

## HEALTH AND WELLBEING BOARD

**Date and Time:-** Wednesday 1 April 2026 at 9.00 a.m.

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

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

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

### AGENDA

1. **To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972**
2. **To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency**
3. **Apologies for absence**
4. **Declarations of Interest**
5. **Questions from members of the public and the press**
6. **Communications**
7. **Minutes of the previous meeting (Pages 3 - 17)**
8. **Combating Drugs Partnership Update (Pages 19 - 43)**  
Emily Parry-Harris (Director of Public Health), Andy Wright (Chief Superintendent) and Jess Brooks (Public Health Specialist) to present an update on the Combating Drugs Partnership
9. **Loneliness Action Plan Refresh Presentation (Pages 45 - 62)**  
Ruth Fletcher-Brown, Public Health Specialist, and Rachel Copley, Public Health Practitioner, to present the refreshed Action Plan

10. **Health and Wellbeing Strategy Presentation (Pages 63 - 70)**  
Oscar Holden, Corporate Improvement Officer, to present
11. **Ethnicity and Unequal Ageing: Experiences in Rotherham and Sheffield (Pages 71 - 114)**  
Majella Kikey, University of Sheffield - Ethnicity and Unequal Ageing: Experiences in Rotherham and Sheffield Project – to present

**For Information**

12. **Items escalated from Place Board**
13. **Rotherham Place Board (Partnership Business) (Pages 115 - 119)**  
Minutes of meeting held on 17<sup>th</sup> September 2025
14. **Rotherham Place Board (ICB Business) (Pages 121 - 128)**  
Minutes of meetings held on 17<sup>th</sup> December, 2025 and 21<sup>st</sup> January, 2026
15. **Better Care Fund**
16. **2026-27 Meeting Dates**  
Wednesday, 10<sup>th</sup> June, 2026  
2<sup>nd</sup> September  
18<sup>th</sup> November (move to the 2<sup>nd</sup> December)  
27<sup>th</sup> January, 2027  
24<sup>th</sup> March

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

**The next meeting of the Health and Wellbeing Board will be  
held on Wednesday 10 June 2026  
commencing at 9.00 a.m.  
in Rotherham Town Hall.**



**JOHN EDWARDS,  
Chief Executive.**

**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

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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.

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<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	1 April 2026
	<b>LEAD OFFICER</b>	Jess Brooks, Public Health Specialist, RMBC
	<b>TITLE:</b>	Combatting Drugs Partnership Update
<b>Background</b>		
1.1	Following the 2021 National Drugs Strategy: From Harm to Hope, and subsequent guidance for local areas, the Rotherham Combatting Drugs Partnership (CDP) was established at the end of 2022	
1.2	The Rotherham Combatting Drugs Partnership (CDP) is jointly chaired by RMBC's Director of Public Health and South Yorkshire Police's District Commander.	
1.3	The CDP brings together strategic decision-makers across enforcement, treatment, prevention and recovery to reduce drug-related harm in Rotherham. The partnership delivers the national drug strategy locally and reports to the Health and Wellbeing Board.	
1.4	<p>Its aims are to:</p> <ul style="list-style-type: none"> <li>• Work together to understand the local population and how both drugs and alcohol are causing harm in Rotherham.</li> <li>• Identify challenges in the system and the changes needed to address them.</li> <li>• Identify, consider and/or support external funding opportunities to enhance or increase the partnership's ability to deliver its responsibilities and objectives.</li> <li>• Complete key tasks as set out by the Joint Combatting Drugs Unit (JCDU)- the central government cross departmental body responsible for the Drug strategy.</li> </ul>	
<b>Key Issues</b>		
2.1	In March 2024, the first CDP annual update was presented to Health and Wellbeing Board following which the JCDU requested that local CDPs publish an annual progress report which has since comprised the annual Health and Wellbeing Board second and third annual Update.	
2.2	The report outlines Key findings of the 2023 joint assessment of need and key progress made against the CDP delivery plan. One key area of progress is the development of the Rotherham Lived Experience Recovery Organisation, and their involvement in the work overseen by the Rotherham.	
<b>Key Actions and Relevant Timelines</b>		
3.1	Continued development and delivery of the CDP plan (ongoing).	
3.2	The next Annual Progress report is due March 2027.	

<b>Implications for Health Inequalities</b>	
<b>4.1</b>	Drug and alcohol harm disproportionately affect vulnerable populations.
<b>4.2</b>	The work overseen by the CDP aims to improve outcomes for those who are affected by drug related harm. CDP actions such as increased access to treatment, ant stigma work, and improved continuity of care play a crucial role in reducing inequalities and improving long-term health outcomes.
<b>Recommendations</b>	
<b>5.1</b>	The Health and Wellbeing Board is asked to note the progress made by the CDP.



## ROTHERHAM COMBATTING DRUGS PARTNERSHIP

### Progress Report 2025

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## Background

As part of the 2021 drugs strategy: From Harm to Hope, every local area across England was requested to form a Combating Drugs Partnership (CDP), to work together at a local level to reduce drug-related harm<sup>1</sup>.

These partnerships bring together a range of local partners - including enforcement, treatment, recovery, and prevention – and provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on local context and need.

## Rotherham Combatting Drugs Partnership

The Rotherham Combatting Drugs Partnership (CDP) is 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". The Partnership meets on a quarterly basis and is an active partner in the South Yorkshire Combatting Drugs Partnership that meets and enables collaboration and joint working across the larger sub region.



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Contains data from OS Zoomstack

## Membership

The Combatting Drugs Partnership is made up of strategic decision makers across key partner organisations involved in addressing the challenges of drug related harm. These include:

- 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)
- NHS South Yorkshire Integrated Care Board (ICB)
- The Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham and the Rotherham Recovery Community
- Job Centre Plus
- Office for Health Improvement and Disparities

<sup>1</sup> [Drugs strategy guidance for local delivery partners - GOV.UK](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partners)

## Aims

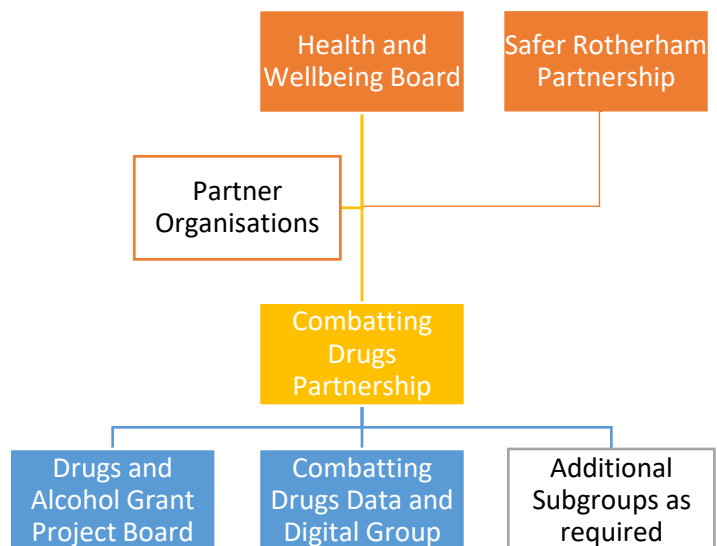
The Rotherham CDP Aims are to:

- Work together to understand the local population and how both drugs and alcohol are 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.

## Governance

Nationally, Combatting Drugs Partnerships provide assurance into the government’s Joint Combatting Drugs Unit which coordinates delivery of the national drug strategy. In Rotherham, the Combatting Drugs Partnership reports primarily to the Rotherham Health and Wellbeing Board.

Sub-groups, or working groups, take a lead on specific areas of work as required, reporting to the Rotherham CDP such as the Drug and Alcohol Related Death review panel and Local Drug Information System.



## Drugs and alcohol in Rotherham

Rotherham’s Drug and Alcohol Joint Needs Assessment 2022 tells us that:

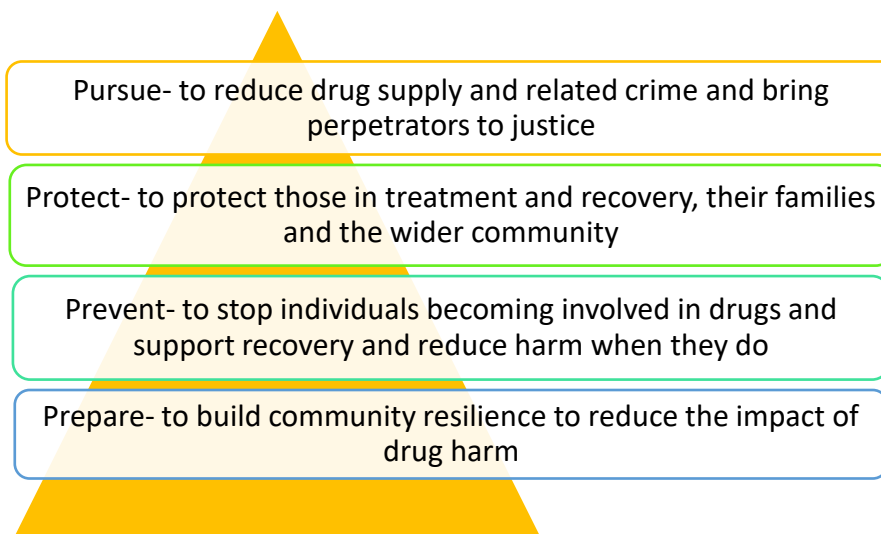
- 2/3 offences linked to alcohol were violence against a person
- Families were concerned about young people being drawn into drug taking
- Local shops and businesses were concerned that alcohol and substance misuse in public places was deterring customers
- 31.1% of adults in Rotherham drank over the recommended 14 units of alcohol per week
- It is estimated that a significant proportion of people who use opiate and crack or who have a dependency on alcohol may not be in drug and alcohol treatment

## Rotherham Combatting Drugs Partnership Progress Report – 2025

- The majority of drug and alcohol treatment service users also had a mental health need and the majority of drug and alcohol service users were not in employment when first presenting to the service.
- The proportion of Rotherham Adults leaving treatment successfully was lower than England Average
- Alcohol/Substance Misuse was one of ten top presenting needs for early help, family support (2021/2022)
- There were 708 drug offences in Rotherham in 2020-2021
- From 2019-2020, there was a 60% decrease in identified County Lines/CCE offences
- During 2020, 741 Organised Crime Group related offences were recorded within Rotherham

### Rotherham CDP's local delivery plan

The CDPs delivery plan has been co-produced with members of the partnership and is informed by the Needs Assessment and the lived experience of service users and those impacted by drug harms and drug related crime. The plan is structured around the 4 Ps approach: Prepare, Prevent, Protect and Pursue and describes how the CDP aims to tackle drugs and drug harm at all levels- from creating resilient communities to addressing supply at its source.



The objectives under each of these 4 Ps, as well as key new progress made in 2025 against each area are outlined below.

