HEALTH SELECT COMMISSION

Date and Time:- **Thursday 19 November 2026 at 5.00 p.m.**

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

Membership:- **Councillors Keenan (Chair), Yasseen (Vice-Chair), Ahmed, Baum-Dixon, Brent, Clarke, Duncan, Fisher, Garnett, Harper, Harrison, Ismail, Knight, Reynolds, Tarmey and Thorp.**

Co-opted Members: David Gill representing Rotherham Speak Up and a representative of the Rotherham Women's Health Network.

This meeting will be webcast live and will be available to view via the Council's website. 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. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meeting held on 24 September 2026 (Pages 5 - 23)

To consider and approve the minutes of the previous meeting held on 24 September 2026 as a true and correct record of the proceedings and to be signed by the Chair.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

For Discussion/Decision:-

6. Rotherham Safeguarding Adults Board Annual Report 2025-26 and 2025-2028 Strategic Plan Delivery Update (Pages 25 - 74)

This item is to receive a report and presentation in relation to the Safeguarding Adults Board Annual Report 2025-2026 and an update in relation to delivery against the Safeguarding Adults Board Strategic Plan 2025-2028.

7. Place Partners Winter Plan 2026-2027 (Pages 75 - 91)

To receive an update in relation to the Rotherham Place Partners Winter Plan for 2026-27.

8. Health Select Commission Work Programme - 2026-27 (Pages 93 - 94)

To consider the Health Select Commission's work programme for 2026-27.

For Information/Monitoring:-

To receive and note the contents of any reports routinely submitted to the Health Select Commission for information and awareness.

9. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

To receive and consider the minutes and recommendations of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee.

10. Health and Wellbeing Board Annual Report (Pages 95 - 117)

This item is to receive a copy of the Health and Wellbeing Board Annual Report 226-26 as approved by the Health and Wellbeing Board for information purposes.

11. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.



JOHN EDWARDS,
Chief Executive.

The next meeting of the Health Select Commission will be held on Thursday 21 January 2027 commencing at 5.00 p.m. in Rotherham Town Hall.

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HEALTH SELECT COMMISSION
Thursday 24 September 2026

Present:- Councillor Yasseen (in the Chair); Councillors Baum-Dixon, Ahmed, Brent, Clarke, Duncan, Garnett, Harper, Harrison, Ismail, Knight and Thorp.

Apologies for absence:- Apologies were received from Keenan, Fisher, Havard and Tarmey.

The following officers and partners were also in attendance:-

Ian Spicer, Executive Director of Adult Care, Housing and Public Health
Gilly Brenner, Public Health Consultant
Carole Foster, Moving Rotherham Programme Manager
Kathy Wakefield, Senior Programme and Commissioning Lead, North East and Yorkshire Office for Pan ICB Commissioning (OPIC)
Laura Brown, Public Health Officer for Rotherham, North East and Yorkshire Office for Pan ICB Commissioning

The following were also in attendance to observe:-

John Edwards, Chief Executive
Phillip Horsfield, Service Director of Legal Services
Cllr Steele, Chair of the Overview and Scrutiny Management Board

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

23. MINUTES OF THE PREVIOUS MEETING HELD ON 23 JULY 2026

Resolved:-

That the minutes of the meeting held on 23 July 2026 were approved as a true and correct record of the proceedings.

24. DECLARATIONS OF INTEREST

There were no declarations of interest.

25. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

26. EXCLUSION OF THE PRESS AND PUBLIC

There were no items on the agenda that required the exclusion of the press or members of the public.

27. PHYSICAL ACTIVITY FOR HEALTH (SPORT ENGLAND) MAIN BID AND PROGRESS UPDATE

The Chair welcomed Gilly Brenner, Public Health Consultant and Carole Foster, Moving Rotherham Programme Manager to the meeting and invited them to introduce the presentation.

The Commission received a detailed update regarding the progression of the Physical Activity for Health programme and the development of the main funding bid to Sport England. Members were advised that the programme had previously been presented to the Commission during its developmental phase and had now progressed to the stage of preparing a main award bid. It was emphasised that the preceding year had deliberately been structured as a development and learning period, with the primary purpose being to build understanding, strengthen partnerships, test approaches and gather evidence to inform future delivery rather than to focus solely on implementation.

The Commission heard that the programme had been developed in recognition of the wide-ranging benefits of physical activity, which extended beyond improvements to health and wellbeing. Physical activity was described as contributing to independence, healthy ageing, community cohesion, economic participation and wider sustainability objectives. It was explained that the work had sought to build upon existing strengths within Rotherham, including its extensive network of community spaces, country parks, rivers, lakes, canals, trails and green spaces, as well as its established sporting heritage through facilities such as the New York Stadium and Herringthorpe Stadium. Reference was also made to the borough's strong network of community and voluntary sector organisations, established sports clubs, activity providers and strategic partners, including the Yorkshire Sport Foundation, the National Centre for Sport and Exercise Medicine and Sport England.

Members were reminded that inequalities in physical activity participation remained significant and that opportunities to be active were not distributed equally across the population. Barriers included income, geography, poor health, disability, social circumstances and the design and safety of neighbourhoods, rather than a lack of motivation or personal choice. Consequently, the programme had focused on understanding how everyday movement could be embedded more effectively into daily life and how environmental and systemic barriers could be reduced.

During the development year, work had concentrated on establishing the foundations for a coordinated, place-based approach to physical activity.

A range of pilot initiatives and engagement activities had been undertaken to strengthen partnerships, test innovative approaches and improve understanding of the needs of inactive and underserved communities. Training and development opportunities had been provided for partner organisations, particularly to improve understanding of inclusion and the needs of people with disabilities and learning disabilities. Extensive engagement work had been undertaken through Voluntary Action Rotherham and its partners to explore barriers to the use of community and green spaces. Additional engagement had been carried out by the Yorkshire Sport Foundation with local community organisations to gain insight into local circumstances and challenges.

Members noted that substantial consultation activity had also taken place with children and young people. Surveys had been conducted with parents of Key Stage 1 children, alongside direct engagement with Key Stage 2 and Key Stage 3 pupils. This had been undertaken to better understand levels of participation, barriers to activity, preferences and aspirations. Further engagement had taken place through Rotherham United Community Trust, including work with young people outside mainstream educational settings and within faith-based settings.

Particular attention was drawn to the commissioning of the Every Move Counts service, which had served as a significant test-and-learn project during the development phase. The service had provided personalised coaching support for inactive individuals living with long-term health conditions. Participants had received one-to-one support to identify barriers to physical activity, develop confidence and explore practical ways to become more active. The service had sought to connect individuals with appropriate opportunities and support sustained behavioural change.

The Commission was informed that the development year had generated a number of positive outcomes. Awareness of physical activity opportunities had increased among children, young people and communities. Stronger relationships had been established across sectors, and examples were provided of collaborative working emerging through the programme. One example highlighted how Yorkshire Cricket had worked with Rotherham United Community Trust to deliver cricket activities in communities where existing trusted relationships already existed. This was presented as an illustration of how partnership working could maximise opportunities and improve access.

The programme had also produced extensive consultation findings, supported by a detailed evaluation report containing over one hundred pages of evidence and insight. Analysis of that information had informed the development of a new physical activity strategy. In parallel, efforts had been made to build system capability, including supporting GP practices to become ‘active practices’ and encouraging healthcare professionals to treat physical inactivity as a significant health risk factor in the same way that they would address smoking or high blood pressure.

Members heard that several key themes had emerged consistently from community engagement and consultation. Cost and affordability had continued to be significant barriers to participation. Residents had expressed a strong preference for activities delivered close to home due to transport challenges and accessibility issues. Feedback had identified opportunities to make better use of existing community assets, including cycling infrastructure, while highlighting a lack of early years cycling provision and training. Communities had consistently reported that trusted local organisations and venues were the most effective means of delivering activities and that new initiatives should be integrated into established settings rather than introduced independently. Difficulties in accessing information about available activities had also been identified, alongside the need to improve inclusion and accessibility. Furthermore, consultation findings had reinforced the importance of long-term sustainability and the need to avoid short-term approaches to addressing inactivity.

In response to these findings, a new five-year physical activity strategy had been developed. The strategy sought to create the conditions that would enable people to move more frequently in ways that were enjoyable, meaningful and capable of improving health, wellbeing and quality of life. A set of partnership principles had been established to guide implementation. These principles included joining up activity across organisations, involving communities in decision-making, building confidence and capability, encouraging innovation and learning, focusing on long-term sustainability and ensuring that equality, diversity and inclusion remained central to all activity.

The Commission noted that delivery would continue through an established partnership structure comprising a broad active network, specialist working groups, core system leaders and the Moving Rotherham Board, which would maintain strategic oversight and report through the Health and Wellbeing Board and the Cultural Partnership Board.

The strategy identified three priority audiences for focused action over the next five years. These were children and young people, people living with long-term health conditions and disabilities, and communities experiencing the lowest activity levels due to wider inequalities. Alongside these priorities, the strategy would focus on three cross-cutting themes: communication, inclusion, and placemaking/system change. Communication would seek to improve awareness of opportunities and activities. Inclusion would address inequalities and accessibility issues, while placemaking and system change would focus on embedding physical activity considerations into wider planning, development and environmental decision-making.

Looking ahead, Members were advised that the main bid to Sport England would seek investment to deliver activity aligned with the

strategy. Proposed initiatives included work with schools to strengthen links between educational settings and community-based opportunities, expanded cycling provision for children, continuation and refinement of the successful Every Move Counts health coaching programme, and targeted investment through the voluntary sector to support hyper-local interventions within communities experiencing the greatest barriers to physical activity. Additional funding would support communications and marketing capacity, inclusion-focused training for providers, wider workforce development, celebratory awards activity to showcase success across the borough, and comprehensive evaluation arrangements to measure and communicate the long-term impact of the programme.

The presentation concluded with an invitation for interested parties to participate in the borough-wide active network.

The Chair thanked officers for the presentations and invited questions and comments.

Cllr Thorp questioned how the programme would engage residents who were not already connected to sports clubs, community groups or organised activities, noting that many residents in their ward did not participate in such networks and therefore might never encounter the opportunities being promoted.

In response, the Public Health Consultant explained that many of the programme's partners were not traditional physical activity organisations but community-based groups already working with residents in local neighbourhoods. They advised that delivery would initially focus on people already engaged with community and voluntary organisations but who remained physically inactive, as this was where the programme could achieve the greatest impact. Alongside this targeted work, wider communications and marketing campaigns would seek to reach residents who were not connected to established organisations. It was emphasised that local communities themselves would help shape the messaging and approach to ensure that activity opportunities reflected local identities and needs rather than having externally designed initiatives imposed upon communities. The Chair further clarified that the geographical focus of much of the work was determined by Sport England funding criteria and guidance.

Cllr Thorp asked where within the borough the programme would be focused.

The Moving Rotherham Programme Manager explained that activity would be concentrated within a number of priority neighbourhoods identified through deprivation measures and inactivity data, including Rawmarsh East, Greasbrough, East Herringthorpe, East Dene, Brampton, Clifton, Thrybergh, Hooton Roberts, Kimberworth Park, Eastwood, Masbrough, Maltby East, Maltby and Rotherham Central. Members were advised that these locations had been identified primarily through

deprivation indicators and Sport England data, with Hooton Roberts included because it had been identified as one of the most inactive areas in the borough. Whilst children and young people and residents with long-term health conditions would be supported borough-wide, officers reiterated that the place-based investment had to follow the conditions attached to the external funding. Members were also assured that the wider objective was to develop sustainable systems and partnerships that would ultimately benefit the whole borough beyond the lifetime of the funding programme.

Cllr Paul Thorp subsequently asked how success would be measured.

In response, the Moving Rotherham Programme Manager advised that comprehensive evaluation arrangements would be implemented, including baseline consultation, journey tracking, performance monitoring against agreed targets and the use of public health datasets and dashboards. They highlighted that significant evaluation work had already been completed during the development phase, including engagement with more than 2,000 young people, which had generated valuable evidence regarding barriers to participation and future opportunities for intervention. Progress would be monitored through action plans overseen by the Moving Rotherham Board, with accountability also provided through wider partnership governance arrangements.

Cllr Clarke sought assurance regarding the programme's relationship with food insecurity and healthy eating initiatives, questioning how financial barriers to participation would be addressed and whether data would be available on the socio-economic profile of participants.

The Public Health Consultant responded that evaluation work undertaken to date had demonstrated strong engagement from residents registered with some of the borough's most deprived GP practices. They explained that the programme deliberately sought to remove cost barriers by promoting free or low-cost opportunities such as health walks and local activities. Members heard examples of existing interventions, including discounted leisure provision for residents with long-term health conditions and the successful provision of free swimming opportunities during the school holidays, which had significantly increased participation levels among children and young people. Officers acknowledged the continuing impact of poverty and the cost-of-living pressures and confirmed that affordability would remain a key consideration during implementation.

Cllr Clarke raised concerns regarding transport accessibility, particularly for residents living in more rural communities.

The Public Health Consultant acknowledged that transport represented a significant public health challenge extending beyond physical activity provision. Members were informed that work was underway to assess transport accessibility across the borough, including access to health facilities, leisure centres and public services. Findings would be used to

inform discussions with the South Yorkshire Mayoral Combined Authority regarding opportunities to improve connectivity, particularly within rural communities.

Cllr Harper questioned how officers would demonstrate that inequalities in physical activity levels had genuinely narrowed between the most and least active communities rather than simply reporting increased participation numbers.

The Public Health Consultant explained that the programme would utilise data from the national Active Lives Survey alongside local monitoring information. Whilst recognising limitations in ward-level sample sizes, they stated that officers expected to see positive trends in priority communities over time. They also emphasised that much of the desired behaviour change related to informal, everyday activity that was difficult to quantify directly. Consequently, qualitative evidence, case studies and stories gathered through community organisations and services such as Every Move Counts would supplement quantitative measures to provide a fuller assessment of impact.

Cllr Harper asked about sustainability once the existing funding period ended.

The Public Health Consultant advised that Sport England funding was currently secured until 2028 and that indications from the organisation suggested a desire to continue and expand place-based investment. Nonetheless, officers were deliberately designing interventions that would create sustainable capacity rather than temporary programmes. Training initiatives had therefore adopted a train-the-trainer approach, whilst longer-term services such as Every Move Counts were being evaluated to identify future funding opportunities and demonstrate their wider benefits to the health system.

Cllr Brent asked what evidence officers would expect to present in five years' time to demonstrate that the programme had improved population health and reduced health inequalities.

The Public Health Consultant acknowledged the complexity of attributing long-term public health outcomes to a single intervention but advised that a range of evidence would be assembled to demonstrate impact. Members heard that some benefits, such as improvements in falls prevention, could become evident relatively quickly, whilst wider health and wellbeing outcomes would likely emerge over a longer period. Officers intended to draw together multiple strands of evidence to demonstrate meaningful change.

Cllr Rajmund Brent asked how communication and marketing activity would address residents' difficulties in locating information about available opportunities.

The Public Health Consultant explained that a blended communications approach would be required, recognising that different population groups accessed information through different channels. Proposed activity included wider publicity campaigns, hyper-local communications, school-based engagement, digital channels and integration with the developing Gizmo information platform. Members were advised that trusted local networks and word-of-mouth communication remained particularly important. Cllr Rajmund Brent suggested that parish councils could play a valuable role in dissemination, a point that was welcomed by officers. The Moving Rotherham Programme Manager further advised that community-based events would be organised within target areas to showcase local opportunities and connect residents with activity providers.

