HEALTH AND WELLBEING BOARD
1st April, 2026

Present:-

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Councillor Cusworth	Cabinet Member, Children and Young People's Services
Nicola Curley	Executive Director, Children and Young People's Services
John Edwards	Chief Executive, Rotherham Borough Council
Bob Kirton	Managing Director, The Rotherham Foundation Trust
Emily Parry-Harris	Director of Public Health
Claire Smith	Director of Partnerships, Rotherham Place NHS SYCIB
Andy Wright	Chief Superintendent, South Yorkshire Police

Report Presenters

Joanne Britton	University of Sheffield
Jess Brooks	Public Health Specialist, RMBC
Rachel Copley	Public Health Practitioner, RMBC
Ruth Fletcher-Brown	Public Health Specialist, RMBC
Majella Kilkey	University of Sheffield
John Leaver	Rotherham Lived Experience Recovery Organisation
Lois Orton	University of Sheffield
Aneta Piekut	University of Sheffield

Also Present:

Councillor Brent	
Nicola Carroll	
Nicola Ennis	South Yorkshire Children and Young People's Alliance
Darren Wilson	Rotherham United Community Trust
Dawn Mitchell	Governance Advisor

Apologies for absence were received from Andrew Bramidge (RMBC), Kym Gleeson (Healthwatch Rotherham), Shafiq Hussain (VAR), Joanne McDonough (RDaSH), Jason Page (Rotherham Place NHS SYCIB) and Ian Spicer (RMBC).

53. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

54. 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.

55. COMMUNICATIONS

There were no communications to report.

56. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 28th January, 2026.

Resolved:- That the minutes of the previous meeting held on 28th January, 2026, be approved as a true record.

57. COMBATING DRUGS PARTNERSHIP UPDATE

Jess Brooks, Public Health Specialist and Combatting Drugs Partnership Lead, presented an update on the Combatting Drugs Partnership with the aid of the following powerpoint presentation:-

Background

- The Rotherham Combatting Drugs Partnership (CDP) was jointly Chaired by Rotherham Council's Director of Public Health and South Yorkshire Police's District Commander for Rotherham and has a vision to:

  "Work together to combat illegal drug use in Rotherham – reducing crime, saving lives and challenging the notion of 'recreational drug use' which fuels a violent and exploitative market"

Membership

- The Combatting Drugs Partnership was made up of strategic decision makers across key partner organisations involved in addressing the challenges of drug related harm. These included but were not limited to:
  - Rotherham Metropolitan Borough Council (RMBC)
  - Rotherham Alcohol and Drugs Service (ROADS) provided by WithYou
  - South Yorkshire Police (SYP)
  - The South Yorkshire Mayoral Combined Authority (formally South Yorkshire Police and Crime Commissioner's Office)
  - Probation Service Yorkshire and The Humber and Barnsley and Rotherham Probation Delivery Unit (PDU)
  - Voluntary Action Rotherham and the Rotherham Recovery Community

Aims

- Work together to understand the local population and how both drugs and alcohol were causing harm in Rotherham
- Identify challenges in the system and the changes needed to address them
- Identify, consider and/or support external funding opportunities to enhance or increase the Partnership's ability to deliver its responsibilities and objectives

- Complete key tasks as set out by the Joint Combatting Drugs Unit (JCDU) – the Central Government cross-departmental body responsible for the Drug Strategy

Delivery Plan

- Pursue – to reduce drug supply and related crime and bring perpetrators to justice
- Protect – to protect those in treatment and recovery, their families and the wider community
- Prevent – to stop individuals becoming involved in drugs and support recovery and reduce harm when they do
- Prepare – to build community resilience to reduce the impact of drug harm

Prepare

Objectives

- Facilitate improved information sharing including with IT systems, increased intelligence and information sharing around exploitation of vulnerable people
- Explore training needs across the system and equip workers by providing education for professionals to improve reporting, referrals and information sharing and aid in early identification. Including communicating to workers the harmful impacts of drugs and alcohol
- Develop combatting drugs communications and engagement approach aiming to reduce use and tackle stigma

