

**HEALTH AND WELLBEING BOARD**  
**28th January, 2026**

**Present:-**

Councillor Baker-Rogers	Cabinet Member, Adult Care and Health <b>(in the Chair)</b>
Andrew Bramidge	Executive Director, Regeneration and Environment
John Edwards	Chief Executive, RMBC
Kym Gleeson	Healthwatch Rotherham
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Joanna McDonough	RDaSH
Jason Page	Medical Director, Rotherham Place NHS SYICB
Emily Parry-Harries	Director of Public Health
Claire Smith	Director of Partnerships, Rotherham Place NHS SYICB
Ian Spicer	Executive Director, Adults, Housing and Public Health
Helen Sweatton	Joint Service Director, Commissioning and Performance (representing Nicola Curley)
Andy Wright	Chief Superintendent, South Yorkshire Police

**Report Presenters:-**

Ruth Fletcher-Brown	Public Health Specialist
Alex Hawley	Consultant in Public Health
Oscar Holden	Corporate Improvement Officer, RMBC
Katy Lewis	Carers Strategy Manager, RMBC
Kirsty Woodhead	Head of Service, Children and Young People's Service

**Also Present:-**

Councillor Brent	
Nicola Ennis	Children and Young People's Alliance
Zeshan Rehman	GP Registrar, Public Health
Dawn Mitchell	Governance Advisor, RMBC

Apologies were received from Councillor Cusworth, Nicola Curley (RMBC), Chris Edwards (NHS SYICB), Bob Kirton (TRFT) and Toby Lewis (RDaSH).

**41. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**42. 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.

**43. COMMUNICATIONS**

There were no communications to report.

**44. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the previous meeting held on 26<sup>th</sup> November, 2025.

Resolved:- That the minutes of the previous meeting held on 26<sup>th</sup> November, 2025, be approved as a true record.

**45. FAMILY HUBS**

Alex Hawley, Consultant in Public Health (Best Start and Beyond) and Kirsty Woodhead, Head of Service Family Help, gave the following powerpoint presentation on the successful delivery of the 3 year transformation project, the embedding of the Family Hub model (extended for a fourth year) and the expectations and focus of the Programme until the end of the next funding period (2028):-

Infrastructure

Over the first 4 years the Programme has transitioned to a system-wide offer for children and families. There was a strong and sustainable infrastructure in place:-

- A clear programme management structure supported by workstream leads
- Regular communication and engagement were supported through the Best Start in Life Guide and the monthly Family Hub newsletter
- Governance and performance were embedded through a monthly operational group with separate quarterly performance and communication meetings
- Early engagement initiatives, such as Baby Packs, continued to strengthen registration rates with 93% of families choosing to register
- Regular reporting mechanisms established to Department of Health and Social Care and Department of Education

What's in a Family Hub

The Family Hub Programme in Rotherham operated through a strong partnership approach with services delivered for children and families 0-10 (25 with SEND). A range of services were typically delivered from Family Hubs including but not limited to:

- Parenting support e.g. parenting groups and discussion groups
- Peep learning together groups
- Midwife appointments
- Health Visitor and Nursery Nurse appointments
- Infant feeding support
- Breast pump loan scheme
- Ante-natal classes and sessions for expectant parents
- Groups and activities for children under 5 and their families e.g. stay and play, baby massage and sensory sessions

- Groups for young people such as targeted youth groups
- Groups for parents of children with Special Educational Needs and Disabilities
- Employment support from DWP Family Community Work Coaches
- Peer support for families affected by perinatal mental health

#### Outreach Services

To reduce barriers, a range of services were delivered in community venues across the Borough including

- Community-led infant feeding sessions, parenting support, Peep learning together groups, Midwife/Health Visitor and Nursery Nurse appointments, infant feeding support, ante-natal classes/sessions for expectant parents, groups and activities for children under 5 and their families, groups for young people such as targeted youth groups, groups for parents of children with Special Educational Needs and Disabilities