Cllr Duncan focused on work with children and young people and asked how the programme would ensure activities reached children from deprived communities who were least likely to participate in sport.

In response, the Public Health Consultant explained that the programme would build on the work of the School Games network, which had evolved significantly beyond traditional competitive sport. Teachers were already being supported to identify disengaged children and introduce them to a wider range of activities including BMX cycling, parkour and other non-traditional options. The intention was to provide sustained engagement rather than isolated experiences and to broaden young people's exposure to activities they may not otherwise encounter.

Cllr Duncan expressed concern regarding how ongoing participation would be sustained after initial engagement.

The Moving Rotherham Programme Manager explained that cycling equipment, physical activity resources and related assets would be placed permanently within community venues such as libraries and other settings, enabling continued access beyond the duration of specific projects. The Public Health Consultant also reiterated the substantial cultural shift that had occurred within the School Games approach nationally and locally, with a stronger focus now directed towards inactive children and young people.

Returning to the discussion on cycling, Cllr Harper asked what the proposed cycling interventions would look like in practice and whether schools remained active partners in cycle training.

The Public Health Consultant advised that traditional cycling proficiency training was now delivered through the Bikeability programme, although officers wished to strengthen local influence over delivery to ensure consistent access across all schools. Additional investment was proposed to support children before they reached formal Bikeability training, particularly those who had not yet developed basic cycling skills. Officers also highlighted opportunities to promote active school environments through the Creating Active Schools framework.

Cllr Harrison questioned how governance arrangements would avoid duplication and ensure accountability.

The Moving Rotherham Programme Manager explained that all activities would be aligned to a common action plan overseen by the Moving Rotherham Board. They further advised that revised governance structures were being developed to incorporate lived experience, ensuring that residents and participants would help shape and scrutinise delivery. In response to a supplementary question, officers confirmed that organisations such as Scouts, Cubs, Squirrels and Guides would continue to be engaged through the wider active network and local community events.

Cllr Ismail raised concerns regarding language barriers within some communities and enquired whether funding would support interpretation and culturally appropriate engagement.

The Moving Rotherham Programme Manager advised that flexible local funding allocations would allow communities to determine the support they required, including translation and interpretation services where appropriate. They further explained that work was underway with a range of faith organisations, including mosques, churches and other faith settings, to integrate physical activity within existing activities and educational programmes and to provide training and equipment that would support sustainable local delivery.

Cllr Baum-Dixon encouraged officers to consider wider environmental measures that might encourage informal physical activity, including improvements to parks, lighting, CCTV and recreational infrastructure.

The Moving Rotherham Programme Manager advised that small-scale community capital funding would be available to address local issues and that larger infrastructure improvements would be considered through the planned sports and built facilities strategy. They also emphasised the importance of collaboration with parish councils and elected members in identifying local priorities and funding opportunities.

Cllr Baum-Dixon asked whether sufficient effort had been made to understand how people first became active.

The Moving Rotherham Programme Manager explained that extensive consultation involving around 2,000 children and young people had already explored motivations, barriers and participation patterns. The findings had demonstrated a strong preference amongst many children for individual activities rather than organised team sports, helping shape the future programme design.

The Chair reflected on the importance of ensuring that learning from the programme influenced wider policy decisions, particularly around

neighbourhood infrastructure and public spaces. They also highlighted walking as one of the most accessible and cost-effective forms of physical activity and questioned why it had not featured more prominently within the presentation.

The Public Health Consultant responded that walking remained a core element of the overall strategy but had not featured heavily within the funding proposal because substantial provision already existed through initiatives supported by Voluntary Action Rotherham and the Ramblers Association. Officers intended to build upon this existing provision through community-based work rather than create duplicate services.

The Chair reiterated their view that walking should remain central to efforts to promote physical activity across the borough.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the presentation received.

2. Requested that the Health Select Commission be provided with the detail of any metrics agreed upon against which progress or success will be measured, clearly identifying how those metrics support tackling health inequalities and general population health, along with progress reports in line with those metrics at relevant intervals.

3. Requested that a mechanism via which Elected Members can be updated on the activities being undertaken in their wards connected with the programme and its associated funding so that they can support raising awareness in their local communities, alongside the wider communications and marketing strategy, be agreed and implemented.

4. Agreed that a further update on the progress and impact of the programme be provided at the halfway point of the strategy, in late 2028.

28. IMMUNISATION PROGRAMME COMMISSIONING CHANGES

The Chair welcomed Kathy Wakefield, Senior Programme and Commissioning Lead, North East and Yorkshire Office for Pan ICB Commissioning (OPIC), Laura Brown, Public Health Officer for Rotherham, North East and Yorkshire Office for Pan ICB Commissioning and Gilly Brenner, Public Health Consultant deputising in the absence of Denise Cornwall, Health Protection Principal to the meeting and invited them to introduce the presentation.

The Commission heard that to support the transition, a new Office for Pan-ICB Commissioning (OPIC) was being established. The role of OPIC would be to provide specialist commissioning support to Integrated Care Boards in fulfilling their responsibilities for national screening and immunisation programmes.

Members were advised that the North East and Yorkshire OPIC footprint would cover the North East and North Cumbria Integrated Care Board, Humber and North Yorkshire Integrated Care Board, West Yorkshire Integrated Care Board and South Yorkshire Integrated Care Board. It was explained that these arrangements aligned with the Government's Ten-Year Health Plan and the wider objective of strengthening the role of Integrated Care Boards as strategic commissioners of health services. Officers reported that significant work was already underway to redesign operating models, strengthen governance arrangements and build closer working relationships with Integrated Care Board partners to ensure a smooth transition.

Members were informed that screening and immunisation represented only one component of OPIC's responsibilities, but nevertheless constituted a substantial and complex programme of work. The Commission heard that responsibility covered a wide range of vaccination and screening programmes delivered across all age groups, from childhood immunisations through to adult vaccination programmes and cancer screening services. In addition to routine commissioning functions, officers advised that the team also played a key role in responding to outbreaks and public health incidents through multi-agency incident management arrangements involving the United Kingdom Health Security Agency (UKHSA), local authorities, Integrated Care Boards and healthcare providers.

The presentation highlighted the key commissioning priorities underpinning all immunisation and screening programmes. Members heard that improving uptake and coverage across vaccination and screening programmes remained a primary objective, alongside a strong focus on reducing health inequalities and narrowing the gap between areas, services and populations with the highest and lowest levels of uptake. These objectives informed both local and national commissioning plans and were central to the commissioning intentions for 2026/27.

The Commission was advised that a number of significant service developments were currently being implemented. These included the continued expansion of community pharmacy provision, which already delivered influenza (flu), Coronavirus Disease 2019 (COVID-19) and childhood flu vaccinations. Under proposals aligned to the Government's Ten-Year Health Plan, community pharmacies would also become involved in the delivery of adolescent Human Papillomavirus (HPV) vaccinations, with planning and implementation work currently underway. Members also noted the successful rollout of what was described as the world's first gonorrhoea vaccination programme, using the Meningococcal

Group B (MenB) vaccine and targeting identified high-risk cohorts through sexual health services.

Further developments within screening programmes were outlined. The Commission heard that the threshold for bowel cancer screening had been lowered to support earlier detection, with positive early indications being reported. Members were also informed that Human Papillomavirus self-testing had recently been introduced at the end of August, representing an important step towards achieving cervical cancer elimination objectives by improving access and encouraging greater participation in screening. Additionally, several national workstreams were exploring the use of automated technologies and artificial intelligence (AI) within screening pathways, both to enhance service delivery and to support workforce capacity challenges.

In relation to pre-school immunisation programmes, officers reported that improving uptake among children aged under five remained a priority, particularly with regard to measles-containing vaccines. The Commission was advised that measles continued to present ongoing concerns nationally, with occasional outbreaks and clusters of cases still occurring. Members noted that changes introduced to the childhood vaccination schedule earlier in the year had incorporated chickenpox vaccination into the combined Measles, Mumps, Rubella and Varicella (MMRV) programme, which had been positively received. It was further reported that a targeted MMRV catch-up programme would commence in November and continue until March 2028, focusing on children aged over six years who had not previously received a chickenpox vaccination or contracted the disease.

The presentation also addressed school-aged and adolescent vaccination programmes. Members heard that efforts continued to restore uptake levels to those experienced prior to the COVID-19 pandemic, with a particular focus on Human Papillomavirus vaccination because of its role in preventing cervical cancer. School immunisation providers were increasingly using the national Mavis reporting system, which improved parental communication, consent processes, data management and information sharing with General Practitioner (GP) practices. The Commission was also advised of the recent implementation of a time-limited MenB catch-up vaccination programme for higher-risk groups, including university entrants and young people entering residential further education settings. Officers reported that this programme had been positively received by educational providers, vaccination services and the wider public. Members were additionally informed that the Joint Committee on Vaccination and Immunisation (JCVI) had recommended the introduction of a routine adolescent MenB vaccination programme following outbreaks earlier in the year, although ministerial approval was still awaited.

Updates were also provided regarding adult immunisation programmes. Particular emphasis was placed on the Respiratory Syncytial Virus (RSV)

vaccination programme, which had been expanded to include all adults aged over 80 and residents of older persons' care homes regardless of age. Further eligibility extensions had subsequently been introduced for people aged 65 to 74 with specified clinical risk factors, including respiratory conditions and immunosuppression. Members also heard that efforts continued to improve uptake of seasonal vaccination programmes such as flu and COVID-19 vaccines. A particular focus had been placed on increasing access for people experiencing homelessness, with close partnership working taking place between health services and local authority inclusion health teams. Vaccination against pneumococcal disease had also been extended to this cohort to maximise opportunities for co-administration alongside other vaccines.

The Commission noted additional expansion of community pharmacy delivery within the seasonal flu programme. From October, pharmacies would be able to vaccinate at-risk children up to the age of 17, whilst from December they would also be able to offer vaccination to school-aged children who had missed their school vaccination sessions and associated catch-up opportunities. This approach was intended to improve convenience and maximise overall uptake. Officers reported that a trajectory of improvement targets had been established over the next three years to support continued progress across all vaccination programmes.

Following the national update, the Public Health Consultant outlined the contribution of the Council's Public Health Service to immunisation and screening efforts. Members heard that the authority's health protection function played an important role in community outreach and engagement, utilising established relationships with local communities, faith groups and community leaders to promote accurate health information and improve trust in vaccination programmes. This approach had built upon successful methods developed during the COVID-19 pandemic, where trusted local messengers had been particularly effective in reaching communities that health services could otherwise find difficult to engage.

The Commission was informed that Public Health teams also routinely analysed immunisation data to identify areas of lower uptake and emerging concerns. Where gaps were identified, targeted interventions were developed to address local challenges. Examples included providing vaccination opportunities through schools or community settings in particular neighbourhoods where childhood vaccination rates were below expected levels. Public Health also supported practical delivery arrangements through communications campaigns, provision of venues and the establishment of temporary vaccination sites where appropriate.

Members further received an update on the Pathfinder Childhood Immunisation Pilot, an NHS England initiative designed to improve vaccination uptake among children aged 0 to 5 years. The pilot utilised health visiting services commissioned by Public Health to identify children

who had missed vaccinations and offer alternative opportunities to receive them. Officers explained that the programme was particularly supporting families who had experienced barriers to accessing routine vaccination pathways, including General Practitioner registration issues, language barriers, childcare commitments and other practical obstacles. Vaccinations could therefore be offered during routine health visiting contacts, creating a more flexible and accessible route into the programme. Whilst the pilot remained at an early stage, Members were advised that it would continue for a further twelve months, allowing more comprehensive data and outcomes to be gathered.

In conclusion, officers reiterated the significant organisational changes that were taking place nationally, the ongoing focus on improving vaccination and screening uptake, and the extensive partnership work being undertaken locally to address inequalities, improve access and support population health through effective immunisation programmes.

The Chair thanked officer for the presentation and invited questions and comments from members.

Cllr Duncan opened the discussion by asking about the principal risks associated with the planned transfer of commissioning responsibilities to Integrated Care Boards and how local health needs would continue to influence commissioning decisions within the new Office for Pan-ICB Commissioning arrangements. Particular concern was expressed regarding whether local priorities, including efforts to improve uptake of the Measles, Mumps and Rubella (MMR) vaccine and Human Papillomavirus (HPV) vaccinations, might be diluted within a larger geographical footprint.

In response, The Senior Programme and Commissioning Lead advised that officers regarded the transition principally as an opportunity rather than a risk. It was explained that the new arrangements would strengthen relationships with Integrated Care Boards and primary care providers and would bring screening and immunisation commissioning into closer alignment with wider health system planning. Although the new commissioning footprint would cover a larger geographical area across the North East and Yorkshire, Members were assured that a strong local presence would be retained. Dedicated South Yorkshire screening and immunisation teams would continue to operate, supported by place-based leads maintaining local relationships with authorities and partners. Officers acknowledged that there were some short-term risks arising from reduced staffing capacity following a recent voluntary redundancy programme. However, recruitment activity was underway to address vacancies and officers stated that essential work, particularly around reducing inequalities and supporting priority programmes, continued to be delivered through close collaboration between local authorities, Integrated Care Boards and wider system partners. It was emphasised that the longer-term effect of the changes was expected to be beneficial because of the stronger integration with local health commissioning structures.

Cllr Duncan subsequently clarified that their concern had related primarily to the risks during the transfer process itself and noted the reassurance provided regarding recruitment and workforce planning.

Cllr Thorp questioned why uptake of influenza and Coronavirus Disease 2019 (COVID-19) vaccinations had declined amongst care home residents and those aged over 65 despite overall improvements in uptake.

The Senior Programme and Commissioning Lead advised that no single cause had been identified. Officers were working closely with local authority partners and infection prevention and control teams to improve understanding of eligibility criteria and increase awareness amongst care home residents, relatives, carers and managers. Members were informed that joint communications were issued by Integrated Care Boards and local authorities to reinforce programme eligibility and the importance of vaccination. Officers also highlighted practical challenges associated with obtaining consent for residents lacking mental capacity, which frequently involved discussions with family members and the application of best-interest decision-making processes. Additional work was taking place with hospital providers to ensure eligible patients were vaccinated prior to discharge into care home settings.

Cllr Thorp queried whether declining uptake might be linked to increasing public scepticism regarding vaccination following the COVID-19 pandemic.

The Senior Programme and Commissioning Lead advised that no evidence had emerged to support such a conclusion and therefore officers had not identified this as a significant contributory factor.

Cllr Harrison sought clarification regarding the effectiveness of community engagement campaigns and pop-up vaccination services, asking whether outreach activity generated sustained improvements in vaccination uptake or simply resulted in temporary increases in attendance.

The Senior Programme and Commissioning Lead explained that all outreach schemes were subject to comprehensive business cases and robust evaluation processes. Evidence gathered through projects funded during the COVID-19 pandemic, particularly those aimed at improving access and reducing inequalities, suggested that outreach activity could successfully vaccinate people who might not otherwise engage with services; however, overall increases in uptake were generally relatively modest compared with the scale of effort involved. Whilst the evidence did not demonstrate substantial increases in vaccination coverage attributable solely to outreach activity, officers remained committed to supporting community-based provision because of its value in reaching vulnerable populations and addressing barriers to access. Members heard that future work would continue to explore neighbourhood-based vaccination models targeted at communities with persistently low uptake.

