service providers fall under the walk-in clinic umbrella including urgent care centres, retail clinics and even many free clinics or community health clinics. The extent to which a walk-in centre and minor injury unit impacts on need for pharmaceutical services depends on whether centres issue a prescription that would then increase the demand for pharmaceutical services. In Rotherham, there are 0 urgent care walk-in centres and all emergency activity takes place at the Urgent and Emergency Care Centre at The Rotherham Foundation Trust.

6 Conclusions and Statements

Conclusions for the purpose of schedule 1 to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The Rotherham pharmaceutical needs assessment has considered the provision of pharmaceutical services across Rotherham inline with demographic and health needs. It has analysed whether current provision meets the needs of the population of Rotherham and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Rotherham has 65 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board. This includes 61 Pharmacies, 1 dispensing appliance contractor and 3 dispensing GP Practices. 4 of the community pharmacies are 100-hour. Many pharmacies provide locally commissioned services and many advanced services.

Overall, the geographical spread of pharmacies in Rotherham is good as they are spread across all localities (wards).

The population of Rotherham is currently 271,200 and is projected to increase including through the development of new housing. The pharmaceutical needs assessment has therefore considered whether the current provision of pharmaceutical services will continue to meet the needs of the population during its three-year lifetime (2025-2028).

A supplementary PNA will be produced if the health and wellbeing board identifies significant changes to the need for pharmaceutical services. This could include changes to:

- the number of people in the area who require pharmaceutical services,
- the demography of the area, or
- risks to the health or wellbeing of people in the area (both residents and visitors).

Necessary services – current provision

The health and wellbeing board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of Pharmacy First, hypertension case-finding, flu vaccination, and contraception service

Sections above have set out the provision of these services in Rotherham.

Necessary services – gaps in provision

Access to essential services

In order to assess the provision of essential services against the needs of the population the health and wellbeing board considered access (walking times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Walking time has been chosen as 23% of our population do not have access to a car or van in their household.

The health and wellbeing board has identified that 84.2% of the Rotherham population live within 15-minute walk and 97.7% in a 30-minute walk.

Of the 61 community pharmacies operating in Rotherham as of January 2025, 39 pharmacies are open on a Saturday, and 9 pharmacies are open on a Sunday.

The Rotherham resident's questionnaire showed that evenings, 17:00-20:59, is the most convenient time to visit a pharmacy with over half of respondents selecting this as a preferred option. In addition to this, participants were asked which days of the week were the most convenient for them to use a pharmacy and Saturday was the most popular day followed by Monday.

The health and wellbeing board has identified that there would be need for pharmaceutical provision if one of the four 100-hour pharmacies reduced their opening hours to no longer cover evenings (17:00 onwards) or weekends (Saturday and Sunday). This would be because the geographical spread of the four pharmacies mean that a large proportion of the population would find it difficult to access pharmaceutical provision during evenings and weekends. The health and wellbeing board would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or the integrated care board will direct pharmacies to open to meet any differences in opening hours. If there is a need to direct pharmacies to increase their hours, the location should be in a similar place to where there has been loss of hours, or within an area that is easily accessible on public transport, such as the town centre. The health and wellbeing board would expect the replacement pharmacy, or hours covered by other pharmacies, to cover the same hours and services as the current provision in this assessment.

Based on the information available at the time of developing this pharmaceutical needs assessment, no current or gaps in the provision of essential services within or outside normal working hours have been identified.

Access to advanced services

The advanced services are:

- Appliance Use Review (AURs)
- Community Pharmacist Consultation Service (CPCS)
- Flu vaccination service
- Hypertension case-finding service
- Lateral Flow Device (LFD) Tests Supply Service
- New Medicine Service

- Smoking Cessation Advance Service
- Stoma Appliance Customisation Service
- Pharmacy Contraception Service (PCS)
- Pharmacy First (all services)

This pharmaceutical needs assessment has detailed the distribution of these within Rotherham and the wards in which the pharmacies are based on activity levels from January 2024-December 2024. Based on the data available the health and wellbeing board is satisfied that there is sufficient capacity to meet the demand for these advanced services.

The health and wellbeing board has identified that there would be need for pharmaceutical provision if one of the four 100-hour pharmacies reduced their opening hours to no longer cover evenings (17:00 onwards) or weekends (Saturday and Sunday). This would be because the geographical spread of the four pharmacies mean that a large proportion of the population would find it difficult to access pharmaceutical provision during evenings and weekends. The health and wellbeing board would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or the integrated care board will direct pharmacies to open to meet any differences in opening hours. If there is a need to direct pharmacies to increase their hours, the location should be in a similar place to where there has been loss of hours, or within an area that is easily accessible on public transport, such as the town centre. The health and wellbeing board would expect the replacement pharmacy, or hours covered by other pharmacies, to cover the same hours and services as the current provision in this assessment.

Future provision of necessary services

The health and wellbeing board has reviewed population growth in line with forecasts and housing developments that will deliver new homes within the timeframe of the document.

There are no new housing developments of significant size during the lifetime of the document, and the population projections are not predicted to increase to sufficient size to create unmet pharmaceutical need providing services remain as are at the time of writing.

Other relevant services

The Rotherham Health and Wellbeing Board has identified that two Advanced Services (Lateral Flow Device Tests Supply Service and New Medicine Service) and five locally Commissioned and Enhanced services (Emergency Hormonal Contraception; Needle and Syringe Provision Needle Exchange, Palliative Care, Supervised Consumption, and Over The Counter Medication Labelling Scheme) which, whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Sections in this document have set out the provision of these services in Rotherham.

Improvements and better access – gaps in provision

The health and wellbeing board has noted the number of pharmacies that have signed up to provide, and are providing, the advanced and enhanced services listed below:

- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Emergency Hormonal Contraception
- Needle and Syringe Provision Needle Exchange
- Palliative Care
- Supervised Consumption
- Over The Counter Medication Labelling Scheme

It is satisfied that the current demand can and will be met by the existing providers.

Future provision of other relevant services

The health and wellbeing board has reviewed population growth in line with forecasts and housing developments that will deliver new homes within the timeframe of the document.

There are no new housing developments of significant size during the lifetime of the document, and the population projections are not predicted to increase to sufficient size to create unmet pharmaceutical need providing services remain as are at the time of writing.

Annexes

Annex 1: Consultation Report

The following questions were asked in the 90-day consultation and the responses to these are listed in the table below:

1. Understanding the purpose of the Pharmaceutical Needs Assessment - Has the purpose of the Pharmaceutical Needs Assessment been clearly explained?
2. Current pharmacy services in your area - Does the Pharmaceutical Needs Assessment reflect the current pharmacy services in your area?
3. Gaps in pharmacy services - Are there any times, places or types of pharmacy services that are missing or not fully covered in the assessment?
4. Decisions on new pharmacies - Does the assessment include the information needed to support decisions about opening new pharmacies or dispensing appliance contractor premises?
5. Future pharmacy needs - Does the assessment include enough information to help plan future pharmacy services and decide what pharmacies or dispensing appliance contractors might be needed?
6. Assessment conclusions - Do you agree with the conclusions of the Pharmaceutical Needs Assessment?
7. Other comments - Do you have any other comments?
8. What type of organisation are you responding on behalf of?

Question	Response
Understanding the purpose of the Pharmaceutical Needs Assessment - Has the purpose of the Pharmaceutical Needs Assessment been clearly explained?	17 of 19 respondents stated yes (89%) and 2 (11%) stated they do not know. Of those responding 'yes, the free text suggested that it was clear and/or have detailed the correct purpose of the document. Of those stating, 'don't know', responses were from people who do not use a pharmacy or that there was not enough information in the consultation description.
Current pharmacy services in your area - Does the Pharmaceutical Needs Assessment reflect the current pharmacy services in your area?	9 respondents stated yes (47%), 9 respondents stated no (47%) and 1 respondent stated they do not know (5%). Of those that stated 'no', the comments are around access and having to walk 20 minutes to a pharmacy, that there is no pharmacy in accessible distance in one area of the borough (Waverley), that there is a lack of pharmacy at a general practice, or that the pharmacy does not have medication in stock. 3 of the respondents who answered 'no' were from residents or community pharmacies, others did not provide an organisation.
Gaps in pharmacy services - Are there any times, places or types of pharmacy services that are missing or not fully covered in the assessment?	8 of 19 (42%) respondents stated there are times, places, or types of pharmacies that are missing from the document. Of those, all except one comment were specifically about a pharmacy that does not cover Waverley. The additional comment was around pharmacies not having adequate stock. Respondents who answered 'no' were from residents or community pharmacies or did not provide an organisation.

Decisions on new pharmacies - Does the assessment include the information needed to support decisions about opening new pharmacies or dispensing appliance contractor premises?	11 of 19 (58%) responses answered 'yes' to this with 5 answering 'no' (26%). Of those answering 'no', the comments are that the PNA does not reflect the growing population of Waverley and state that there has been no public consultation. 4 of the respondents who answered 'no' were from residents or community pharmacies, others did not provide an organisation.
Future pharmacy needs - Does the assessment include enough information to help plan future pharmacy services and decide what pharmacies or dispensing appliance contractors might be needed?	9 of 11 respondents stated 'yes' (47%) and 7 'no' (37%). Of those that stated 'no', the comments were that there is insufficient pharmaceutical provision in Waverley in line with increased housing. 3 of the respondents who answered 'no' were from residents or community pharmacies, others did not provide an organisation.
Assessment conclusions - Do you agree with the conclusions of the Pharmaceutical Needs Assessment?	9 of 19 (47%) respondents agree with the conclusions and 9 do not (47%). Of those that do not, the comments were that there needs to be a pharmacy in Waverley. 4 of the respondents who answered 'no' were from residents or community pharmacies, others did not provide an organisation.
Other comments - Do you have any other comments?	10 of 19 (53%) respondents had additional comments. This included two neighbouring health and wellbeing boards that both concluded the PNA was robust and detailed, 7 respondents commenting that there needs to be a pharmacy in Waverley, and a comment that some healthcare is now directed to pharmacies whereas it was felt this would be managed better by general practice. 4 of the respondents who had additional comments about Waverley were from residents or community pharmacies, two comments suggesting a robust and detailed PNA were from local health and wellbeing boards, and others did not provide an organisation.

Response to the consultation feedback

The full draft Pharmaceutical Needs Assessment (PNA) was provided with the consultation document.

The PNA document considers health needs of Rotherham residents, current provision of pharmaceutical services, an assessment of service availability including distance and walk time, availability by service type, housing developments, and access to other services such as those provided by general practice and hospital pharmacies. Public consultation was undertaken with Healthwatch Rotherham, section 4.5 - Views and experiences of local people (Healthwatch Rotherham survey), and have been considered within this document.

Waverley is in the Rother Vale Ward with a known population of 9,980 (based on Office for National Statistics population data) and has two pharmacies. The ward has an average population per pharmacy of 4,999 and a value for ‘pharmacies per 100,000 population head’ of 20 (table below and in section 4.1 - Pharmaceutical service providers per 100,000 people). The range within Rotherham is from 60.0 per 100,000 to 9.6 per 100,000.

Ward	Index of Multiple Deprivation Score (Red = most deprived, green = least deprived)	Number of pharmacies	Population	Average population per pharmacy	Pharmacies per 100,000 population head
Rother Vale	24.9	2	9980	4990.0	20.0

Based on known housing developments, there are no new housing developments of significant size during the lifetime of the document to suggest new provision is required.

The population within a walking distance for Waverley and the whole of Rotherham is shown below.

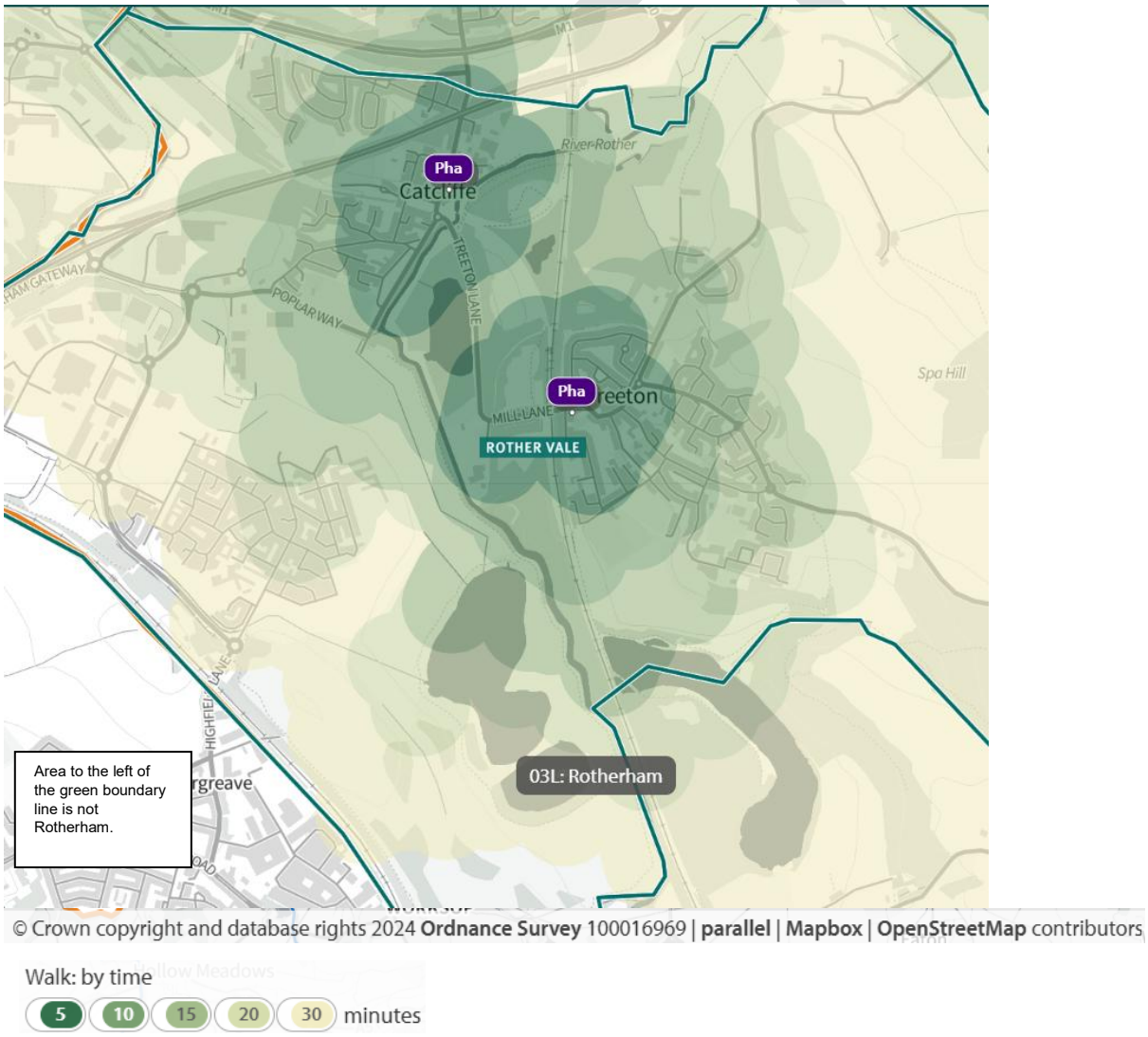


Figure above: Pharmacy walking distance, Rother Vale Ward. Rotherham boundary shown in green.