#### Parenting Support

- Togetherness  
The Programme continued to see an increase in the Togetherness (previously named Solihull) online course registration and active learners  
As of November 2015, there were 681 registered learners
- Volunteers  
The Programme had introduced a peer support and volunteer offer with 29 active volunteers (as of end of September 2025)
- Evidence based interventions that were offered and delivered to parents and carers – face-to-face and online  
Triple P Baby, 0-12 years, Teen, Stepping Stones, Transitions  
Family Links  
Caring Dads  
Sleep Tight  
Fear-Less  
Togetherness – understanding your child's behaviour  
PEEP (Learning Together Programme)  
Journey to Parenthood Programme (health)  
One Plus One, Arguing Better, Me, You and Baby Too, Getting it right for children  
Teen Life

#### Infant Feeding

The Family Hubs Programme had continued to expand its infant feeding offer

- Since quarter 2 of 2023/34, 51 infant feeding peer supports had been trained
- 6 Children's Centre sites (part of the Family Hubs network) had achieved UNICEF Baby Friendly accreditation stage 1
- 39 staff had completed UNICEF Baby Friendly Initiative Managers Training

### Home Learning Environment

- The Programme had continued to invest in the Peep Learning Together Programme
- The Programme covered personal, social and emotional development, communication and language, early literacy, early maths, health and physical development
- 219 families had completed Peep to date (as of November 2025)
- Children from the ages of 2-4 had been supported
- There had been a wide range of delivery locations including Family Hub sites, one-to-one in the home, libraries, schools and VCS sites

### Perinatal Mental Health and Parent-Infant Relationship

- Over 300 practitioners had completed perinatal mental health training
- The Programme worked in partnership with Light Peer Support delivering peer-led perinatal mental health groups within Family Hubs
- Maternal Mood questionnaire completion with 8 weeks had increased from 70.4% to 86.9% demonstrating improved early intervention

### Parent Carer Panel and Start for Life Panel

- 24 sessions (as of December 2025) hosted at venues throughout the network
- Met monthly and some parents/carer now attended the Family Hubs Operational Group
- Online surveys and monthly newsletter polls
- Helped shape the Perinatal Mental Health Pathway

### Giving your child the best start in life

- Co-designed by and launched with the Panel
- Available for all families both digitally and physically
- Now provided within the baby packs and across the system
- Imagery was Rotherham-based
- Format was intended to fit with the Red Book

### Update on the future of the Programme

- Best Start Family Hubs and Healthy Babies Programme  
In December 2025 it was announced that there would be a further 3 years of funding extending to every local authority in England  
Continued investment in Start for Life services (now known as “Healthy Babies Programme”)  
Awaiting detailed programme guidance to inform Rotherham’s approach beyond March 2026
- Good level of development  
There was a new expectation to deliver a national target for achieving Good Level of Development for reception age students by the end of the 2028 academic year  
Rotherham’s Best Start Local Plan to be published on Council website by 31<sup>st</sup> March 2026 setting out its approach to Good Level of Development

Discussion ensued with the following issues raised/clarified:-

- There had been no additional funding to create new buildings; existing building were utilised. If there was a community building that Ward Members were aware of that could be used, they should make it known and the possible use would be explored
- The Programme had worked hard to ensure that families were connected to the services they would benefit from regardless of the location of the Family Hubs. The Outreach Service was really important and continued to deliver services in all the communities whether there was a physical building or not. The Service was sufficiently responsive to connect to the community so that it did not impact on children and families' ability to access services
- The Family First Partnership Programme had undertaken a robust needs analysis that would be submitted to the new Families First Partnership Board. If the needs analysis demonstrated that parts of the Borough needed more support to engage with services or there was a level of need, further discussions would take place
- There was a need, and more work required, to ensure that everyone understood that the provision was now Family Hubs with a much broader offer than Children's Centres. There were parenting support for teens within the Programme but it required more promotion as well as resources within the voluntary sector aimed at older children
- The whole range of services available at Family Hubs needed to be illustrated
- The new SEND Hub would shortly be launched/opened which the Family Hubs would work closely with. The new guidance around Family Hubs suggested that there were SEND leads in each of the Hubs; work was taking place on how to deliver such
- Work had taken place with the 0-19 Service to identify additional support for children who were not achieving their developmental milestones ensuring that parents could access support and targeted intervention without the child being labelled as "SEND". Work would take place ascertaining how older children would like to access services and support
- Consideration had been given as to how to engage with dads/male carers as part of the Programme. It was understood that one size did not fit all and that approach did not work
- Commitment to continue to work and ensure services offered were flexible and delivered

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Resolved:- (1) that the progress made in the last 4 years and the continuation of the Programme with Best Start Family Hubs 2026-29 be noted.