Cllr Ahmed asked why vaccination uptake remained comparatively low within certain communities and sought assurances regarding actions being taken to tackle these disparities.

The Senior Programme and Commissioning Lead explained that the causes were multifactorial and varied between localities and population groups. Deprivation, cultural factors, language barriers and literacy levels all contributed to lower uptake in some communities. Members were advised that, in certain areas, perceptions of the National Health Service itself could also influence engagement. Officers described ongoing work with community leaders, faith leaders and local partners to better understand local concerns and tailor interventions accordingly. The importance of place-based intelligence and trusted relationships within communities was emphasised as a key mechanism for addressing inequalities and improving uptake.

Cllr Ahmed asked whether a large-scale public campaign similar to that adopted during the COVID-19 pandemic should be introduced to encourage greater uptake of routine vaccinations.

Officers explained that the pandemic response had been delivered under exceptional circumstances and had benefited from substantial resources and emergency arrangements that would not be sustainable within routine vaccination programmes. Whilst efforts were continuing to expand delivery routes through community pharmacies, health visiting services and healthcare providers, evidence suggested that increasing the number of providers principally improved accessibility and flexibility rather than significantly increasing uptake. Members heard that more targeted approaches would therefore continue to be used, with mass vaccination models deployed only where significant outbreaks or specific public health risks justified such action. Officers also suggested that public understanding of vaccine-preventable diseases had diminished because many of those diseases were now rarely encountered. Consequently, future communications would place greater emphasis on explaining the serious consequences of illnesses such as diphtheria and tetanus and highlighting the protections afforded by vaccination.

Cllr Harper questioned the rationale for the significant expansion of community pharmacy vaccination services and asked how the approach would support residents in rural or harder-to-reach areas.

In response, the Senior Programme and Commissioning Lead explained that community pharmacy provision was intended primarily to increase accessibility and convenience. Examples were provided of children who missed vaccinations through school-based programmes due to illness or practical difficulties and who could instead receive vaccinations through local pharmacies. Similarly, pharmacies provided additional opportunities for parents already accessing other healthcare services. Whilst expanded provision did not automatically result in significantly higher uptake rates,

officers considered that offering residents greater flexibility and choice increased the likelihood of participation over time and therefore remained an important element of the overall strategy.

Cllr Thorp sought further detail regarding the Pathfinder Childhood Immunisation Pilot. Referring to the reported investment in the programme, he questioned whether the initial increase in vaccinations appeared proportionate to the resources committed and asked whether the programme had been targeted appropriately at areas of low uptake.

The Public Health Officer for Rotherham explained that the Pathfinder programme formed part of a national Government initiative designed to test how health visiting teams could support immunisation delivery in the future. The intention was not simply to count vaccinations delivered but to evaluate different service models and establish sustainable approaches for long-term implementation. Members were advised that extensive preparatory work had been required, including workforce training, record management systems, referral pathways and engagement with General Practitioner practices. Within Rotherham, the programme had initially been delivered through a single trained health visitor, with additional staff currently being trained. Officers reported that referrals had expanded beyond the first participating practice and that the programme was gathering momentum. Particular emphasis was placed on supporting highly vulnerable families who were unlikely to engage through conventional routes. Members also heard that the programme's benefits extended beyond vaccination delivery itself. Health visitors undertaking home visits had identified additional health and welfare concerns, including unmet dental needs and safeguarding issues, demonstrating wider public health benefits beyond immunisation outcomes alone. Officers also highlighted engagement activity undertaken at community events, including the Rotherham Show, where thousands of residents had received information and positive conversations about vaccination.

Cllr Baum-Dixon observed that future reports would benefit from additional benchmarking information to provide greater national context and enable Members to assess the effectiveness of initiatives against national trends and comparable areas.

The Senior Programme and Commissioning Lead confirmed that officers routinely compared local performance against regional and national data, including published England averages, and agreed that the inclusion of additional contextual benchmarking information would assist Members in their scrutiny of performance.

Cllr Baum-Dixon reiterated the value of presenting such comparative information within future reports.

The Chair commented that it would be beneficial to consider the drivers of the significant improvement in vaccination uptake amongst pregnant women, noting that the increase appeared to provide valuable learning

opportunities. They also sought assurance regarding local governance and accountability arrangements during the transfer of commissioning responsibilities.

In response, the Senior Programme and Commissioning Lead explained that extensive governance arrangements were already in place, including internal senior management oversight, monthly programme monitoring and the establishment of a dedicated Office for Pan-ICB Commissioning leadership group involving executive representatives from Integrated Care Boards. At the local level, Members were advised that assurance and oversight were provided through the Health Protection Board, which received regular updates and monitored progress and risks associated with the transition.

Resolved:-

That the Health Select Commission:

1. Noted the contents of the presentation received.

2. Requested that local performance reports in relation to vaccination uptake be provided to the Commission at appropriate intervals to facilitate ongoing monitoring of support offered to wards, schools and GP practices. These reports should include benchmarking against national vaccination uptake data to enable comparison of local performance with national trends. Delivery method and timeline TBC.

3. Requested an update at an appropriate stage on the overall impact of the Pathfinder programme in Rotherham. Delivery method and timeline TBC.

29. HEALTH SELECT COMMISSION WORK PROGRAMME - 2026/27

Resolved:-

That the Health Select Commission:

1. Approved the proposed work programme.

2. Agreed that the Governance Advisor be authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and reporting any such changes back at the next meeting for endorsement.

30. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The minutes of the last JHOSC meeting held 7 January 2026 were shared with members as soon as they became available and via the 14 May Health Select Commission meeting agenda pack.

The next JHOSC meeting remains expected to take place in October 2026, and final arrangements are underway regarding the agenda for that meeting.

Health Select Commission members will be updated regarding the agreed agenda items and meeting date once confirmed, at which point Members will be invited to share any questions or comments they would like to be included in JHOSC's discussions regarding those agreed items for consideration.

31. URGENT BUSINESS

There was no urgent business to discuss.

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Agenda Item 6

Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 19 November 2026

Report Title
Rotherham Safeguarding Adults Annual Report 2025/26

Is this a Key Decision and has it been included on the Forward Plan?
No

Executive Director Approving Submission of the Report
Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Report Author(s)
Jackie Scantlebury Safeguarding Adults Board Manager
Jackie.scantlebury@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary
The Care Act 2014 states that all Safeguarding Adult Boards (SAB) must produce an annual report to promote its profile with the public and other local multi-agency partnerships as well as the profile of safeguarding adults in its local area.

The 2025 – 2026 Rotherham Safeguarding Adults Board Annual Report therefore summarises the work of the Board and its subgroups to enhance the profile of safeguarding.

The report includes contributions from all strategic partners, highlights positive partnership working and provides a range of customer stories that evidence good safeguarding practices.

A summary of safeguarding performance is included in the Annual Report.

Recommendations
That Health Select Commission:

Consider the report.

List of Appendices Included

Appendix 1 The Rotherham Safeguarding Adults Report 2025-26

Appendix 2 The Rotherham Safeguarding Adults Strategic Plan 2025-28

Background Papers
The RSAB produce an annual report every year and they are available from the RSAB website. www.rsab.org.uk

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required

No

Exempt from the Press and Public
No

Rotherham Safeguarding Adults Annual Report 2025/26

1. Background

1.1 The primary objective of the Rotherham Safeguarding Adults Board (RSAB) is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic partnership made up of senior lead officers and nominated safeguarding leads from within adult social services, criminal justice, health, housing, community safety, and voluntary organisations.

The RSAB has an independent chair who is accountable for the effective delivery of the Board. The Care Act 2014 also specifies that there are three statutory core partners:

1. Local Authority.
2. Integrated Commissioning Board.
3. Police.

The RSAB is a multi-agency, strategic partnership made up of the three core members alongside:

- Rotherham NHS Foundation Trust
- RDaSH
- South Yorkshire Fire and Rescue
- Probation Service
- Voluntary and Community Sector
- Children and Young People's Partnership
- Cabinet member for Adult Social Care and Health
- Other Council service representatives across housing, community safety and criminal justice

The Care Act 2014 requires all Safeguarding Adult Boards (SABs) to produce an annual report. For Rotherham, the report evidences what has been achieved by the partnership, it includes customer stories, practice improvements and looks forward to the coming year, as well as outlining the plans that are in place to deliver against the RSAB Strategic Plan.

2. Key Issues

2.1 The Rotherham Safeguarding Annual Report 2025/26 looks at what has been delivered by the safeguarding partnership against the strategic plan.

Voice
Voluntary Action Rotherham (VAR) has worked closely with the Board to develop the Voice Subgroup. VAR promoted the work of the Board and the aim to set up a subgroup that would bring together people with lived experience and the voluntary sector to ensure the Rotherham Safeguarding Adults Board heard their voices.

The first subgroup meeting was held in February 2026, and the group have continued to meet every two months via teams and face to face. The group have chosen to work together to produce a leaflet that can be used by the public to identify self-neglect and hoarding. This will be developed during the end of 2026.

Vulnerable Adults Pathway
On the 1 July 2025 the Vulnerable Adults Pathway was launched in conjunction with agencies from across the partnership.

The purpose of the Vulnerable Adults Pathway is to is to take a multi-agency approach to address the complex needs of identified vulnerable adults, where previous or isolated interventions have not reduced risk to an acceptable level.

The launch consisted of an in-person event at New York Stadium and two virtual sessions, which were well attended by colleagues from across the partnership. Colleagues were invited to learn about the new process, to ask questions and to share their thoughts.

It was a great week or networking and learning opportunities, with the pathway becoming live later in July 2025.

Work continued throughout the year to further embed the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM) and Vulnerable Adults Panel (VAP).

Housing
The Board supported ongoing work with Housing Services and the Homelessness Team to develop strong links with safeguarding to ensure we are working to support people who are at risk of homelessness and who are suffering homelessness.

The joint ministerial letter on homelessness and adult safeguarding was sent in May 2024 by the Ministers for Housing and Homelessness and Social Care to Safeguarding Adults Board (SAB) chairs, directors of housing, and directors of adult social care across England. The letter asks that Safeguarding Boards make rough sleeping and homelessness a core strategic priority in local Safeguarding Adults Board plans.

In December 2025, colleagues from the Homeless Team supported a lady with lived experience of homelessness to attend the Safeguarding Adults Board and tell her story. Hearing peoples' experiences firsthand spotlights the joint partnership working it takes to support someone through difficult times.

Safeguarding Awareness Week 2025
Safeguarding Awareness Week 2025 (SAW25) was held between the 17 – 21 November 2025. The week is nationally recognised to raise awareness of all aspects of safeguarding for adults and children.

The official launch was held at New York Stadium, on Monday 17 November 2025, the themed focus was ‘Mental Health and The World We Live In’.

The week was filled with training and awareness sessions that included, Suicide Awareness, Domestic Violence, Complex Lives and the Rotherham Vulnerable Adult Pathway.

New for 2025 was the Safeguarding Champion Awards. This was an excellent opportunity to hear the good news stories and celebrate those heroes across the partnership and community. The Annual Report outlines the award categories and the winners from across the safeguarding adults partnership.

2.2 The Safeguarding Adults Board has five subgroups that sit under the Board and the Executive Group. Membership of the sub-groups includes representatives from across the partnership and each of the groups has a work plan that supports delivery of the strategic plan. The annual report captures and references the critical work of these sub-groups.

The annual report includes a customer story from the each of the partners to provide evidence of good safeguarding practice and partnership working.

The annual report sets out the aims for the year ahead, highlighting what the partnership will be focused on and what the sub-groups will be working to deliver. The focus for 2026/27 will be:

- Refresh and review the Making Safeguarding Personal toolkit, we will look at national learning and adopt good practice to support all colleagues to improve the safeguarding pathway.
- Work with the Homeless Team to deliver a multi-agency partnership event to look at how we safeguard people who are homeless or are at risk of homelessness.
- Further develop and strengthen the role of the Voice subgroup.
- Strengthen the voice of the person in safeguarding.
- The Safeguarding Partners Self-assessment will take place in December 2026. Partners will be asked to complete a self-assessment document following the statutory format covering both adults and children’s arrangements in the following areas. Work with Children’s Safeguarding to carry out a safeguarding self-assessment with all partners.
- Deliver Safeguarding Awareness Week 2026, offering awareness and training sessions across the partnership.

Performance information is also included in the annual report to evidence the breadth of safeguarding activities for the reporting period.

3. Options considered and recommended proposal

3.1 Health Select Commission note the Safeguarding Adults Annual Report for 2025-26

4. Consultation on proposal

4.1 The report was presented and signed off by Rotherham Safeguarding Adults Board on 24 September 2026.

5. Timetable and Accountability for Implementing this Decision

5.1 This appendix is the final version of the report, no changes will be made to the content of the report. The communication and design team are working on developing the report in a PDF that is compliant with accessibility requirements it will then be published on the RSAB website.
The Safeguarding Annual Report will be available electronically via the Safeguarding Boards website, https://www.rsab.org.uk from the 1 December 2026.

6. Financial and Procurement Advice and Implications

6.1 There are no direct financial implications.

7. Legal Advice and Implications

7.1 S43 of the Care Act 2014 sets out the statutory duty of the Council to establish a Safeguarding Adults Board for the borough of Rotherham.

A Safeguarding Adults Board has the objective to help and protect adults in its area who have care and support needs and who are at risk of neglect and/or abuse and unable to protect themselves. A Safeguarding Adults Board may undertake any lawful activity which is necessary and desirable to achieve its objective.

The Care Act 2014 requires all local authorities set up a Safeguarding Adults Board to co-ordinate local work to safeguard adults who need care and support. The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect. The RSAB must:

- Produce an annual report on the effectiveness of adult safeguarding within their area.
- Produce a strategic plan that sets out the aims of the board.
- Commission Safeguarding Adults Reviews (SAR's) where they meet the criteria.

The Council has the lead responsibility for co-ordinating safeguarding this includes strategic responsibility and establishing multi-agency arrangements to ensure the effectiveness of the Rotherham Safeguarding Adults Board partnership.

8. Human Resources Advice and Implications

8.1 There are no direct HR implications.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Rotherham Safeguarding Adults Board is a partnership board and has representation from Children's Services.

10. Equalities and Human Rights Advice and Implications

10.1 This report supports the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and
- Equality Act (2010) to legally protect people from discrimination in the wider society.

11. Implications for CO_2 Emissions and Climate Change

11.1 The Rotherham Safeguarding Adults Board Annual Report for 2025/26 will not significantly impact the Council's or area-wide emissions or otherwise effect progress towards these goals.

12. Implications for Partners

12.1 The Rotherham Safeguarding Annual Report 2025/26 has been produced collaboratively with partners.

12.2 Partners of the board will share and promote the Annual Report across their respective organisations.

13. Risks and Mitigation

13.1 The Rotherham Safeguarding Annual Report 2025/26 has no risks associated with it as publication ensures compliance with our statutory duties.

Accountable Officer
Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Approvals obtained on behalf of:

	Name	Date
The Executive Director with responsibility for this report	Ian Spicer, Executive Director of Adult Care, Housing and Public Health	09/11/26
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health - Councillor Baker-Rogers	09/11/26

Jackie Scantlebury RSAB Manager, Jackie.scantlebury@rotherham.gov.uk

This report is published on the Council's website.