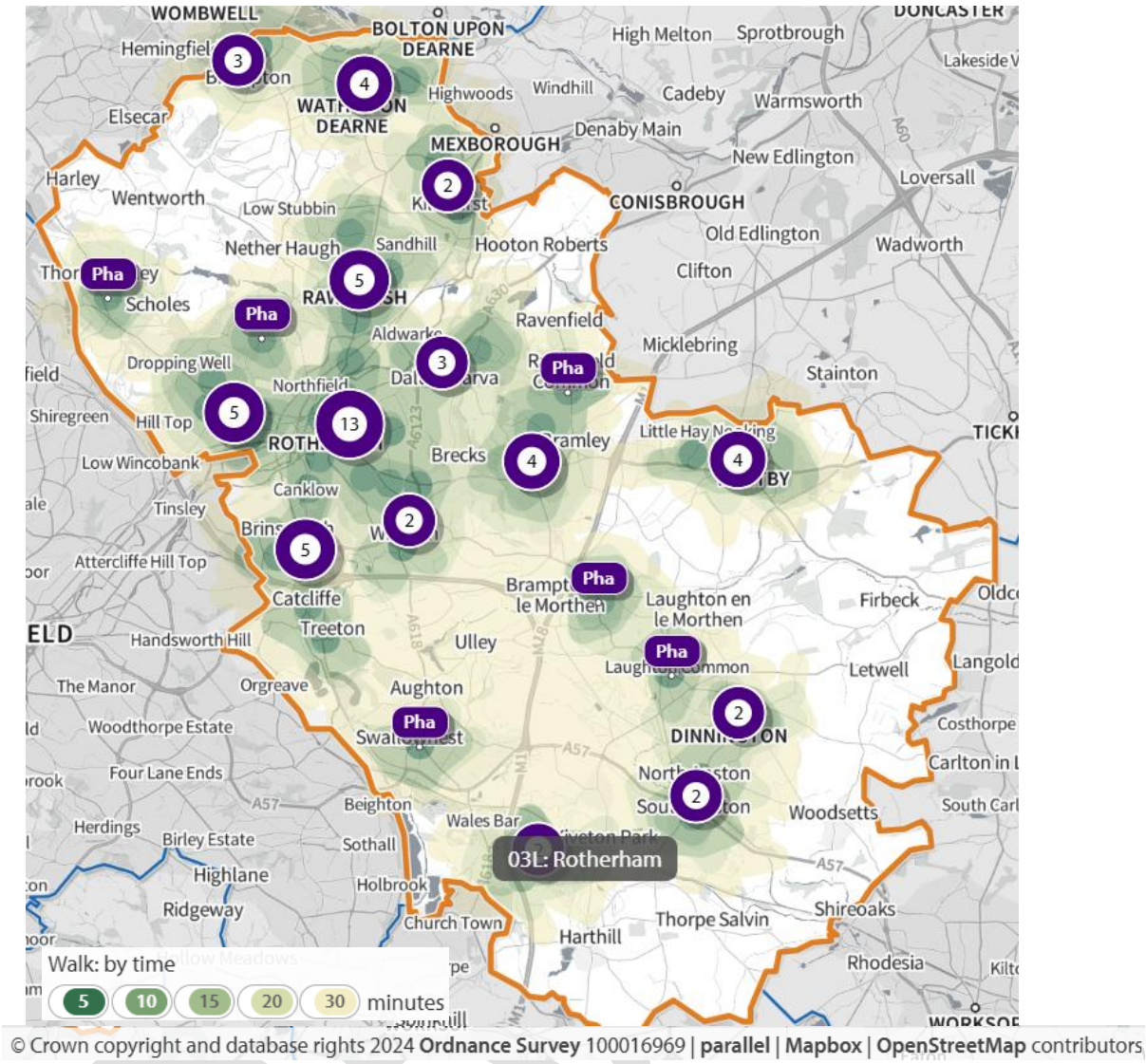


Figure above: Pharmacy walking distance, Rotherham.

Based on the information known at the time of writing the Pharmaceutical Needs Assessment, no changes have been made to the document.

Annex 2: Rotherham Health & Wellbeing Pharmaceutical Needs Assessment (PNA) Steering Group Draft Terms of Reference

Background

If someone (typically a pharmacist, a dispenser of appliances, or a GP) wants to provide NHS pharmaceutical services, they must apply for inclusion on a pharmaceutical list by providing that they are able to meet the pharmaceutical needs of the area in which they want to operate. The pharmaceutical needs of an area are defined in Pharmaceutical Needs Assessments – a report produced every three years by Health and Wellbeing Boards.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

A PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

1. Purpose

The functions of the group are to:
The purpose of the Pharmaceutical Needs Assessment Steering Group is to advise on the production of, and consultation on, the Rotherham Pharmaceutical Needs Assessment (PNA), on behalf of the Health and Wellbeing Board. The PNA must be published by October 2025.

2. Responsibilities:

The primary role of the group is to advise on the compilation and publication of an evidence based and up to date PNA, building on expertise from across the local healthcare community. The compilation of the PNA itself will be the responsibility of

Rotherham Metropolitan Borough Council

Rotherham Metropolitan Borough Council's Public Health Team. The steering group will act in an advisory capacity to the Council and the Health and Wellbeing Board.

Specifically, the Steering Group will:

- Advise on and agree the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Rotherham (and neighbouring areas);
- Advise on the process of consultation ensuring that this meets the requirements set out in the Regulations;
- Ensure that accurate maps identifying the premises where services are provided are produced;
- Agree the statement of the need for pharmaceutical services in Rotherham;
- Consider formal responses received during the formal consultation process, and advise on appropriate amendments to the PNA;
- Review, input to, and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA;
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication

3. Composition of the group

Membership of the Group shall be:

- **Public Health Intelligence Principal**
- **Public Health Consultant**
- **Public Health Intelligence Analyst**
- **Operational commissioner (Public Health)**
- **Chief Executive Officer of Community Pharmacy South Yorkshire**
- **Pharmacy lead for NHSE**
- **Community pharmacy clinical lead**
- **Healthwatch representative**
- Other staff members may be invited to attend meetings for the purpose of providing advice and/or clarification to the Group.

4. Deputising

As appropriate

5. Accountability

The members of the meeting will be accountable to the Rotherham Health and Wellbeing Board for the responsibilities set out in the terms of reference.

6. Frequency of meetings

Bi-monthly.

7. Meeting Support

Public Health Intelligence Analyst

8. Agenda deadlines

Agenda and papers to be sent one week before the meeting takes place wherever possible. Papers may be circulated at a later date and/or tabled if required.

Rotherham Metropolitan Borough Council

Annex 3: Summary of pharmaceutical service provision by Rotherham ward by number of professional fees Jan 2024-December 2024

Service	Boston Castle	Aston & Todwick	Wath	Rotherham West	Dalton & Thrybergh	Rawmarsh West	Sitwell	Hoober	Rotherham East	Rother Vale	Rawmarsh East	Dinnington	Thurcroft & Wickersley South	Keppel	Wales	Greasbrough	Kilnhurst & Swinton East	Anston & Woodsetts	Maltby East	Wickersley North	Aughton & Swallownest	Brinsworth	Swinton Rockingham	Hellaby & Maltby West	Bramley & Ravenfield
Number of Appliance Use Reviews (AURs) conducted at premises	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Appliance Use Reviews (AURs) conducted in user's home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Community Pharmacist Consultation Service (CPCS) Fees	40	18	26	33	28	28	17	32	0	7	36	0	77	1	21	6	6	9	4	14	75	5	8	7	2

Service	Boston Castle	Aston & Todwick	Wath	Rotherham West	Dalton & Thrybergh	Rawmarsh West	Sitwell	Hoober	Rotherham East	Rother Vale	Rawmarsh East	Dinnington	Thurcroft & Wickersley	Keppel	Wales	Greasbrough	Kilnhurst & Swinton East	Anston & Woodsetts	Maltby East	Wickersley North	Aughton & Swallownest	Brinsworth	Swinton Rockingham	Hellaby & Maltby West	Bramley & Ravenfield
Number of Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM)	0	94	93	2	12	37	27	28	0	1	35	45	93	22	8	10	41	2	6	34	16	0	37	1	7
Number of Community Pharmacy Clinic Blood Pressure checks	1341	573	1247	785	617	541	223	429	11	1009	336	875	2911	275	293	279	405	402	187	946	248	238	807	334	437
Number of Community Pharmacy Contraceptive Initiation Consultations	6	13	21	0	11	14	0	9	0	0	14	0	4	8	27	8	3	4	1	13	0	0	12	0	4

Service	Number of Community Pharmacy Contraceptive Ongoing Consultations	Number of Community Pharmacy Hepatitis C Antibody Testing Service Fees	Number of Community Pharmacy Smoking Cessation consultations	Number of Complete Discharge Medicines Services
Boston Castle	27	0	0	41
Aston & Todwick	223	0	1	2
Wath	96	0	0	15
Rotherham West	0	0	0	0
Dalton & Thrybergh	61	0	0	2
Rawmarsh West	192	0	0	47
Sitwell	0	0	0	0
Hoober	103	0	0	19
Rotherham East	0	0	0	0
Rother Vale	5	0	0	0
Rawmarsh East	255	0	0	5
Dinnington	1	0	0	1
Thurcroft & Wickersley	8	0	0	7
Keppel	16	0	0	4
Wales	183	0	0	6
Greasbrough	24	0	0	0
Kilnhurst & Swinton	107	0	0	2
Anston & Woodsetts	26	0	0	0
Maltby East	2	0	0	9
Wickersley North	61	0	0	3
Aughton &	0	0	0	0
Brinsworth	0	0	0	0
Swinton Rockingham	38	0	0	10
Hellaby & Maltby West	0	0	0	1
Bramley & Ravenfield	28	0	0	0

Rotherham Metropolitan Borough Council

Number of Items	Number of Influenza Administered Fees	Number of Incomplete Discharge Medicines Services	Number of forms for Electronic Prescription Service (EPS)	Number of Forms	Number of COVID-19 Home Delivery Fees	Service
766356	2184	11	311129	3E+05	0	**Boston Castle**
205233	862	13	88764	91073	0	**Aston & Todwick**
343687	1436	27	157525	2E+05	0	**Wath**
492349	580	0	207150	2E+05	0	**Rotherham West**
312390	945	1	124215	1E+05	0	**Dalton & Thrybergh**
386773	1565	6	150804	2E+05	0	**Rawmarsh West**
250401	959	0	108450	1E+05	0	**Sitwell**
212395	450	7	96195	1E+05	0	**Hoober**
73142	446	0	31693	33306	0	**Rotherham East**
144619	400	0	65456	67182	0	**Rother Vale**
353958	335	0	147150	2E+05	0	**Rawmarsh East**
383564	1187	3	161267	2E+05	0	**Dinnington**
401003	329	13	175317	2E+05	0	**Thurcroft & Wickersley**
206835	847	0	91910	95664	0	**Keppel**
244719	608	6	26177	1E+05	0	**Wales**
183366	257	8	84566	88166	0	**Greasbrough**
115425	377	0	48217	50853	0	**Kilnhurst & Swinton East**
179443	134	0	75630	80041	0	**Anston & Woodsetts**
154537	73	2	67576	69891	0	**Maltby East**
426039	2062	1	179234	2E+05	0	**Wickersley North**
110476	0	0	46223	47977	0	**Aughton & Swallownest**
127674	0	0	59979	62363	0	**Brinsworth**
180491	299	0	78198	80297	0	**Swinton Rockingham**
274215	616	2	122812	1E+05	0	**Hellaby & Maltby West**
88656	364	0	39484	40389	0	**Bramley & Ravenfield**

Rotherham Metropolitan Borough Council

Number of New Medicine Service (NMS) interventions declared	Number of Medicine Use Reviews (MURs) declared	Number of Lateral Flow Device (LFD) Test Supply Service Fees	Number of Items processed via Electronic Prescription Service (EPS)	Service
3276	0	904	746443	**Boston Castle**
1729	0	23	202465	**Aston & Todwick**
1742	0	33	337264	**Wath**
2781	0	1264	484471	**Rotherham West**
1835	0	111	286241	**Dalton & Thrybergh**
2398	0	37	357821	**Rawmarsh West**
985	0	0	246643	**Sitwell**
582	0	17	206587	**Hoober**
413	0	0	70620	**Rotherham East**
624	0	0	142658	**Rother Vale**
1540	0	5	345490	**Rawmarsh East**
2788	0	1001	377133	**Dinnington**
2944	0	3810	392804	**Thurcroft & Wickersley**
1204	0	22	202609	**Keppel**
1563	0	34	57197	**Wales**
797	0	25	178923	**Greasbrough**
623	0	93	111291	**Kilnhurst & Swinton East**
782	0	23	172013	**Anston & Woodsetts**
683	0	187	151923	**Maltby East**
2335	0	123	419364	**Wickersley North**
323	0	0	108365	**Aughton & Swallownest**
402	0	0	125036	**Brinsworth**
942	0	0	178106	**Swinton Rockingham**
963	0	0	270819	**Hellaby & Maltby West**
461	0	23	87549	**Bramley & Ravenfield**

Service	Number of Pharmacy First Clinical Pathways Consultations - Acute Otitis Media	Number of Pharmacy First Clinical Pathways Consultations - Acute Sore Throat	Number of Pharmacy First Clinical Pathways Consultations - Impetigo
Boston Castle	53	206	42
Aston & Todwick	37	94	17
Wath	94	200	32
Rotherham West	131	426	42
Dalton & Thrybergh	64	156	18
Rawmarsh West	61	144	36
Sitwell	33	63	8
Hoober	43	102	27
Rotherham East	18	33	1
Rother Vale	33	116	7
Rawmarsh East	32	190	25
Dinnington	114	225	29
Thurcroft & Wickersley South	141	359	45
Keppel	36	78	8
Wales	50	188	10
Greasbrough	36	114	19
Kilnhurst & Swinton East	24	67	13
Anston & Woodsetts	49	96	12
Maltby East	17	92	21
Wickersley North	106	158	43
Aughton & Swallownest	13	41	2
Brinsworth	37	66	13
Swinton Rockingham	26	68	12
Hellaby & Maltby West	21	64	11
Bramley & Ravenfield	12	45	3

Rotherham Metropolitan Borough Council

Service	Boston Castle	Aston & Todwick	Wath	Rotherham West	Dalton & Thrybergh	Rawmarsh West	Sitwell	Hoober	Rotherham East	Rother Vale	Rawmarsh East	Dinnington	Thurcroft & Wickersley	Keppel	Wales	Greasbrough	Kilnhurst & Swinton East	Anston & Woodsetts	Maltby East	Wickersley North	Aughton & Swallownest	Brinsworth	Swinton Rockingham	Hellaby & Maltby West	Bramley & Ravenfield
Number of Pharmacy First Clinical Pathways Consultations - Infected Insect Bites	109	36	67	89	63	67	41	39	3	31	79	81	167	25	60	64	19	41	39	82	19	22	16	23	16
Number of Pharmacy First Clinical Pathways Consultations - Shingles	20	16	26	28	6	11	11	7	2	4	19	18	39	14	12	4	10	14	6	27	2	9	13	12	5
Number of Pharmacy First Clinical Pathways Consultations - Sinusitis	60	72	53	65	20	54	26	45	1	42	65	47	110	14	51	57	26	30	14	73	15	19	20	21	6

Total pharmacy first	Number of Pharmacy First Urgent Medicine Supply Consultations	Number of Pharmacy First Minor Illness Referral Consultations	Number of Pharmacy First Clinical Pathways Consultations - Uncomplicated UTI	Service
1192	364	164	174	**Boston Castle**
722	30	291	129	**Aston & Todwick**
1165	298	221	174	**Wath**
3438	229	2309	119	**Rotherham West**
886	307	122	130	**Dalton & Thrybergh**
749	164	58	154	**Rawmarsh West**
402	100	54	66	**Sitwell**
581	119	80	119	**Hoober**
158	40	49	11	**Rotherham East**
388	30	44	81	**Rother Vale**
1004	298	197	99	**Rawmarsh East**
1187	349	113	211	**Dinnington**
1919	629	177	252	**Thurcroft & Wickersley South**
328	49	60	44	**Keppel**
801	42	270	118	**Wales**
470	43	51	82	**Greasbrough**
274	20	23	72	**Kilnhurst & Swinton East**
462	60	82	78	**Anston & Woodsetts**
408	104	35	80	**Maltby East**
810	64	57	200	**Wickersley North**
206	27	28	59	**Aughton & Swallownest**
285	43	35	41	**Brinsworth**
390	91	75	69	**Swinton Rockingham**
316	49	52	63	**Hellaby & Maltby West**
134	5	9	33	**Bramley & Ravenfield**

Rotherham Metropolitan Borough Council

Service	Number of Prescriptions (Professional Fees) (Standard discount rate)	Number of Prescriptions (Professional Fees) (Zero discount rate)	Number of Serious Shortage Protocol (SSP) Fees	Number of Stoma Customisation Fees	Total number of Prescriptions (Professional Fees)
Boston Castle	661604	125484	4	0	787088
Aston & Todwick	177715	28723	13	0	206438
Wath	294873	51438	83	0	346311
Rotherham West	423688	75681	29	0	499369
Dalton & Thrybergh	269848	47307	43	0	317155
Rawmarsh West	331597	60634	89	0	392231
Sitwell	219784	32385	160	0	252169
Hoober	182328	30908	0	0	213236
Rotherham East	63301	10639	29	0	73940
Rother Vale	123173	22354	2	1	145527
Rawmarsh East	307636	52275	85	0	359911
Dinnington	331986	53127	85	0	385113
Thurcroft & Wickersley	349447	53744	3	0	403191
Keppel	180870	27921	58	0	208791
Wales	212360	33423	96	0	245783
Greasbrough	158883	27443	85	0	186326
Kilnhurst & Swinton East	100645	15572	41	0	116217
Anston & Woodsetts	159082	21930	15	0	181012
Maltby East	132574	23653	36	0	156227
Wickersley North	372830	55353	40	0	428183
Aughton & Swallownest	95855	16749	44	0	112604
Brinsworth	111799	17088	54	0	128887
Swinton Rockingham	156460	26326	36	0	182786
Hellaby & Maltby West	240053	35363	176	1	275416
Bramley & Ravenfield	78593	10158	0	0	88751