## Prepare

Objectives	Key Progress
<ul style="list-style-type: none"><li>• Facilitate improved information sharing including with IT systems, including Increased intelligence and information sharing around exploitation of vulnerable people</li><li>• Explore training needs across the system 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</li><li>• Develop Combatting Drugs Communications and Engagement approach aiming to reduce use and tackle stigma</li></ul>	<ul style="list-style-type: none"><li>• CDP report for sharing key data on progress is refreshed and presented at each Partnership meeting.</li><li>• South Yorkshire Police' Intelligence Reporting form has been promoted to partners to provide intel to disrupt organised crime groups.</li><li>• Drug and Alcohol Training offer expanded to include training on families, anti-stigma, and bespoke training sessions for hospital teams.</li><li>• New workstream and resource for Implementation of new Challenging Stigma work being developed in collaboration with our Rotherham Recovery Community and learning from individuals with Lived Experience</li></ul>

## Prevent

Objectives	Key Progress
<ul style="list-style-type: none"> <li>• Develop continuity of care in criminal justice pathway including use of court orders better prisoner release and connections with probation services</li> <li>• Develop whole family approach to support and break intergenerational cycles of substance use.</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts are 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 reoffending) by working with courts to maximise opportunities for those who are suitable and a review for the court orders with a focus on harm reduction.</li> <li>• Drug and Alcohol Early Help Team has 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.</li> <li>• Two new drug and alcohol school workers in ROADS (the Drug and Alcohol Service) providing outreach to primary and secondary schools</li> <li>• New Drug and Alcohol Outreach service at MESMAC (Sexual Health Services) has been supporting people in the community with advice and referrals</li> <li>• ROADS' Outreach and engagements has expanded including through a market stall in the town centre raising awareness and identification of drug and alcohol issues.</li> </ul>

## Protect

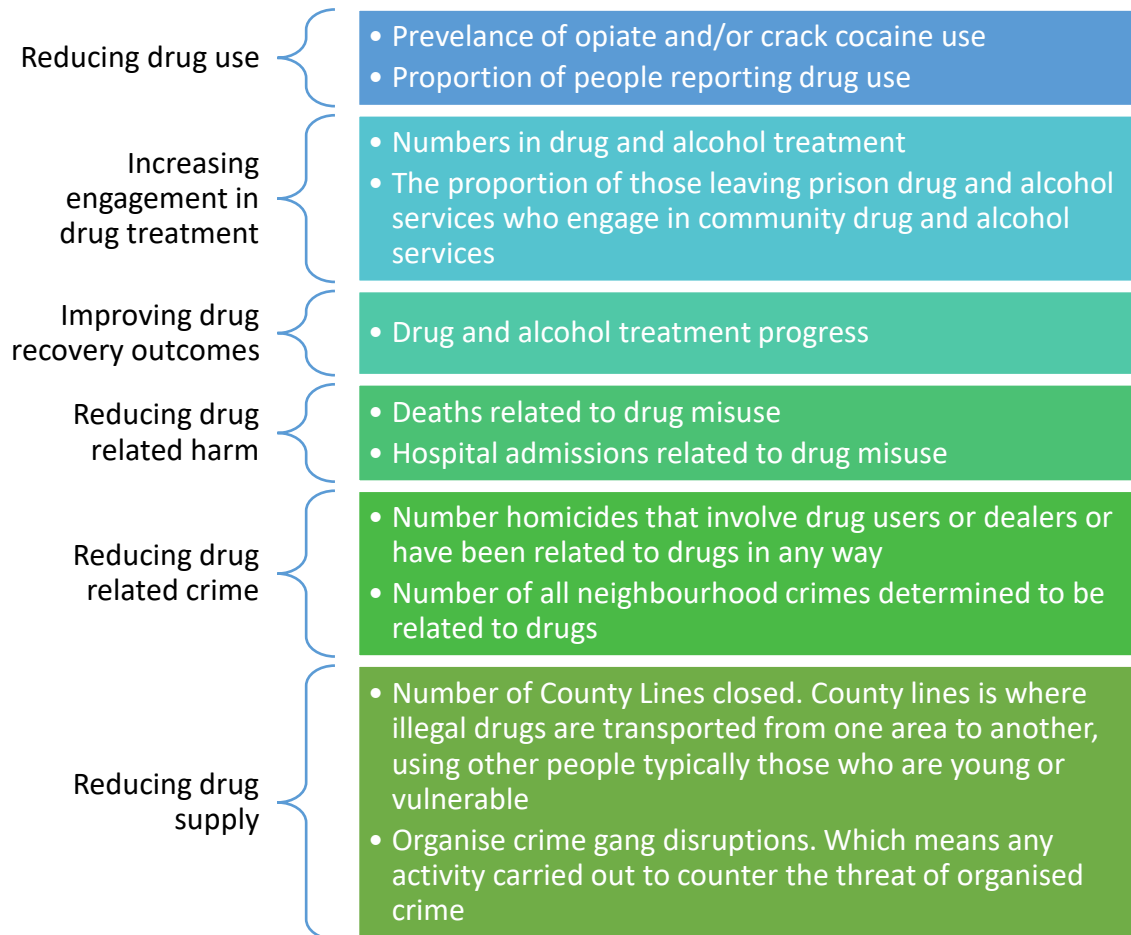
Objectives	Key Progress
<ul style="list-style-type: none"> <li>• Reduce drug related harm</li> <li>• Protect vulnerable people</li> <li>• Implement co-occurring conditions pathways and improved psychological support. Increasing access to physical and mental healthcare to promote long term recovery.</li> <li>• Develop and implement recovery pathway including independent recovery community, housing, and employment support.</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of opioid overdose reversal drug, Naloxone, continues to be widened. Police officers have been trained and can carry Naloxone to respond to possible opiate overdoses and peer distribution of take home naloxone is now in place</li> <li>• South Yorkshire wide Emergency Plan created to help services and respond to the identification of harmful substances in the region</li> <li>• A number of systems are in place including the Mental Health Community Connector pathway with VAR and the Mental Health Wellbeing Practitioners to support those with mental health needs</li> <li>• The Rotherham Recovery Community continues to grow, this year having several achievements including a consultation which has generated a plan for further development. The Rotherham Lived Experience Recovery Organisation (LERO) is now established</li> </ul>

## Pursue

Objectives	Key progress
<ul style="list-style-type: none"> <li>• Develop and effective pursue response with partners</li> <li>• Develop increased focus on county lines/ exploitation of children in line with child exploitation strategy and target Organised Crime Groups which use most exploitive business/operational models with regards to child exploitation</li> <li>• Disrupt organised crime</li> </ul>	<ul style="list-style-type: none"> <li>• A number of warrants have 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.</li> <li>• Increase in skills and expertise with Drug Expert Witnesses and Financial Investigator training and support.</li> <li>• Several operations, local and national, have been carried out resulting in arrests and seizures.</li> </ul>

### Progress of Rotherham CDP

Progress of the Rotherham CDP is measured against the ‘National Combatting Drugs Outcomes Framework’ which is the mechanism for monitoring progress across central government and in local areas. The areas and measures within the framework are summarised below:



The data and digital subgroup of the Rotherham CDP, provides regular reporting on progress to the CDP. Together with the delivery plan this enables the CDP to monitor the delivery of local objectives and the national drug strategy in Rotherham. An overview of the progress against these measures, where data can be shared, is provided below:

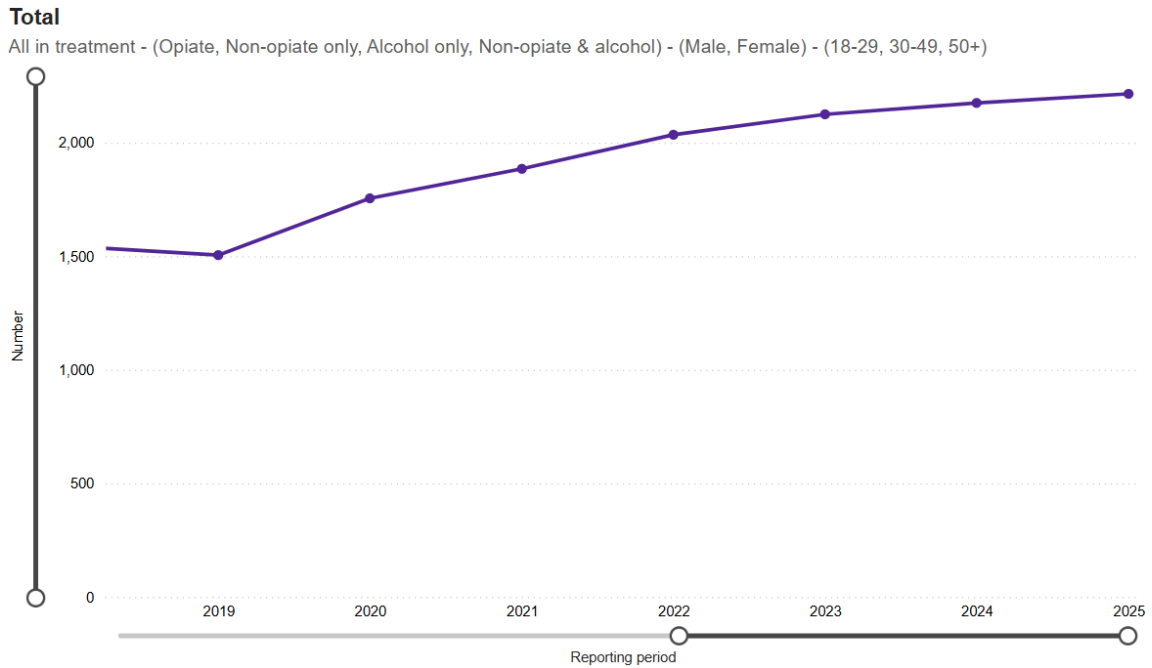
#### Reducing drug use

Updated data since the commencement of the Combatting Drugs Partnerships on the prevalence of drug use is not available but the most recent (2019-20) estimates show an estimate of 721 estimated opiate or crack cocaine users in Rotherham.

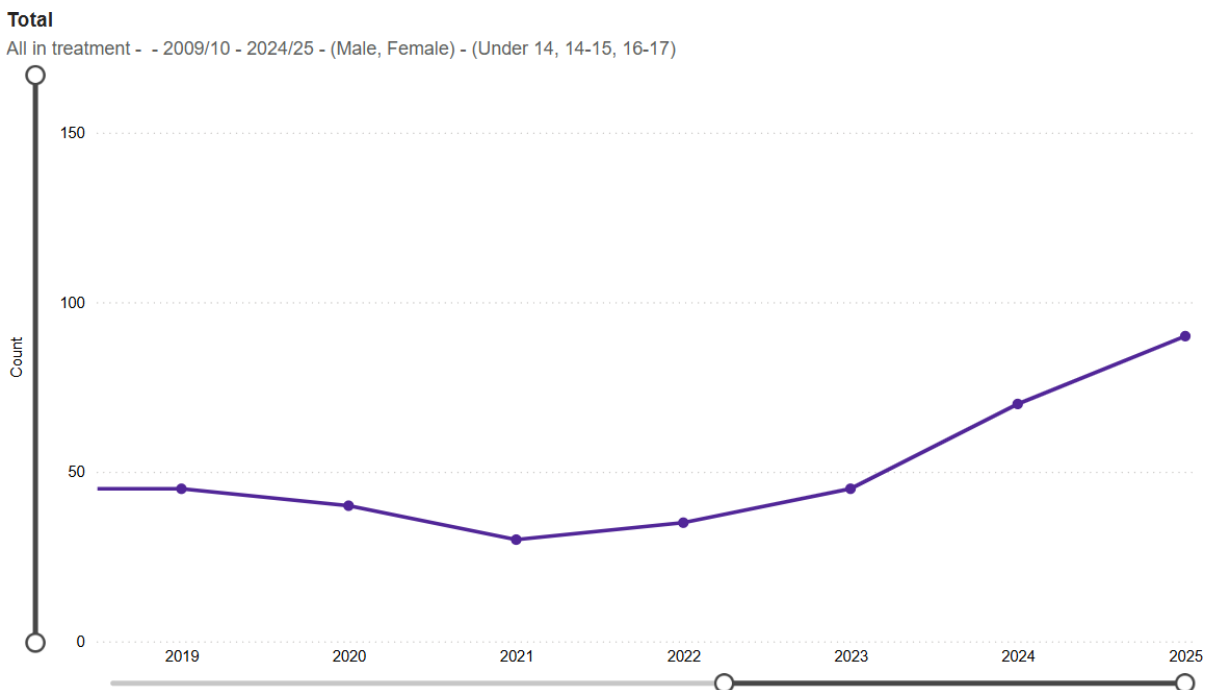
#### Increasing engagement in drug treatment

The number of adults in treatment have increased significantly, from 1,885 in 2020/21 to 2,215 in 2024/25 (an increase of 17.5%). Since the previous report, there was an increase from 2,125 in 2022/23 to 2,215 in 2024/25 (an increase of 4.2%). The graph below shows the figures for adults in treatment the past 6 years.