ANNUAL REPORT 2025/26

Protecting adults from abuse and neglect



Rotherham Safeguarding Adults

Rotherham Metropolitan Borough Council

INTRODUCTION BY MOIRA WILSON

Rotherham Safeguarding Adults Board Independent Chair



I am pleased to present the Rotherham Safeguarding Annual Report for 2025/26.

An Annual Report gives us the opportunity to look back on what the Safeguarding Adults Board has achieved in the past year and look forward to the year ahead. This report demonstrates the strong Rotherham partnership and the continued commitment from all our partners to improve safeguarding standards for all our residents. As a safeguarding partnership we work together to ensure that adults who may be at risk of abuse or neglect are protected and safeguarded.

The Board and its sub-groups work together to deliver on the strategic aims that are agreed in the Strategic Plan 2025/28. This report gives examples of work achieved during the year and also sets out what we plan to deliver during 2026/27. Subgroups chairs are from across the partnership and attendance at all meetings continues to be strong.

Safeguarding Awareness Week 2025 was held in November, and we began the week with a launch event that focused on mental health and sharing intelligence. The week was full of online and face to face awareness and training events, including a safeguarding workshop with provider services from across Rotherham. The highlight of Safeguarding Awareness Week was the Safeguarding Champion Awards, this was the chance to recognise and celebrate adults and children from across Rotherham who go above and beyond to safeguard the most vulnerable people in our community.

The Voice Subgroup was established and in February 2026, and with the help from Voluntary Action Rotherham we hosted an online meeting with over twenty attendees from agencies that support vulnerable people across Rotherham. The subgroup will focus on how we share awareness with residents of Rotherham on safeguarding issues and will ensure that members of the board hear the voice of people effected and involved in safeguarding.

Looking forward, we aim to ensure that we continue to strengthen our partnership and together we will work across Rotherham to keep people safe and at the centre of all our safeguarding work.

Once again, I would like to thank all partners for their continued support and look forward to continuing to work together.

INTRODUCTIONS



I am proud to be a member of the Rotherham Safeguarding Board, having the opportunity to work in partnership across Rotherham, delivering services and support to those residents that require it. This annual report provides a record and insight into what the Board has been working on and what it wants to do more of. I am really pleased to see progress in making sure we hear directly from residents who need safeguarding support and intervention to help shape the work of the board and service delivery now and in the future.

Ian Spicer
Executive Director Adult Care, Housing & Public Health



Partnership working in Rotherham is key to ensuring people across Rotherham are safeguarded. Our strong partnership approach ensures that any concerns can be quickly identified and the right support provided to the individual relevant agencies. I am proud of the work the Rotherham Safeguarding Adults Board (RSAB) has completed this year and look forward to the opportunities for further strengthening this approach in the coming year'

C/Supt Andy Wright
Rotherham District Commander



As a strategic executive partner representing the ICB I am fully committed to safeguarding adults and promoting their wellbeing across all aspects of our work. As an active partner in the safeguarding system, we support the priorities and objectives of the Rotherham Safeguarding Adults Board (RSAB), working collaboratively with partner agencies to prevent abuse and neglect, protect those most at risk, and ensure adults are supported to live safe, independent, and fulfilling lives.

We are committed to embedding a culture where safeguarding is everyone's responsibility. Through effective governance, staff training, learning from reviews and incidents, and a person-centred approach that reflects the principles of Making Safeguarding Personal, we strive to ensure that the voices, wishes, and outcomes of individuals remain at the heart of all safeguarding activity. Working together with RSAB and our local partners, we will continue to strengthen safeguarding practice and improve outcomes for the people of Rotherham.

Mr Alun Windle (RNA) Adv Dip, MA
Deputy Chief Nurse SYICB, Director of Nursing (Sheffield & Barnsley)

Keeping people safe from abuse is everyone's business

RECOGNISE • RESPOND • REPORT

The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs form abuse and neglect.

The RSAB's primary objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic partnership made up of senior/lead officers and nominated safeguarding leads form within adult social services, criminal justice, health, housing, community safety, and voluntary organisations.

The RSAB coordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by partner agencies in the area. The Board aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Who is at risk?

An adult at risk is someone who is aged 18 or over who:

- Has needs for care and support
- Is experiencing or is at risk of abuse or neglect, and is unable to protect themselves

What is abuse?

Abuse can be:

- Something that happens once
- Something that happens repeatedly
- A deliberate act
- Something that was unintentional, perhaps due to a lack of understanding
- A crime

Abuse can happen anywhere, at any time and be caused by anyone including

- A partner or relative
- A friend or neighbour
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

Types of abuse:

Physical abuse
Hitting, kicking, punching, kicking, inappropriate restraint

Domestic abuse
Psychological, physical, verbal, sexual, financial or emotional abuse by a current or former partner or family member

Organisational abuse
Poor treatment in a care setting

Financial or material abuse
Theft, fraud, misuse of someone else's finances.

Sexual abuse
Being made to take part in a sexual activity without consent

Discriminatory abuse
Harassment based on age, gender, sexuality, disability, race or religion

Neglect and acts of omission
Failure to provide care or support

Psychological and Emotional abuse
Shouting, ridiculing, or bullying

Modern slavery
Human trafficking and forced labour

Self-neglect
Declines essential care support needs, impacting on their overall wellbeing



To find out more about Adult abuse, please see the RSAB website **www.rsab.org.uk/**

ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2025/26

Rotherham Safeguarding Adults Strategic Plan 2025/28

One of the statutory duties of a Safeguarding Adults Board is to develop and publish a strategic plan. The plan must set out how the Board will meet its objectives and how its members and partner agencies will contribute.

A development day was held in January 2025 to bring partners together to agree the safeguarding priorities for the next three years. The development session included workshops to understand what the safeguarding partnership felt were the areas for development, and where, by working together, we could improve services for the people of Rotherham.

Following the development day, the new strategic plan was developed and shared with the partners of the Board. Partners had agreed to five new objectives.

The Rotherham Safeguarding Adults Board Strategic Plan 2025/28 was developed in consultation with all Board members, including the Cabinet Member for Adult Social Care.
A development day was held in January 2025 to bring partners together to agree the safeguarding priorities for the next three years. The development session included workshops to understand what the safeguarding partnership felt were the areas for development, and where, by working together, we could improve services for the people of Rotherham.

The partnership agreed to five new strategic priorities;

Strategic Priority 1 - Communication, Engagement and Voice

Improving safeguarding awareness across all citizens, communities, and partner organisations.

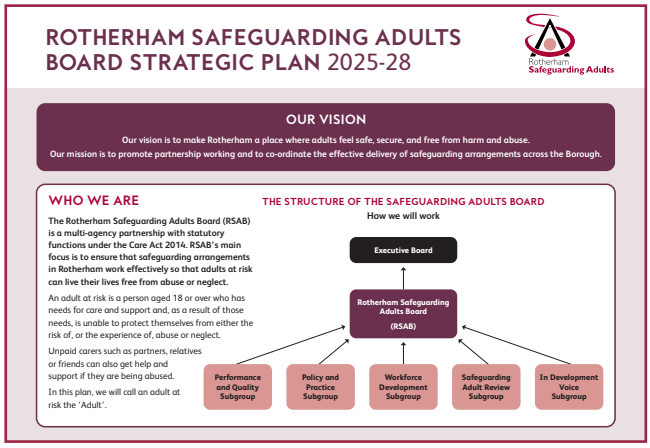
- We will work to ensure the citizens of Rotherham are heard by the safeguarding partnership.
- We will work with communities across Rotherham to promote the work of the Board and raise awareness of safeguarding issues.
- We will work to ensure that the voices of seldom-heard people are heard by the Board.

Strategic Priority 2 - Prevention and Early Intervention

Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

- We will continue to work closely with the Rotherham Safeguarding Children's Partnership to build on and develop support for young people in transition.
- We will continue to work with the Safer Rotherham Partnership, partners and communities to protect vulnerable adults including cuckooing, modern day slavery, hate and mate crime and repeat victims of crime to improve reporting and strengthen joint working to tackle crime.
- We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds, but have complex needs.
- We will further strengthen our safeguarding practices relating to neglect, self-neglect and hoarding.

ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2025/26



Strategic Priority 3 - Leadership and Partnership

To promote effective leadership, partnership working and governance for safeguarding adults, holding partners and agencies to account.

- We will explore the benefits of an Adult Multi Agency Safeguarding Hub.
- We will continue to develop the SAB website to provide timely and accurate information and guidance from across the Partnership for the public and professionals.
- The Board and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards.
- Adopting a Think Family approach we will work together across the partnership to fully embed a Think Family approach to safeguarding.

Strategic Priority 4 - Making Safeguarding Personal

To make sure that safeguarding practice places adults at the centre, and supports them in making their own decisions and outcomes.

- We will review and refresh Making Safeguarding Personal across the safeguarding partnership.
- All work will be done with the "so what?" question in mind. What is the difference we are making.
- We will strengthen our approach to the application of the Mental Capacity Act and use of Advocacy in safeguarding practices.

Strategic Priority 5 - Learning and Development

To identify and share lessons from reviews and audits to drive practice development and learning.

- Deliver training to staff across the partnership to make sure safeguarding is person-centred and outcome focused.
- Undertake safeguarding adults reviews (SARs) to identify learning, improve practice and prevent similar mistakes from happening again.
- We will develop a SAB multi-agency audit process.
- We will use the professional website page to share the outcomes from learning reviews.

A detailed action plan tracks the progress of each of the priorities and provides an update to the Executive and full Safeguarding Board.



Progress made during 2025/26

Voice

Voluntary Action Rotherham (VAR) worked closely with the Board to develop the Voice Subgroup. VAR promoted the work of the Board and the aim to set up a subgroup that would bring together people with lived experience and the voluntary sector to ensure the Rotherham Safeguarding Adults Board heard their voices.

The first subgroup meeting was held in February 2026, and the group will continue to meet bi-monthly.

Vulnerable Adults Pathway

On the 1 July 2025 the Vulnerable Adults Pathway was launched in conjunction with agencies from across the partnership.

The purpose of the Vulnerable Adults Pathway is to is to take a multi-agency approach to address the complex needs of identified vulnerable adults, where previous or isolated interventions have not reduced risk to an acceptable level.

The launch consisted of an in-person event at New York Stadium and two virtual sessions, which were well attended by colleagues from across the partnership. Colleagues were invited to learn about the new process, to ask questions and to share their thoughts.

It was a great week of networking and learning opportunities, with the pathway becoming live later in July 2025.

Work continued throughout the year to further embed the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM) and Vulnerable Adults Panel (VAP).

Working with the Homeless Team

The Board supported ongoing work with Housing Services and the Homelessness Team to develop strong links with safeguarding to ensure we are working to support people who are at risk of homelessness and who are suffering homelessness.

In December 2025, our colleagues from the Homeless Team supported a lady with lived experience of homelessness to attend the Safeguarding Adults Board and tell her story. Hearing peoples' experiences firsthand puts a spotlight on the joint partnership working it takes to support someone through difficult times.

Safeguarding Awareness Week 2025

Safeguarding Awareness Week 2025 (SAW25) was held between the 17 and 21 November 2025, this week is a nationally recognised week to raise awareness of all aspects of safeguarding for adults and children.

The official launch was held at New York Stadium, on Monday 17 November 2025, the themed focus was 'Mental Health and The World We Live In'.

The week was filled with training and awareness sessions that included, Suicide Awareness, Domestic Violence, Complex Lives and The Rotherham Vulnerable Adult Pathway.

New for 2025 was the Safeguarding Champion Awards. This was an excellent opportunity to hear the good news stories and celebrate those heroes across the partnership and community.

ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2025/26

The award categories were:

- **Making a Difference**
  Winner – The Blossom Midwives Team
  This will recognise the impact an individual or team has had on an adult or child by safeguarding, listening, and ensuring safety of others.
- **Community Guardian**
  Winner – Alan Cryer
  Those that act as the 'ears and eyes' of their neighbourhood, reporting issues and working with relevant professionals.
- **Open Door**
  Winner – JADE Youth and Community Centre
  A safe space where an individual or team has created a welcoming space which is often a physical location to provide that sense of safety and security.
- **The Young Carer**
  Winner – Lee Edwards
  The recognition of the contributions in which young people provide care and support needs to their family members. A selfless dedicated carer.
- **The Safeguarding Campaigner**
  Winner – SYP Dementia Tag Team
  Someone who will advocate for the protection of a vulnerable individual, particularly in children and adults from abuse, risk or neglect.





- **Children's Champion**
  Winner – Marianna Lackova
  A young individual who has shown courage and bravery to safeguard another person or young person. A child who advocates for others.
- **The Everyday Safeguarder Adults**
  Winner – Michael Quinn
  The Everyday Safeguarder Children
  Winner – Les Elvin
  An individual of team who demonstrates their commitment to safeguarding everyday. One award for Children's and one for Adults.
- **The Safeguarding Adults Independent Chair Award**
  Winner – Janet Evans
  This award will be given by Moira Wilson who will award an individual or team for their dedication.
- **The Safeguarding Children's Independent Chair Award**
  Winner – Lindsay Wootton-Ashforth
  This award will be given by Darren Downs who will award an individual or team for their dedication.

ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2025/26

The RSAB has five subgroups to ensure the priorities of board are delivered. The Sub-Groups each have a work plan and during 2025/26 they were able to deliver the following specific pieces of work:

Performance and Quality Subgroup

Deliver a quarterly Safeguarding Performance Report	The Safeguarding Adults Board are presented with a quarterly performance report at each meeting. This report is continually under review to ensure that information is presented in an understandable and easy-to-read format.
Develop a Partnership Performance on a page template	The Performance and Quality subgroup have worked with our partners to develop a template to capture performance data from all key partners. The template will be in use from Quarter 1 2026/27 performance reporting and will provide further assurance to the SAB. Data reporting will include, training, what is working well, areas of success/good practice and areas for improvement.

Workforce Development

Manage and quality assure the three-year training package to deliver safeguarding training to the Rotherham Partnership	The Workforce Development Subgroup has ensured that the training on offer to the Partnership has been assessed and quality assured. The subgroup monitor attendance figures and the number of attendee cancelations to ensure the partnership are accessing the training on offer.
Spiritual and Ritual Abuse Training session	In March 2026 the Board invited Jordon Alexander to deliver an awareness session around Spiritual and Ritual Abuse. Over the past six years, the UK has recorded a 46 % increase in the reporting of spiritual and ritual abuse (SARA) in children alone, with Rotherham and South Yorkshire being one of the highest areas in the UK for this form of abuse.

Policy and Practice

Development and rollout of a multi-agency audit tool to make the audit process more streamline	The subgroup supported two Partnership Audits. • Access to service via the Adult Care Front Door • Financial Abuse and Cuckooing Attendees from all key partners came together to carry out the case file audits. Outcomes were reported to the SAB and recommendations were made.
Review and update key policies and procedures	The Policy and Practice subgroup have begun the refresh of key policies. The Self-neglect and Hoarding Policy and the RSAB Escalation Policy are under review, this will be followed by the Threshold Guidance and the Caused Enquiry Process throughout 2026.

ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2025/26

Safeguarding Adults Review

During 2025/26 the Safeguarding Adults Review subgroup received 25 cases to consider for a SAR	The SAR subgroup have received more referrals during 2025/26 than the previous 3 years combined (25 in total). This has resulted in monthly meetings and when needed, roundtable discussions to ensure we have all interested parties involved in the decision making.
The SAR subgroup has commissioned two SARs during 2025/26	Two SARs have been agreed and independent authors to carry out the reviews have been commissioned. The SAR process for each of the cases will carry over into 2026/27 and will be reported in the 2026/27 Annual Report.