(2) That the next update include details of what was being done at Family Hubs to support all the children and families.

### 46. HEALTH AND WELLBEING STRATEGY PRIORITIES

Oscar Holden, Corporate Improvement Officer, gave the following powerpoint presentation on the Board's 2025-30 strategy priorities:-

<b>Priority</b>	<b>Metrics</b>
Priority One – We will reduce the prevalence of smoking in Rotherham by 5% by 2030	Smoking rate (from existing Public Health metrics) Proportion of local smoking population who set a quit date (Department for Health and Social Care data)
Priority Two – We will increase the mental health of the people of Rotherham towards the national average by 2030	Happiness measure for adults and a similar source for children and young people (from the Joint Strategic Needs Assessment) Life satisfaction question (Office of National Statistics)
Priority Three – We will increase the proportion of people who feel they have the care and resources they need to support their own health	Measure for soft services access Measure for families and wider support
Priority Four - People in Rotherham have access to environments that promote their health and wellbeing and they understand why this matters	Community Safety measure (from existing Safer Rotherham Partnership metrics) Physical activity is measured at least annually (Sport England measure but opportunities to include local information as part of work programme)

Since the 26<sup>th</sup> November Board meeting, further consultation had taken place with the Public Health Data Intelligence Team and members of the Health and Wellbeing Board to refine the metrics to arrive at the suggestions above.

A streamlined version of the current action plan was also discussed that represented the actions of the Board as a 12 month rolling programme. A final version was to be submitted to the next meeting following consultation with the Executive Group.

If agreed, the new priority metrics would be added to the Rotherham Health and Wellbeing Strategy as an appendix and the new action plan format used as from March 2026.

Discussion ensued with the following issues raised/clarified:-

- The Integrated Care Board Forward Plan was listed on the action plan for consideration at the June, 2026, Board meeting. However, there was a lot of organisational change taking place and probably still ongoing at that time so may not be appropriate for consideration. From a national perspective there was guidance to be issued shortly around Neighbourhoods and the connect to Health and Wellbeing Boards. The timings were not known but was definitely something that would need to be discussed at the Board at a future date
- Which metrics of the Safer Rotherham Partnership (SRP) were to be considered under Priority Four as there were a number (approximately 40 metrics) which would not map across naturally into the Health and Wellbeing remit. It was the understanding that the metrics were already covered by the SRP but checks would be made as to which ones they would be
- It was important that the views of Rotherham's children and young people were taken into account in the Strategy/priorities and metrics. The feedback that had been received from the various meetings would be revisited next year when the forward plan was refreshed to ensure that it had all been captured
- It was felt that the wording for Priority Two needed some tweaking

Resolved:- That the priority metrics for the 2025-30 Health and Wellbeing Strategy be approved.

#### **47. THE BOROUGH THAT CARES ALL-AGE STRATEGY 2026-2031**

Katy Lewis, Carers Strategy Manager, gave the following powerpoint presentation on The Borough That Cares All-Age Strategy 2026-2031:-

- The Borough that Cares Strategic Framework 2022-2025 – Achievements
- Improved access to information – created the Council Carers Information Hub, Carers Directory and Carers Newsletter
  - Information Navigators integrated to support carers who are digitally excluded
  - Expanded community support through a small grant programme

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- Strengthened carer voice and influence – establishing The Borough That Carers Strategic Network as a voice, influence and engagement group
- Established a Multi-Agency Strategic Group to drive change within organisations
- Increases Carers Assessment capacity through the employment of Carers Link Officers
- Celebrated carers – Carers Week and Carers Rights Day were now recognised community events in the Borough

### Looking Forward – Engagement to inform the Strategy

- A programme of engagement took place between March and August 2025 to gather the views of carers and a range of other stakeholders
- 23 engagement events took place
- 399 participants engaged
- Participants included carers and young carers, the people they cared for, Social Care and Health professionals, care providers and the voluntary and community sector
- A facilitated engagement session was undertaken with young carers and their families in July 2025
- Researched best practice and utilised national and local data