Rotherham Combatting Drugs Partnership Progress Report – 2025



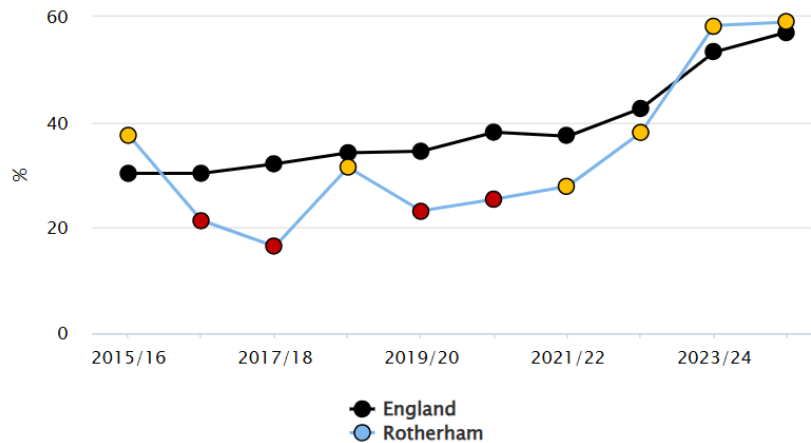
The number of children also increased significantly, from 30 in 2020/21 to 90 in 2024/25 (and increase of 200%). Since the previous report, there was an increase from 45 in 2022/23 to 90 in 2024/25 (an increase of 100%).



In addition to numbers in drugs and alcohol treatment more people have been supported through residential rehabilitation placements and inpatient detoxification.

In Rotherham, the proportion of prison leavers with substance misuse issues who successfully engaged in treatment after leaving prison increased substantially from 38% to 58% between and 2022/23 and 2023/24. This remained consistent in the following year, at 59% in 2024/25:

Rotherham Combatting Drugs Partnership Progress Report – 2025



### Improving drug recovery outcomes

The proportion of people exiting treatment successfully has decreased in Rotherham, from 36% in 2022/23 to 32% in 2024/25, as shown below.

#### Treatment exits

All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male, Female) - (18-29, 30-49, 50+)



### Reducing drug related harm

There were 20 deaths from drug misuse registered in Rotherham in 2024, a decrease from 24 in 2023. The mortality rate for drug misuse registered in Rotherham for 2021-23 was 7 (per 100,000 people), an increase from 6.5 for 2020-22. Rotherham’s mortality rate is lower than the South Yorkshire rate (7.5), but higher than the England rate (5.5)

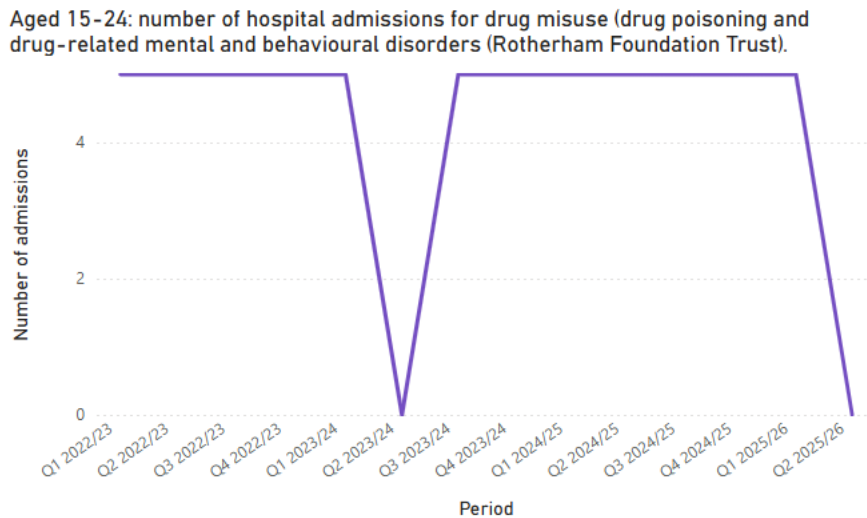
The numbers for hospital admissions related to drug misuse (for drug poisoning and drug related mental and behavioural disorders) are shown in the graphs below. This

Rotherham Combatting Drugs Partnership Progress Report – 2025

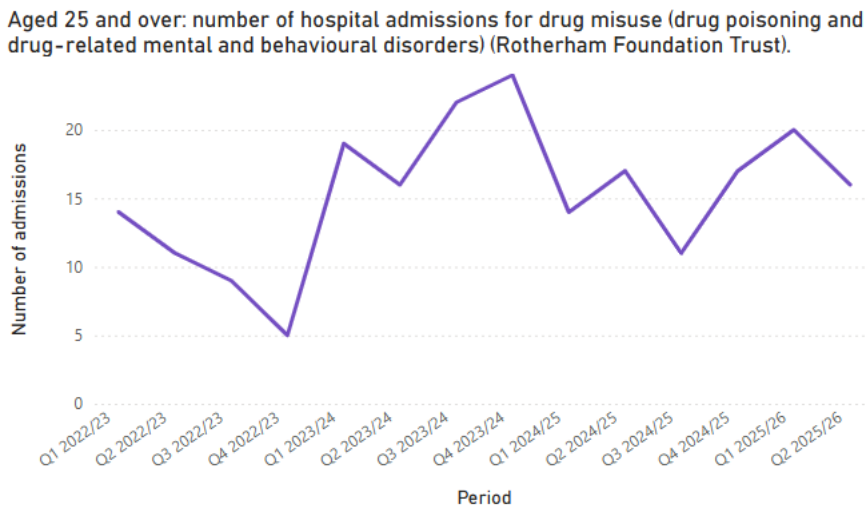
is an age-standardised metric, drug misuse for those aged 15-24, and drug misuse for those aged 25 and over.

In the previous progress report, two all-ages metrics were shared, one for admissions for drug poisoning, and one for admissions for drug-related mental and behavioural disorders, as this was how the data was shared to the CDP at the time.

For those aged 15-24, there have consistently been 5 or fewer admissions for drug misuse for Rotherham, aside from 2 quarters where there were no admissions. Data has been suppressed for small numbers (of less than 5) for confidentiality. As such, for this metric, the figures are actually 5 admissions or fewer, and not necessarily 5 itself.



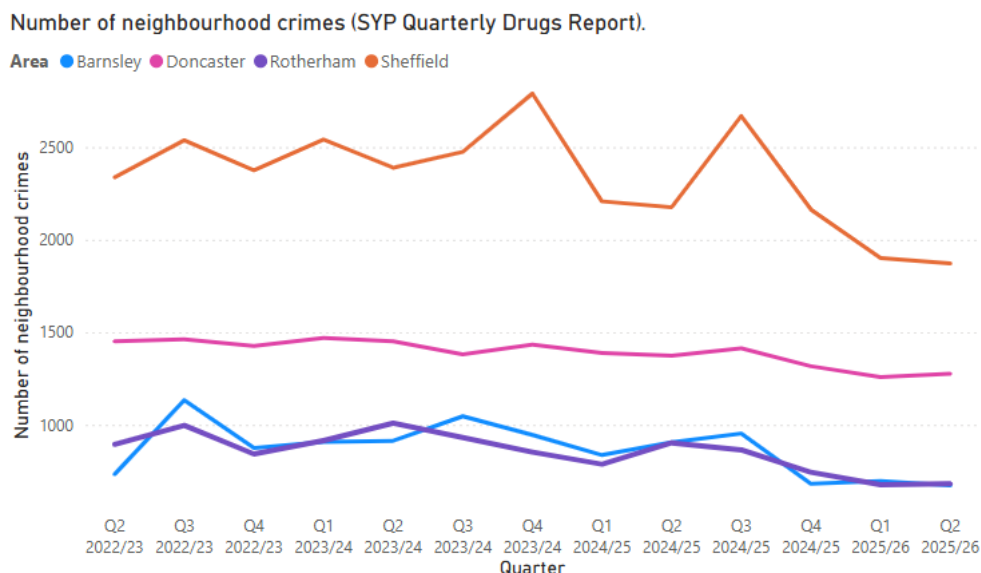
For those aged 25 and over, the number of admissions in Rotherham has fluctuated throughout the period. There were 16 admissions in Quarter 2 of 2025/26, compared to 14 at the beginning of the data period in Quarter 1 of 2022/23. The greatest number of admissions for drug misuse in Rotherham was 24 in Quarter 4 of 2023/24.



The number of admissions fluctuates due to the low numbers. The CDP will continue to monitor trends over time as more data is reported.

### Reducing drug related crime

There has been a decreasing trend in the number of neighbourhood crimes in Rotherham over time, as shown in the graph below. There were 682 neighbourhood crimes in Rotherham in Quarter 2 of 2025/26, compared to 895 at the beginning of the data period in Quarter 2 of 2022/23.



### Reducing drug supply

SYP have a strong focus on tackling organised crime and the disruption of the supply of drugs.

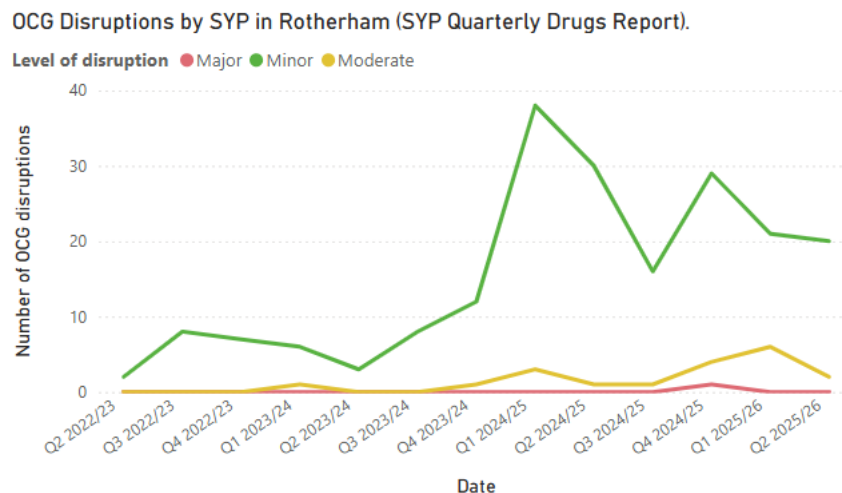
Disruptions of organised crime gangs (OCGs) in Rotherham are increasing as is shown in the graph below, although the number of minor disruptions has decreased following a peak of 38 in Quarter 1 of 2024/25.

The number of moderate OCG disruptions has increased over the period, with a peak of 6 in Quarter 1 of 2025/26, although this decreased to 2 disruptions in the following quarter.

There was one major OCG disruption in Rotherham in Quarter 4 of 2024/25.

In the most recent quarter in Rotherham, there were 20 minor disruptions, 2 moderate disruptions and no major disruptions.

## Rotherham Combatting Drugs Partnership Progress Report – 2025



## Public Involvement

Since the establishment of the Combatting Drugs Partnership work has been ongoing to develop involvement from people affected by drug harms and drug related crime, using their lived experience to help identify challenges and make improvements.

Public involvement to the Rotherham CDP is now supported by the development of the independent Rotherham Recovery Community, and more recently the establishment of the Rotherham Lived Experience Recovery Organisation. As well as increasing involvement on subgroups and wider areas of work Public Involvement is facilitated by the following:

- Each partnership meeting includes a section on Public Voice and Lived Experience to ensure senior leaders are hearing directly from those impacted by drugs in our communities.
- Rotherham CDP has established that every 1 out of 4 meetings is led by the Recovery Community and focuses 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 has continued to generate a way forward for lived experience involvement and the future CDP plan will involve lived experience voice, including affected others, in a way that's relevant, accessible and supportive.
- The Combatting Drugs Partnership's members also will attend the Rotherham Recovery Forum.

The CDP plan to continue to build on and improve this involvement, including by involving wider groups affected by harms related to substance use.