Voice and Co-production

The First Voice subgroup was held in January 2026	Meetings with over 30 voluntary organisations were hosted by Voluntary Action Rotherham in 2025. The groups discussed the remit of the Voice subgroup and planned for the year ahead. All interested groups were invited to the first official subgroup meeting in January 2026.
Terms of Reference and Workplan developed	The Voice subgroup have developed their Terms of Reference and booked their meetings for 2026. The group will meet bi-monthly and will hold every other meeting face to face at different venues across Rotherham.



Safeguarding Adults Board

LOOKING FORWARD TO 2026/27

The Safeguarding Adults Board will continue to work on and deliver the priorities of the Strategic Plan for 2025/28.

Making Safeguarding Personal

During 2026/27 the focus of the subgroups will be around the Making Safeguarding Personal (MSP) priority. Partnership audits will assess the compliance MSP and how it has been applied throughout the safeguarding process, have peoples outcomes been met and has the voice of the person been heard throughout the process.

Refresh and review the MSP toolkit, we will look at national learning and adopt good practice to support all colleagues to improve the safeguarding pathway.

Homelessness

Working with the Homeless Team we will hold a multi-agency partnership event to look at how we safeguard people who are homeless or are at risk of homelessness. Raising awareness of the Vulnerable Adults Pathway and the referral process, the support and services that are available from the Homeless Team and all partnership teams that support the homeless.

Safeguarding Children's and Adults Partnership Self Assessment

The Safeguarding Partners Self-assessment will take place in December 2026. Partners will be asked to complete a self-assessment document following the statutory format covering both adults and children's arrangements in the following areas.

- Policies, Procedures & Thresholds
- Early Help & Prevention
- Multi-agency Training
- Safe & Confident Workforce
- Systemic Practice & the Daily Lived Experience of Children
- Learning & Priorities

A separate Check and Challenge Event will be held in December 2026. This will be a good opportunity to bring Children's and Adults Safeguarding Partners together to share valuable information, learning and good practice.

LOOKING FORWARD TO 2026/27

Safeguarding Awareness Week 2026

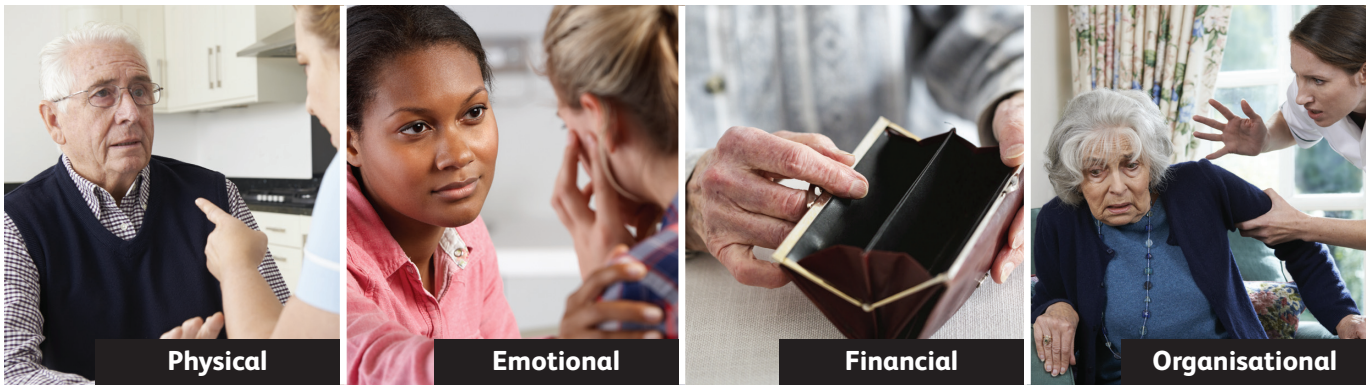
During 16 and 20 November, the Safeguarding Partnership will come together to deliver a range of awareness and training events to colleagues across Rotherham. The week will begin with a Partnership Safeguarding Conference that will focus on the Think Family agenda and the week will end with the Safeguarding Champions Awards that recognise people who go above and beyond their everyday role to safeguard the most vulnerable in our society.

Voice and Co-production

The Voice subgroup will build on their strong start and will work to provide the SAB with a member with lived experience, the person will be the joint chair of the subgroup and will represent the group at the Board. The Voice subgroup will take an active role in SAW26 and all events organised by the SAB.



Do you know the signs of adult abuse?



Recognise • Respond • Report

APPENDIX I
KEY PARTNERSHIP CONTRIBUTIONS 2025/26

The partners of the RSAB all have a responsibility to help deliver the priorities that are set out in the strategic plan. Each partner has provided evidence to how they deliver the four priorities of the Board. Here are some examples of the good practice, learning and customer stories that ensure that the Rotherham Safeguarding Partnership is committed to working together to safeguard its citizens and to continue to raise awareness of safeguarding.

Rotherham Borough Metropolitan Council

CUSTOMER STORY

In early 2026, a worrying situation began to unfold in the life of Mrs A. A trusted and valued member of her community, Mrs A had always managed her affairs independently. However, unknown to her, she had become vulnerable to financial exploitation by someone she knew.

The first alarm was raised in January 2026 when a concerned friend from London contacted safeguarding services. The friend reported that Mrs A had lent around £22,000 to an acquaintance and that a further £10,000 appeared to have been taken without her permission. These reports suggested that Mrs A might be the victim of financial abuse, prompting immediate concern for her wellbeing and financial security.

As enquiries began, professionals worked closely with Mrs A to understand what had happened. During a visit at the end of February, she was supported to attend her banks and review her accounts. What they discovered was alarming. Numerous large transactions had been made, many of which Mrs A did not recognise and could not remember authorising. Further investigation revealed that an online banking facility had been set up on her Post Office account, something Mrs A had been completely unaware of.

Recognising the seriousness of the situation, Mrs A was supported to contact each of her financial institutions. Together, they requested account statements, reported concerns about the transactions, and began piecing together a picture of what had occurred. At the same time, contact was made with her solicitor, who confirmed that advice had previously been provided and agreed to continue exploring ways to strengthen safeguards around Mrs A's finances.

The matter was escalated to South Yorkshire Police, and a meeting was arranged with an Anti-Fraud Officer. Mrs A attended and was supported throughout the process. The police involvement marked a significant turning point. As evidence was reviewed and concerns became clearer, the bank agreed to reimburse the money while continuing its investigation.

For Mrs A, the outcome brought enormous relief. Following the combined efforts of safeguarding professionals, legal representatives, fraud investigators, and the police, approximately £169,000 was returned to her accounts. Although investigations continued, the immediate financial harm had been rectified, restoring security and stability to Mrs A's life

This case highlights the importance of vigilance, partnership working, and early intervention in safeguarding adults at risk. Through the persistence of professionals and the support provided to Mrs A, a potentially devastating case of financial abuse was recognised, investigated, and successfully addressed, ensuring that she regained control of her finances and was protected from further exploitation.

APPENDIX I
KEY PARTNERSHIP CONTRIBUTIONS 2025/26

Rotherham NHS Foundation Trust

CUSTOMER STORY

A pregnant woman experiencing domestic abuse was identified as high risk and discussed at Multi-Agency Risk Assessment Conference (MARAC), with safeguarding processes put in place for both her and the unborn baby. Escalating concerns regarding the partner's violent behaviours led to police involvement and MAPPA management.

A coordinated multi-agency plan was established to support the woman throughout pregnancy, labour, and the postnatal period. This included measures to maintain her safety during hospital admission, alongside compassionate, trauma-informed care. Following the birth, she was supported in relocating to safe accommodation outside the area.

Professionals across health, police, and wider partners maintained regular communication at key points of care, enabling responsive risk management and continuity of support. The approach reflected a holistic "Think Family" model, addressing the safety and wellbeing of the unborn child, the ongoing needs of the mother, and consideration of the partner's mental health and substance misuse risks.

A coordinated multi-agency plan supported the woman through labour and the postnatal period, including safety planning, compassionate hospital care, and subsequent relocation to safe accommodation.

Daily communication between partners ensured timely risk management and continuity of care.

South Yorkshire Integrated Care Board (ICB)

HOW WE WORK

As one of the Executive Partners of the Rotherham Safeguarding Adults Board we are proud to support the continued development of services that improve outcomes for adults across Rotherham.

The safeguarding landscape continues to evolve in response to increasing demand, greater complexity of need, and sustained pressures on public services. Against this backdrop, the commitment, professionalism, and resilience demonstrated by colleagues across health, social care, policing, housing, and the voluntary and community sector have remained exemplary. Through effective leadership, robust governance, and strong partnership working, the Board has maintained strategic oversight of safeguarding arrangements and provided assurance regarding the effectiveness of local systems to protect adults with care and support needs.

As we progress through 2026, public services continue to operate within a challenging financial environment. At the same time, there is an increasing emphasis on prevention, early intervention, personalised care, and integrated working across organisational boundaries. These developments present important opportunities to strengthen collaboration, maximise the impact of available resources, and deliver services that are responsive, sustainable, and centred on the needs of adults, their families, and carers.

Our commitment to safeguarding adults from abuse and neglect, promoting wellbeing, and supporting people to live safe, independent, and fulfilling lives remains unwavering. It is essential that we continue to identify and respond

APPENDIX I
KEY PARTNERSHIP CONTRIBUTIONS 2025/26

to risks at the earliest opportunity, ensuring that safeguarding practice is proportionate, effective, and focused on achieving positive outcomes. Achieving this requires a whole-system approach, underpinned by shared responsibility, professional curiosity, and a collective determination to place the voice and experiences of adults at the centre of all that we do. The principles of Making Safeguarding Personal remain fundamental to this ambition.

The work of the Rotherham Safeguarding Adults Board continues to demonstrate the value of strong partnership arrangements, constructive challenge, independent scrutiny, and a commitment to continuous learning and improvement. Through our assurance activity, performance oversight, Safeguarding Adults Reviews, and engagement with practitioners, providers, and local communities, we continue to strengthen safeguarding arrangements and promote a culture in which safeguarding is recognised as everybody's responsibility.

Whilst significant challenges remain, there is also much to be proud of. The progress achieved across the partnership reflects the dedication and expertise of organisations and individuals who work tirelessly to protect adults and improve outcomes. By maintaining a clear focus on prevention, wellbeing, and person-centred practice, and by continuing to work collectively across agencies and with our communities, we can build on these achievements, respond effectively to emerging risks, and make a lasting positive difference to the safety, independence, wellbeing, and quality of life of adults across Rotherham.



South Yorkshire Police

CUSTOMER STORY

In July 2025, concerns were raised for a vulnerable female, suffering with dementia. She was discussed at Police Thrive due to her being a repeat confused caller. This female was not open to services at that time, but it was established that she lived with her son and that her daughter also provided regular support. The Safer Neighborhood Sargent made her daughter aware of the frequent calls, and she said the family were considering their options for further support. This lady was discussed again in February 2026 and was again found to be not open to any support services. SNS highlighted the concerns via the Vulnerability Pathway with ASC and requested that her case was re-assessed. A subsequent safeguarding S42 enquiry was opened and the lady's needs were assessed and addressed under the Care Act. The Adult Social Care Community Team are now fully aware of the concerns, and discussions were also held at the High Intensity User Group, so further support could be put in place to reduce the demand on services.

APPENDIX I
KEY PARTNERSHIP CONTRIBUTIONS 2025/26

Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDaSH)

CUSTOMER STORY

Mr A is a gentleman in his early 20s with diagnosis of psychosis, autism, depression and anxiety. He has been open to RDaSH services on and off since 2020 and is currently open to a Community Mental Health Team. Mr A experiences visual and auditory hallucinations. He also reports that he experiences meltdowns as a result of his neurodiversity. During an appointment with his lead professional, Mr A reported that during a meltdown, his mum grabbed him, swore at him and pinned him to the floor. His adult brother then came and punched him in the face, resulting in a cut and swollen lip. Mr A also reported historical incidents of abuse from the wider family including his sister holding a knife to him and his mum locking him in his room and not allowing him to leave.

A DASH was completed after multiple attempts as Mr A found it difficult to open up and the team wanted to allow Mr A a space that felt safe and comfortable to be able to give as much information as possible. Mr A was clear that he felt frightened but did not want a police report to be made because he felt this may escalate the risk of further incidents or abuse. Mr A's lead professional was also concerned that there would be an increased risk of him harming himself if his wishes for a police report to not be made were not taken seriously.

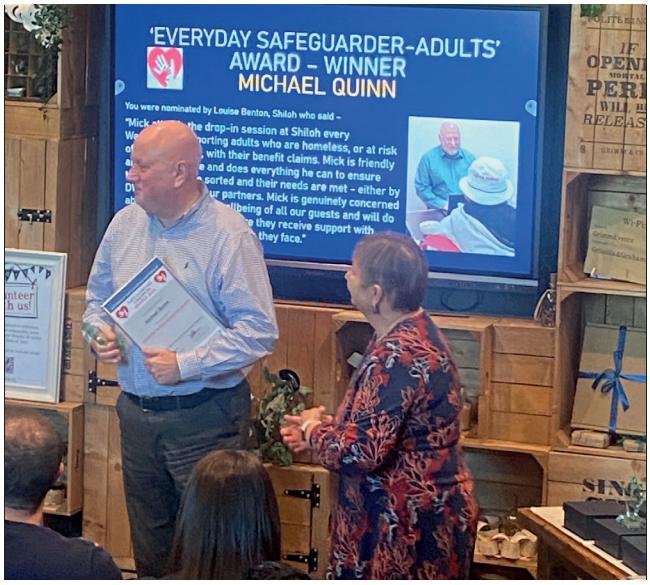
The lead professional discussed the DASH outcome with the team manager and they both agreed it should be rated as high risk given the significant incidents of assault. They then met with the Trust Safeguarding Team to further discuss due to concerns of overriding consent and making a police report as this would likely increase risk.

Mr A's lead professional also explored a Care Act assessment with Mr A, which he consented to and was keen to look at alternative accommodation and a carer's assessment was also discussed with mum.

Unfortunately, before the MARAC took place, Hopian reached out to Mr A which he found distressing. However, this was further discussed in MARAC with an agreed plan for the CMHT to encourage Mr A's engagement with Hopian if and when he was ready. The police agreed to manage the disclosures using a "trauma informed response" which was in line with Mr A's wishes and negated any potential of increasing the risk to himself.

The most positive outcome was that by agencies collaborating, Mr A was able to sign for supported accommodation on the same day that the MARAC took place, with the move taking place within a couple of weeks. Mr A was very happy with his new property.

After the move, Mr A reported he felt safe and denied any further abuse or assaults from family. Support from the CMHT continued.



APPENDIX I
KEY PARTNERSHIP CONTRIBUTIONS 2025/26



South Yorkshire Fire and Rescue Service (SYFR)

CUSTOMER STORY

South Yorkshire Fire and Rescue (SYFR) received a referral for a home fire safety visit. Hoarding level 5-9 on the clutter index rating, concerns regarding living environment, blocked exits and mobility were identified. SYFR referred to adult social care and the high-risk coordinator for SYFR carried out a further joint visit with housing and social care. The occupier was reluctant to receive support and engage with services and declined care providers to help with personal care.