Key Progress

- CDP report for sharing key data on progress was refreshed and presented at each Partnership meeting
- South Yorkshire Police Intelligence Reporting form had been promoted to partners to provide intel to disrupt organised crime groups
- Drug and alcohol training offer expanded to include training on families, anti-stigma and bespoke training sessions for hospital teams
- New workstream and resource for implementation of new Challenging Stigma work being developed in collaboration with the Rotherham Recovery Community and learning for individuals with Lived Experience

Present

Objectives

- Develop continuity of care in criminal justice pathway including use of Court Orders, better prisoner release and connections with Probation Services
- Develop whole family approach to support and break intergenerational cycles of substance use

- Develop wider support offer and capacity for increased numbers for alcohol and drugs treatment/support, reducing drug related harm and impacts on wider community including an offer for drug users – increasing access to a wider range of services aimed at raising awareness of harm and early identification

Key Progress

- Efforts were being made to focus on the quantity and quality of Community Treatment Orders (community sentences designed to help individuals address substance use issues and reduce the risk of re-offending) by working with Courts to maximise opportunities for those who were suitable and a review for the Court Orders with a focus on harm reduction
- Drug and Alcohol Early Help Team had continued to support the identification of substance use in families by embedding screening tools in assessments and establishing Drug and Alcohol Champions working across Rotherham
- Two new Drug and Alcohol School Workers in ROADs (the Drug and Alcohol Service) providing outreach to primary and secondary schools
- New Drug and Alcohol Outreach Services at MESMAC (Sexual Health Services) had been supporting people in the community with advice and referrals
- ROADs' Outreach and Engagement had expanded including through a market stall in the Town Centre raising awareness and identification of drug and alcohol issues

Protect

Objectives

- Reduce drug related harm
- Protect vulnerable people
- Implement co-occuring conditions, pathways and improved psychological support. Increasing access to physical and mental healthcare to promote long term recovery
- Develop and implement recovery pathway including independent recovery community, housing and employment support

Key Progress

- Availability of opioid overdose reversal drug, Naloxone, continued to be widened. Police Officers had been trained and could carry Naloxone to respond to possible opiate overdoses and peer distribution of take home Naloxone was now in place
- South Yorkshire-wide Emergency Plan created to help services and respond to the identification of harmful substances in the region
- A number of systems in place including the Mental Health Community Connector Pathway with VAR and the Mental Health Wellbeing Practitioners to support those with mental health needs

- The Rotherham Recovery Community continued to grow this year having several achievements including a consultation which had generated a plan for further development. The Rotherham Lived Experience Recovery Organisation (LERO) was now established

Pursue

Objectives

- Develop an effective pursue response with partners
- Develop increased focus on county lines-exploitation of children in line with Child Exploitation Strategy and target Organised Crime Groups which used most exploitive business/operational models with regards to child exploitation
- Disrupt organised crime

Key Progress

- A number of warrants had been executed and managed by appropriate trained officers under the supervision of an inspector working in conjunction with trained Drug Expert Witnesses within the Police as per ongoing work
- Increase in skills and expertise with Drug Expert Witnesses and Financial Investigator training and support
- Several operations, local and national, had been carried out resulting in arrests and seizures

Public Involvement

- As well as increasing involvement on sub-groups and wider areas of work, Public Involvement was facilitated by the following:
    - Each Partnership meeting included a section on Public Voice and Lived Experience to ensure senior leaders were hearing directly from those impacted by drugs in our communities
    - Rotherham CDP had established that every 1 out of 4 meetings was led by the Recovery Community and focussed on a recovery related topic. Most recently the Recovery Community hosted the CDP in November 2025, bringing in lived experience voices, the community consultation and future plans. This had continued to generate a way forward for lived experience involvement and the future CDP plan would involve lived experience voice, including affected others, in a way that was relevant, accessible and supportive
    - The Combatting Drugs Partnership's members also would attend the Rotherham Recovery Forum

John Leaver, Rotherham Lived Experience Recovery Organisation Chair, gave his own presentation to the Board focussing on the Rotherham Recovery Community:-