The CDP will publish a progress report annually and are happy to receive feedback to: [publichealthadmin@rotherham.gov.uk](mailto:publichealthadmin@rotherham.gov.uk)

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# Rotherham Combatting Drugs Partnership – Annual Progress Report 2025

Health and Wellbeing Board, 01 April  
2026

Jessica Brooks, Public Health Specialist  
and Combatting Drugs Partnership Lead



# ROTHERHAM COMBATTING DRUGS PARTNERSHIP

## Background

- The Rotherham Combatting Drugs Partnership (CDP) is 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

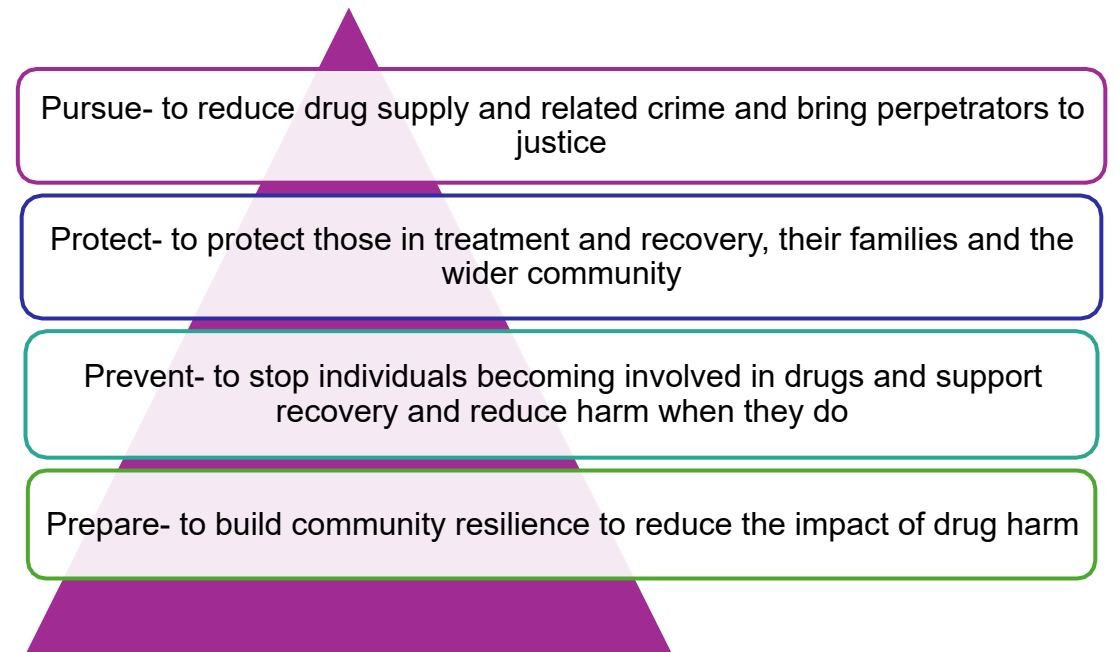
- The Combatting Drugs Partnership is made up of strategic decision makers across key partner organisations involved in addressing the challenges of drug related harm. These include, but are not limited to:
  - Rotherham Metropolitan Borough Council (RMBC)
  - Rotherham Alcohol and Drugs Service (ROADS), 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

# ROTHERHAM COMBATTING DRUGS PARTNERSHIP

## Aims

- Work together to understand the local population and how both drugs and alcohol are 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 (JCDCU)- the central government cross departmental body responsible for the Drug strategy.

## Delivery plan



# Prepare

## Objectives

- Facilitate improved information sharing including with IT systems, including Increased intelligence and information sharing around exploitation of vulnerable people
- Explore training needs across the system 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 is refreshed and presented at each Partnership meeting.
- South Yorkshire Police' Intelligence Reporting form has 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 our Rotherham Recovery Community and learning from individuals with Lived Experience

# Prevent

## 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 are 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 reoffending) by working with courts to maximise opportunities for those who are suitable and a review for the court orders with a focus on harm reduction.
- Drug and Alcohol Early Help Team has 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 service at MESMAC (Sexual Health Services) has been supporting people in the community with advice and referrals
- ROADS' Outreach and engagements has 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-occurring 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, continues to be widened. Police officers have been trained and can carry Naloxone to respond to possible opiate overdoses and peer distribution of take home naloxone is 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 are 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 continues to grow, this year having several achievements including a consultation which has generated a plan for further development. The Rotherham Lived Experience Recovery Organisation (LERO) is now established

# Pursue

## Objectives

- Develop and 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 use most exploitive business/operational models with regards to child exploitation
- Disrupt organised crime

## Key progress

- A number of warrants have 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, have been carried out resulting in arrests and seizures.

# Public Involvement

- As well as increasing involvement on subgroups and wider areas of work, Public Involvement is facilitated by the following:
  - Each partnership meeting includes a section on Public Voice and Lived Experience to ensure senior leaders are hearing directly from those impacted by drugs in our communities.
  - Rotherham CDP has established that every 1 out of 4 meetings is led by the Recovery Community and focuses 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 has continued to generate a way forward for lived experience involvement and the future CDP plan will involve lived experience voice, including affected others, in a way that's relevant, accessible and supportive.
  - The Combatting Drugs Partnership's members also will attend the Rotherham Recovery Forum.

# Rotherham Recovery Community

John Leaver, Rotherham Lived Experience Recovery Organisation Chair

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<h1>BRIEFING</h1>	<b>TO:</b>	Rotherham Health and Wellbeing Board
	<b>DATE:</b>	1 <sup>st</sup> April 2026
	<b>LEAD OFFICERS:</b>	Ruth Fletcher-Brown, Public Health Specialist Rachel Copley, Public Health Practitioner  Adult Care, Housing and Public Health
	<b>TITLE:</b>	Loneliness Action Plan Refresh
<b>1. Background</b>		
<b>1.1</b>	Loneliness is not a new issue, but it is recognised as a major public health issue. Loneliness has been linked to numerous health issues like coronary heart disease, stroke, depression, cognitive decline, and an increased risk of Alzheimer's. Feeling connected to others can reduce the risk of mortality or developing certain diseases.	
<b>1.2</b>	There is some evidence to suggest that people who are lonely are more likely to place a higher demand on public services, for example visiting their GP and A&E more often.	
<b>1.3</b>	Loneliness can fluctuate over the life course and most people at some point in their life will experience loneliness. It is difficult to say what exactly causes loneliness but there are some known trigger factors which can be seen at an individual, community, and societal level.	
<b>1.4</b>	Loneliness sits within the new Aim 3 of the Health and Wellbeing Board which focuses on ensuring our Rotherham residents have access to the services and resources they need all the way through their lives to stay mentally healthy. However, loneliness is a cross-cutting theme as it has impacts across the life course and to our mental and physical health.	
<b>1.5</b>	Rotherham's first Loneliness Action Plan was developed in 2020 having had input from Health and Wellbeing Board partners. This plan was refreshed in 2023 for a further 3 years.	
<b>1.6</b>	With the current plan ending in 2025, work commenced with partner organisations to reflect on the work that had been achieved in this plan and to shape the future priorities.	
<b>1.7</b>	A stakeholder event, representative of Health and Wellbeing Board Partners, took place on 4 <sup>th</sup> November 2025. The Stakeholder workshop explored, what was working well and what we are worried about before focusing on the new priorities.	
<b>2. Key Issues</b>		
<b>2.1</b>	Loneliness affects people across the life course and has profound effects on both our mental and physical health as well as impacts across our communities. Worldwide studies conducted on loneliness and social connection shows that the health impacts of loneliness can be statistically similar to smoking fifteen cigarettes per day. People who	

	are lonely have significantly higher risks of cardiovascular disease and stroke. They are also more prone to cognitive decline and Alzheimer's.
<b>2.2</b>	In Rotherham 7.4% of adults state they are lonely all or most of the time (2021/2022-2022/2023). The latest school survey found the 16.6% of Year 7 students and 19.8% of Year 10 students, reported that they experienced chronic loneliness.
<b>2.3</b>	Focus group discussions with groups in Rotherham on their experience of loneliness and the impact highlighted; declines in self-care, suicidal thoughts and impacted sleep. During the focus groups there was discussion about loneliness leading to increased risk-taking behaviour such as drinking, smoking, and gambling.
<b>2.4</b>	Loneliness impacts on the public sector, with higher rates of calls made to emergency and front-line services. There is also a revolving door effect, as people who are lonely are less likely to want to be discharged from services and in relation to acute hospitals, they are more likely to end up back in hospital once they are discharged.
<b>2.5</b>	Additionally, there is a heightened risk of safeguarding concerns for people who are lonely as they can be targeted by criminals in terms of frauds, cuckooing and exploitation.
<b>2.6</b>	Loneliness has been a priority of the Health and Wellbeing Board since 2020 and there have been great achievements which include: <ul style="list-style-type: none"> <li>• Making Every Contact Count (MECC) training for staff on loneliness</li> <li>• Activity at Ward level</li> <li>• Chapter on loneliness with the Joint Strategic Needs Assessment</li> <li>• Focus group discussions with inclusion groups</li> <li>• Early Intervention and Prevention Fund- 13 grants allocated to Voluntary and Community Sector (VCS)</li> <li>• VCS Befriending Providers Forum</li> <li>• Comms messaging using the Five Ways to Wellbeing messages</li> <li>• Strengths-based approaches – e-learning for council staff Early Intervention and Prevention Small Grants scheme</li> </ul>
<b>2.7</b>	In addition, Public Health colleagues conducted focus groups in Rotherham on loneliness and mental health and these have informed both the MECC training and the refreshed action plan.
<b>2.8</b>	The workshop with stakeholders in November 2025 also heard from some of the recipients from the Early Intervention and Prevention Small Grants scheme, highlighting the need for actions to mitigate against loneliness and promote connectedness.
<b>2.9</b>	The Action plan will address loneliness across the life course and will be implemented 2026 to 2030. It addresses the cause of loneliness, the effects and impacts and highlights national and local data.
<b>2.10</b>	There are three key aims, with proposed actions under each aim: <ul style="list-style-type: none"> <li>• Make loneliness everyone's responsibility</li> <li>• Strengthen support systems and raise awareness</li> <li>• Expand local intelligence to guide evidence-based action</li> </ul>
<b>2.11</b>	Implementation will be overseen by the Better Mental Health for All Group, which is representative of Health and Wellbeing Board Partners.

<b>3. Key Actions and Timelines</b>	
<b>3.1</b>	A stakeholder event was held in the Autumn to look at refreshing the Loneliness Action Plan (November (2025)).
<b>3.2</b>	The resulting Action Plan was shared with the Better Mental Health for All Group (January 2026)
<b>3.3</b>	This will be presented to the Health and Wellbeing Board for sign off in April 2026.
<b>3.4</b>	The Better Mental Health for All Group will work to deliver key actions for delivery over a 2-year period (commencing April 2026).
<b>3.5</b>	The Better Mental Health for All Group will oversee the implementation (April onwards 2026).
<b>3.6</b>	Annual updates will be reported to the HWB.
<b>4. Implications for Health Inequalities</b>	
<b>4.1</b>	The workshop drew upon the living experience of some of the inclusion groups in Rotherham and this helped shaped actions for the refreshed action plan. This living experience will be a focus in shaping the actions proposed to promote connectedness and reduce loneliness.
<b>4.2</b>	Further opportunities will be explored to look at including the voice of other inclusion groups.
<b>4.3</b>	A standing item on the Better Mental Health for All Group agenda is Voice and Influence, giving all Partners an opportunity to share and shape future work.
<b>4.4</b>	The actions will be informed by public health data to identify communities and areas of concern where action needs to be prioritised. There are many causes of loneliness which include life events, chronic illness, financial worries, environmental and living conditions. For many people, these factors may converge increasing the risk.
<b>5. Recommendations</b>	
<b>5.1</b>	HWB to support the vision and delivery mechanisms addressing loneliness and promoting connectedness across the Rotherham.
<b>5.2</b>	HWB Partners to attend and contribute to the Better Mental Health for All Group which will oversee the delivery of actions within the Loneliness Action Plan.
<b>5.3</b>	HWB to receive annual updates on progress.

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# Rotherham Loneliness Action Plan 2026-2030

*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” which was published in 2018 - [DDCMS Loneliness Strategy](#).