Rotherham Metropolitan Borough Council

Service	Boston Castle	Aston & Todwick	Wath	Rotherham West	Dalton & Thrybergh	Rawmarsh West	Sitwell	Hoober	Rotherham East	Rother Vale	Rawmarsh East	Dinnington	Thurcroft & Wickersley South	Keppel	Wales	Greasbrough	Kilnhurst & Swinton East	Anston & Woodsetts	Maltby East	Wickersley North	Aughton & Swallownest	Brinsworth	Swinton Rockingham	Hellaby & Maltby West	Bramley & Ravenfield
Number of Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Rotherham Metropolitan Borough Council

Rotherham Metropolitan Borough Council

Annex 4: List of pharmaceutical service providers as of January 2025

No.	Pharmacy	Post Code	Day of the week						
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Abbey Pharmacy	S65 1JQ	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-13:00	CLOSED
2	Allied Pharmacy Aston	S26 4WD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
3	Allied Pharmacy Church Street	S63 7QY	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-13:00, 13:20-17:30	09:00-12:00	CLOSED
4	Archway Pharmacy	S61 1AB	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	09:00-13:00	CLOSED
5	Asda Pharmacy	S65 3SW	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00
6	Boots	S60 4LA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
7	Boots	S60 1TG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	11:00-16:30
8	Boots	S73 0TB	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED
9	Brookside Pharmacy	S60 4HY	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED
10	Clifton Pharmacy	S65 2QN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
11	Cohens Chemist	S60 5PN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	CLOSED	CLOSED
12	Cryer A	S65 1AB	08:45-16:15	08:45-16:15	08:45-16:15	08:45-16:15	08:45-16:15	09:00-11:30	CLOSED
13	Dalton Pharmacy	S65 3HD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
14	Darren Senior Ltd	S62 6FA	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
15	Day Lewis Pharmacy	S62 7HX	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED

Rotherham Metropolitan Borough Council

No.	Pharmacy	Post Code	Day of the week						
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
16	Day Lewis Pharmacy	S62 5HD	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
17	Dinnington Pharmacy	S25 2EZ	09:00-13:30, 14:00-21:00	09:00-13:30, 14:00-21:00	09:00-13:30, 14:00-21:00	09:00-13:30, 14:00-21:00	09:00-13:30, 14:00-21:00	09:00-13:00, 14:00-21:00	08:00-18:00
18	Doncaster Gate Pharmacy	S65 1DA	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	CLOSED	CLOSED
19	Good Measure Pharmacy	S60 1EW	08:30-16:30	08:30-16:30	08:30-16:30	08:30-16:30	08:30-16:30	CLOSED	CLOSED
20	Green Arbour Pharmacy	S66 9DD	09:00-20:00	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
21	Heritage Pharmacy	S25 3SA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
22	Kimberworth Pharmacy	S61 3QH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	10:00-12:30	CLOSED
23	Kiveton Delivery Pharmacy	S26 6LR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
24	Lo's Pharmacy	S64 5UP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	09:00-18:00	CLOSED	CLOSED
25	Lo's Pharmacy	S61 4RD	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	CLOSED
26	Medwin Pharmacy	S61 1EE	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-12:30	CLOSED
27	Morrisons Pharmacy	S60 1TG	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	11:00-17:00
28	Morrisons Pharmacy	S73 0TB	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	10:00-16:00
29	New Street Pharmacy	S25 2EX	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

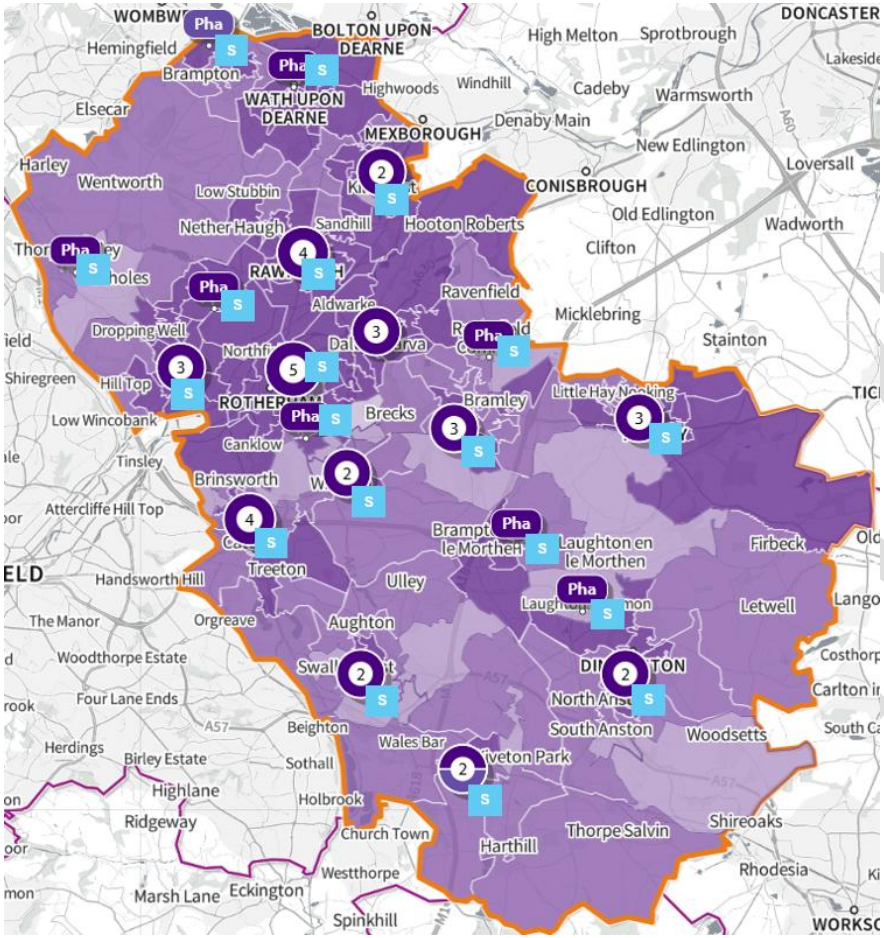
No.	Pharmacy	Post Code	Day of the week						
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30	North Anston Pharmacy	S25 4DB	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
31	Parkgate Pharmacy	S62 6DP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
32	Pharmacydelivered4U	S60 2NN	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
33	Pickfords Pharmacy	S73 0TW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
34	Pickfords Pharmacy	S63 7QB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
35	Rawmarsh Pharmacy	S62 6LW	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	08:00-21:00
36	Rex Pharmacy	S66 8LA	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
37	Rotherchem	S60 2JH	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
38	Silverwood Pharmacy	S66 3QT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
39	South Anston Pharmacy	S25 5DT	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
40	Swift Pharmacy	S60 2QY	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	CLOSED	CLOSED
41	Tesco Instore Pharmacy	S65 1HY	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	10:00-16:00
42	Tesco Instore Pharmacy	S63 7DA	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
43	The Online Chemist	S63 5DB	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
44	Wales Square Pharmacy	S26 5QN	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED

No.	Pharmacy	Post Code	Day of the week						
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
45	Weldricks Pharmacy	S60 5BS	09:00-13:30, 14:30-18:00	09:00-13:30, 14:30-18:00	09:00-13:30, 14:30-18:00	09:00-13:30, 14:30-18:00	09:00-13:30, 14:30-18:00	09:00-13:00	CLOSED
46	Weldricks Pharmacy	S26 6RA	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-17:30	CLOSED
47	Weldricks Pharmacy	S26 4TT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
48	Weldricks Pharmacy	S64 8QA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
49	Weldricks Pharmacy	S66 8JE	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-13:00	CLOSED
50	Weldricks Pharmacy	S66 7BN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	CLOSED
51	Weldricks Pharmacy	S66 8DP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
52	Weldricks Pharmacy	S60 5SR	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-18:00	09:00-12:00	CLOSED
53	Well	S66 1AA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
54	Well	S61 2QP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
55	Well	S66 2JQ	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	CLOSED	CLOSED
56	Well	S65 4BT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
57	Well	S65 4PU	09:00-12:30, 13:30-18:00	09:00-12:30, 13:30-18:00	09:00-12:30, 13:30-18:00	09:00-12:30, 13:30-18:00	09:00-12:30, 13:30-18:00	CLOSED	CLOSED
58	Whitworth Chemist Ltd	S60 3EW	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	CLOSED	CLOSED

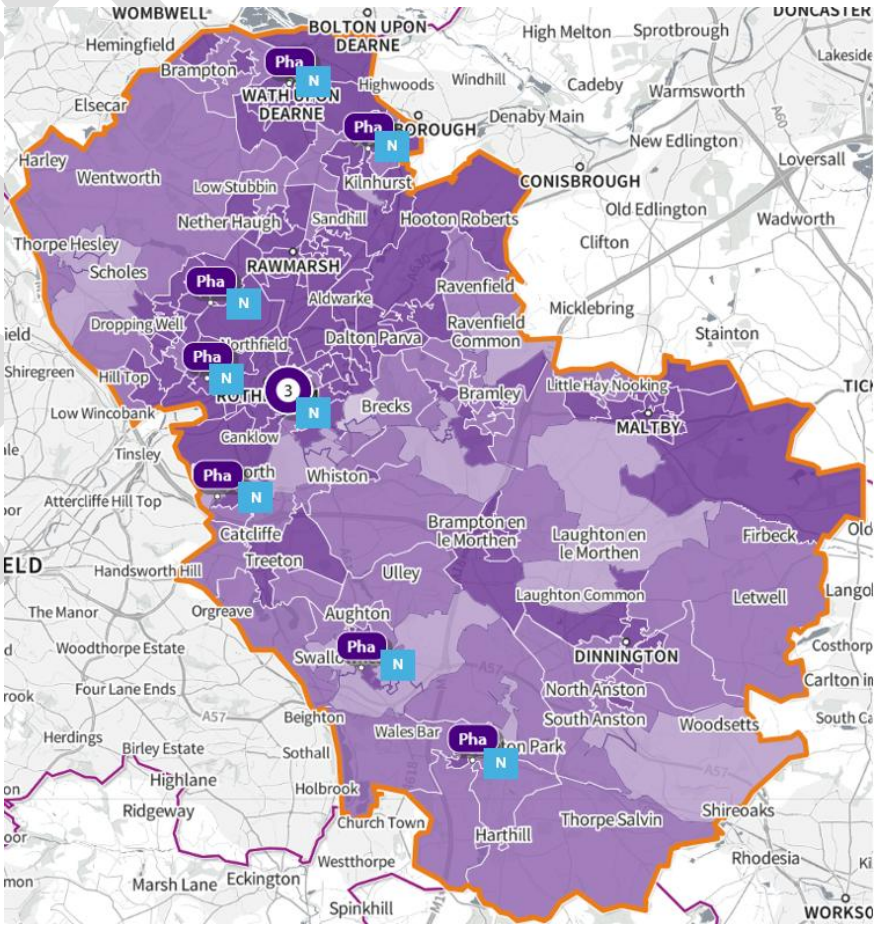
No.	Pharmacy	Post Code	Day of the week						
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
59	Wickersley Pharmacy	S66 1EU	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	08:30-13:00, 14:00-21:00	09:00-13:00, 14:00-21:00	08:00-21:45
60	Winterhill Pharmacy	S61 1NL	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-13:00	CLOSED
61	York Road Pharmacy	S65 1PW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
Dispensing Appliance Contractors									
62	South Yorkshire Ostomy Supplies Ltd	S61 1EE	09:00-15:00	09:00-15:00	09:00-15:00	09:00-15:00	09:00-15:00	CLOSED	CLOSED
Dispensing GPs									
63	Dinnington Group Practice	S25 2EZ	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	CLOSED	CLOSED
64	Kiveton Park Medical Practice	S26 6QU	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	CLOSED	CLOSED
65	Morthen Road Surgery	S66 1EU	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	CLOSED	CLOSED

Annex 5: Locally commissioned service provision maps

Map A: Supervised consumption service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain

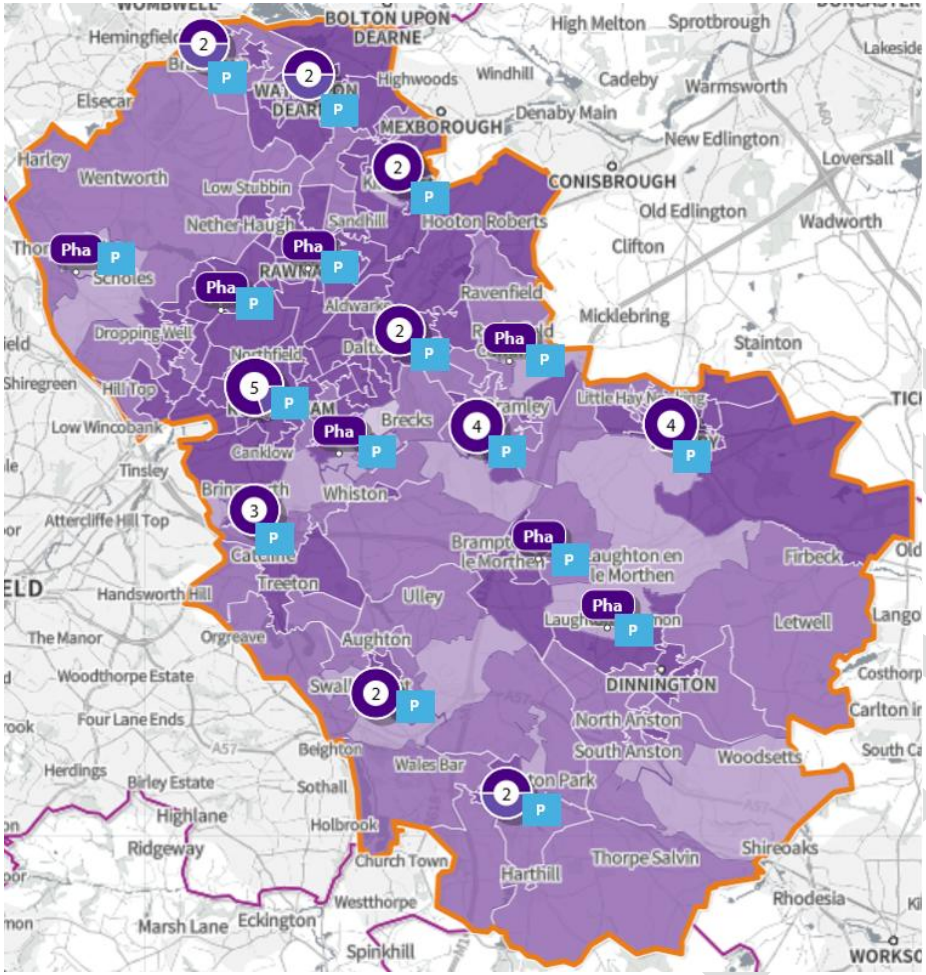


Map B: Needle exchange services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain

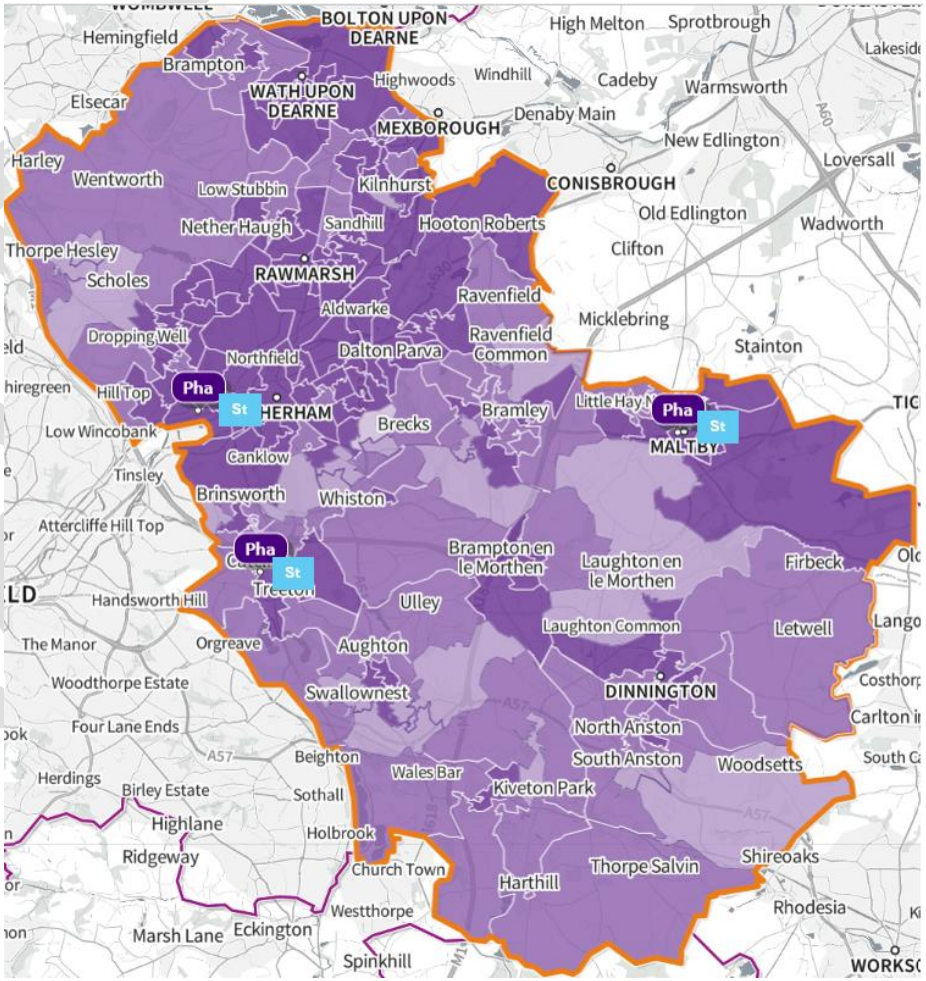


Rotherham Metropolitan Borough Council

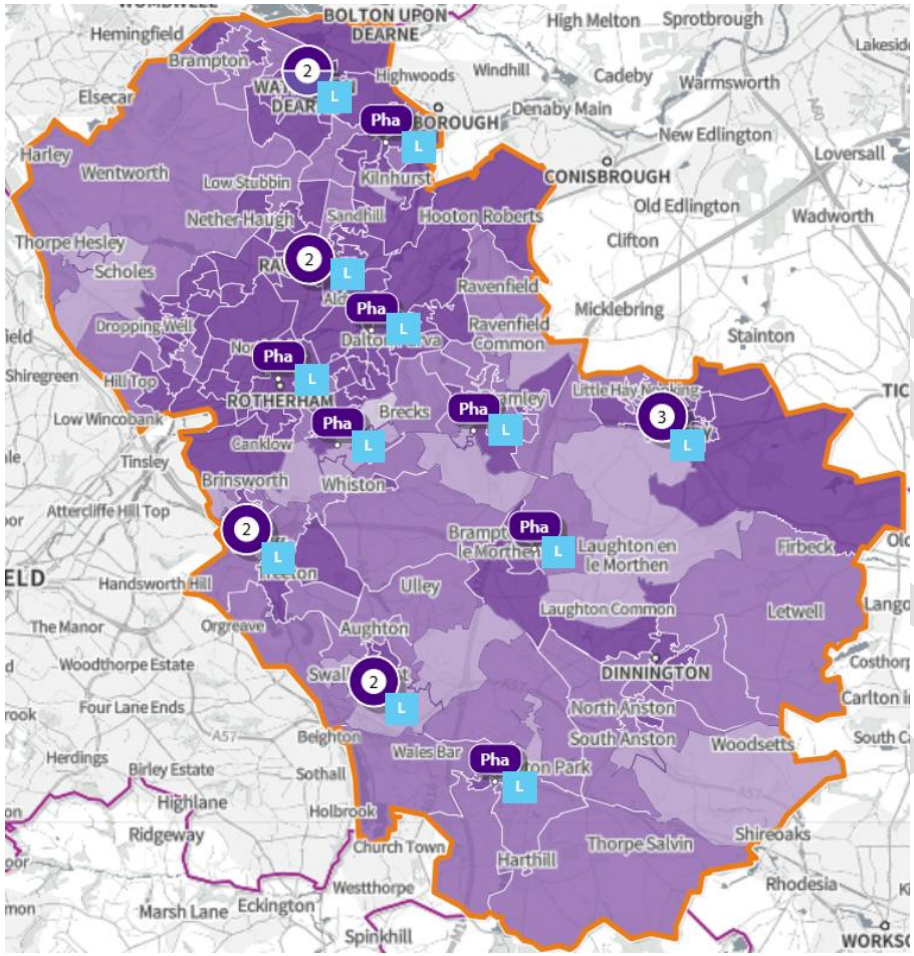
Map C: Palliative Care Drugs service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



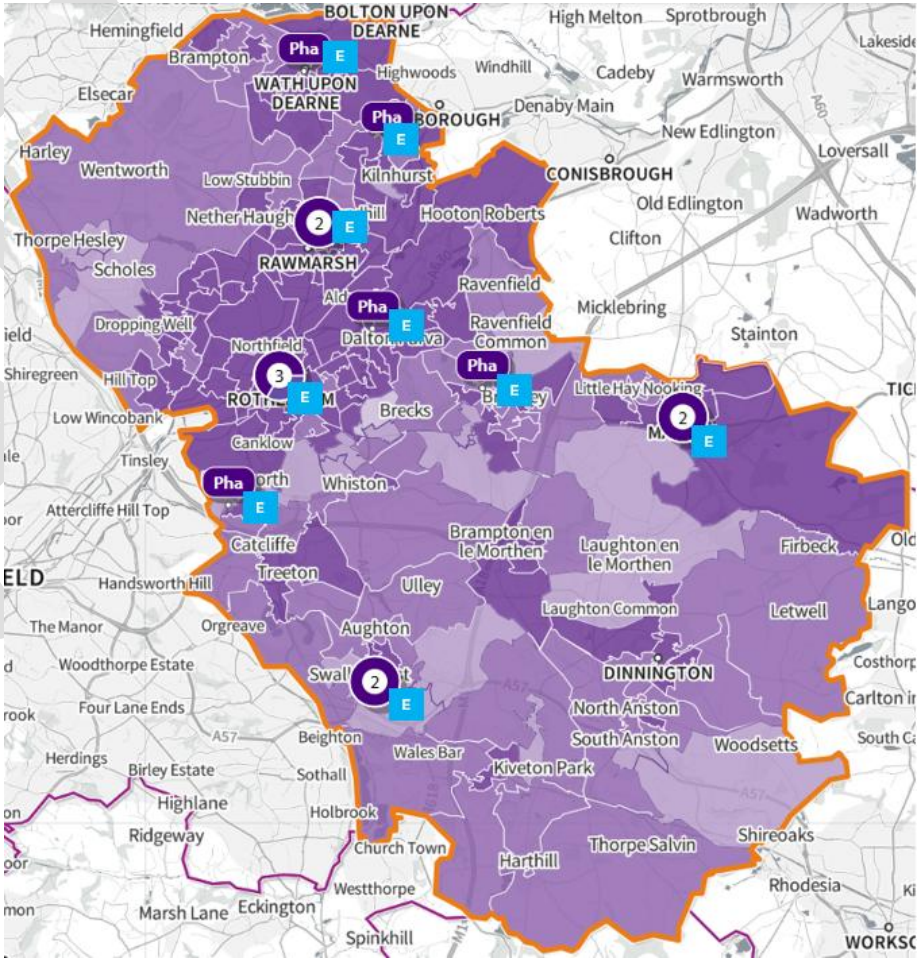
Map D: Stoma customisation services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



Map E: Over The Counter Medication Labelling Service services by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



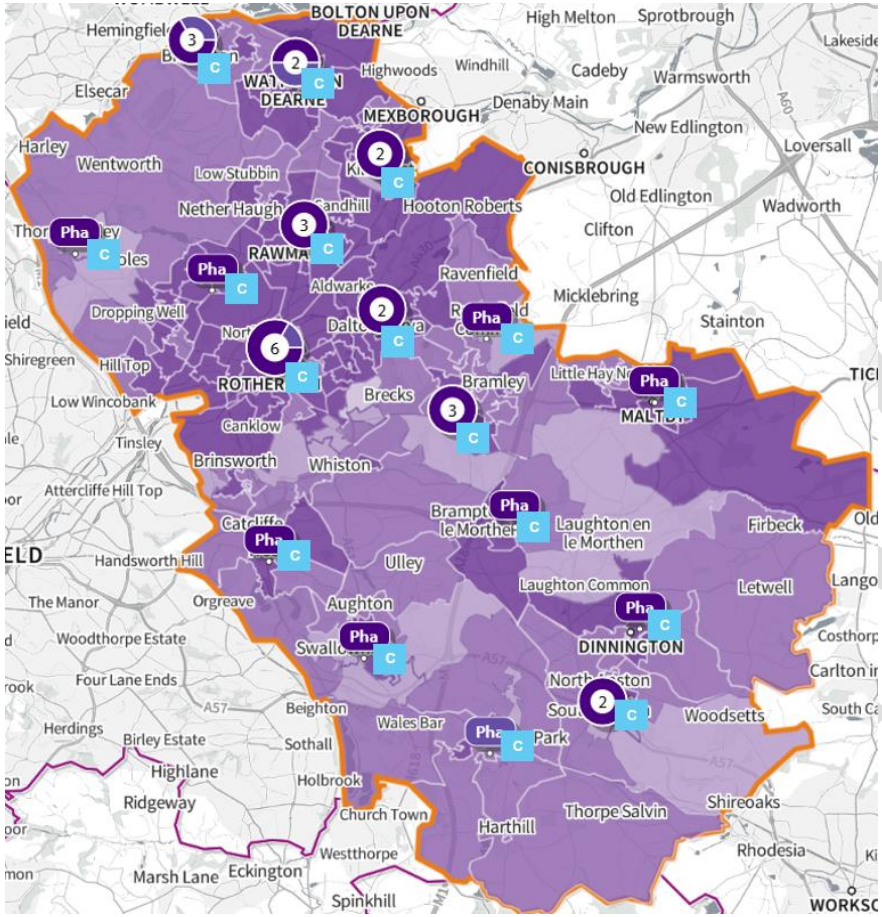
Map F: EHC service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



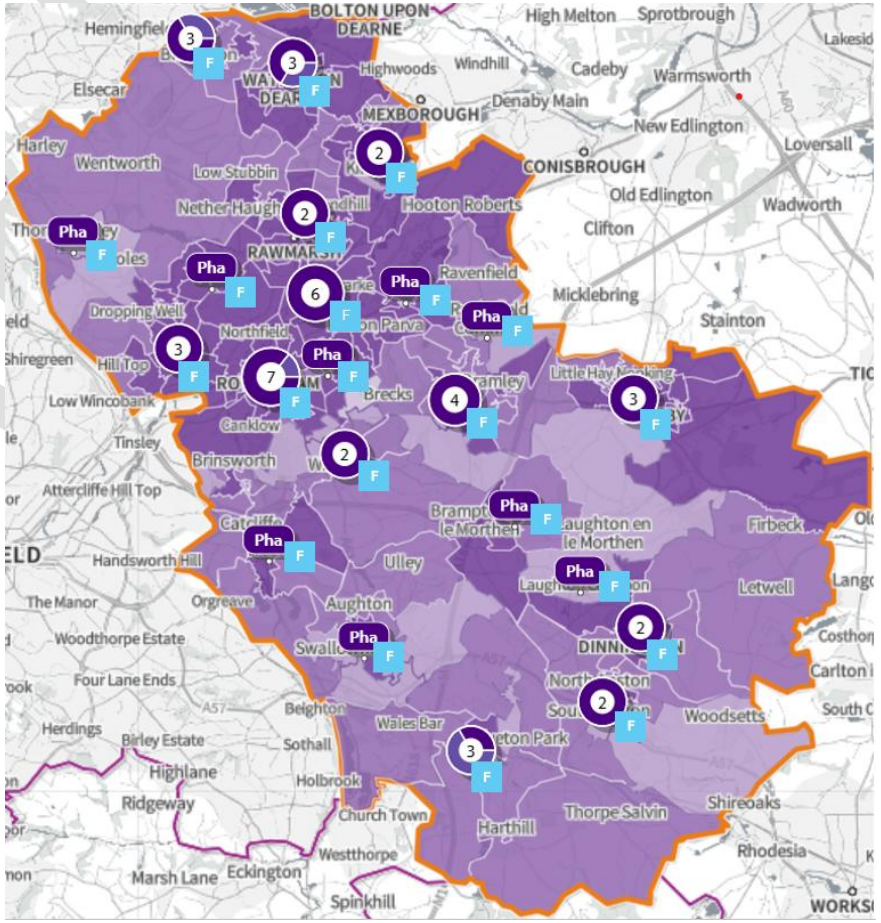
Rotherham Metropolitan Borough Council

Annex 6: Advanced services service provision maps

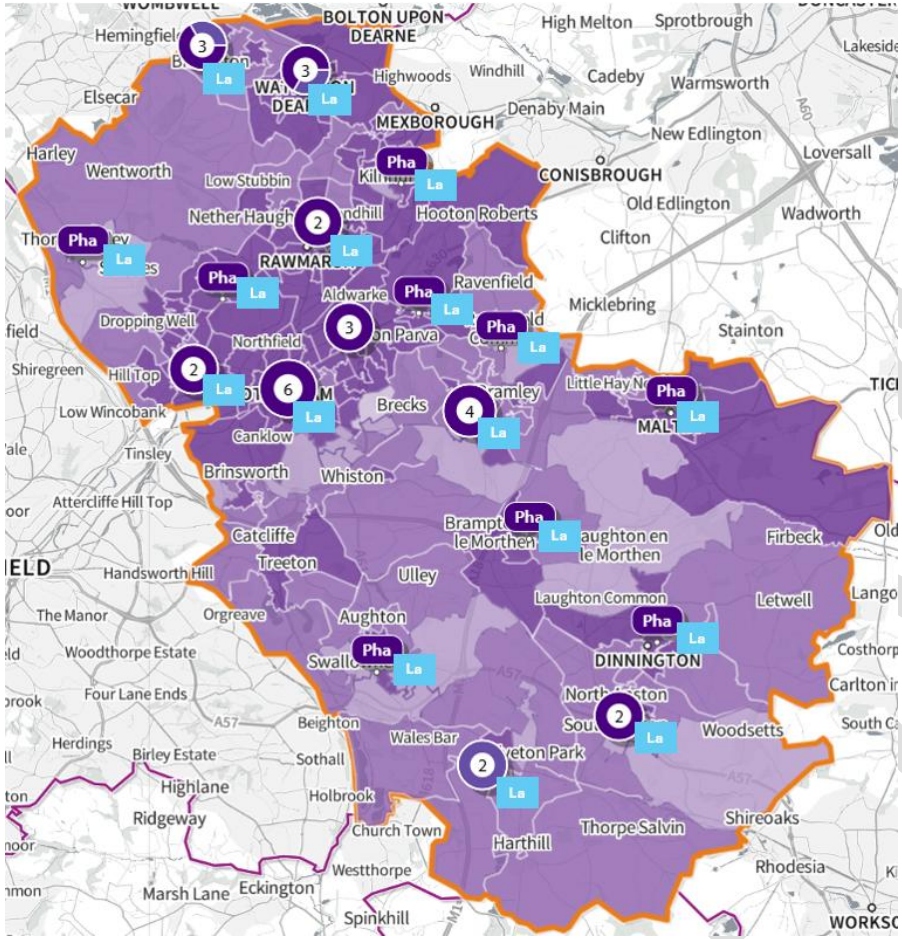
Map G: Pharmacy Contraceptive Service by most deprived areas under the IMD 2019 Health Deprivation and Disability