- Commissioning work had been undertaken in Rotherham to bring together pre-existing organisations working in recovery with the ambition to develop into a standalone organisation – LERO. It was a natural progression to become sustainable and deliver more
- LERO still worked with VAR
- The Chair's role was to bring together those responsible for funding/statistics/data/outputs but still being mindful of the way it was being done and connect all those environments to the people the organisation was working with on a day-to-day basis
- It was fresh and raw recognising that the people that were part of it had lived experience and was the best form of learning. It was difficult for someone to transition and took a lot of work to support them into people who were able to work
- It was important that LERO was led by people that needed it as well so it could adapt and react. It was real people helping real people and would develop into sustainable activities and businesses to be reinvested
- There was a gap between treatment and recovery. LERO's role was to try and further bridge that gap when people left treatment/came through addiction and were trying to navigate life beyond that. This was a whole new challenge
- Often when a person came out of treatment it was very clinical and formal i.e. not the environment for someone to thrive. Making activities etc. as relaxed and informal as possible so that they felt comfortable was where you started to build consistency and start to see change
- Activities were not just central Rotherham based
- Everyone involved had their own challenge journey
- LERO were getting the keys for their new premises very shortly and had successfully obtained CRC status. It was important to recognise that they were not business people/academics/professionals and things did not always move as quickly as they would in other environments, however, it was progressing quite well
- LERO's ethos was reliability, relatability, honesty and community

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

- The lived experience was central to what services needed to do in Rotherham
- It was not just about saving money but people living rich lives and, if you got it right, it would save money e.g. hospitals less busy etc
- ROADs had 2 School Outreach Workers as well as the Public Health Team linking in and working with schools
- The "public voice" did span quite a wide age range because it tried to address anyone that was affected by drugs. ROADs did have an involvement process for young people but acknowledgement that it was probably under represented with regard to the younger voice

- Drug and alcohol issues were complicated and multi-faceted with lots of opportunity for partnership working and different ways to better involve them
- Work was currently taking place but would benefit from closer work with other agencies such as the local Drug Information Services, the Drug and Alcohol Death process and understanding the intelligence of harmful substances that were leading to death in Rotherham
- Stopping people becoming addicted in the first place would improve outcomes. Work was taking place with the current provider to raise awareness in schools; having conversations early about what harm addiction to drugs and alcohol did putting it in the context of people's lives.
- In Rotherham there was a particular issue with problematic alcohol use – not alcohol use necessarily leading to death but leading to levels of harm
- Naloxone was making a real difference
- Removal of the stigma was really impactful
- It was difficult to measure the prevalence of drug users. There was more updated information for the estimated number of opiate or crack cocaine users in Rotherham but it was only an estimate. There would be more information in the refreshed Joint Strategic Needs Assessment
- Discussion would take place outside of the meeting with regard to the possibility of a Co-Chair being a person with lived experience

It was noted that anyone interested in having Naloxone available in their buildings should contact Jess to discuss how that could happen.

Resolved:- That the progress made by the Combatting Drugs Partnership be noted.

58. LONELINESS ACTION PLAN REFRESH PRESENTATION

Ruth Fletcher-Brown, Public Health Specialist, and Rachel Copley, Public Health Practitioner, presented the refreshed Loneliness Action Plan.

Rotherham's first Loneliness Action Plan was developed in 2020 having had input from Health and Wellbeing Board partners. The Plan was refreshed in 2023 for a further 3 years. With the current plan ending in 2025, work had commenced with partner organisations to reflect on the work that had been achieved. The following powerpoint presentation was provided on the 2026-30 Action Plan:-

Rotherham Loneliness Action Plan 2026-230
Our Vision: Rotherham residents of all ages and backgrounds feel connected to others and the community around them

History of Rotherham Loneliness Action plans

- The first Rotherham Loneliness Action Plan was implemented in 2020 following a workshop event with key stakeholders in 2019. This followed on from the national strategy "A Connected Society" published in 2018
- 2020-2022 Action Plan. Completed actions included started rollout of Making Every Contact Count training, assisted Link Workers in understanding their local communities and the assets available which supported good social connections, inclusion of loneliness as a theme in the Be Well at Work Scheme and promotion of GISMO to people who lived and worked in Rotherham
- 2023-25 Action Plan. Completed actions included increased community hub capacity including Warm Welcome sites, 'Spot the Signs' campaigns used to raise awareness of the safeguarding risks linked to loneliness, updated Loneliness JSNA section including personal quotes, conducted several focus groups across the Borough about loneliness and mental health, inclusion of loneliness questions in Tenant Health Check, expansion of Loneliness MECC training throughout library venues, evaluation from COVID funded projects for the over 55s and Holding Difficult Conversations training delivered to frontline partners 6th October 2022 to help them tackle the drivers of hate