## Rotherham Loneliness Action Plan 2020-2022 - [Final Loneliness Action Plan.pdf](#)

Completed actions during this plan includes:

- Started rollout of Making Every Contact Count training
- Assisted Link Workers in understanding their local communities and the assets available which support good social connections
- Inclusion of loneliness as a theme in Be Well at Work Scheme
- Promotion of GISMO to people who live and work in Rotherham

## Rotherham Loneliness Action Plan 2023-2025 - [Loneliness Action Plan update.pdf](#)

Completed actions during this plan include:

- 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
- Holding Difficult Conversations training was delivered to frontline partners 6th Oct 22 to help them tackle the drivers of hate

# Governance of Loneliness Action Plan

The implementation of the Rotherham Loneliness Action Plan 2026 – 2030, will be overseen by the Better Mental Health for All Group. These meetings are chaired by Public Health and have representation from Health and Wellbeing partners. The multi-agency group meets bimonthly and is tasked to implement this plan and the Better Mental Health for All Action Plan. Progress against this action plan will be reported to the Mental Health (MH) and Learning Disability (LD) Transformation Group, a subgroup of the Rotherham Place Plan Board. Annual updates will be given to the Rotherham Health and Wellbeing Board.

The Partners represented on the Better Mental Health for All Group include:

- 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 (RUCT)
- 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 (drinking/smoking/gambling)

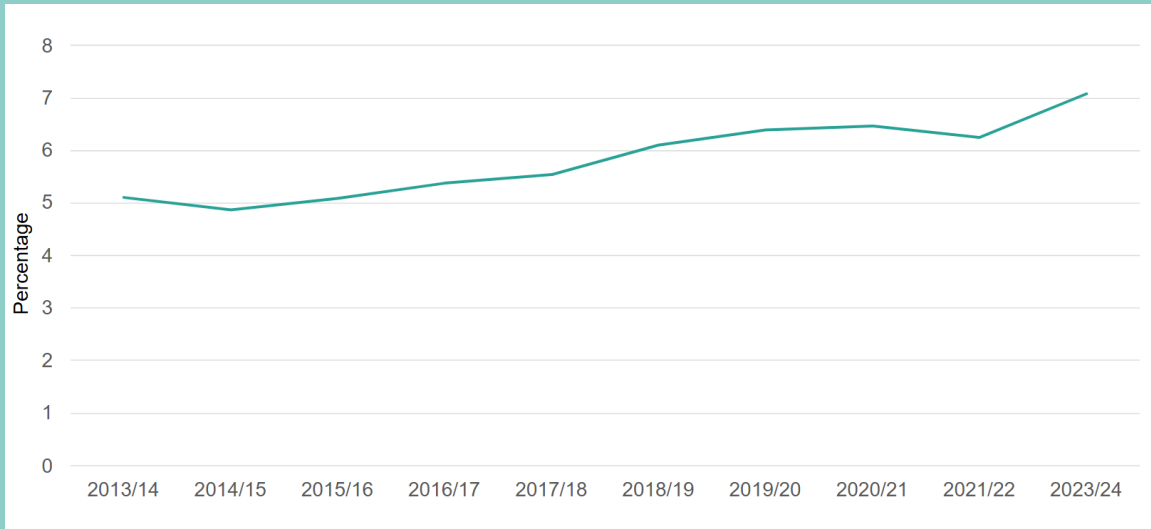


## Community Impacts

Safeguarding risks to vulnerable people (e.g. cuckooing/scams)  
Absenteeism and presenteeism



# National Data



7% of people report feeling lonely 'often' or 'always'

↑ Increases to 9% for those aged 16-29

↑ Rises to 10% reporting chronic loneliness in Yorkshire

**Chronic loneliness** is the persistent feeling of being alone and disconnected from others over an extended period, even when surrounded by people

## Key cohorts of concern

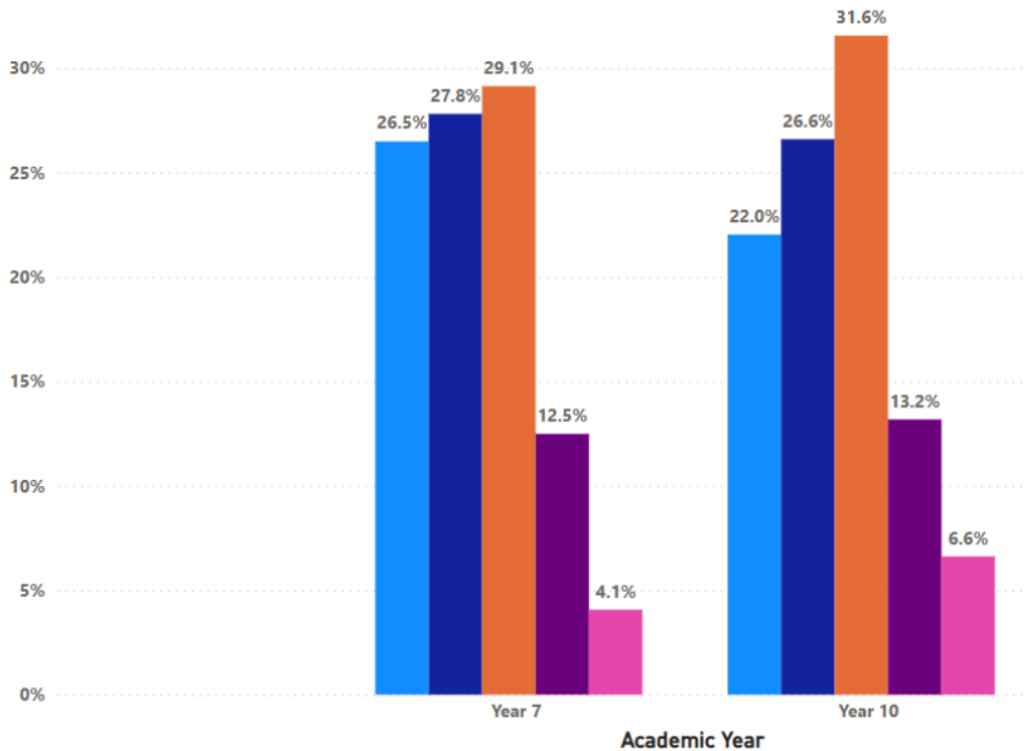
- **13% in disabled adults**  
(4% in non-disabled)
- **12% in unemployed adults**  
(5% in employed)
- **17% in council properties**  
(5% in owner occupied)  
(9% in private rented)
- **23% in single parents**  
(5% with 2 adults and child/ren)  
(12% single adults)  
(7% with 2 adults and no children)

# Local Data

## School Lifestyle Survey

16.6% of Y7s and 19.8% of Y10s reporting chronic loneliness

● No, never ● Rarely ● Sometimes ● Most of the time ● Always



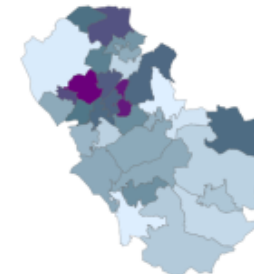
## RMBC Data



Long term unemployment ranges from 1% to 14%



People over 65 who live alone ranges from 24% to 40%



Social renting as high as 46% in some MSOAs

# What is Loneliness?

Loneliness has different meanings to different people. A general definition of loneliness is: “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.” Perlman, D. and Peplau, 1981, cited in HM (2018), ‘A connected society: a strategy for tackling loneliness’. However, people often have different definitions of loneliness depending on their own experiences. To understand this on a local level, focus groups were carried out across the borough including veterans, carers, adults with neurodiverse conditions and a variety of adults who supported these groups.

Rotherham Residents in the focus groups were asked “What is Loneliness?” Here are some responses:

I felt like I could talk to no-one because I couldn't describe what was happening

I think it's not knowing where you can go to get that support and help

In a sense you feel trapped

It's something you can't control. It's not like flicking a switch

It's as if you are on the outside of the world looking in

You just sit there and think 'what the heck' 'why bother'

I think it comes in waves

Loneliness is when people don't really understand people and why they are alone

# What are the effects of Loneliness?

During focus groups, Rotherham residents were asked was “What are the effects of Loneliness?”  
Here are some responses:

People can start skipping meals

I didn't used to come into work most days

Whilst someone is lonely, they might be good physically but mentally and emotionally they will be terrible

I used to make myself really ill, I used to make myself sick

Drink, drugs, gambling. There are so many things you can get addicted to doing. Some people turn to that

Personal hygiene goes downhill

I'm always having nightmares

It can also affect peoples' decisions as well and people can make impulsive decisions

I never left the house and was suicidal

This really highlights the breadth of the situation caused by loneliness in Rotherham and the full range of effects attributable to loneliness. It also shows how reducing loneliness can reduce pressure on other services in Rotherham including mental health services and substance misuse services. It was ensured that any references to substance use or suicide were followed up with by checking in on the individuals who mentioned this and signposting to appropriate services.

# What are the causes of Loneliness?

Loneliness can be caused by a variety of factors and can happen to anyone throughout their life course. The key themes of causes discussed at the focus groups were:

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

The image below demonstrates all of the ways in which loneliness can be triggered across the life course:



Things like bullying make people go into a shell

Pressure is what fuels depression and mental instability

I'm a full-time carer, that's why I come here, just for a bit of a break because it's a lot harder than people think

We got moved to temporary accommodation and we felt socially isolated

A lot of people, as they get older, they feel vulnerable

# Loneliness Stakeholder Workshop

A workshop was held on 4<sup>th</sup> November 2025 to discuss the renewal of the Loneliness Action Plan. Two key questions were posed to stakeholders, 'What is working well?' and 'What are we concerned about?' There was then a discussion about what the action plan should include. The responses are all shown on the following pages.

## What is working well?

### Great Voluntary Sector

- Maximisation of funding
- Lots of skills and knowledge
- Strong grassroots network
- Good will and commitment of volunteers

### Trusted Support Services

- Co-production with service users
- Money Matter resources
- RotherHive and Gismo
- Lots of trust in the voluntary sector

### Benefits of Groups

- Friendship development
- Community Cohesion
- Huge savings for NHS
- Personalised wrap around support
- Inclusive open-door approaches

### Great Partnership Working

- Champions for addressing health inequalities
- Collaboration of grant funded projects
- Multi-agency working across different issues
- Engagement from

partners

## Action Plan Cross-Cutting Themes

### **Maintain** current activities and support

Training, funding, promotion, celebration, support

### **Expand** the support available

Recruitment, removing barriers, exploring opportunities

### **Include** everyone

Inclusive language, accessibility, removal of stigma

### **Connect** services and communities

Volunteering, partnership working, neighbourhood model

## Key Areas of Concern

- Long term funding
- Social Awareness of loneliness as a health issue
- Structural issues (transport, housing etc..)
- 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**



## Actions to be completed

- 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



# Action Plan Aims

## Aim 2: Connecting people to each other and their community



### Actions to be completed

- 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 offer
- Promote organisation which support people to get digitally connected (e.g. Age UK, CARD, RotherFed, libraries)

# Action Plan Aims

## Aim 3: Expand and use local data to guide action



### Actions to be completed

- Maintain and regularly update the loneliness section of JSNA so current data can 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 finding 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

Organisations across the statutory, private, and voluntary sectors, along with communities and individuals, all have an important role in delivering this action plan and achieving its outcomes. To realise our vision, all stakeholders in Rotherham must take action in order to maximise the response. Collaboration is essential to ensure the successful implementation of the plan.

This action plan will contribute to the delivery of the Rotherham Health and Wellbeing Strategy, which prioritises prevention, addresses the wider determinants of health, and tackles health inequalities. The Better Mental Health for All Group will report progress annually to the Rotherham Health and Wellbeing Board.

## Wider Themes

During both focus groups and stakeholder discussions, several topics were mentioned as barriers to reducing loneliness which need to be advocated for by the Better Mental Health for All group.