### Our Five Commitments

- 5 themes emerged from the engagement which translated into commitments:
  1. Identification and Early Intervention
    - Identify carers, including young carers, earlier in their journey and ensure timely access to advice, support and preventative services, before needs escalate into crisis
    - Provide clear practical guidance on the Carers' Service offer and how to navigate it, ensuring carers are aware of available support through clear, multi-channel communication
    - Explore flexible support options for carers in employment including better workplace awareness, access to low-level interventions and improved links with employers
    - Promote carer friendly Health services that recognise the barriers carers face in accessing care for themselves and ensure carers are supported to prioritise their own health
  2. Support carers and ensure their voice is heard
    - Ensure carers were routinely provided with clear, timely information during key Health and Social Care Service interactions
    - Develop clearer pathways for carers especially at the point of diagnosis so they were easily connected to the right services and support
    - Recognise the value of shared experiences and increase opportunities for carers to connect with and support each other

Work with schools, Youth Services and Family Support Teams to identify and support young carers earlier ensuring their emotional wellbeing and family stability were prioritised

Provide training and resources to frontline staff across Health and Social Care to improve recognition of carers and ensure they are treated as partners in care

Continue to involve carers in shaping services and monitoring progress ensuring their voices remain central to everything we do

3. Support carers through times of change  
Support carers through key transitions and ensure that Health and Social Care professionals provide carers with timely, updated information when the condition of the person they cared for changes, not just at the point of diagnosis  
Empower carers to plan for the future, providing structured support to develop contingency plans and long term care arrangements, when they were no longer able to provide care  
Support professionals to have sensitive, timely conversations with carers about deterioration and end-of-life care, helping carers feel more prepared and informed  
Raise awareness of the support available during end-of-life care and bereavement and ensure this information was accessible, clear and shared proactively with carers
4. Work in partnership  
Improve joint working across education, Health and Social Care, particularly to identify carers at key contact points such as hospital discharge, ensuring carers were included in planning and decision making  
Develop clearer, more joined-up pathways, digital tools and Carer Champions to help carers navigate complex systems  
Develop a shared understanding of personalised care across all services so that when multiple agencies were involved, the carer and the person they cared for experienced joined-up person-centred support
5. Co-design a responsive support offer for carers  
Regularly analyse feedback and data to understand carers' experiences and outcomes and identify gaps between assessed needs and actual support received  
Provide a clear and easy-to-understand overview of available services and create flexible ways for people to access support without always needing a Carers Assessment  
Increase practitioner confidence in supporting carers to access advice, information and support, utilising universal services, the VCSE sector and commissioned services to meet need and achieve identified outcomes  
Evaluate the success of existing services and co-design new services or information with carers

Involve carers in shaping training to ensure it is relevant and include carers' voices through stories, videos or lived experience contributions

Improve ways to track satisfaction, uptake and wellbeing outcomes to inform ongoing service development

**Next Steps**

- January 2026 – communication plan developed
- January to February 2026 – engagement with carers and other stakeholders to develop the first year delivery plan
- March 2026 – communication plan implemented
- April 2026 – Strategy launched and delivery plan commences with ongoing monitoring

Discussion ensued with the following issues raised/clarified:-

- A focussed approach had been taken with regard to engagement with young carers, working with the provider who was contracted to provide young carer support in Rotherham. The Service had accessed their group of carers but had recognised that part of the strategic work was to take on wider talks not reaching the lower levels. It had been difficult but wanted to widen that out
- The annual school survey showed a significant proportion of children who identified as having caring responsibilities that were not identified in the Service. Although not engaging with those children and young people, it had enabled a target to be set for the Strategy
- Schools had a responsibility, and a lot of work was being undertaken with them, to identify young carers and which services they needed. Where there were obvious links for those with caring responsibilities i.e. adults that required Social Care or engagement with the Rotherham Parents Forum, the Service made sure they had carers assessments and provide support
- The action plan would have a partnership approach with the aim of how improvements could be achieved from the partner organisations. Monitoring of achievements would be by way of evidence from partners/groups, conversations and communication with carers

Resolved:- (1) That the update on the development of the 2026-2031 Carers Strategy be noted.