A safeguarding referral was submitted and SYFR carried out further joint visits to assess fire risks and reiterate fire safety advice. The property had a clean and clear and a new referral was made by housing due to hoarding levels increasing again.

SYFR revisited in 2021 and closed as they had done everything reasonably practicable in helping to reduce fire risks.

SYFR attended several cooking post incidents from 2022 to 2025. Fire risks remained and the level of hoarding significantly increased. SYFR requested and attended multi agency meetings and submitted further safeguarding referrals. Care providers were put in place and this increased as and when required for further support. Occupier was now engaging with partner agencies and allowed a joint visit from SYFR and social care. The high-risk coordinator for Rotherham submitted a sharing of information form, which was cascaded to partner agencies.

Following the last visit from SYFR, an email was sent to housing requesting an update as to what support was in place to help reduce the hoarding levels. A further clean and clear was due to be completed, this was completed in 2025. The occupier also agreed to submit an application for supported living due to care and support need. This occupier now receives full-time care and has engaged well with services to reduce/mitigate fire risks. The occupier now lives safely with full support in place following a multi-agency approach.

APPENDIX I
KEY PARTNERSHIP CONTRIBUTIONS 2025/26

Rotherham Voluntary and Community Sector

The Mental Health Community Connectors support people in Rotherham living with severe mental illness (SMI) in partnership with NHS Primary Care teams, RDaSH and Voluntary Sector organisations. The Community Connectors are out in local neighbourhoods every day, meeting people one-to-one – helping them regain their confidence, overcome barriers to accessing support and get involved in their community.

The service empowers people to build healthier lives – through enabling participation in a range of activities – both one to one or in small groups, as well as education, services and clinical offers such as screening, vaccinations and annual health checks.

The Mental Health Community Connectors support patients for up to 6 months. During the year 2025/26 65 % of patients received support for up to 3 months, 33 % of patients received support for 3-4 months, and 2 % of patients received support for 6 months. This shows that the majority of patients are requiring one-to-one support for up to 3 months and by that point have developed the independence to access the community independently, often as a result of participation in the micro-commissioned Voluntary Sector provision.



APPENDIX 2
KEY FACTS AND FIGURES

Safeguarding Annual Performance: 2025-26 – Data Recieved

Safeguarding Adults Review – (SAR)

A Safeguarding Adults Review must be carried out if:

- An adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- An adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SARs Commissioned 2025-26
3 SAR were commissioned in 2025/26.

Number of SARs Completed 2025-26
0 SAR was completed in 2025/26



APPENDIX 2
KEY FACTS AND FIGURES

Rotherham has a partnership approach to performance and data management to assure that we continue to safeguard adults and prevent future risks.



Demand continues to increase year-on-year. Since there has been a **42% increase in contacts received,** where safeguarding risk was indicated, from 3,989 in 2023/24 to 5,669 in 2024/25.

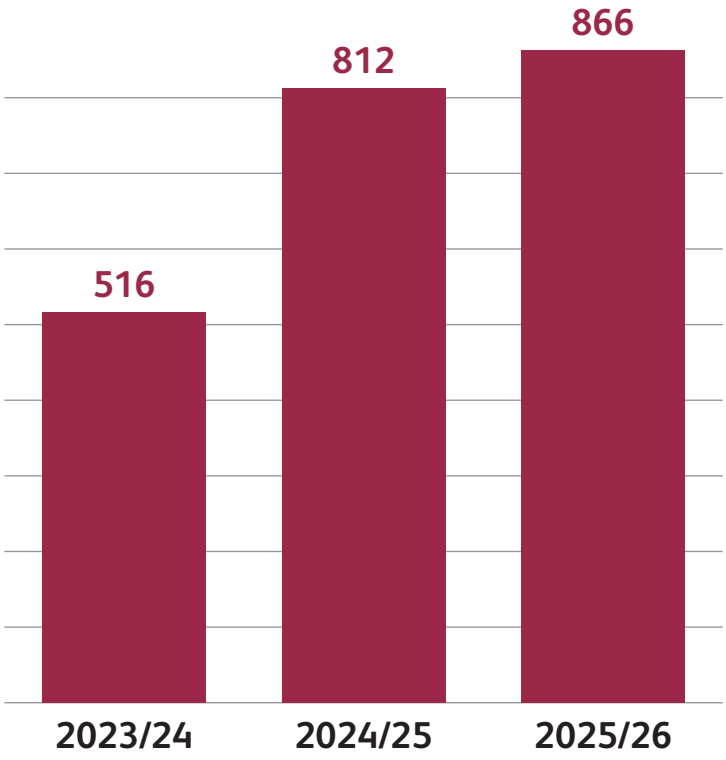
Of the contacts received 2,164 were accepted as concerns, with 1,066 concerns progressing to an enquiry. This is 68.7 % higher than the enquiries commencing two years ago.

Progression from contact to S42 enquiry was 49.3% which is above the latest national figure of 30.5 % and the regional average of 38.7 %.

Completed Section 42 Enquiries
(Three Year Trend)

Activity has increased to meet the additional demand. **866 Section 42 enquiries** were completed in 2025/26 which is **68% more** than in 2023/24. There were a further **47 non-statutory enquiries** completed.

Waiting lists for people who are subject to an ongoing S42 Enquiry are effectively managed. Despite the higher demand the timeliness of completion has improved. **80.4% were completed within the local standard of 80 working days** compared to 75.3 % in 2024/25.



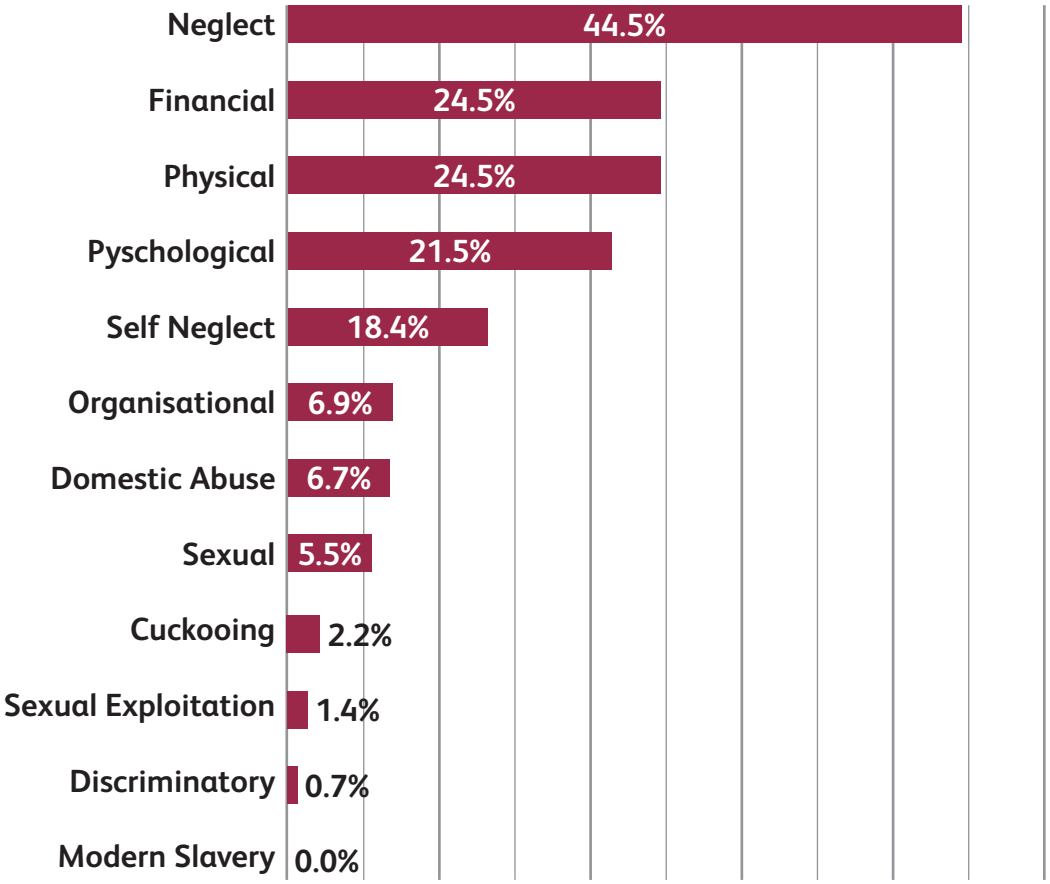
APPENDIX 2
KEY FACTS AND FIGURES

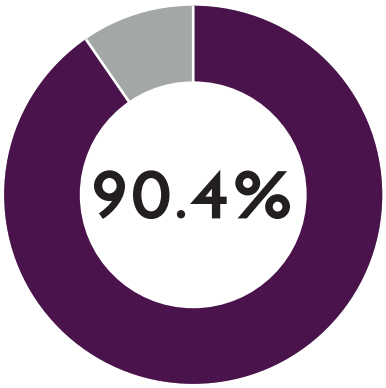
Enquiries may identify that an adult has been subjected to one or more types of abuse. The most commonly identified abuse types remain consistent with previous years.

Neglect continues to be the most prevalent, identified in 44.5 % of all enquiries. This was followed by financial abuse (24.5 %), physical abuse (24.5 %), psychological abuse (21.5 %), and self-neglect (18.4 %).

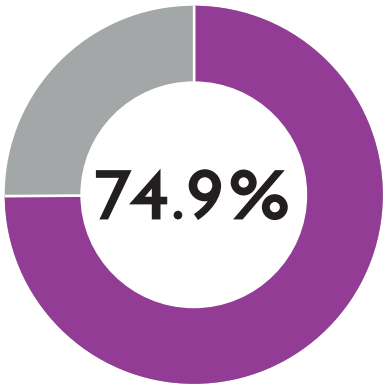
Percentage of Section 42 Enquiries by identified abuse type

Some enquiries may involve multiple types of abuse.



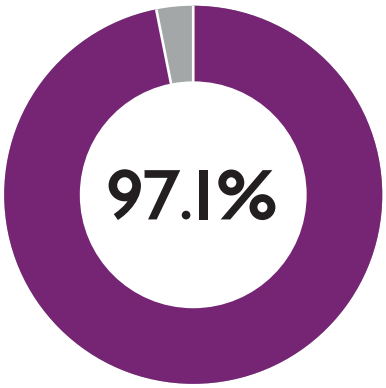


90.4 % of complete S42 Enquiries resulted in **Risk being either removed or reduced.**



More people are being **asked their views and wishes** during an enquiry.

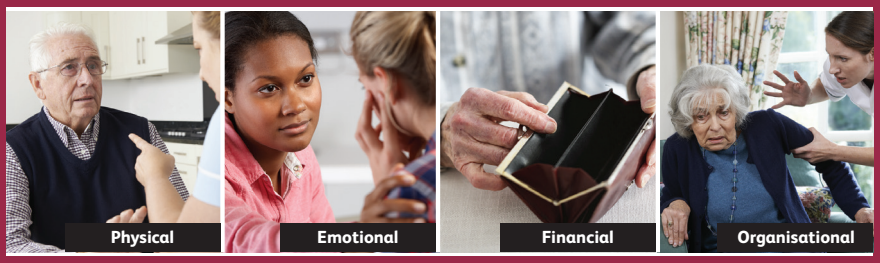
A 5 % improvement on last year to 74.4 %.



Of those asked their views and wishes almost 97.1 % felt their **personal outcomes had been fully or partially met.**



Do you know the signs of adult abuse?



Recognise • Respond • Report

Rotherham Council 01709 822330
Police non emergency: **101** *or* emergency: **999**

Keeping people safe from abuse is everyone's business

For more information about types of abuse
www.rotherham.gov.uk/abuse

Rotherham Safeguarding Adults
NHS Rotherham Clinical Commissioning Group
South Yorkshire POLICE
Rotherham Metropolitan Borough Council

NHS The Rotherham NHS Foundation Trust
NHS South Yorkshire Integrated Care Board
NHS England
NHS Rotherham

Rotherham age UK
healthwatch Rotherham
National Probation Service

CROSS ROADS CARE Rotherham
Voluntary Action Rotherham
South Yorkshire POLICE
South Yorkshire FIRE & RESCUE

carerstrust a Network Partner
RDaSH leading the way with care
South Yorkshire Police and Crime Commissioner Your Voice
Rotherham Metropolitan Borough Council

ROTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2025-28

Rotherham Safeguarding Adults

OUR VISION

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse.

Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

WHO WE ARE

The Rotherham Safeguarding Adults Board (RSAB) is a multi-agency partnership with statutory functions under the Care Act 2014. RSAB's main focus is to ensure that safeguarding arrangements in Rotherham work effectively so that adults at risk can live their lives free from abuse or neglect.

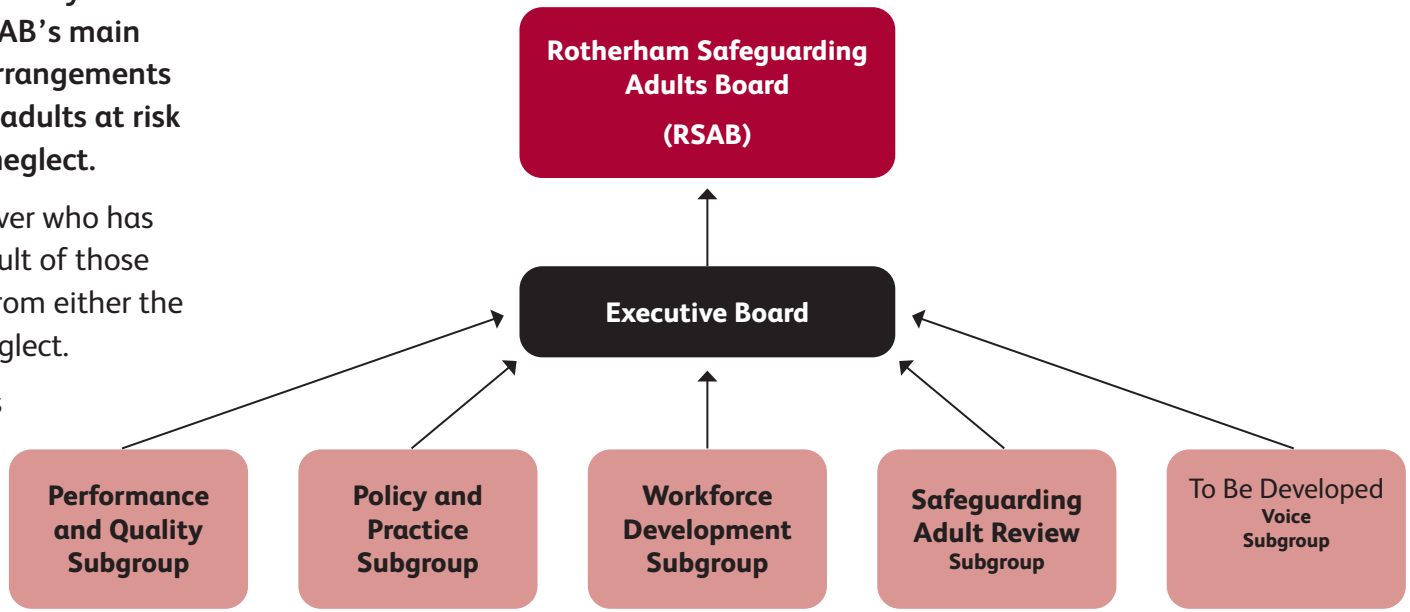
An adult at risk is a person aged 18 or over who has needs for care and support and, as a result of those needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this plan, we will call an adult at risk the 'Adult'.