These main barriers were:

- Digital inclusion
- Transport issues

## Key Monitoring Metrics

- School lifestyle survey data – Shows loneliness rates among local children
- Public Health Outcomes Framework data: Adult Social Care - Shows percentage of adult carer who receive enough social connection
- Community Life Survey – Shows national and demographic data on loneliness rates
- Loneliness Guide and Measures results – Shows affects of locally funded projects to reduce loneliness

<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	1 <sup>st</sup> April, 2026
	<b>LEAD OFFICER</b>	Oscar Holden, Corporate Improvement Officer, RMBC
	<b>TITLE:</b>	Health and Wellbeing Strategy
<b>Background</b>		
1.1	<p>The Health and Wellbeing Board operates under the Rotherham Health and Wellbeing Strategy 2025–2030, which was endorsed by Cabinet in September 2025 supported by its aims:</p> <ul style="list-style-type: none"> <li>• Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives</li> <li>• Support the people of Rotherham to live in good and improving physical health throughout their lives, accessing and shaping the services and resources they need</li> <li>• Support the people of Rotherham to live in good and improving mental health throughout their lives, accessing and shaping the services and resources they need</li> <li>• Sustain an environment where detrimental impacts from commercial and wider determinants of health are reduced, and opportunities for healthier living are nurtured.</li> </ul>	
1.2	<p>At the November 2025 meeting, the Board agreed its new rolling Action Plan format, meeting and launched from March 2026 onward. This approach aligns each Board meeting to one of the four strategic priorities and ensures ongoing monitoring of relevant metrics. This means that we will ask each presenter to consider the implications of their item to the meeting theme where possible to draw out more deliberate aim links.</p>	
1.3	<p>The Executive Group has reconvened to review agendas and has decided that moving into 2026/27 all Board items must be clearly aligned to Strategy aims, demonstrate benefits for residents, and provide a balanced representation of the four priorities.</p>	
1.4	<p>The forward plan for 2026/27 has now been structured in line with these requirements whilst maintaining statutory responsibilities of the Health and Wellbeing Board.</p>	
<b>Key Issues</b>		
2.1	<p>From June each meeting has been assigned an aim that will look to be woven into all presentations:</p> <ul style="list-style-type: none"> <li>• June 2026 – Aim 1 (Children and young people)</li> <li>• September 2026 – Aim 2 (Physical health)</li> <li>• November 2026 – Aim 3 (Mental health)</li> <li>• January 2027 – Aim 4 (Commercial and wider determinants)</li> <li>• March 2027 – Year-End Review.</li> </ul>	
2.2	<p>The Action Plan will still include the mandatory items:</p> <ul style="list-style-type: none"> <li>• Joint Strategic Needs Assessment</li> <li>• Pharmaceutical Needs Assessment</li> <li>• Director of Public Health Annual Report</li> </ul>	

	<ul style="list-style-type: none"> <li>• Child Death Overview Panel Report</li> <li>• Better Care Fund reporting.</li> </ul>
<b>Key Actions and Relevant Timelines</b>	
<b>3.1</b>	Board meetings from June 2026 onward will follow the new aim-focused structure.
<b>3.2</b>	From June all report authors have been advised to clearly specify how their items align to a Strategy aim.
<b>3.3</b>	Statutory items will be included at appropriate points throughout 2026/27.
<b>3.4</b>	The Strategy priorities and metrics will be fully embedded within Board oversight frameworks for the remainder of the Strategy period through the Annual Report.
<b>Implications for Health Inequalities</b>	
<b>4.1</b>	The Rotherham Health and Wellbeing Strategy's Equality Analysis confirms the Board's overall positive impacts across all protected characteristics, particularly through increased access to support, improved wellbeing initiatives, and healthier environments
<b>4.1</b>	The forward plan embeds actions and reviews (e.g., Carers, Loneliness, Physical Activity, Healthy Homes, Mental Health) that directly address local health inequalities.
<b>4.2</b>	The plan's structure ensures ongoing monitoring of metrics that are sensitive to inequalities, including wellbeing, community safety, and smoking prevalence.
<b>Recommendations</b>	
<b>5.1</b>	That the Board implement the aim-aligned meeting focus as outlined in the proposal and presentation, by asking each presented to outline any links between their item and the aim theme of the meeting.
<b>5.2</b>	That partners ensure future agenda items meet the agreed strategic criteria, demonstrating contribution to outcomes and alignment with Health and Wellbeing Strategy aim theme.

# Rotherham Health and Wellbeing Forward Plan 2026/27

Oscar Holden, Business Support Partner for  
the Health and Wellbeing Board

# 2025/26

- Agreed our strategic priorities
- Agreed corresponding metrics
- Agreed a new format for the Action Plan.

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 link to at least one Strategy aim
- Demonstrate clear improvements for Rotherham residents

The Board will look to

- Maintain a good balance across all four priorities
- Maintain a strong link with the Health Select Committee and liaise where items may be better suited to their agenda
- Continue to be flexible to upcoming changes within partner organisations.

The Exec 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 Plan
- Tobacco Control Update
- Carers Update
- Place Board escalations and BCF.

# Questions

<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	20 March 2026
	<b>LEAD OFFICER</b>	Councillor Joanna Baker-Rogers
	<b>TITLE:</b>	Ethnicity and Unequal Ageing: Experiences in Rotherham and Sheffield

## Background

- 1.1**
1. Rotherham is ageing on average, with 1 in 5 (20%) people now aged 65 years and older, in line with what is happening across many countries. This population has grown in the last 10 years - particularly those aged 80 and over - grown by 20% in population size since 2011.
  2. Ageing is often presented in the media as dominated by 'White British' groups. But this is increasingly false as Rotherham is a diverse town with 252 unique ethnic groups. This diversity has been enabled by short and longer-term social processes - international migration for work, migration reflecting colonial histories, EU enabled freedom of movement, refugees due to conflicts, as well as those communities establishing themselves in local areas and growing naturally. Some of these migrations are historical, whilst others, like the Roma population, are more recent. This diversity is a cause for celebration.
  3. This diversity is growing over time - with all ethnic groups other than White British and White Irish growing in size since 2011 - especially the Pakistani community.
  4. As Rotherham becomes a more diverse town, we can expect Rotherham's older adults to be more diverse too as these communities age.
  5. But not everyone reaches older age in the same position, as our animation '[Unequal Ageing: Taking Intersectionality Seriously](#)' explains.
  6. Census data help to paint a picture of these inequalities, as our Report, '[What does the 2021 Census tell us about ethnicity and unequal ageing in Rotherham](#)', documents.
  7. However, these are just headline statistics from the Census. We need to unpack the statistics further to understand what drives the inequalities documented, including the longer-running life-course dynamics. In the UKRI-funded research project, '[Ethnicity and Unequal Ageing](#)' (2022-2025), led by the University of Sheffield, co-produced with community partners, including Rotherham Ethnic Minority Alliance (REMA), we talked to some of the same communities described in the Census statistics in order to understand the causes of inequalities and how to tackle them to achieve more inclusive ageing scenarios.
  8. Working with a team of Community Researchers, we collaborated with local organisations and people with lived experience to shape the research and engage groups often labelled 'hard to reach'. Primary data collection in Rotherham and Sheffield involved:
    - a. **Biographical interviews:** We conducted two-stage interviews with 80 individuals (aged 50+) from South Asian, Middle Eastern, African, Caribbean, Roma, Eastern European and Irish backgrounds. We used 'go-along' interviews' (also known as walking interviews); followed by life history interviews.
    - b. **Creative co-production:** We held 12 participatory arts-based workshops (theatre, dance, poetry, ceramics) in both Rotherham and Sheffield. Forty participants collectively explored inclusive ageing. culminating in

	<p><a href="#">exhibitions, performance and documentaries.</a></p> <ul style="list-style-type: none"> <li>c. <b>Stakeholder engagement:</b> We carried out 15 individual interviews and three group meetings with local and regional policymakers, service providers and practitioners. These explored service provision for older racially minoritised people from the perspectives of these stakeholders.</li> <li>d. These methods provided an overview of inequalities over the life course and across different places, and captured insights from racially minoritised communities, whose voices directly inform our findings.</li> </ul> <p>9. Providing policymakers, service providers and practitioners with evidence-based insights into what can be done to promote inclusive ageing helps:</p> <ul style="list-style-type: none"> <li>a. Design services that meet everyone's needs</li> <li>b. Foster cohesive communities</li> <li>c. Support more effective use of resources.</li> </ul>
<b>Key Issues</b>	
<b>2.1</b>	<p>In our presentation, we will focus on one of the key findings from the qualitative research in Rotherham - loneliness and social isolation. We found:</p> <ul style="list-style-type: none"> <li>1. The experience of loneliness and isolation was common among our research participants.</li> <li>2. Loneliness and isolation both created and exacerbated health problems, physical and mental.</li> <li>3. While this is a widespread societal challenge, our findings highlight a range of factors that are specific to racially minoritised communities in Rotherham, including: <ul style="list-style-type: none"> <li>a. Some are new arrivals and face challenges rebuilding their lives in new places</li> <li>b. For some, English is not their first language, including for longer-established communities, presenting barriers to participation &amp; accessing services and support (see <a href="#">Policy and Practice Brief: Language Inclusion for Inclusive Ageing</a>)</li> <li>c. A stereotype of close-knit family-life exists in respect of some communities, creating stigma around loneliness, and an assumption that intervention is not needed</li> <li>d. Economic-induced constraints to participation are likely sharper due to inequalities in socio-economic status</li> <li>e. Health-induced constraints to participation are likely sharper due to accumulated life course disadvantage</li> <li>f. Racially aggravated hate crime, and fear of, limits where people feel safe.</li> </ul> </li> </ul>
<b>Key Actions and Relevant Timelines</b>	
<b>3.1</b>	N/A
<b>Implications for Health Inequalities</b>	
<b>4.1</b>	Loneliness and social isolation create and exacerbate physical and mental health problems. Unless the social determinants of loneliness and social isolation among racially minoritised communities are addressed, racialised inequalities in health will persist.
<b>Recommendations</b>	
<b>5.1</b>	Loneliness and isolation is a universal challenge. Our findings highlight complex intersectional dimensions to this experience for racially minoritised populations,

necessitating an approach that is proportionate to the high level of need.

We recommend:

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

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**ETHNICITY AND  
UNEQUAL AGEING in  
ROTHERHAM and  
SHEFFIELD**

<https://www.ethnicityandunequalageing.ac.uk/>



## INVESTIGATORS

University of Sheffield

**Majella Kilkey**

**Jo Britton**

Dan Holman

**Lois Orton**

**Aneta Piekut**

Alan Walker

University of Birmingham

Matt Bennett

University of Liverpool

Mark Green

Rotherham Ethnic Minority Alliance

(REMA)

Azizzum Akhtar

Sheffield and District African Caribbean

Community Association (SADACCA)