Governance of Loneliness Action Plan

- The implementation of the 2026-2030 Action Plan would be overseen by the Better Mental Health for All Group. These meetings were chaired by Public Health and had representation from Health and Wellbeing partners. The multi-agency group met bi-monthly and was tasked to implement the Plan and the Better Mental Health for All Action Plan. Progress against the action plan would be reported to the Mental Health and Learning Disability Transformation Group, a sub-group of the Rotherham Place Plan Board. Annual updates would be given to the Rotherham Health and Wellbeing Board.

The partners represented on the Better Mental Health for All Group included:-

- Adult Health and Care Network
- Age UK Rotherham
- Children, Young People and Families Consortium
- Crossroads
- Healthwatch Rotherham
- NHS South Yorkshire
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC – Adult Care, Housing and Public Health (including Neighbourhoods)
- RMBC – Children and Young People's Services
- RMBC – Communications

- RMBC – Culture, Sport and Tourism Service, Regeneration and Environment
- Rotherham Federation
- Rotherham United Community Trust
- South Yorkshire Police
- Voluntary Action Rotherham

Why is Loneliness a Public Health Issue?

- Mental Health impacts – increased risk of Dementia and cognitive decline, links to poor mental health and suicide
- Physical Health impacts – increased risk of CVD and Stroke, increased risk taking behaviour
- Community impacts – safeguarding risks to vulnerable people e.g. cuckooing/scams, absenteeism and presenteeism

National Data

- 7% of people reported feeling lonely 'often' or 'always'. This increased to 9% for those aged 16-29 and 10% reporting chronic loneliness in Yorkshire
- Chronic loneliness was the persistent feeling of being alone and disconnected from others over an extended period even when surrounded by people
- Key cohorts of concern
    - 13% in disabled adults (4% in non-disabled)
    - 12% in unemployed adults (5% in employed)
    - 17% in Council properties (5% in owner occupied and 9% in private rented)
    - 23% in single parents (5% with 2 adults and child/ren, 12% single adults and 7% with 2 adults and no children)

Local Data

School Lifestyle Survey

- 16.6% of Y7s and 19.8% of Y10s reported chronic loneliness

RMBC Data

- Long term unemployment ranged from 1% to 14%
- People over 65 who lived alone ranged from 24% to 40%
- Social renting was as high as 46% in some MSOAs

What was Loneliness?

- Loneliness had different meanings to different people
- General definition of "a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have and those that we want"
- Focus groups were carried out across the Borough including veterans, carers and adults with neurodiverse conditions

What are the effects of Loneliness

- People can start skipping meals
- Drink, drugs, gambling
- Personal hygiene deteriorates
- Might be good physically but not so mentally and emotionally
- Can affect people's decisions and make impulsive decisions

What are the causes of Loneliness

- Bereavement
- Disability and ill health
- Bullying and discrimination
- Financial and life pressures
- Safety

Loneliness Stakeholder Workshop – 4th November, 2025

- What is working well
  Great voluntary sector
  Trusted support services
  Benefits of groups
  Great partnership working
- Key areas of concern
  Long term funding
  Social awareness of loneliness as a health issue
  Structural issues e.g. transport, housing
  Level of responsibility given to volunteers
  High levels of loneliness in specific groups and deprived areas
  Cultural sensitivity
  Groups and partners being missed
  Continual rising of expectations
  Successful projects being defunded
  Lack of understanding and acknowledgement of

Action Plan Aims

- Aim 1: Make loneliness everyone's responsibility
  - Champion Five Ways to Wellbeing across all initiatives to promote positive mental health and social engagement
  - Deliver Making Every Contact Count (MECC) training to frontline staff
  - Deliver 'train the trainer' MECC
  - Continue to work closely with RMBC teams including Neighbourhoods, Commissioning and Culture, Sport and Tourism
  - Champion the Be Well at Work Scheme and share best practice to tackle loneliness and isolation within businesses to create a healthier workforce

- Aim 2: Connecting people to each other and their community
  - Maintain and promote GISMO as a key signposting resource
  - Promote the VAR e-bulletin
  - Recruitment and ongoing support for volunteers