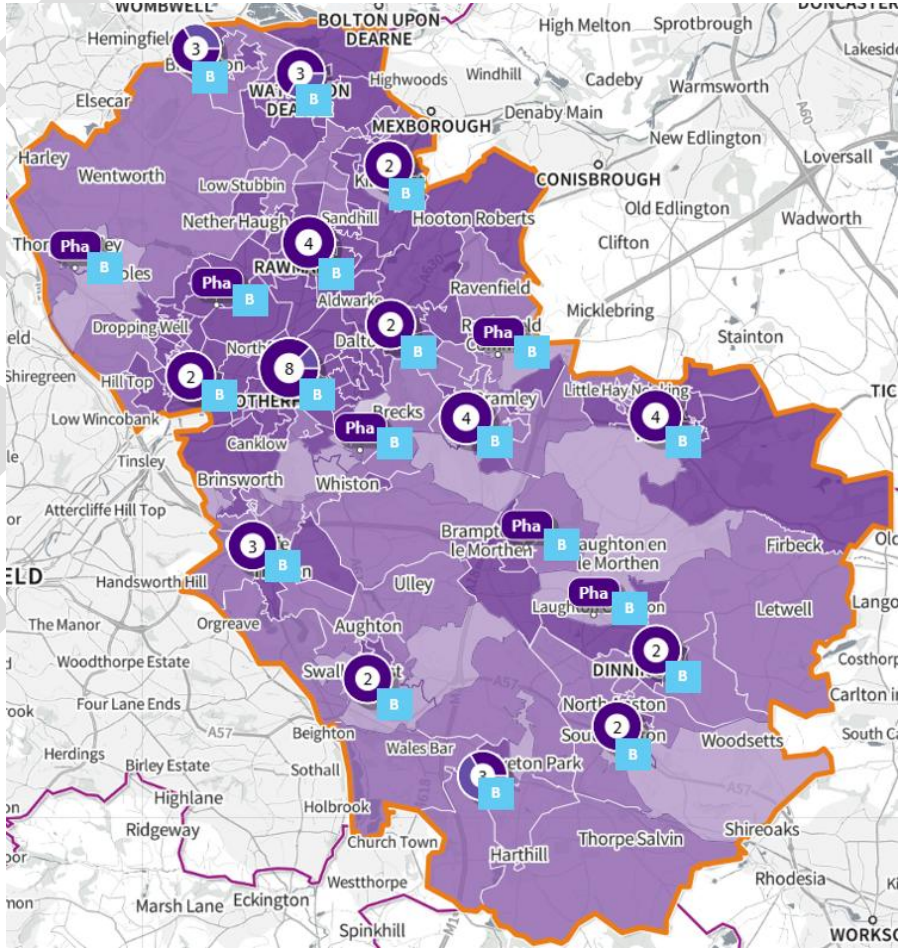
Map H: Flu vaccination service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



Map I: Lateral Flow Device (LFD) Test Supply Service services by most deprived areas under the IMD 2019 Health Deprivation and Disability domain

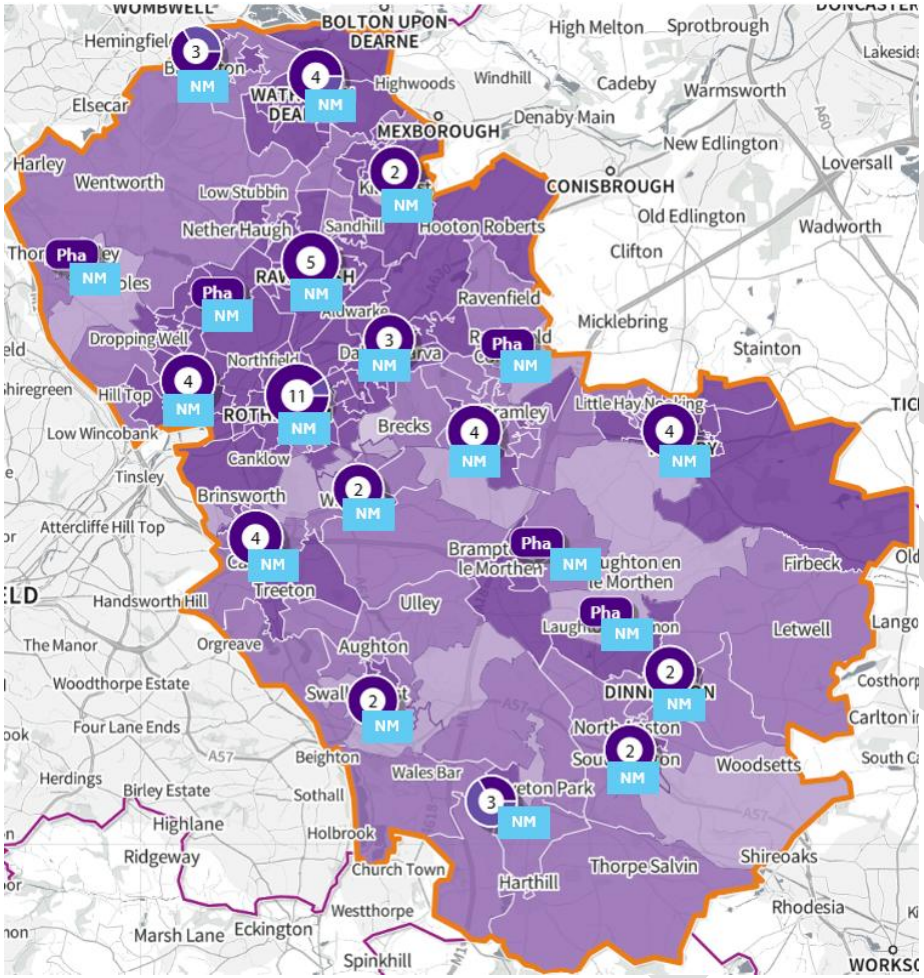


Map J: Blood Pressure checks service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain

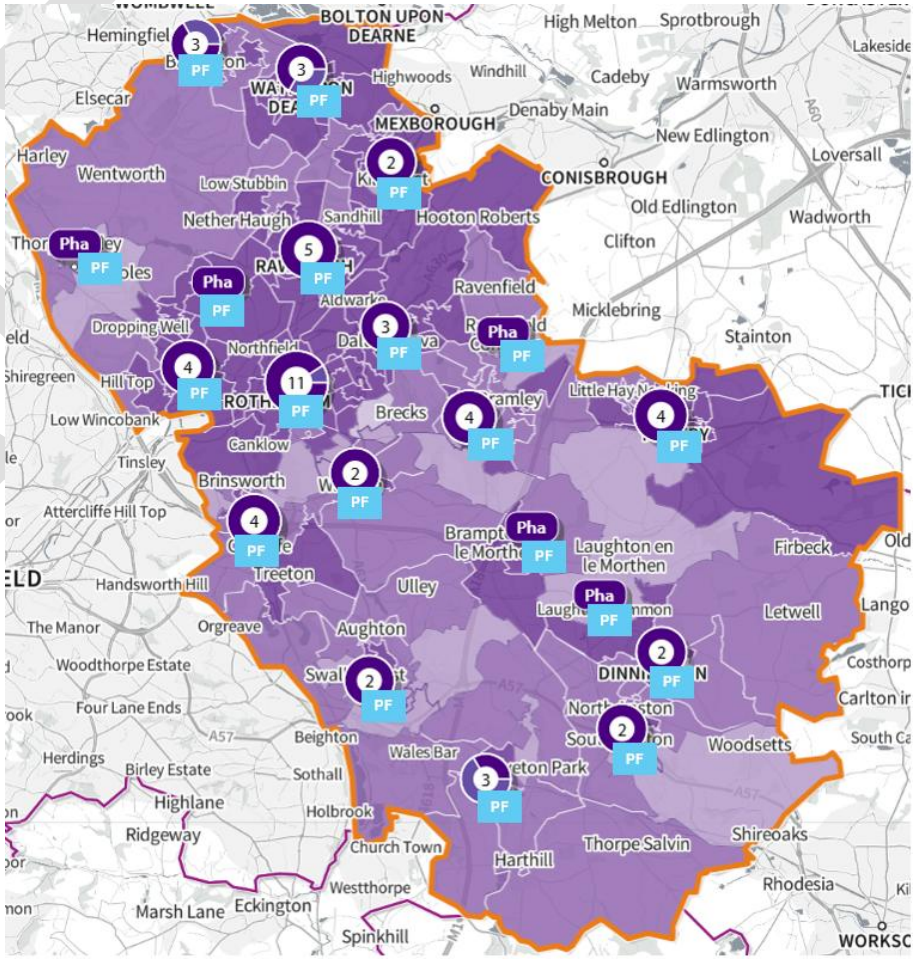


Rotherham Metropolitan Borough Council

Map K: New Medicine Service service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



Map L: Pharmacy First service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



This page is intentionally left blank

Pharmaceutical Needs Assessment Conclusions

2025-2028

Lorna Quinn – Public Health Intelligence Principal
Matthew Blomefield – Public Health Intelligence Analyst

Process

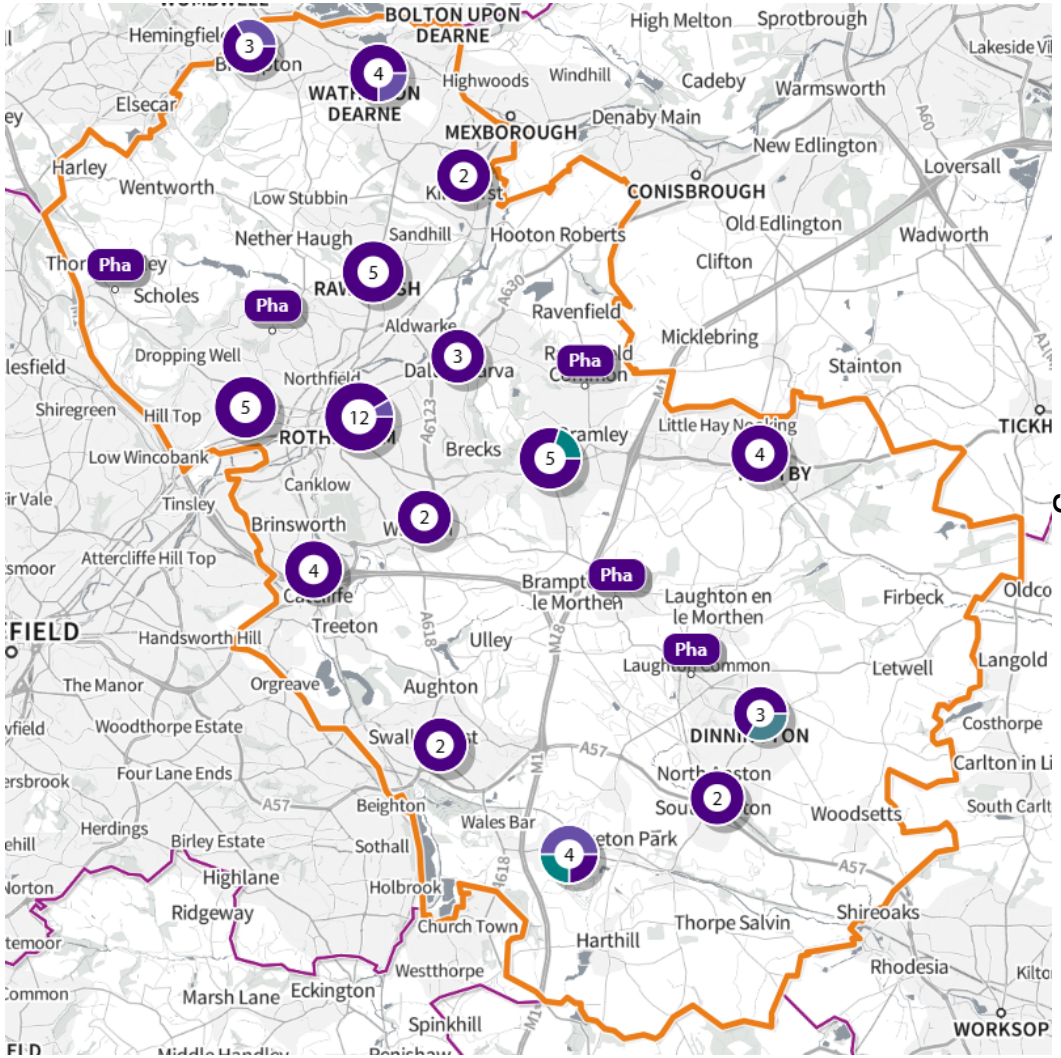
- Legislation requires that Health and Wellbeing Boards produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments, or PNAs) are due every three years.
- A steering group meet annually (or as frequently as required) to provide supplementary updates and to refresh the full document each year.
- The previous PNA covered 2022-2025 and this document covers 2025-2028.
- The draft document was shared for the 60-day consultation on 14th July 2025.
- The PNA will be published September 2025 and will be reviewed as necessary following any changes in provision.

Regulation requirements

1. **A map of current provision**
2. **A summary of local health need**
3. **Conclusions**
   - **If there is sufficient choice** with regard to obtaining pharmaceutical services in Rotherham
   - **Pharmaceutical services that are necessary to meet the health needs of the population:**
     - All essential services
     - Advanced Services (Pharmacy First; Hypertension case-finding, Flu Vaccination)
     - Locally Commissioned services (needle exchange, supervised consumption and emergency hormonal contraception)
   - If there are **identified future needs** for pharmaceutical services. For example, new housing developments.
   - If there are any other NHS services that affect pharmaceutical service needs

Main findings

- Overall, access to pharmaceutical services is Rotherham is good. Most of the population live within easy access of a pharmacy and good physical access is supplemented by increasing growth in national online service provision.
- As of January 2025, there were 65 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board. This includes:
  - 61 Pharmacies
  - 1 dispensing appliance contractor (DAC)
  - 3 dispensing GP Practices
- A local population of 268,267 (mid-2022 – most recent estimate for local areas) indicates 22.7 pharmacies per population head in Rotherham.
- As there is no set definition for ‘need’ we have reviewed access, resident choice, and current use of pharmacies.

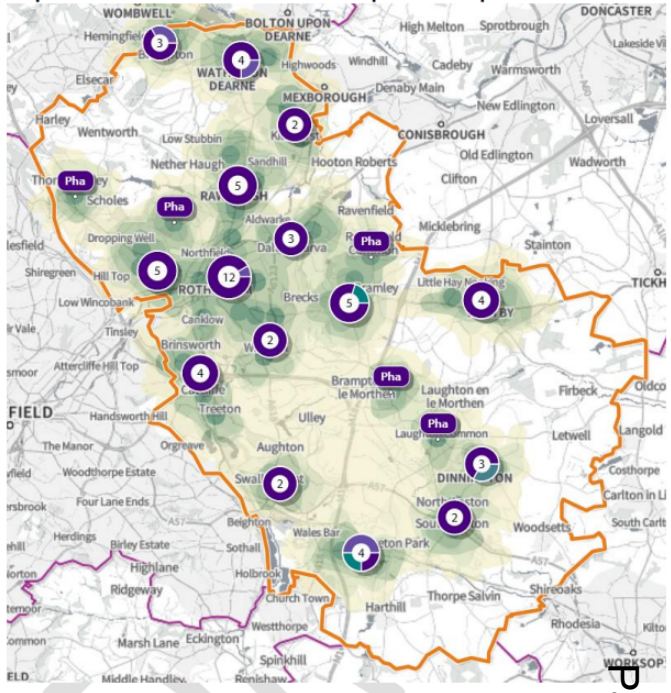


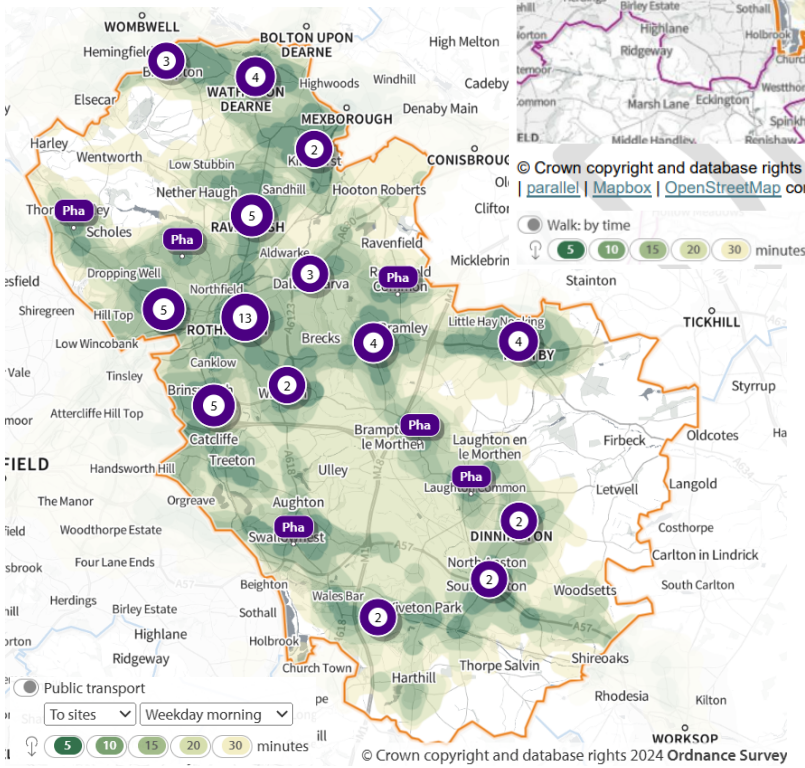
Map of current pharmaceutical provision, Rotherham

Access

- In Rotherham, 23% of our population do not have access to a car or van in their household therefore access has been reviewed to include walking time and walking distance alongside drive time:
  - 83.4% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider.
  - 93.2% of our 20% most deprived population live within a 15-minute walk of a Rotherham-based pharmaceutical service provider.
  - 98.9% of the population live within 15 minutes on public transport on a weekday morning.
  - 100% of Rotherham-based residents live within a 10-minute drive of a Rotherham based pharmaceutical services provider during rush hour.
  - Including cross-border pharmacies has a marginal impact on the proportion of Rotherham residents within 15 minutes' walk, or 1.6km (1 mile) walk, of a pharmaceutical services provider.