Olivier Tsemo

Office for National Statistics

Jesse Ransley

## RESEARCH ASSOCIATES

Rashida Bibi

Helena M. Constante

Rachel Crossdale

## ROTHERHAM VOICE FORUM MEMBERS

Aderibigbe Allen

Oluwatoyin Allen

Maurice Bartley

Sughra Begum

Thomas Donalson

Shahnaz Din

Mahmood Hussain

Mohammed Ismaeil

Zahira Khan

Tahira Mahmood

Adela Nistorova

Eugen Nistor

Zanib Rasool

Mohammed Riaz

## COMMUNITY RESEARCHERS

Muetesim Abdel

Anmol Ahmed

Yasmeen Ali

Saraya Begum

Olga Fuseini

Gaminga Gaminga

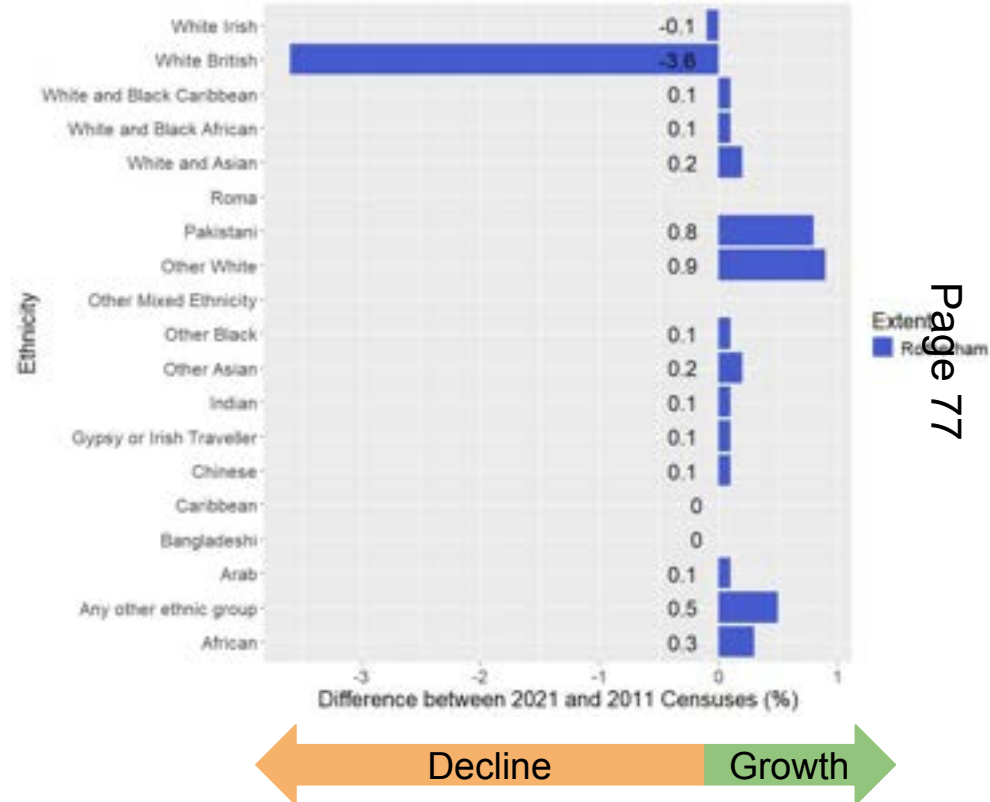
Lucka Ginova

Situle Moyo

Hawa Yatera

# Ethnicity and Ageing in Rotherham

- Rotherham is **ageing**; 1 in 5 people are aged 65 years and older
- Rotherham is a **diverse** place with 252 unique ethnic groups
- 5% of households with at least one member whose main language is not English
- Rotherham's diversity has **grown** over time (see graph)
- The increasing diversity of Rotherham will **change** who is 'older' in the town



# Ethnicity and *Unequal* Ageing in Rotherham

**Not everyone in Rotherham reaches older age in the same position.**

Census data tell us that:

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

# Project terminology

- “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 power, not in numbers
  - Often majority populations, globally

# Loneliness and social isolation is a key challenge

“I put the TV to listen something, sometime, Or some time I’m walking .... By my own. Nobody have time here. This one is a bad thing. Nobody time for another one now .... I try hard to bring one of my nieces or nephew, but nobody, I try, try, try, but nobody to help”

African woman, 51

“Now people don’t do as much. Back then, we used to look after our friends and neighbours, we would give food to people”

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# Loneliness and social isolation is a key challenge

## Strangers No More



[Watch minutes 6.21 to 9.00 for 'Loneliness Scenario'](#)

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



## Community organisations as fundamental *assets* of inclusive ageing



# Sustaining community assets

BAMER-led voluntary organisations are lived-experience ‘assets’



## Addressing Health Inequalities

Saving lives during C19 pandemic and support for ongoing health issues (e.g., dementia, diabetes)



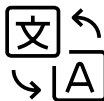
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Tailored activities to combat loneliness, isolation, including community outreach



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Support with legal help (e.g., pensions, citizen rights) and in financial difficulties



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Providing free of charge language services for meetings and documents



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Older residents as community leaders and work to maintain clean and safe environments

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BAMER-led organisations and community wellbeing role

“I think it’s a major issue, I think the greatest threat or the greatest concern I have for the 50+, is the way things are, they will feel isolation, they will be isolated. **They’re going to be more lonely because of the lifestyles that are here, as compared to those back home.** Families are becoming more narrow, narrow focussed, as in the classic nuclear family is taking shape, that is the wife, the husband and the parents and the kids. The parents are, sort of, becoming sidelined and I fear for the consequence that that’s going to give rise to.”

(BAMER-led, Stakeholder 2, ROTH)

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# In need of adequate financial recognition

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

“The stuff we do with the [our organisation], we do that under our remit to support community groups. And in fact, right now, **nobody pays for that**. So when we do spend on that sort of stuff, it’s actually coming from our reserves. We **no longer have support from local authority** to provide group support.”

[BAMER-led, Stakeholder 3, ROTH]

# Challenging loneliness through social connection

- The experience of having recently arrived in the UK/South Yorkshire often means the loss of social networks
- Being racially minoritised can further contribute to feelings of social isolation
- Many older people taking part in our 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

***‘We should all be trying to create a better place where we can grow old together. We can redefine our peers across ages and social groups.’***

# 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 feel they want regular opportunities to reap the benefits of coming together
- They said it was important that opportunities are 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 have happened as part of this project



# Project's key message

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

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1. Funding and support to allow 'BAMER'-led community organisations to work together, and with statutory services, to achieve long term and sustainable change.
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**ETHNICITY AND  
UNEQUAL AGEING in  
ROTHERHAM and  
SHEFFIELD**

<https://www.ethnicityandunequalageing.ac.uk/>



## INVESTIGATORS

University of Sheffield

**Majella Kilkey**

**Jo Britton**

Dan Holman

**Lois Orton**

**Aneta Piekut**

Alan Walker

University of Birmingham

Matt Bennett

University of Liverpool

Mark Green

Rotherham Ethnic Minority Alliance

(REMA)

Azizzum Akhtar

Sheffield and District African Caribbean

Community Association (SADACCA)

Olivier Tsemo

Office for National Statistics

Jesse Ransley

## RESEARCH ASSOCIATES

Rashida Bibi

Helena M. Constante

Rachel Crossdale

## ROTHERHAM VOICE FORUM MEMBERS

Aderibigbe Allen

Oluwatoyin Allen

Maurice Bartley

Sughra Begum

Thomas Donalson

Shahnaz Din

Mahmood Hussain

Mohammed Ismaeil

Zahira Khan

Tahira Mahmood

Adela Nistorova

Eugen Nistor

Zanib Rasool

Mohammed Riaz

## COMMUNITY RESEARCHERS

Muetesim Abdel

Anmol Ahmed

Yasmeen Ali

Saraya Begum

Olga Fuseini

Gaminga Gaminga

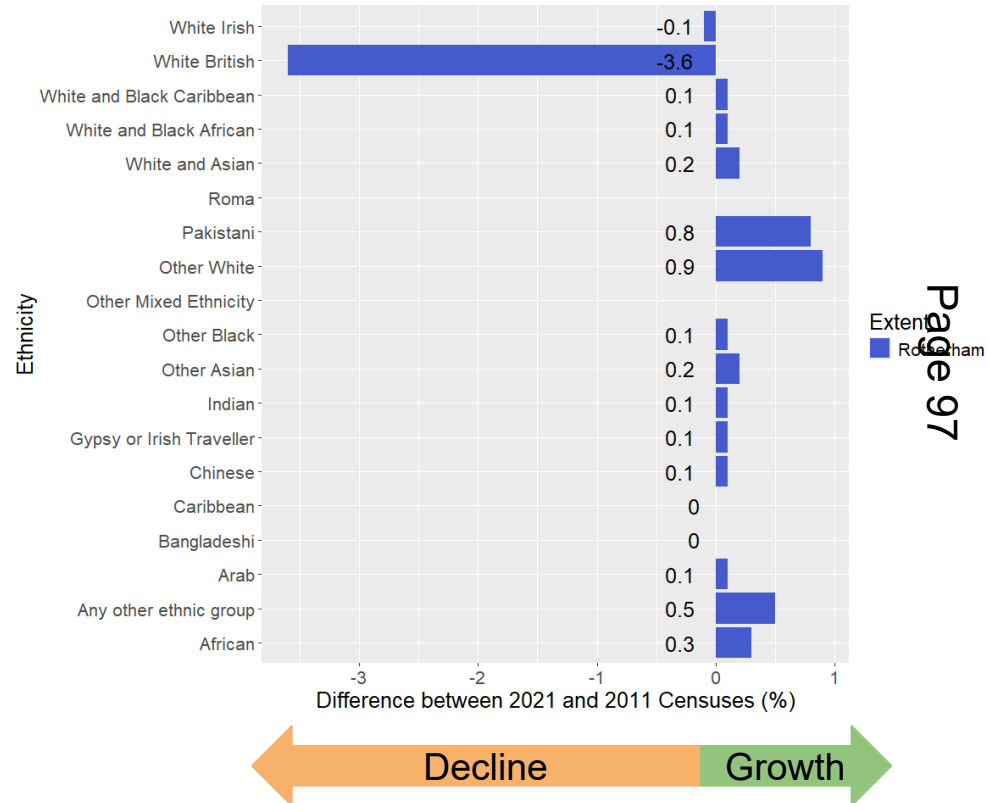
Lucka Ginova

Situle Moyo

Hawa Yatera

# Ethnicity and Ageing in Rotherham

- Rotherham is **ageing**; 1 in 5 people are aged 65 years and older
- Rotherham is a **diverse** place with 252 unique ethnic groups
- 5% of households with at least one member whose main language is not English
- Rotherham's diversity has **grown** over time (see graph)
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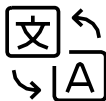
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<b>Minutes</b>	
<b>Title of Meeting:</b>	<b>PUBLIC</b> Rotherham Place Board: Partnership Business
<b>Time of Meeting:</b>	10.00am – 10.45am
<b>Date of Meeting:</b>	Wednesday 17 September 2025
<b>Venue:</b>	John Smith Room, Rotherham Town Hall
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Wendy Allott, Director of Financial Transformation - Roth, NHS SY ICB Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Toby Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust John Edwards, Chief Executive, Rotherham Metropolitan Borough Council Mat Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Anand Barmade, Clinical Director, Connect Healthcare Rotherham
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
<b>Quoracy:</b>	Confirmed as quorate.

**Members:**

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

**Participants:**

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

**In attendance:**

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

**Minute Taker:**

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

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

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

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

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

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

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

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

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

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

**37/09/25**

**Healthwatch Annual Report 2024-25**

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

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

<p>SH congratulated KG and the Healthwatch Team on the high-quality annual report acknowledging the significant amount of work achieved over the year.</p> <p>Place Board expressed its thanks to KG and team for Healthwatch’s dedicated work in representing the people of Rotherham and ensuring their voices are heard. While clarity is still awaited on the timescales for the proposed abolition of Healthwatch and the transfer of its functions, Place Board remains committed to monitoring developments closely to ensure that the local patient voice continues to be effectively represented.</p>	
<b>38/09/25</b>	<b>Rotherham Place Partnership Update</b>
<p>Place Board received the update for July and August 2025. Partners are encouraged to share the update widely within their own organisations and Boards highlighting the positive work taking place across the partnership.</p> <p>Suggestions for content to be included in future editions are welcome and can be directed to Lydia George.</p>	
<b>39/09/25</b>	<b>Communications to Partners/Promoting Events &amp; Consultations</b>
<ul style="list-style-type: none"> <li>• Neighbourhoods Workshop 2 – Wednesday 24 September 2025 – New York Stadium.</li> <li>• Health &amp; Wellbeing Strategy Setting – Thursday 2 October 2025, Town Hall</li> </ul> <p>Partners to ensure appropriate representation at both.</p>	
<b>40/09/25</b>	<b>Draft Minutes and Action Log from Public Place Board</b>
<p>The minutes from the meeting held on 16 July 2025 were agreed as a true and accurate record.</p> <p>The action log was reviewed. There was one amber rated action (19/05/25) which related to the mapping of public/partner consultation activity which has been re-scheduled for November Place Board.</p>	
<b>41/09/25</b>	<b>Risks and Items for Escalation to Appropriate Board</b>
<p>In light of the proposed changes regarding the abolition of Healthwatch, KG will draft a risk entry for the register concerning the future of Healthwatch.</p> <p style="text-align: right;"><b>Action: KG</b></p>	
<b>42/09/25</b>	<b>Future Agenda Items:</b>
<p><b>Standing Items</b></p> <ul style="list-style-type: none"> <li>– Updates from all groups (as scheduled)</li> <li>– Bi-Monthly Place Partnership Updates</li> <li>– Feedback from SY ICP Meetings – (bi-monthly)</li> <li>– Place Achievements (as and when)</li> <li>– Neighbourhoods (monthly)</li> </ul>	
<b>43/09/25</b>	<b>Date of Next Meeting</b>
<p>There will be no meeting held in October due to a Place Board development session. The next Place Board will be on <b>Wednesday 19 November 2025</b> in the John Smith Room, Town Hall, Rotherham.</p>	