THE STRUCTURE OF THE SAFEGUARDING ADULTS BOARD

How we will work



OUR STRATEGIC STATEMENT

What we plan to do

We will work together with partner organisations and people in our communities so that adults can live their best lives with their wellbeing and rights being supported, safe from abuse and neglect.

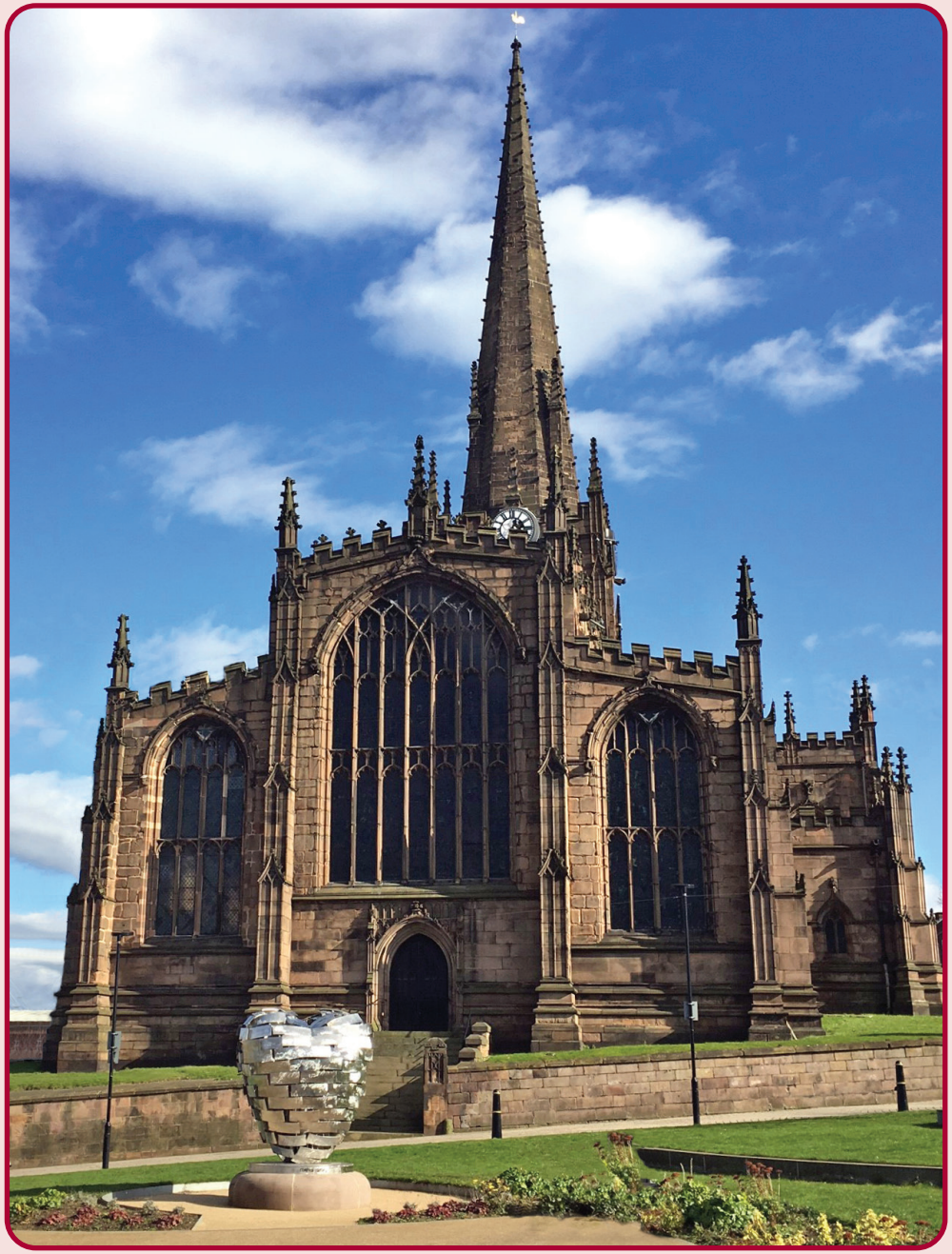
Our work will follow the six safeguarding principles, which are: **Empowerment; Protection; Proportionality; Prevention; Partnership and Accountability.**

The Rotherham Safeguarding Adults Board has identified five strategic objectives that will ensure we can strengthen the current safeguarding offer for Rotherham residents.

The objectives are;

1. **Communication, Engagement and Voice**
2. **Prevention and Early Intervention**
3. **Leadership and Partnership**
4. **Making Safeguarding Personal**
5. **Learning and Development**





Strategic Objective 1:

Communication, Engagement, and Voice



Improving safeguarding awareness across all residents, communities, and partner organisations.

- We will work to ensure the residents of Rotherham are heard by the safeguarding partnership.
  - We will work closely with advocacy organisations/providers to ensure the voice of those they work with are heard by the RSAB.
  - We will use videos featuring experts by experience to tell the safeguarding story.
- We will work with communities across Rotherham to promote the work of the RSAB and raise awareness of safeguarding issues.
  - The annual Safeguarding Awareness Week will provide opportunities to interact with the public and the workforce of Rotherham.
  - We will develop easy-read safeguarding guides, co-produced with the Rotherham Adults Social Care Always Listening (RASCALs) Co-production Board.
- We will work to ensure that the voices of seldom heard people are heard by the RSAB. We will establish a customer voice subgroup including RASCALs, Healthwatch and Advocacy to support this aim.
  - People from minoritised groups.
  - People at risk of homelessness.
  - People with drug and alcohol issues.

Strategic Objective 2:

Prevention and Early Intervention



Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

- We will continue to work closely with the Rotherham Safeguarding Children's Partnership to build on and develop support for young people in transition.
  - There will be a focus on Transitional Safeguarding, working with the Principal Social Workers to promote strong working arrangements.
- We will continue to work with the Safer Rotherham Partnership, partners and communities to protect vulnerable adults from issues that include cuckooing, modern-day slavery, hate and mate crime and repeat victims of crime to improve reporting and strengthen joint working to tackle crime.
  - We will form a task andfinish group to look at protecting vulnerable adults in Rotherham.
  - We will use our findings to develop an awareness campaign to inform the public.
- We will embed a robust Vulnerable Adults Pathway to support people who may be at risk of harm and abuse who do not meet the safeguarding thresholds.
  - We will embed a Vulnerable Adults Pathway (VAP) based around Making Safeguarding Personal.
  - We will further embed the Community Multi-Agency Risk Assessment Conference (CMARAC) and the Vulnerable Adults Risk Management Meeting (VARMM).
  - We will enhance our partnership approach to supporting complex, vulnerable people.
  - We will develop a suite of information, referral criteria and access routes to support CMARAC, VARMM and VAP.
- We will further strengthen our safeguarding practices relating to neglect, self-neglect and hoarding.
  - We will ensure the Self-Neglect and Hoarding Policy is embedded in safeguarding practice.
  - We will develop a self-neglect pathway that is easy to navigate.
  - We will work with people who are at risk of neglect, self-neglect and hoarding to prevent significant harm from occurring.
  - We will ensure learning from SARs and reviews is shared across the partnership to strengthen practice.
  - We will develop a partnership approach to supporting neglect.

Strategic Objective 3:

Leadership and Partnership



Promote effective leadership, partnership working and governance for safeguarding adults, which hold partners and agencies to account.

- We will explore the benefits of an Adult Multi-Agency Safeguarding Hub.
  - We will work to look at co-location and develop protocols for effective referrals.
  - Further strengthen our adult social care front door to include agencies, which will strengthen our multi-agency response to safeguarding.
- We will continue to develop the RSAB website to provide timely and accurate information and guidance from across the Partnership for the public and professionals.
  - We will work with all partners to ensure the RSAB website is providing quality and useful information.
  - We will update and maintain the RSAB website.
- The RSAB and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards.
  - We will explore the benefit of a Learning Hub to share good practice and learning relating to Safeguarding Adult Reviews, Domestic Abuse Related Death Reviews and Children's Serious Case Reviews.
  - We will arrange an annual joint safeguarding conference to share work and learning.
  - We will continue to hold a Safeguarding Partners Self-Assessment every two years.
- Adopting a Think Family approach, we will work together across the partnership to fully embed a Think Family approach to safeguarding.

Strategic Objective 4:

Making Safeguarding Personal



Ensure that safeguarding practice places the adult at the centre of everything we do and supports them in making their own decisions and outcomes.

- We will review and refresh Making Safeguarding Personal across the safeguarding partnership.
  - We will undertake a Making Safeguarding Personal audit using the Local Government Association toolkit.
- All work will be done with the "so what?" question in mind to understand the difference we are making.
  - Safeguarding will ensure that achievable and proportionate person-centred outcomes are agreed with the person.
- We will strengthen our approach to the application of the Mental Capacity Act and use of Advocacy in safeguarding practices.
  - We will seek assurance through auditing of practice that the legal requirements for completing mental capacity assessments are adhered to in safeguarding.
  - We will seek assurance through auditing practice that advocacy is being used to support adults who require support and captures the voice of the person within their safeguarding experiences.
  - We will develop a suite of information around Deprivation of Liberty information that will inform the RSAB.

Strategic Objective 5:

Learning and Development



Identify and share learning to drive practice development and improvement.

- Deliver training to staff across the partnership to make sure safeguarding is person-centred and outcome-focused.
  - Commission a 3-year training package to ensure the workforce is appropriately skilled.
  - We will ensure training evaluation is robust and consider using mystery shoppers to provide feedback.
- Undertake Safeguarding Adults Reviews (SARs) to identify learning, improve practice and prevent similar mistakes from happening again.
  - Embed the Multi-agency Learning Review process.
  - Use thematic reviews to gain learning from Safeguarding.
  - Embed learning from single-agency reviews.
- We will develop a RSAB multi-agency audit process.
  - We will agree an audit tool and schedule a diary of audits each year.
  - We will develop a methodology for partner agencies reporting into the RSAB on audits relevant to safeguarding.
- We will use the professional website page to share the outcomes from learning reviews.
  - We will develop easy-read guides, 7-minute briefings and videos to share learning to ensure it influences and shapes practice.

HOW ARE WE GOING TO DO THIS?

We will continue to work with our partners to make sure that by 2028 these priorities are achieved. We will develop an action plan that will be monitored by the Safeguarding Adults Board Executive Group and reported to the RSAB for assurance.

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Health Select Commission

Thursday 19 November 2026

Rotherham Safeguarding Adults Board

Annual Report 2025-2026

Moira Wilson

RSAB Independent Chair

Rotherham Safeguarding Adults Board Strategic Plan 2025-2028 Priorities

OUR VISION

Making Rotherham a place where adults feel safe, secure and free from harm and abuse.

OUR MISSION

To promote partnership working and to coordinate the effective delivery of safeguarding arrangements across the borough.

Strategic Objective 1

Communication, Engagement, and Voice

Improving safeguarding awareness across all citizens, communities, and partner organisations.

Strategic Objective 2

Prevention and Early Intervention

Developing tools to support practice that promotes open cultures and reduces the risk of abuse and neglect.

Strategic Objective 3

Leadership and Partnership

To promote effective leadership, partnership working, and governance for safeguarding adults, holding partners and agencies to account.

Strategic Objective 4

Making Safeguarding Personal

To make sure that safeguarding practice places adults at the centre and supports them in making their own decisions and outcomes.

Strategic Objective 5

Learning and Development

To identify and share lessons from reviews and audits to drive practice development and learning.

Progress in 2025 - 2026

VOICE

Voluntary Action Rotherham (VAR) worked closely with the Rotherham Safeguarding Adults Board (RSAB) to develop the Voice subgroup. VAR promoted the work of the RSAB and the aim to set up a subgroup that would bring people together with lived experience and the voluntary sector to ensure the Rotherham Safeguarding Adults Board heard their voices.

The first Voice subgroup meeting took place in February 2026, and the group have continued to meet bi-monthly.

Continuous work is ongoing to bring an individual with lived experience to the RSAB.



A Lived Experience Board Member helps the RSAB by sharing their personal experiences and views as someone from the local community.



Their role is to speak up, offer ideas, and help influence positive changes in how adults are kept safe in Rotherham.



By bringing a unique perspective, they help make sure the Board's work reflects real life experiences and meets the needs of the people it serves.

Rotherham Safeguarding Adults

Progress in 2025 - 2026

VULNERABLE ADULTS PATHWAY

On 01 July 2025, the Vulnerable Adults Pathway was launched in conjunction with agencies from across the partnership.

The purpose of the Vulnerable Adults Pathway is to take a multi-agency approach to address the complex needs of identified vulnerable adults, where previous or isolated interventions have not reduced risk to an acceptable level.

Work continued throughout the year to further embed the Community Multi-Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management Meeting (VARMM), and Vulnerable Adults Panel (VAP).

CMARAC

This forum supports vulnerable adults who have mental capacity, are experiencing ongoing or repeated victimisation, and are subject to or involved in anti-social behaviour and/or crime.

VARMM

Referrals are agreed via the Partnership Triage Meeting or CMARAC. Escalation to VARMM occurs when the level of complexity and or risk requires more in depth problem solving or if the vulnerable adult is at risk of serious harm or death.

VAP

The VAP provides strategic oversight of the Vulnerable Adults Pathway, including the CMARAC and VARMM platforms. A referral to the VAP occurs when commissioning or resource decisions are needed.

Rotherham
Safeguarding Adults

Activity in 2025 - 2026



SAFEGUARDING AWARENESS WEEK 2025

November is the month in which we celebrate Safeguarding Awareness Week. The Safeguarding Partnership across Adults, Children's, and the Safer Rotherham Partnership come together to deliver training and awareness sessions on a variety of topics.

In 2025 we launched the Safeguarding Champion Awards. These awards celebrated the unsung hero's from across Rotherham who go above and beyond to safeguard their community.

"Her dedication has significantly contributed to the growth and development of the In Care Voice community, and we are immensely proud of the leader, advocate and inspiration that she is!"

"Many of our more complex customers regularly attend his pharmacy, and he has consistently gone above and beyond in looking out for their wellbeing."

"He selflessly dedicates his time and energy before and after school, and during weekdays to care and protect his sister."

Performance Data 2025 - 2026

Rotherham has a partnership approach to performance and data management to assure that we continue to safeguard adults and prevent future risks.



Demand continues to increase year-on-year. Since there has been a 42% increase in contacts received, where safeguarding risk was indicated, from 3989 in 2023-2024 to 5,669 in 2026-2026.