Map, right: Walk time to Rotherham-based provider of pharmaceutical services





Map, above: Public transport time to Rotherham-based provider of pharmaceutical services

Resident choice

- In a resident survey conducted with Healthwatch Rotherham, residents fed back that access and convenience were the biggest influencers of pharmacy choice.
- The most common method of access was driving, although this was slightly less likely for participants living in the two most deprived deciles than those living in less deprived areas.
- Participants living in the two most deprived deciles were as likely to rely on delivery from a pharmacy as those in less deprived areas.
- Participants living in the two most deprived deciles were slightly more likely to cycle or take public transport to a pharmacy than those in less deprived areas.
- Residents also commented on their preferred days and times which have been incorporated into the recommendations.

Pharmacy use

- Essential services are offered by all pharmacy contractors, but not all services register to provide advanced or locally commissioned services.
- For Essential and Advanced Services, the number of pharmacies providing each service was calculated based on the number of pharmacies that had provided that service once or more in 2024.
- Locally Commissioned Services data was provided by contractors and the Strategic Commissioning team in Adult Care, Housing and Public Health at RMBC.
- Service provision of these have been detailed within the document including at ward level, and findings considered in the document.

Conclusions – Necessary services

- Based on the information available at the time of developing this pharmaceutical needs assessment, no current or gaps in the provision of essential services within or outside normal working hours have been identified.
- However, if one of the 100-hour pharmacies reduced their hours or we had a loss of weekend or evening hours, we would have a need.

Conclusions – Advanced services

- This pharmaceutical needs assessment has detailed the distribution of these within Rotherham and wards. Based on the data available the health and wellbeing board is satisfied that there is sufficient capacity to meet the demand for these advanced services.
- However, if one of the 100-hour pharmacies reduced their hours or we had a loss of weekend or evening hours, we would have a need.

Conclusions – Future need

- The document has reviewed population growth in line with forecasts and housing developments that will deliver new homes within the timeframe of the document.
- There are no new housing developments of significant size during the lifetime of the document, and the population projections are not predicted to increase to sufficient size to create unmet pharmaceutical need providing services remain as are at the time of writing.

Conclusions - Other services

- The document notes the number of pharmacies that have signed up to provide, and are providing, the advanced and enhanced services listed below:
  - Lateral Flow Device Tests Supply Service
  - New Medicine Service
  - Emergency Hormonal Contraception
  - Needle and Syringe Provision Needle Exchange
  - Palliative Care
  - Supervised Consumption
  - Over The Counter Medication Labelling Scheme
- It is satisfied that the current demand can and will be met by the existing providers.

Next steps

- Publication of the 2025-2028 PNA
- The steering group will continue to meet annually.
- Further analysis in the public health team to look at access to provision by public transport, walking, and car use. This will be hosted on the Joint Strategic Needs Assessment.

Recommendations to Health and Wellbeing Board

- To note the contents of the statutory Pharmaceutical Needs Assessment for 2025-2028

This page is intentionally left blank

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	24th September 2025
	LEAD OFFICER	Lorna Quinn, Public Health Intelligence Principal
	TITLE:	Evaluation of the 3-4-month health visiting check

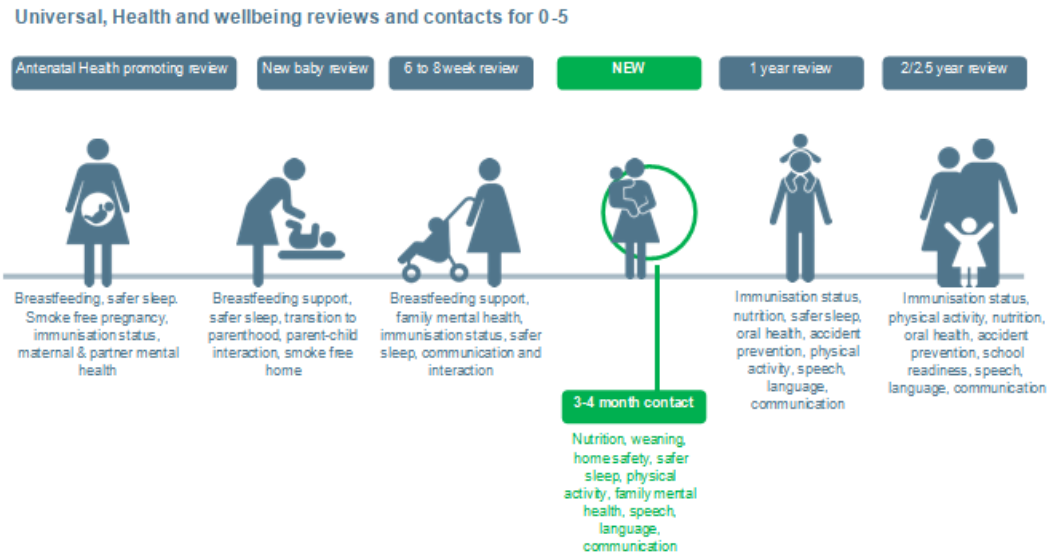
Background

1.1 The purpose of this briefing is to present the initial findings from the implementation of an additional visit within the Healthy Child Programme (HCP).

1.2 The public health intelligence team were successful in an application to work with the National Institute for Health and Care Research (NIHR) Public Health Intervention Responsive Studies Teams (PHIRST) based at Nottingham University. The aim was to evaluate the impact of the 3–4-month health visit for child development benefits and the impact on the health care system.

1.3 Currently there are 5 health visits which occur for a child and parents, which are set out by the Healthy Child Programme: the antenatal health promoting review, new baby review, 6–8-week review, 1-year review and the 2-2.5 year review. These visits enable a child's development to be tracked in several different ways including breastfeeding, child's growth and weight, and immunisation status, along with the identification of any additional needs. However, engagement with our maternal health colleagues and families indicated that there may be too long of a gap between the 6-8 week visit and the 1-year visit, and that it may be of benefit for a 3-4 month visit as a better time to assess the mothers mental wellbeing, along with starting discussions around weaning, physical safety when the baby is mobile along with offering advice to parents between the long gap. This led to the implementation of a 3-4 month check in Rotherham funded by the Family Hubs programme (see figure, 1.4) The model below shows the universal visits in blue, and the additional 3–4-month contact displayed in green.

1.4



1.5	The evaluation comprises of two components: • Qualitative analysis – Focus groups and individual interviews with staff and parents. • Quantitative analysis – Anonymised data for all babies born from 2021 with breastfeeding and ASQ status.
Key Findings	
2.2	Qualitive data collection comprises of: • 2 staff focus groups o 1 x nursery nurses and 1 x commissioners • 2 x commissioner interviews • 15 parent interviews (at a mosque) • 2 parent focus group (at Bright Stars)
2.3	General themes were: • Visit is positively received and widely supported, especially for new mothers and those who are struggling • Generally positive about the 0-19 service – parents had a high opinion of service, 3-4 month visit supported this • Very positive about support services provided through family hub • Community groups, such as those delivered at a local mosque, provide an important way of delivering information and support
2.4	Quantitative data shows that on average, just under 200 babies and their families received a 3-4 month visit each month. Before adjusting for potential confounders, 3-4 month visit rates are lower for older mothers, those who have already had a child, and those in IMD deciles 5 and 6.
2.5	Children eligible for the universal 3–4-month visit had 41% higher adjusted odds of having problem solving ASQ scores above the close monitoring cut-off zone at the 9-12 month visit when compared to those in the pre-intervention group.
Key Actions and Relevant Timelines	
3.1	The additional 3-4-month check is currently funded until 31st March 2026.
3.2	A detailed report will be published by November describing these findings further.
3.3	Schedule meetings with Public Health Senior Management Team and Family Hubs Operational Group to share the detailed report and to discuss the future commissioning options.
Implications for Health Inequalities	
4.1	The evaluation process included collecting data, conducting focus groups, and analysing findings, with residents with a range of characteristics such as deprivation, age of mother, and ethnicity.

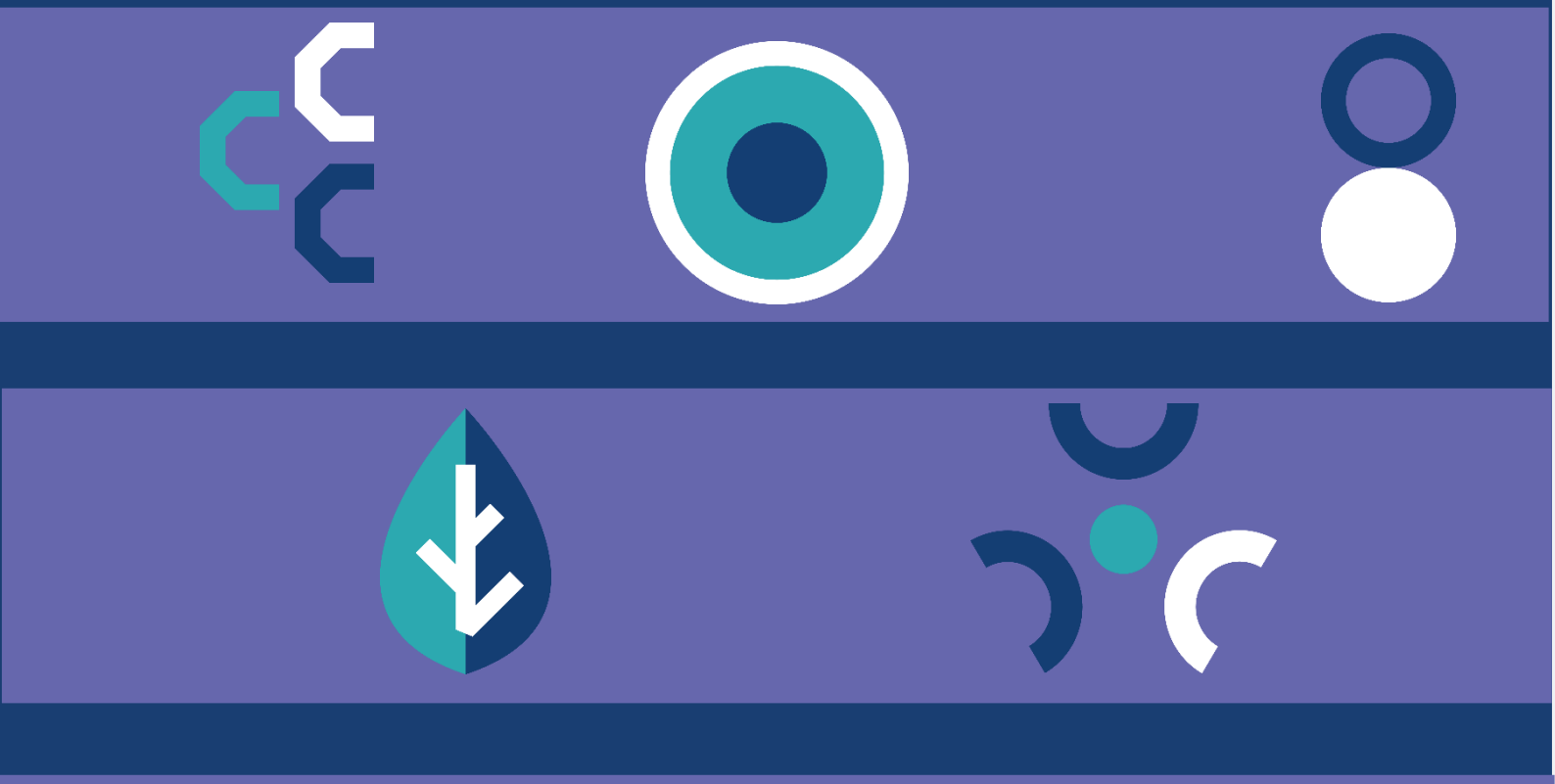
Recommendations	
5.1	To note the findings from the evaluation of the 3-4-month health visit.

This page is intentionally left blank

NIHR | Public Health Intervention Responsive Studies Teams

Rotherham Healthy Child Programme: Evaluation of the universal 3-4 month visit

Interim report



September 2025

Prepared by: Nathan Davies, Dr Holly Knight & Prof Elizabeth Orton

Background

Healthy Child Programme

The Healthy Child Programme (HCP) sets a national framework for promoting health from pregnancy to age 19. It includes five mandated core reviews (antenatal, newborn, 6–8 weeks, 1 year and 2–2.5 years) that monitor growth, immunisations, development and parental wellbeing (1). The programme is led by health visitors, whose training in child development, safeguarding and family support enables early identification of need and targeted advice on parenting, nutrition and wider social determinants of health (2).

Rotherham's additional 3-4 month review

Rotherham Metropolitan Borough Council has used Family Hubs and Start for Life grant funding to add a universal 3–4 month visit. Previously available only to families requiring enhanced support, the visit is now offered to all parents and is delivered by nursery nurses and health visitors. Practitioners review child development, provide guidance on breastfeeding and safe weaning, and support parental mental health. From September 2023, the visit was piloted and targeted at first-time mothers and those at higher risk who were not already eligible for additional visits. From January 2024, general rollout to the entire population began. As this review is not nationally mandated, the council is evaluating its impact to assess the case for retaining it locally and to influence wider national policy.

Existing evidence

A 2012 Department of Health case study reported 100% uptake of a pilot 3–4 month visit, as well as stronger parent-practitioner relationships, staff morale gains and earlier detection of issues that could reduce long-term costs (3). Public Health England's rapid evidence review of the HCP in 2015 identified that the gap between the 6-8 week and 1-year reviews was too long for many families, and that a 3-4 month visit may be of benefit (4).

More broadly, the review found face-to-face health-visiting and home-based family programmes, delivered consistently by skilled practitioners, outperform remote contacts in sustaining breastfeeding, resolving severe feeding problems, and improving safety for children under five (4). Subsequent studies link health visiting to sustained breastfeeding (5) but report the need for sensitive communication on the topic of feeding that respects parental autonomy (6). COVID-19-related service disruptions showed reduced face-to-face access disproportionately impacted vulnerable children, highlighting the protective role of early home visiting (7). Health visitors can also identify health and wellbeing needs and risk of adverse childhood experiences, providing referral routes to wider support (8, 9).

No studies since 2015 have specifically assessed adding a universal 3-4 month review, meaning this evaluation can make a timely and important contribution to the evidence base. Here we provide interim findings from the evaluation of Rotherham's universal 3-4 month visit ahead of a full report. Note: In this document, we use the term 'parent' to refer to the parents, carers and guardians eligible for a 3-4 month visit.

Methods

Quantitative

We examined the reach of the universal 3-4 month visit by tracking, month-by-month, how many eligible babies received it and whether it happened on time. Visit completion was described by demographic factors, including socio-economic deprivation, ethnicity, maternal age and parity, and we also described developmental scores at 3-4 months. We used a statistical model, adjusting for the same demographic factors as well as the child's NHS team, to show whether different population groups were more or less likely to: receive a visit, have an on-time visit, and have maternal mood recorded at the visit.

To assess effectiveness, we compared children's 12-month development scores before and after the review became universal, again controlling for background factors and imputing missing data, although we could not take trend into account. Planned work to describe breastfeeding rates, carer confidence, referrals and immunisations could not take place because the necessary data were not available.

Qualitative

Qualitative interviews and focus groups were used to explore acceptability of the 3-4 month visit for parents and staff. Factors associated with delivery and uptake of the visit were examined. Feedback on implementation was also sought from the local authority commissioning team. In total, 15 individual interviews with parents and two focus groups were completed; one focus group comprised parents who had and had not taken up the visit (n=7) and the second took place at a local mosque with a community breastfeeding group (n=9). Seven nursery nurses took part in a focus group, with four public health staff and commissioners from the local authority taking part in a mixture of focus groups and individual interviews.

Transcripts from all interviews and focus groups were reviewed and coded for emerging themes. To ensure reliability, three researchers coded the transcripts and cross-checked the findings. Core themes were then mapped across staff and parent data to explore similarities and differences between the two groups.

Findings

Quantitative

- 3-4 month visit rates stabilised at around 80%, below the ~95% visit rates of the 8 week and 9-12 month visits. In an average month, just under 200 babies and their families received a 3-4 month visit.