**Members**

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
John Edwards (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Emily Parry-Harries	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Bob Kirton	Managing Director	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)

**Participants**

Cllr Joanna Baker- Rogers	Chair of H&WB Board	Rotherham Health and Wellbeing Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Matt Cottle-Shaw	Chief Executive	Rotherham Hospice
Kym Gleeson	Service Manager	Healthwatch Rotherham
Lydia George	Transformation and Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Andrew Brankin	Rotherham Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

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<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.45 – 11.30am
<b>Date of Meeting:</b>	Wednesday 17 December 2025
<b>Venue:</b>	John Smith Room, Rotherham Town Hall
<b>Chair:</b>	Claire Smith
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

<b>Apologies:</b>	W Allott, Director of Financial Transformation Rotherham, NHS SYICB C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board J Edwards, Chief Executive, Rotherham Metropolitan Borough Council C Harrison, Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice Dr A Barmade, Medical Director, Connect Healthcare Rotherham Cllr J Baker Rogers, H&WB Board Chair, RMBC B Kirton, Managing Director, The Rotherham NHS Foundation Trust E Parry Harries, Director of Public Health, RMBC Shahida Siddique, Independent Non-Executive Member, NHS SY ICB
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy: (Quorate)</b>	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members:**

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB (deputising)  
Anthony Fitzgerald (**AF**), Place Director – Rotherham & Doncaster, NHS SYICB  
Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB  
Andrew Russell (**AR**), Director of Nursing – Rotherham & Doncaster, NHS SY ICB

**Participants:**

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

**In attendance**

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

Item Number	Discussion Items
I70/12/25	<b>Place Integrated Performance Report</b>
<p>JA presented the report and highlighted a snapshot of performance on ICB priorities:</p> <p><b>1. Urgent and Emergency Care</b></p> <ul style="list-style-type: none"> <li>Performance against the A&amp;E 4-hour target remains below the national standard of 78% at 67.9% reflecting the current challenges with ongoing pressures on capacity and flow. Escalations have been put in place</li> <li>Bed occupancy remained high is the highest seen for some time.</li> <li>Category 2 ambulance response times met the national target and was an improvement on last month. Handover times also met the national target at 14:37 but was decline on the previous month.</li> </ul> <p><b>2. Community Health Services</b></p> <ul style="list-style-type: none"> <li>Urgent community referrals seen within 2 hours exceeded the national target of 70% at 77.4%.</li> <li>Community waiting lists over 52 weeks have reduced, showing positive progress.</li> <li>Virtual ward utilisation was an improvement on last month at 66% but didn't meet the national target and is being closely monitored.</li> </ul> <p><b>3. Primary Care</b></p> <ul style="list-style-type: none"> <li>The number of GP appointments increased, exceeding the national target and an increase from the previous month.</li> <li>Patient experience of access to general practice was at 80% meeting the local ambition of 71.1%, improving satisfaction and access for Rotherham residents.</li> </ul> <p><b>4. Elective Care</b></p> <ul style="list-style-type: none"> <li>The number of patients waiting over 52 weeks for treatment was at 1.9% this month, a decline on last month.</li> <li>18 week waits for first appointment was an improvement on the previous period. Efforts continue to reduce long waits and improve elective care pathways.</li> </ul> <p><b>5. Cancer Services</b></p> <ul style="list-style-type: none"> <li>The percentage of patients with a cancer diagnosis communicated within 28 days improved was above the national target at 84.8%.</li> <li>The 62-day referral to treatment standard saw some improvement, but further progress is needed to meet target.</li> </ul> <p>JA confirmed that extensive efforts and targeted interventions are underway to support the achievement of performance targets and maintain ongoing improvements.</p> <p>Place Board noted this month's performance.</p>	
I71/12/25	<b>ICB Board Assurance Framework, Risk Register and Issues Log</b>
<p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>There were no new risks to be added.</p>	
I72/12/25	<b>Feedback from Rotherham Place Executive Team (RPET)</b>
<p>CS advised that RPET had considered the following items:</p>	

**1. S117 Rotherham Local Standard Operating Procedure (SOP)**

- The RPET approved a new SOP developed with RDaSH, RMBC, and SY ICB Rotherham place that provides local guidance for health and social care professionals supporting those entitled to Section 117 aftercare.

**2. Long Covid Service – Options Paper**

- The Long Covid service, based at Breathing Space since 2021, will be embedded into the Community Respiratory Rehabilitation Service for greater resilience and sustainability. Patients will continue to have access to a range of specialties (OT, physiotherapy, psychology, cardiac support).

**3. Winter Pressures Funding**

- Non-recurrent funding from declared savings was agreed to support winter capacity projects (Dec 2025–Mar 2026). Collaboration with PCNs will continue to adapt models to meet demand. Delivery will be monitored, with a full report due in Quarter 1 2026.

**4. SEND Short Breaks Funding**

- The ICB will continue to fund 20% of additional health support for children with complex medical needs during short breaks at Liberty House.
- Liberty House staff will have access to ICB-commissioned training and support, and specialist equipment will be funded as approved.

**5. MH Community Connectors and S62 Peer Support Services – Future Commissioning**

- The current contracts for VAR SMI and S62 Peer Support Service will be extended to 30 June 2026. In the meantime, a new integrated service model, financial plan, and service specification will be developed, with procurement to commence to allow for a shift from Rotherham-specific to South Yorkshire-wide arrangements over time, with phased contract alignment.

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

<b>I73/12/25</b>	<b>Minutes and Action Log and Assurance Report from the last Meeting</b>
<p>The minutes from the meeting held on Wednesday 19 November 2025 were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date. No concerns were identified.</p> <p>The assurance report for the Integrated Care Board noted that there are no actions arising from the minutes to be escalated.</p>	
<b>I74/12/25</b>	<b>Communication to Partners/Promoting Consultations &amp; Events</b>
None.	
<b>I75/12/25</b>	<b>Risks and Items for Escalation</b>
None.	
<b>I76/12/25</b>	<b>Forward Agenda Items</b>
<p>Standing Items</p> <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Prescribing Report (Quarterly)</li> <li>– Quality, Patient Safety and Experience Dashboard (Bi- monthly)</li> <li>– Quarterly Medical Director Update</li> </ul>	

<b>177/12/25</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 21 January 2026</b> in the John Smith Room, Rotherham Town Hall.	

**Membership**

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

**Participants**

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

<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.45 – 11.30am
<b>Date of Meeting:</b>	Wednesday 21 January 2026
<b>Venue:</b>	John Smith Room, Rotherham Town Hall
<b>Chair:</b>	Claire Smith
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

<b>Apologies:</b>	W Allott, Director of Financial Transformation Rotherham, NHS SYICB Cllr J Baker Rogers, H&WB Board Chair, RMBC M Cottle-Shaw, Chief Executive Officer, Rotherham Hospice C Edwards, Executive Place Director (Rotherham) NHS South Yorkshire Integrated Care Board J Edwards, Chief Executive, Rotherham Metropolitan Borough Council A Fitzgerald, Place Director – Rotherham & Doncaster, NHS SYICB S Hussain, Chief Executive, Voluntary Action Rotherham R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust B Kirton, Managing Director, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust A Russell, Director of Nursing – Rotherham & Doncaster, NHS SY ICB I Spicer, Deputy Chief Executive, Rotherham Metropolitan Borough Council
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy: (Quorate)</b>	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members:**

Claire Smith (**CS**), Director of Partnerships (Rotherham) NHS SY ICB (deputising)  
Dr Jason Page (**JP**), Medical Director, (Rotherham), NHS SY ICB  
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

**Participants:**

Dr A Barmade (**AB**), Medical Director, Connect Healthcare Rotherham  
Lydia George (**LG**), Transformation & Partnership Portfolio Manager (Rotherham), NHS SY ICB  
Kym Gleeson (**KG**), Healthwatch Manager, Healthwatch Rotherham  
Emily Parry Harries (**EPH**), Director of Public Health, RMBC  
Christina Harrison (**CHa**), Rotherham Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust  
Eloise Summerfield (**ES**), SY ICB Senior Pharmacist Rotherham Place

**In attendance**

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

Item Number	Discussion Items
178/01/26	<b>Place Integrated Performance Report</b>
	<p>The report highlighted a snapshot of performance on ICB priorities which members noted for information.</p> <p>A brief discussion took place regarding the reporting requirements that the Place Partnership would like to see in light of the changes to the ICB's role. It was acknowledged that a refreshed version of the existing priorities report, along with clear metrics and outcomes, would be valuable.</p> <p>CS agreed to raise this within the ICB to support partners' understanding going forward and to enable them to contribute to the development of future reporting.</p> <p>Place Board noted this month's performance.</p>
179/01/26	<b>Rotherham Place Prescribing Report</b>
	<p>Eloise Summerfield presented the updated prescribing report, highlighting significant cost pressures from diabetes treatments such as Mounjaro, alongside ongoing work to reduce spending through medicine switches, incentives, and improved prescribing practices.</p> <p>Strong progress was noted across GP practices, including reductions in overuse of inhalers, safer management of high-risk medicines, and increased uptake of recommended treatments and equipment. Despite these improvements, the team continues to face staffing pressures and the impact of wider organisational budget reductions. Relationships with GP Practices remain positive and work includes developing plans to strengthen resilience and protect services.</p> <p>Partners were encouraged to respond to the ongoing consultation (extended to 31 January 2026). Further detailed discussion on sustaining the progress made with prescribing initiatives and achieving cost savings will take place at the Place Executive Team.</p> <p style="text-align: right;"><b>Action: CS/LG for agenda</b></p> <p>CS thanked ES and Members noted the update.</p>
180/01/26	<b>ICB Board Assurance Framework, Risk Register and Issues Log</b>
	<p>All members had received and reviewed the board assurance framework, risk register and issues log.</p> <p>There were no new risks to be added.</p>
181/01/26	<b>Feedback from Rotherham Place Executive Team (RPET)</b>
	<p>CS advised that RPET had considered the following items:</p> <p style="padding-left: 40px;">RPET had reviewed findings from a 360-degree assessment of collaborative behaviours carried out as part of the National Neighbourhoods Programme. The assessment showed positive progress in how local teams collaborate, offered insights into individual and collective behaviours, and included national comparisons. Key lessons will be shared with colleagues and Place partners.</p> <p>Place Board Members noted the business conducted through Rotherham Place Executive Team.</p>

<b>182/01/26</b>	<b>Minutes and Action Log and Assurance Report from the last Meeting</b>
<p>The minutes from the meeting held on Wednesday 17 December 2025 were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date. No concerns were identified.</p> <p>The assurance report for the Integrated Care Board noted that there are no actions arising from the minutes to be escalated.</p>	
<b>183/01/26</b>	<b>Communication to Partners/Promoting Consultations &amp; Events</b>
<p>Members noted that the National Director for the Neighbourhoods Programme will be visiting Rotherham on the afternoon of Wednesday 28<sup>th</sup> January. Place Board Members were invited to meet with Minal Bakhai, after which she will attend a multi-disciplinary team meeting to see the proactive care in action followed by observing a social prescribing session at Clifton Park Museum.</p>	
<b>184/01/26</b>	<b>Risks and Items for Escalation</b>
<p>None.</p>	
<b>185/01/26</b>	<b>Forward Agenda Items</b>
<p>Standing Items</p> <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Prescribing Report (Quarterly)</li> <li>– Quality, Patient Safety and Experience Dashboard (Bi- monthly)</li> <li>– Quarterly Medical Director Update</li> </ul>	
<b>186/01/26</b>	<b>Date of Next Meeting</b>
<p>The next meeting will take place on <b>Wednesday 18 February 2026</b> in the Committee Room 1, Rotherham Town Hall.</p>	

**Membership**

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

**Participants**

Emily Parry-Harries	Director of Public Health	Rotherham Metropolitan Borough Council
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