- Use comms messaging to promote wellbeing support such as RotherHive and Say Yes campaigns
- Make use of existing networks, partnerships and newsletters to regularly promote new opportunities for people to make meaningful connections
- Promote resident-led activities and community hubs
- Promote Library Services and the support and groups they offered
- Promote organisations which support people to get digitally connected e.g. Age UK, CARD, RotherFed, Libraries

– Aim 3: Expand and use local data to guide action
  - Maintain and regularly update the loneliness section of the JSNA so current data could inform decision making
  - Conduct additional loneliness focus groups to strengthen the community voice
  - Refresh MECC training materials to include the latest evidence and data
  - Analyse and publish findings from focus group research sharing with relevant partners to inform action
  - Promote the loneliness guide and measures to local partners
  - Share best practice including Living Experience with other Rotherham partners
  - Using data to support future funding bids

Action Plan Monitoring and Wider Discussions

– During both focus groups and stakeholder discussions, several topics were mentioned as barriers to reducing loneliness which needed to be advocated for by the Better Mental Health for All Group. The main barriers were digital inclusion and transport issues
– Key Monitoring Metrics – school lifestyle survey data, Public Health Outcomes Framework, Community Life Survey and Loneliness Guide and Measures results

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

– The issue of social media and the possible effects on young people required discussions across the board to ascertain a position being mindful both of the positive and negatives of social media and working with young people to gain their understanding of the role it played in their lives
– There was evidence that those with neurodiversity felt loneliness. Work had taken place with SpeakUp but more could be done with young people
– Covid-19 had significantly impacted some vulnerable groups at that point of their development
– The work around digital inclusion was trying to draw out that there were very clear safeguarding risks for children and young people as well as adults who were lonely. This issue needed to be included in

the training and emphasise that not everyone online was their friend and ensure they were a “safe” person

- A diagnosis of chronic illness could acerbate despair and loneliness. There was some existing work taking place that connected health care. The data was being pulled together and evaluated
- The South Yorkshire Children and Young People’s Alliance was holding an event focussing on 16-24 year olds looking at youth and mental health. Rush House was the delivery partner. There would be peer evaluators for the young people to talk about the approach to support. One approach did not work for every young person
- The causes of loneliness did not look significantly different to those identified 20 years ago, however, the context in which people experienced those causes had changed. Front line commissioning practitioners would say that the complexity was expressed in different ways
- Loneliness was a banner that brought many physical and medical conditions together
- People did not need a lot of connections but did need meaningful connection
- Addressing loneliness was a corporate response
- The focus group had interviewed people aged 20+ up to 97 years; children would be the next stage A recent presentation at a national group for the first time had seen the impact of housing conditions and fuel poverty on young people coming through
- Transition for young people was really challenging all the way through to employment. CYPS carried out a lot of work with young people in an attempt to avoid them becoming NEET and go into the appropriate pathways and there were various new initiatives around that. There would be a particular focus on transition from Y5 through to Y8 as it appeared that was where the most challenges were to issues such as health conditions, development and healthy weight. Children not attending school impacted significantly on their emotional health and wellbeing, not developing appropriate peer groups and friends that would help take them through
- There was also a gap of young people not in education either through non-attendance or being home educated and not necessarily having peer connection
- The statistics regarding the feeling of loneliness in Council properties was the national picture but could be extrapolated for a similar picture in Rotherham

Resolved:- (1) That the vision and delivery mechanisms addressing loneliness and promoting connectedness across Rotherham be supported.

(2) That Health and Wellbeing Board members attend and contribute to the Better Mental Health for All Group which will oversee the delivery of actions within the Loneliness Action Plan.

(3) That the Board receive annual progress updates.

59. HEALTH AND WELLBEING STRATEGY PRESENTATION

Further to Minute No. 33 of 26th November, 2026, Emily Parry-Harris, Director of Public Health, presented the reviewed 2026/27 forward plan which had been structured to clearly align with Strategy aims whilst maintaining the statutory responsibilities of the Board.