- Of those who received a visit, the rate of completion of an Ages and Stages Questionnaire (ASQ) for the baby stabilised at around 80%, which is comparable to the ASQ completion rate for the 9-12 month visit.

- 3-4 month visit uptake appeared to be equitable across socio-economic deprivation, ethnicity and maternal age groups, but families with more than one child were around 70% less likely to receive a visit (adjusted odds ratio (AOR) of 0.29, 95% confidence intervals (CI) 0.22 - 0.37).

- Compared to those living in the most socio-economically deprived quintile (IMD 1), on-time visits were more common for those living in the second most deprived areas (IMD 2: AOR 1.42, 95% CI 1.037 – 1.939) or the middle quintile (IMD 3: AOR 1.78, 95% CI 1.163 – 2.717). Odds of an on-time visit increased with maternal age (AOR 1.57 per age band, 95% CI 1.048 – 2.357). Ethnicity showed no clear differences and parents with more than one child were 30% less likely to receive an on-time visit (AOR 0.70, 95% CI 0.534 – 0.906).

- Maternal mood recording rates were consistent across deprivation quintiles and ethnic groups. However, odds of having mood recorded rose sharply with each maternal age band (AOR 2.17, 95% CI 1.49 - 3.16) but was 25% less likely for parents with more than one child (AOR 0.78, 95% CI 0.64–0.94).

- At the 9-12 month visit, children eligible for a universal 3-4 month visit had higher likelihood of scoring above the close-monitoring cutoff in the ASQ domain of problem solving (AOR 1.41, 95% CI 1.03-1.95). Communication, gross motor, fine motor and personal social domains showed no significant change compared with the pre-intervention cohort.

- The cost of delivering each 3-4 month visit in Rotherham is estimated to be approximately £46.

Qualitative

General themes:

- Parents valued having an additional visit between the 6-8 week and 9-12 month reviews.
- The 3-4 month visit was positively received and widely supported, especially for new mothers and parents who felt they were struggling or had specific questions.
- Parents had positive opinions about the 0-19 service, which was supported by positive experiences with the 3-4 month visit.
- Parents found the support services offered through the family hubs to be very helpful, particularly for meeting other parents and for support during weaning.
- Community groups, such as those delivered at a local mosque, provide an important way of delivering information and support to diverse communities.
- Macropolitical factors, including pending governmental decisions around family hub funding, have led to uncertainty and impacted planning within the service.
- The need for continued local data collection to support commissioning decision-making was highlighted.

Aligned findings

Staff and parent responses aligned across the following topics:

- Parents felt the visit was more developmentally focused than other visits, aligning with nursery nurse skills in developmental screening.
- The visit, service, and the information provided to parents was perceived to be culturally adaptable, aligning with a core service aim.
- The visit supports parents' knowledge and preparedness for upcoming developmental milestones, providing parental reassurance.
- The length of the visit (approx. 1 hour) is a positive feature, providing more time for parents and delivery staff to build relationships.
- Parents and staff felt maternal wellbeing was a key topic that should be addressed in the visit, although this was not consistently screened.
- Tailoring of advice to family and baby needs is key, although parents did not always experience this.
- Staff and parents felt signposting to additional supports (such as the family hubs) is a core part of the visit.
- Staff consistency across visits is important for relationship building from both staff and parent perspectives.

Discrepant findings

Staff and parent responses diverged across the following topics:

- Parents wanted a slightly later visit (4-5 months) to align with the relevant developmental stages discussed in the visit (i.e. weaning). This relied on parents' knowledge that weaning activity begins at 6 months. Staff felt that the 3-4 month timeframe was appropriate to pre-empt upcoming milestones and counter misinformation.
- Parents noted discrepancy in information amongst delivery staff and other healthcare professionals (e.g. guidance on weaning foods), leading to mistrust. Staff felt that consistent communication was key to successful service delivery.
- Parents perceived the visit to be informal and low burden. However, staff felt the visit led to higher workload burden due to current staffing levels and resources.
- Staff felt the timing of the visit was flexible to parents' schedules, although parents found the 'all day appointment window' challenging and inhibitive of daily routines.
- The goals of the visit were not clear to parents, and many perceived the visit to be mandatory. The commissioning team felt there should be clarity around the aims of visit and active consent sought to proceed.

Key messages:

- *Acceptable visit:* Parents felt strongly that it was important to have an additional visit between the 6-8 week and 9-12 month visits, but suggested this could be delivered at a later time to align with weaning (e.g. 4-5 months).

- *Equitable reach*: Both qualitative and quantitative data suggest equitable uptake across deprivation and ethnicity, with cultural adaptability of the 3-4 month visit reported.

- *Lower uptake*: Uptake of the 3-4 month visit stabilised at 80%, which is 15 percentage points lower than mandated visits. Lack of parental clarity on the purpose of the visit may contribute to this.

- *Improved problem-solving skills*: A statistically significant increase in scores on the ASQ problem-solving domain were observed between the pre- and post-intervention groups. Some parents reported receiving tailored advice based on their child's/family's developmental needs, which may potentially link to the observed improvements in ASQ domain scores. No other significant differences were found in ASQ scores.

- *Maternal mood:* The younger the mother, the less likely it was for her maternal mood to be recorded. Parents felt that maternal mood and wellbeing was not screened consistently but was an important component of the visit. The service could consider how conversations around maternal mood are approached, particularly with younger mothers, ensuring equity across age groups.

- *Ongoing data collection*: To facilitate ongoing evaluation and commissioning decision-making, it is important to collect baseline data of validated measures of feeding, ASQ and maternal mood consistently from an early stage. Consideration should also be given to how electronic records between mother and child can be linked to allow analysis of immunisation, maternal mood and other child health outcomes.

- *Improved clarity*: The aims of the review were often not clear to parents. Despite the person-centred and flexible nature of the visit, the core visit objectives could be more clearly defined by the service. This may enhance consistency of information provided to parents from delivery staff.

Conclusions

Overall, the evaluation indicates that the 3–4 month review is a valued addition to the Healthy Child Programme, offering a point of contact between the 6–8 week and 9–12 month visits and supporting families during a period of rapid developmental change. The visit appears feasible to deliver, culturally adaptable and acceptable to parents, though work remains to ensure consistent communication, equitable maternal mood support, and ongoing data collection to monitor outcomes. These findings provide evidence for Rotherham stakeholders to consider when deciding on the future of the review and may contribute to the wider national debate on delivery of the Healthy Child Programme.

References

1. NHS England. Healthy Pregnancy Pathway. 2023 [cited 14 Aug 2025]. Available from: https://e-lfh.org.uk/healthy-pregnancy-pathway/index.html

2. Nursing and Midwifery Council (NMC). Standards of proficiency for specialist community public health nurses. 2004 [cited 14 Aug 2025]. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-of-proficiency-for-specialist-community-public-health-nurses.pdf

3. White J, Cooper K. Happy, Healthy Families: the introduction of the 3-4 month contact (Department of Health). 2012. Available from: https://assets.publishing.service.gov.uk/media/5a7ce78a40f0b65b3de0bdbe/S9_Happy_Helathy_Familes_First_Community_EISCS_V121210.pdf5.

4. Public Health England. Rapid Review to Update Evidence for the Healthy Child Programme 0-5. 2015. Available from: https://assets.publishing.service.gov.uk/media/5a74fd6540f0b6399b2afc9e/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf

5. Chambers A, Emmott E, Myers S, Page A. Emotional and informational social support from health visitors and breastfeeding outcomes in the UK. Int Breastfeed J. 2023 Mar 7;18(1):14.

6. Jackson JE, Hallam J. 'I felt like I was doing something wrong': A qualitative exploration of mothers' experiences of breastfeeding. J Health Visit. 2019 Apr 2;7(4):166–72.

7. Morton A, Adams C. Health visiting in England: The impact of the COVID-19 pandemic. Public Health Nurs Boston Mass. 2022 Jul;39(4):820–30.

8. Doi L, Jepson R, Hardie S. Realist evaluation of an enhanced health visiting programme. PLOS ONE. 2017 Jul 3;12(7):e0180569.

9. McKelvey LM, Whiteside-Mansell L, Conners-Burrow NA, Swindle T, Fitzgerald S. Assessing adverse experiences from infancy through early childhood in home visiting programs. Child Abuse Negl. 2016 Jan 1;51:295–302.

Appendix: Figures and tables

Figure 1: HCP visit completion in Rotherham by birth month

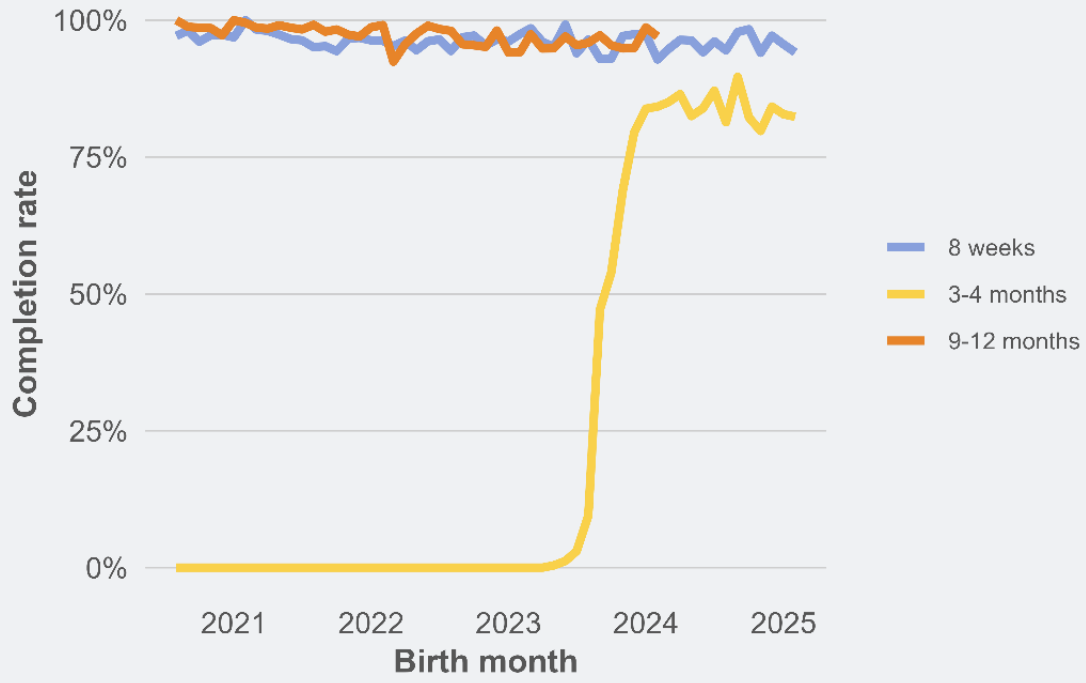


Figure 2: ASQ completion by birth month and visit checkpoint

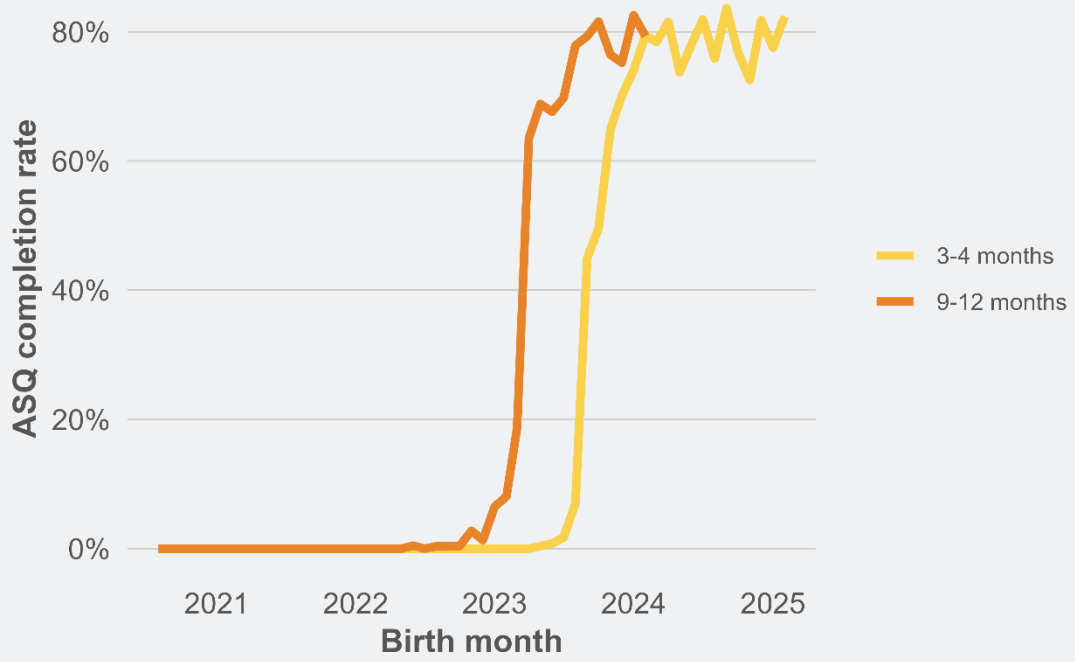


Figure 3: Number and proportion of 3-4 month visits by birth month

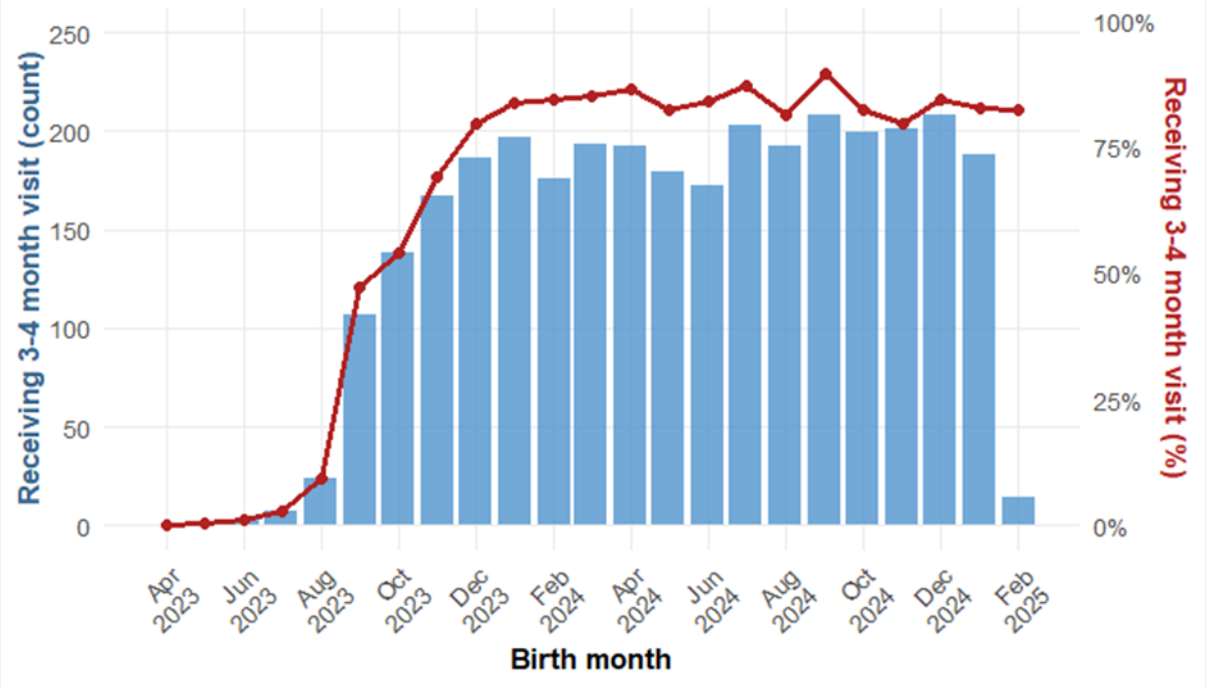
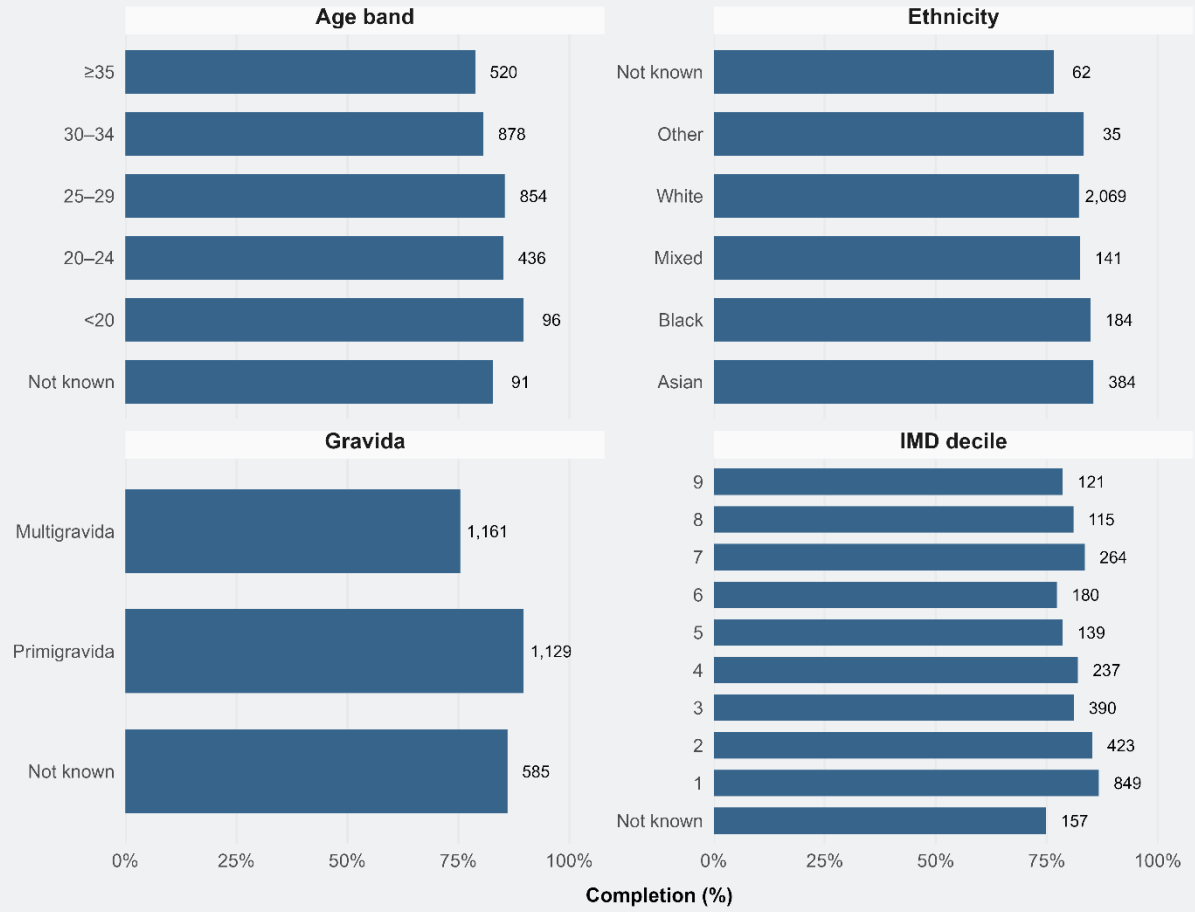