(2) That annual updates be submitted to the Board on the delivery of the Strategy and associated delivery plan.

**48. PUBLIC MENTAL HEALTH ACTION PLAN**

Ruth Fletcher-Brown, Public Health Specialist, gave the following powerpoint presentation on the review that had taken place with all partners on the Health and Wellbeing Board's approach to early intervention and prevention:-

**Current Picture**

- Rotherham Health and Wellbeing Board adopted the Public Mental Health Strategy, Better Mental Health for All, in 2017
- The Better Mental Health for All Strategy and Action Plan for Rotherham 2017-2025 outlined actions that partners of the Health and Wellbeing Board were committed to take to improve the mental health for all people living and working in Rotherham
- Delivery of this was overseen by the Better Mental Health for All Group which represented all partners of the HWBB
- Rotherham Health and Wellbeing Board submitted a detailed application form in 2023 to become a signatory of the Prevention Concordat for Mental Health. This was approved in September 2023

Stakeholder Event – Partners of the Health and Wellbeing Board attended a workshop in July facilitated by Andy Bell, Centre for Mental Health. Stakeholders at the workshop

- Heard from the lived experience of local communities in Rotherham
- Worked collaboratively on a vision of a mentally healthier place to live
- Looked at mental health in Rotherham today
- Heard insights and ideas from national research and good practice from across the country on what worked to promote good mental health
- Identified priorities for promoting and protecting mental health in Rotherham

**Healthy life expectancy and mental health**

- Healthy Life Expectancy (HLE) was closely linked to mental health and mental ill-health and poor wellbeing were associated with reduced HLE:
  - Reduced quality of life
  - Increased mortality risk
  - Physical health connection
- In Rotherham HLE has been decreasing from 59 in 2015-17 to 56 years in 2021-23 for both males and females

### Mental Health Conditions

- It was estimated that 19% of the population aged 16 and over and 12% of the population aged 65 and older have a common mental health condition
- The prevalence of depression in Rotherham has increased between 2013 and 2022, from 9.9% to 17.3%, remaining above the England average of 13.2%
- 1.5 out of every 100 individuals were newly diagnosed with depression in 2023/24

### Children and Young People

- 40% of secondary school children reported their mental health as 'fair' or 'poor'
- Girls were twice as likely to report persistent loneliness (22.4%) compared to boys (10.6%)
- 1 in 2 children in care had emotional wellbeing that was a cause for concern in 2023/24

### Engagement around Mental Health – Groups and individuals told us

- Increased stress and pressure were identified as a major cause of poor mental health
- Bereavement can cause loneliness and poor mental health
- COVID brought challenges and opportunities. Some people said that others were still anxious about going out
- They did not want to be a burden to their families. Some families lived a long distance away and even if they lived nearer, families had their own lives
- Caring for someone can lead to the carer feeling lonely and having poor mental health
- Feeling lonely can lead to thoughts of suicide
- Having poor mental health and feeling lonely can lead to unhelpful ways of coping and negative effects on health and wellbeing, increased substance abuse (alcohol, drugs, tobacco), increased gambling, frequent sickness, new pains and hallucinations
- Lack of societal inclusion causes poor mental health (physically and digitally)
- Having people to talk to was a key to prevention
- The natural environment particularly for walking was a huge positive
- Creativity, the arts at an individual, community and large scale helps with people's mental health
- Safe spaces in town to meet

### What is important for improving wellbeing

- Children and Young People
  - Safe spaces to chat with others
  - Resources for accessing support
  - Online support

- Adult Health Survey
- Family and friends
- Exercising
- Patient groups

What does a Mentally Healthy Rotherham look like (11-24 year olds)

- Feeling proud of where we lived/feeling safe/opportunities to meet people in a safe place
- News and media focussing on the good things happening
- Celebrating mental health more/celebrating community differences
- When we are physically well it impacts us mentally
- Having a sense of belonging to where we live/a positive label of the town makes us feel happy to live here
- Things to look forward to/celebrating achievements/who I am and feeling safe to do so
- Reducing/ending loneliness
- More discipline in schools to respond to bullying
- Accepting one another for our likes and dislikes
- Better healthier food that impacts our wellness/not as much access to alcohol/keeping fit
- More access to therapists and counsellors
- No money worries
- More places for those with sensory/neurodiverse health
- Breaking the stigma of asking for help
- Embracing diversity