The following powerpoint presentation was provided to support the report:-

2025/26

Meeting	Priority focus at Board Meeting	Report/Strategy focus at Board Meeting	Other Significant Item(s)
June 2026	Aim 1	Joint Strategic Needs Assessment	Integrated Care Strategy
September 2026	Aim 2	Director of Public Health Report	Other Special Interest Groups System Plans
November 2026	Aim 3	Pharmaceutical Needs Assessment	Better Care Fund
January 2027	Aim 4	Integrated Care Board	Review of system pressure for winter
March 2027	Review of year	Health and Wellbeing Strategy	Forward Plan

Looking Ahead
All items should
- Be clearly linked to at least one Strategy aim
- Demonstrate clear improvements and impact for Rotherham residents

The Board will look to
- Maintain a good balance across all 4 priorities
- Maintain a strong link with the Health Select Commission and liaise where items may be better suited to their agenda

- Continue to be flexible to upcoming changes within partner organisations

The Executive Group will

- Return to meeting ahead of each formal Board meeting
- Assess the forward plan intermittently

June 2026 Agenda

- Strategic Needs Assessment refresh
- Suicide Prevention Action Plan update
- Breastfeeding Friendly Borough progress update
- Best Start Local Plan
- HWBB Annual Report
- Physical Activity/Moving Rotherham Board Update
- Place Board escalations and BCF

September 2026 Agenda

- Director of Public Health Annual Report
- Family Hubs Update
- Health Protection Assurance Report
- Neighbourhood Health Update
- Healthy Homes Update
- Carers Update
- Place Board escalations and BCF

Discussion ensued with the following issues raised/clarified:-

- The NHS Neighbourhoods Plan would be considered in further iterations of the plan. A small working group would consider the guidance and work on the role of the Board and Rotherham Together Partnership
- There should be ability to be flexible and add any agenda items as necessary
- The Board had a statutory remit of its own but also recognised the Rotherham Together Partnership and the importance of agenda planning

Resolved:- (1) That the implementation of the aim-aligned meeting focus, as outlined at the meeting, by asking each presenter to outline any links between their item and the aim theme of the meeting be approved.

(2) That partners ensure future agenda items met the agreed strategic criteria demonstrating contribution to the outcomes and alignment with Health and Wellbeing Strategy aim theme.

60. ETHNICITY AND UNEQUAL AGEING: EXPERIENCES IN ROTHERHAM AND SHEFFIELD

Majella Kilkey, Jo Britton, Lois Orton and Aneta Piekut, University of Sheffield, were in attendance to present the UKRI-funded research project 'Ethnicity and Unequal Ageing' led by the University of Sheffield, co-produced with community partners including Rotherham Ethnic Minority Alliance (REMA).

The Board received the following powerpoint presentation:-

Ethnicity and Ageing in Rotherham

- Rotherham was ageing – 1 in 5 people were aged 65 years and older
- Rotherham was a diverse place with 252 unique ethnic groups
- 5% of households with at least one member whose main language was not English
- Rotherham's diversity had grown over time
- The increasing diversity of Rotherham would change who was 'older' in the town

Not everyone in Rotherham reached older age in the same position. Census date tell us that:

- The Roma and Irish Traveller ethnic groups were consistently excluded across most aspects of society
- Chinese, Indian and Bangladeshi groups were doing well in education and employment outcomes
- Ethnic inequalities were consistent across age groups demonstrating the enduring effect of ethnicity across the life course and over generations
- Need to unpack the census data to see what drives the outcomes

What did this project do?

- A multi-methods intersectional, life course framework, combining quantitative analysis with qualitative participatory methods
- Primary data collection in Rotherham and Sheffield:
  - Go-along and life history interviews with 80 people (37 in Rotherham/43 in Sheffield) aged 50+ identifying as Muslim, African, Roma or Irish, men and women
  - Creative co-production involving participatory arts-based workshops (12 in each place) with 40 of those individuals
  - Stakeholder engagement involving 15 individual interviews and 3 group meetings

Project Findings for Rotherham

- "Racially minoritised people/communities"
  - Individuals and communities minoritised through social, political and cultural processes of power and marginalisation linked to racialisation

- ‘Minority’ in terms of position of powers not in numbers
- Often majority populations, globally