Figure 4: 3-4 month visit rate and count by demographics



(IMD decile: 1 = most deprived, 10 = least deprived. No visits to those in 10th decile).

Table 1: Illustrative interview quotes

Key finding	Example quote
Addition of visit at 3-4 months was well received; parents perceived it to be helpful to have an additional visit between the 6-8 week and 9-12 month visits (especially for new parents)	*I think it is a great support to have in there. As I said, with my first I didn't get that and I was a new parent, never done it before, so it was very much a "you're in the dark and figure it out". So I do think it's a great step to have in the children's development steps and check-ups. (Participant 009)*
Advice was perceived to be adaptable to cultural needs	*When it came to circumcision, I weren't sure and she told me what to do, how to do it and I were really a bit shocked thinking "great she gave me the advice for circumcision and that". Yeah, so she gave all that support and advice for circumcision. (Focus Group Participant 002).*
Advice improved parents' knowledge and preparedness with key developmental milestones, such as weaning.	*Very positive and very informative. I gained a lot of confidence from the review in terms of how to care for my baby, next steps with weaning and teething when it eventually comes. (Participant 005)*
Maternal mood and wellbeing was perceived to be an important topic for parents; some felt it was glossed over, whilst others felt it was covered in detail	*I think it really can't be underestimated, the importance around the mental health discussion for parents. I think for me it felt like sometimes that was a little bit glossed over or not really given the opportunity to talk about that enough. I'm really open with how I was feeling and I was quite open to say "Look, I'm struggling here." But I can imagine if someone wasn't as comfortable to say that, if it wasn't proactively mentioned or discussed, it might go under the radar. (Participant 014)*
Advice could vary by health visitor and healthcare professional, causing confusion and mistrust	*So they told me to use purees and things like that and then they said not to use purees, to just give her basically what I eat because saliva and her gums she'll be able to eat it, so then I were like "well do I give purees or do I give her solid food?" (Participant 001)*

Key finding	Example quote
Staff tailoring advice to the developmental needs of children and families is key.	*I've had a case before where I've gone into the home and we spoke about floor time, tummy time and things, but the room is just not appropriate for the baby to be on the floor, so it's giving the advice to the parents 'oh we could move this and rearrange' and then you've maybe done a follow up call or something and the parents have actually seen the benefits of changing things around, especially if it's a first time mum, it gives them a lot of reassurance and advice if they've not had it before. (Nursery Nurse 003)*
Higher burden visit for staff amidst staffing and resource pressures.	*I think for us, we're busy, very busy, nonstop, especially we've got lots of other commitments with the CDC (Child Development Centre) referrals and things like that. So, it is a lovely, you know, we like to do that visit, but it has sort of put extra pressure on, for my team anyway, on capacity and things like that. I don't know if other areas have found that, it's been, you know, we've juggled it, but it's been hard going. And without another staff member it would have been quite tricky." (Nursery Nurse 002)*
Macropolitical factors around continued funding has led to uncertainty and impacted planning.	*At the moment there are 75 local authorities that are directly supported to develop their family hubs. That's roughly half of all the local authority that there are, so it could be that they will extend the programme to be effectively across the whole country, which might then mean that we get a smaller slice of the cake. (Commissioning stakeholder 004)*

This page is intentionally left blank

Rotherham Healthy Child Programme: Evaluation of the universal 3-4 month visit

Interim report

Lorna Quinn, Public Health Intelligence Principal

Background

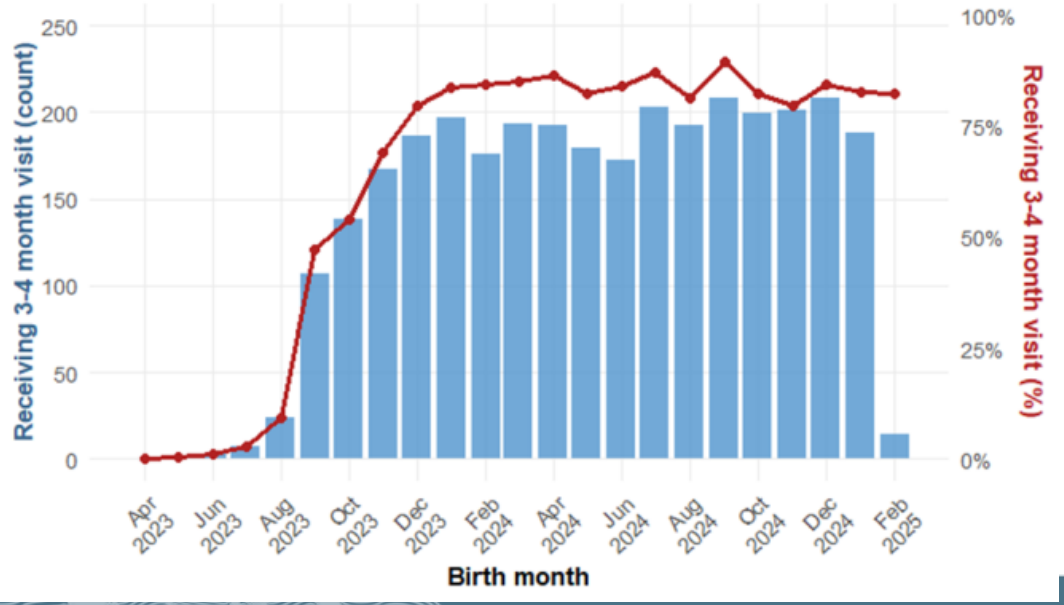
- Successful application to work with the National Institute for Health and Care Research (NIHR) Public Health Intervention Responsive Studies Teams (PHIRST) based at Nottingham University.
- The aim was to evaluate the impact of the 3–4-month health visit, an additional visit which was previously available to only families requiring enhanced support but offered to all parents through Family Hubs funding until March 2026.
- Practitioners review child development, provide guidance on breastfeeding and safe weaning, and support parental mental health.

Methods

- Qualitative
  - 15 individual interviews with parents
  - 2 focus groups with parents
    - Including one with parents who hadn't taken up the visit
  - Focus groups with seven nursery nurses, four public health staff and commissioners.
  - Factors associated with delivery and uptake of the visit were examined.
- Quantitative
  - Tracking month-by-month how many eligible babies received it and whether it happened on time. Visit completion was described by demographic factors, including socio-economic deprivation, ethnicity, maternal age and parity, and developmental scores at 3-4 months.
  - The children's 12-month development scores were compared before and after the review controlling for demographic factors.

Reach

- The 3-4-month visit began in September 2023 but was targeted.
- General rollout to the entire population began from January 2024.
- On average, just under 200 babies and their families received a 3-4 month visit each month.

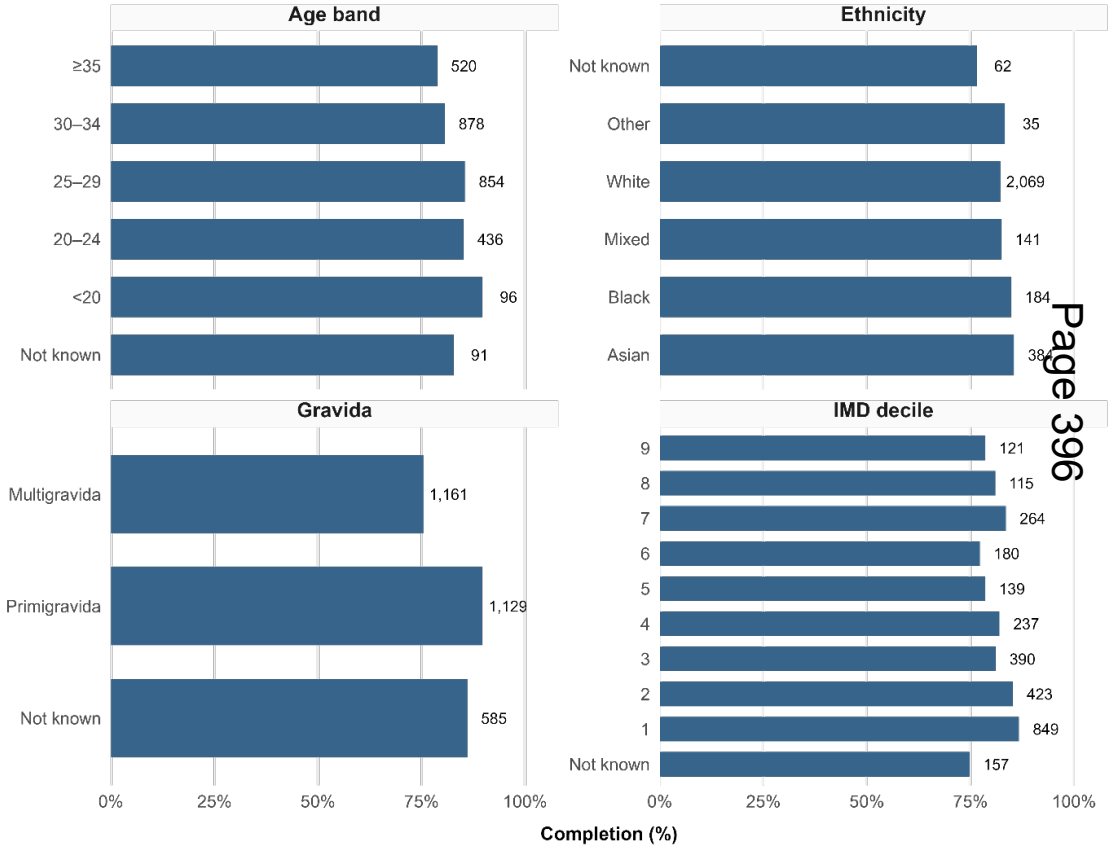


Qualitative key findings

- Parents valued having an additional visit between the 6-8 week and 9-12 month reviews and the visit was positively supported.
- There were positive opinions of the service and family hubs.
- Community groups, such as those delivered at a local mosque, provided an important way of delivering information and support to diverse communities.
- Parents felt the visit was more developmentally focused than other visits, aligning with nursery nurse skills in developmental screening.
- The visit supports parents' knowledge and preparedness for upcoming developmental milestones, providing parental reassurance.

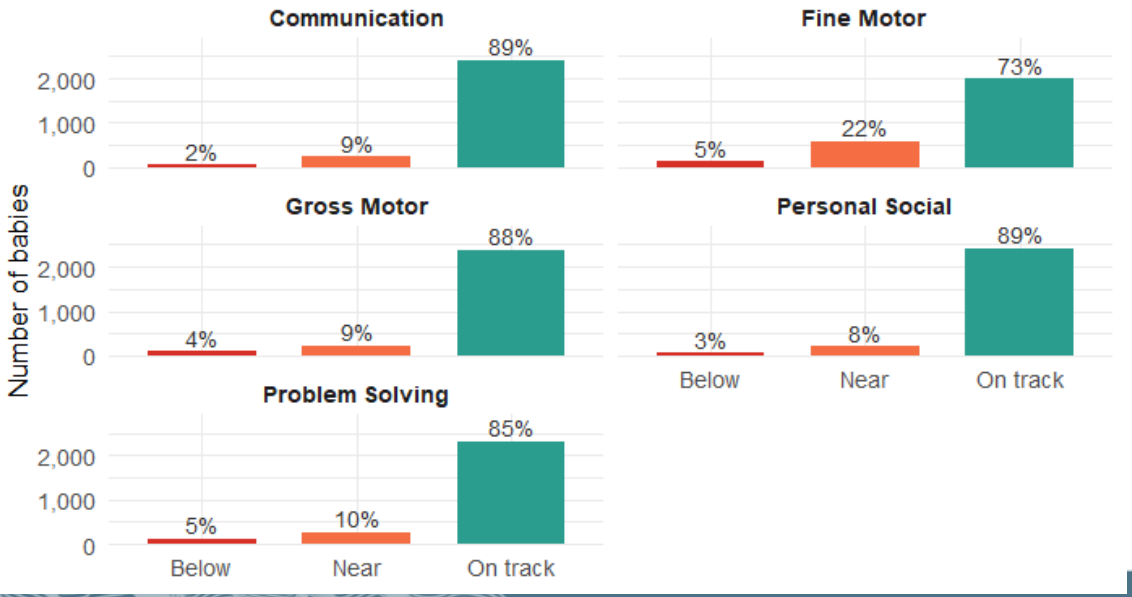
Quantitative findings - demographic

- 3-4 month visit rates stabilised at around 80%.
- Before adjusting for potential confounders, 3-4 month visit rates are lower for older mothers, those who have already had a child, and those in IMD deciles 5 and 6



Quantitative findings – ASQ

- Of those who received the visit, the ASQ completion is around 80%.
- ASQ-3 screening results at the 3-4 month visit by each of the five domains, on time visits only are shown below.



Quantitative key findings

- The 3-4 month visit uptake is equitable across socio-economic deprivation, ethnicity and maternal age groups, but families with more than one child were around 70% less likely to receive a visit.
- Maternal mood recording rates were consistent across deprivation quintiles and ethnic groups.
- At the 9-12 month visit, children eligible for a universal 3-4 month visit had higher likelihood of scoring above the close-monitoring cutoff in the ASQ domain of problem solving.

Next steps

- These findings provide evidence for Rotherham stakeholders to consider when deciding on the future of the review and may contribute to the wider national debate on delivery of the Healthy Child Programme.
- A detailed report will be published by November describing these findings further.
- Meetings with Public Health Senior Management Team and Family Hubs Operational Group will share the detailed report and to discuss the future commissioning options.

Conclusion

- Overall, the evaluation indicates that the 3–4 month review is a valued addition to the Healthy Child Programme, offering a point of contact between the 6–8 week and 9–12 month visits and supporting families during a period of rapid developmental change.
- The visit appears feasible to deliver, culturally adaptable, and acceptable to parents.
- Work remains for ongoing data collection to monitor outcomes and to discuss future commissioning options.

Recommendations to the board

- To note the findings from the evaluation of the 3-4-month health visit.

This page is intentionally left blank