Next Steps

- The Better Mental Health for All Group will work to identify key actions for delivery over a 2 year period
- The infographic and identified key actions will demonstrate the Health and Wellbeing Board's ongoing commitment to early intervention and prevention and will support the ongoing commitment to OHID's Prevention Concordat for Mental Health onwards
- The Better Mental Health for All Group will agree on outcome measures
- Annual updates will be reported to the Health and Wellbeing Board

Discussion ensued with the following issues raised/clarified:-

- Given the high profile of social media in the national news, there was no reference to social media in the action plan. Was there any evidence to suggest that what was being seen in Rotherham linked to the national issue? This issue had not been pulled out from any of the focus groups and something that needed to be explored. It was known that young people had found that access to social media could be helpful in feeling part of different groups as well as feeling isolated from others, however, it was acknowledged that the impact was not fully understood by services

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- It was known that some communities struggled to feel digitally included and felt apprehensive about the future
- Online bullying caused some younger children to not feel safe in their own homes
- There were inequalities in different communities accessing support and underrepresented in terms of referrals with work required to ensure they accessed what they needed. RDaSH was working on increasing the number of older adults accessing talking therapies, increasing the number of people from ethnic minority backgrounds coming forward for Dementia diagnosis and women from accessing perinatal diagnosis

Ruth was thanked for the enormous amount of work she did on this subject as well as the single page infographic which was a very useful reference guide.

Resolved:- (1) That the vision and delivery mechanisms for mental wellbeing across the Rotherham population be supported.

(2) That Health and Wellbeing Board partners attend and contribute to the Better Mental Health for All Group which would oversee the delivery of actions for early intervention and prevention in relation to mental health.

(3) That the Better Mental Health for All Group consider the impact of social media on children and young people to gain a better understanding of the matter given the recent national press coverage.

(4) That the Board receive annual progress updates.

### **49. ITEMS ESCALATED FROM PLACE BOARD**

(1) It was noted that a visit was to take place later that day from Minal Bakhai, GP and NHS England's Lead for the National Neighbourhood Health Implementation Programme, to speak about the progress Rotherham was making on its NHS Neighbourhood work.

(2) At the Place Board, currently chaired by John Edwards, recent discussions had focussed on what the partnership would look like in the future. It was still at the point of exploring given that it was not currently known what resources would be available and how it would continue beyond the changes that were taking place.

ICB colleagues continued with their commitment notwithstanding the changes that were currently taking place.

Resolved:- That the update be noted.

**50. FOETAL ALCOHOL SPECTRUM DISORDER PROJECT**

Further to Minute No. 57 of January, 2025, an update was submitted, for information, on the Foetal Alcohol Spectrum Disorder (FASD) Project.

It was noted that the grant funded project had run from April, 2023 until March 2025. Chris Clark, the then Project Officer, was not in attendance due to the funding having ended in May, 2025, and unfortunately there was no-one to champion the next actions for the project.

Kym Gleeson reported that Healthwatch Rotherham had produced a report on FASD in March 2025, and agreed that the importance of the work had to be continued.

Resolved:- (1) That the information provided regarding the conclusion of the Foetal Alcohol Spectrum Disorder (FASD) Project for South Yorkshire be noted.

(2) That the Board endorse the continuation of the work carried out by the Foetal Alcohol Disorder Syndrome Project and supported any endeavours to securing future funding.

**51. BETTER CARE FUND QUARTER 3 TEMPLATE**

It was noted that the BCF Q3 Reporting Template, covering the period 1<sup>st</sup> October to 31<sup>st</sup> December, 2025, had to be submitted to NHS England by 30<sup>th</sup> January, 2025.

Resolved:- That the submission of the BCF Quarter 3 documentation to NHS England by the 30<sup>th</sup> January, 2025, deadline be noted.

**52. ROTHERHAM PLACE BOARD (ICB BUSINESS)**

The minutes of the Rotherham Place Board ICB Business meeting held on 17<sup>th</sup> September, 15<sup>th</sup> October and 19<sup>th</sup> November, 2025, were noted.