Loneliness and Social Isolation was a Key Challenge

- Issues specific to racially minoritised communities in Rotherham
  - Some were new arrivals – challenges of rebuilding lives in new places (especially in later life)
  - English was not first language including for longer established communities – barrier to participation and accessing services and support
  - Stereotype of close knit family life in some communities – stigma around loneliness and assumption that intervention was not needed
  - Economic induced constraints to participation were likely sharper due to inequalities in socio-economic status
  - Health-induced constraints to participation were likely sharper due to accumulated life course disadvantage
  - Places where some racially minoritised communities lived contributed to isolation
  - Racism, and fear of, limited where people ‘felt safe’

Sustaining Community Assets – BAMER-led voluntary organisations were lived-experience ‘assets’

- Addressing Health Inequalities – saving lives during Covid-19 pandemic and support for ongoing health issues e.g. Dementia, Diabetes
- Community Wellbeing – tailored activities to combat loneliness, isolation including community outreach
- Citizen Advice and Advocacy – support with legal help e.g. pensions, citizen rights and in financial difficulties
- Translation and Interpretation – providing free of charge language services for meetings and documents
- Other Voluntary Work – older residents as community leaders and work to maintain clean and safe environments

In need of adequate financial recognition

- Provide key services free of charge
- Financially struggling, many ceased to exist putting pressure on those remaining
- Felt as they were not seen as equal partners

Challenging Loneliness through Social Connection

- The experience of having recently arrived in the UK/South Yorkshire often meant the loss of social networks
- Being racially minoritised could further contribute to feelings of social isolation
- Many older people taking part in the project highlighted the importance of:

- Engaging with friends, family and members of the wider community of all different ages
- The opportunity to connect with people from different backgrounds (Muslim, Irish, Roma, African, Caribbean) that they would not normally come into contact with

What older people told us needs to change – 'We need more spaces for people of all ages and social groups to come together'

- Both younger and older people felt they wanted regular opportunities to reap the benefits of coming together
- They said it was important that opportunities were created for children and young people to come together with older members of the community
- They wanted more of the kinds of activities – creative sessions, performances, debates etc. – that had happened as part of the project

Project's Key Message

- Loneliness and isolation was a universal challenge. Our findings highlight complex intersectional dimensions to this experience for racially minoritised populations, necessitating an approach that was proportionate to the high level of need

Project's Key Recommendations

- Funding and support to allow 'BAMER'-led community organisations to work together and with statutory services to achieve long term and sustainable change
- Making mainstream services e.g. libraries and initiatives e.g. social prescribing more inclusive (language, anti-racist, safe spaces)
- Catalysing connections across diverse older groups and younger generations including through arts and creative activities
- Recognising the importance of language inclusion: embedding language inclusion across health and wellbeing strategies; investing in ESOL for older people; valuing heritage languages; supporting multi-lingual arts and culture
- Addressing racially motivated hate crime that contributed to social isolation and reinforcing anti-racist practices in all services and spaces for older people
- Fostering age-friendly places and services through prioritising accessible, affordable spaces and inclusive public transport, in local planning

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

- The work of the project could inform the loneliness action plan
- Feeling that 'white British' should be included on the slide headed up "Challenging Loneliness through Social Connection" as the project was about the whole of Rotherham getting together and not about different ethnic groups

- The project funding had now stopped. It may be possible to apply for funding from the University of Sheffield to ensure the findings have some impact
- The creative workshop had met the previous day and wanted to continue but there were not the project resources to do so, however, conversations were being facilitated with other funders

Resolved:- That the project's recommendations be endorsed.

61. ITEMS ESCALATED FROM PLACE BOARD

There were no issues to be escalated.

62. ROTHERHAM PLACE BOARD (PARTNERSHIP BUSINESS)

The minutes of the Rotherham Place Board Partnership Business meetings held on 17th September, 2025, were noted.

63. ROTHERHAM PLACE BOARD (ICB BUSINESS)

The minutes of the Rotherham Place Board ICB Business meeting held on 17th December, 2025 and 21st January, 2026, were noted.

64. BETTER CARE FUND

There was no information to report.

65. 2026-27 MEETING DATES

Resolved:- That meetings of the Health and Wellbeing Board be held during the 2026/27 Municipal Year as follows:-

Wednesday, 10th June, 2026
2nd September
2nd December
27th January, 2027
24th March

all starting at 9.00 a.m., venue to be confirmed