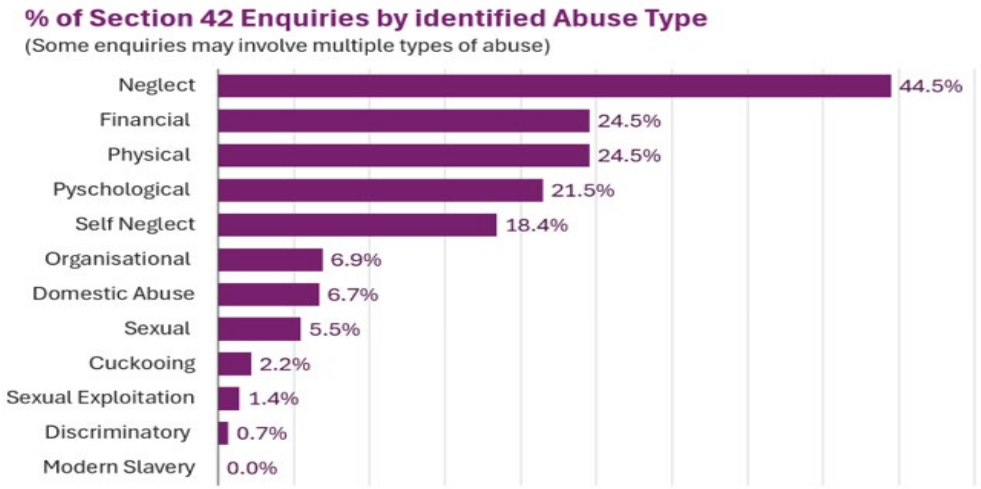
Of the contacts received 2,164 were accepted as concerns, with 1066 concerns progressing to an enquiry. This is 68.7% higher than the enquiries commencing two years ago.

Progression from contact to Section 42 enquiry was 49.3% which is above the latest national figure of 30.5% and the regional average of 38.7%.

Enquiries can identify an adult has been subject to one or more abuse types.

Our most common abuse type remains consistent. The highest being Neglect which was identified in 44.5% of all enquiries.

The next most prevalent abuse types are with Financial (24.5%), Physical (24.5%), Psychological (21.5%) and Self-Neglect (18.4%)



Rotherham Safeguarding Adults

Planning for 2026-2027

THE JOINT SAFEGUARDING PARTNERSHIP SELF ASSESSMENT

Rotherham Safeguarding Adults Board (RSAB) and the Rotherham Safeguarding Children's Partnership (RSCP) will host the Joint Partnership Self-Assessment in December 2026.

The purpose of this safeguarding self-assessment is for organisations and agencies to provide assurance, through evidence, that they have arrangements in place that reflect the importance of safeguarding and promoting the welfare of both children and adults.



NHS Rotherham Doncaster and South Humber NHS Foundation Trust
South Yorkshire FIRE & RESCUE
NHS The Rotherham NHS Foundation Trust
South Yorkshire POLICE
NHS South Yorkshire Integrated Care Board
Rotherham Metropolitan Borough Council

Rotherham Safeguarding Adults

Planning for 2026-2027



VOICE SUBGROUP

A workshop will be held in January 2027 to understand how ‘Safeguarding Works’. We will look at what happens when a Safeguarding referral is made and what the referrer and person being referred into the service should expect.

This was requested by the members of the Voice subgroup, to help everyone understand what ‘Safeguarding’ is.

PARTNERSHIP WORKING

We will continue to work with Housing Services and the Homelessness Team to develop strong links with safeguarding to ensure we are working to support people who are at risk of being homeless and who are suffering from homelessness.

Planning for 2026-2027

SAFEGUARDING AWARENESS WEEK 2026

Safeguarding Awareness Week 2026

Course Calendar

DATE	TIME	COURSE TITLE	COURSE DESCRIPTION
16 November	10:00-10:30 ONLINE	Stand Up to Harassment – Bystander Intervention	The Suzy Lamplugh Trust presents Stand Up to Harassment - Bystander Intervention This active bystander intervention training is designed to empower delegates to be active bystanders when they see harassment taking place, without putting their own personal safety at risk, focusing on the 5 Ds of bystander intervention, which was originally pioneered by Right To Be.
16 November	13:00-16:30 NY STADIUM	Safeguarding Awareness Week 2026 – Partnership Launch Event	Join the Rotherham Safeguarding Partnership to launch SAW26 at New York Stadium, featuring the Collingwood Theatre Company. Safeguarding Awareness Week 2026 will be launched on Monday, 16th November at 1pm, the event will be held at New York Stadium, and we would like to see managers and practitioners from across the partnership. Collingwood Theatre Company will be showcasing a bespoke piece that will focus on Think Family and Professional Curiosity. The Rotherham Foundation Trust will be talking about how Think Family works in their trust and the difference it makes to the people who use their service. We will also hear about the Families First Programme and the work of the Complex Lives Team.
17 November	10:00 – 11:00 ONLINE	RSCP Learning from Audit	Explore the learning from RSCP audit activity, which examines how partners work together to support children and families.
17 November	11:00 – 12:00 ONLINE	Introduction to Modern Slavery and Human Trafficking	Join colleagues from Community Safety to learn about the Modern Day Slavery and Human Trafficking including how to spot the signs and report The session is aimed at front line workers who may have little knowledge of the subject. It will explain what Modern Slavery and Human Trafficking is, how to 'spot the signs' and how to report concerns.
17 November	15:30 – 16:30 ONLINE	The Rise of Online Misogyny	This training session explores the rise of online misogyny and incel culture, and how harmful beliefs are normalised across the online space This training session explores the rise of online misogyny and incel culture, and how harmful beliefs are normalised across the online spaces young people use every day. We will explore how these narratives affect young people, as well as the tactics used to spread and reinforce them. The session will also provide practical strategies for recognising, challenging and responding to harmful attitudes and behaviours, helping staff support young people to navigate online spaces and build healthier, more respectful relationships.
18 November	10:00 – 10:45 ONLINE	An Introduction to Probation	How the Probation Service works with Veronika Balkovska, Senior Probation Officer. This training session, led by a Senior Probation Officer, will cover the following topics: • What Probation Service staff do and don't do (misconceptions)

During Monday 16 November – Friday 20 November 2026, the Safeguarding Partnership will come together to deliver a range of awareness and training events to colleagues across Rotherham.

The launch event will be held on the afternoon of Monday 16 November 2026 and will be focusing on Professional Curiosity and Think Family. We will be holding the second Safeguarding Champion Awards that recognise adults, children and young people who do an exceptional job at safeguarding the most vulnerable.



Rotherham Safeguarding Adults Board Strategic Plan 2025-2028 Progress

Strategic Objective 1

Communication, Engagement, and Voice



Completed

Established the Voice Subgroup

Delivered partnership events for awareness and training (SAW25)

Underway

Recruit a person with lived experience as a member of the SAB

work with homelessness agencies and people at risk of homelessness to capture insights and experiences to inform the safeguarding pathway.

Strategic Objective 2

Prevention and Early Intervention



Completed

Develop and implement a partnership triage meeting to ensure all referrals are discussed and appropriate signposting is included

Develop a suite of information, referral criteria and access routes to support CMARAC, VARMM and VAP and have access for partners on the RSAB Website

Embed a vulnerable adults pathway based around putting people at the heart of the process

Underway

We will work with people who are at risk of neglect, self-neglect and hoarding to prevent significant harm from occurring. This will be done by identifying people via the VARM, VAP, CMARAC process

Rotherham Safeguarding Adults Board Strategic Plan 2025-2028 Progress

Strategic Objective 3

Leadership and Partnership



Completed

We will continue to develop the SAB website to provide timely and accurate information and guidance from across the Partnership for the public and professionals

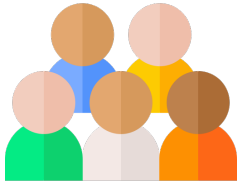
The Board and its partners will continue to work together across the Adult, Children's and Safer Rotherham Partnership Boards. Monthly meetings held to discuss cross cutting topics and share learning

Underway

RSAB will explore the benefits of an Adult Multi Agency Safeguarding Hub

Strategic Objective 4

Making Safeguarding Personal



This objective will be the focus of work during 2027

Strategic Objective 5

Learning and Development



Completed

Commission a 3-year training package to ensure continuous provision

We will ensure training evaluation is robust and consider using mystery shoppers to provide feedback

We will agree an audit tool and schedule a programme of audits each year

Underway

Use thematic reviews to gain learning from Safeguarding via workshops, 7-minute briefings and the RSAB newsletter

Embed the multi-agency learning review process

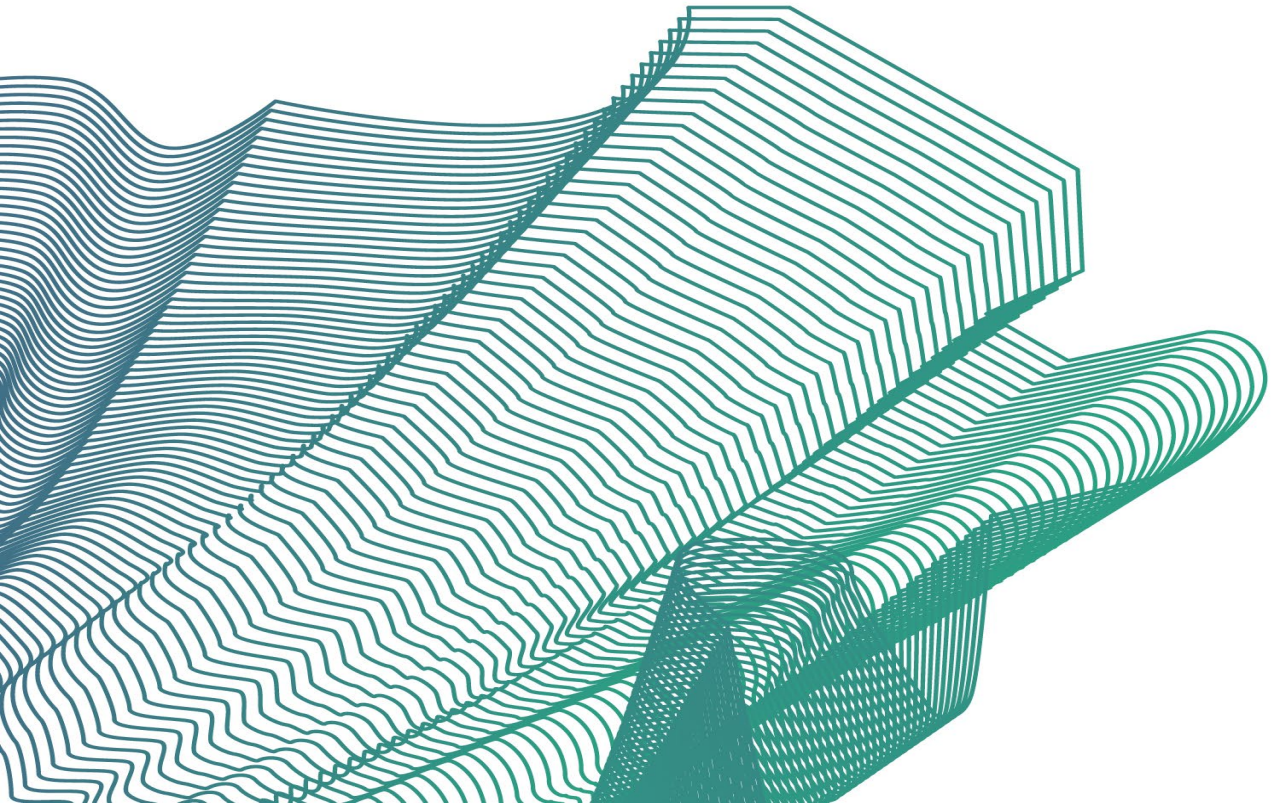


Thank you
for your time
and engagement.

ROTHERHAM
INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

Rotherham Winter Plan 2026/27

Luke Rollin
Urgent and Emergency Care Programme Lead



NHS
Rotherham
Clinical Commissioning Group
Rotherham, Doncaster and South Humber
NHS Foundation Trust
The Rotherham
NHS Foundation Trust
Rotherham
Metropolitan
Borough Council
VoluntaryAction
Rotherham
CONNECT
HEALTHCARE
ROTHERHAM CIC

Introduction

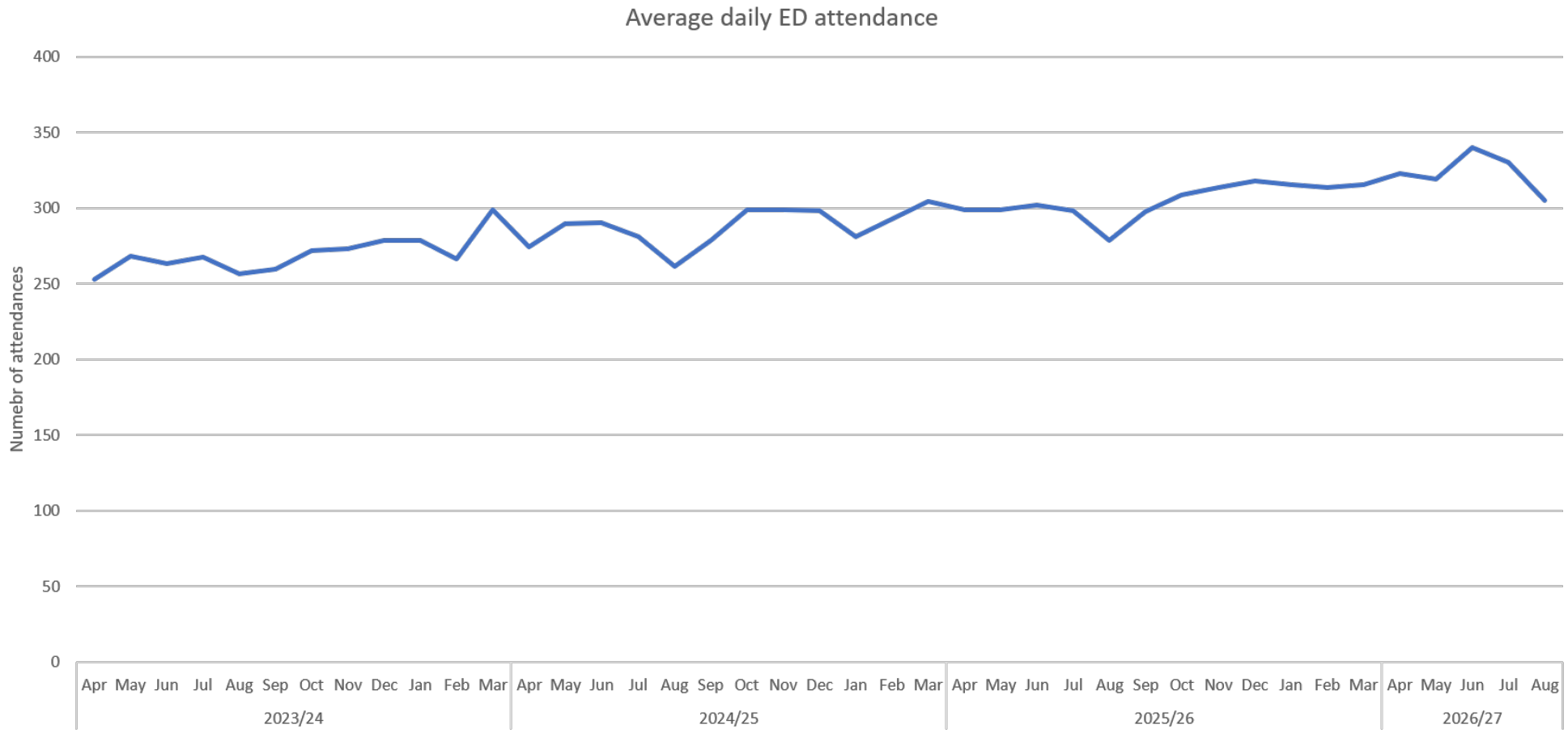
- Winter 2025-26
- Lessons Learned
- Plans for Winter 2026-27
- Risks and Issues
- Glossary

Winter 2025/26 Summary

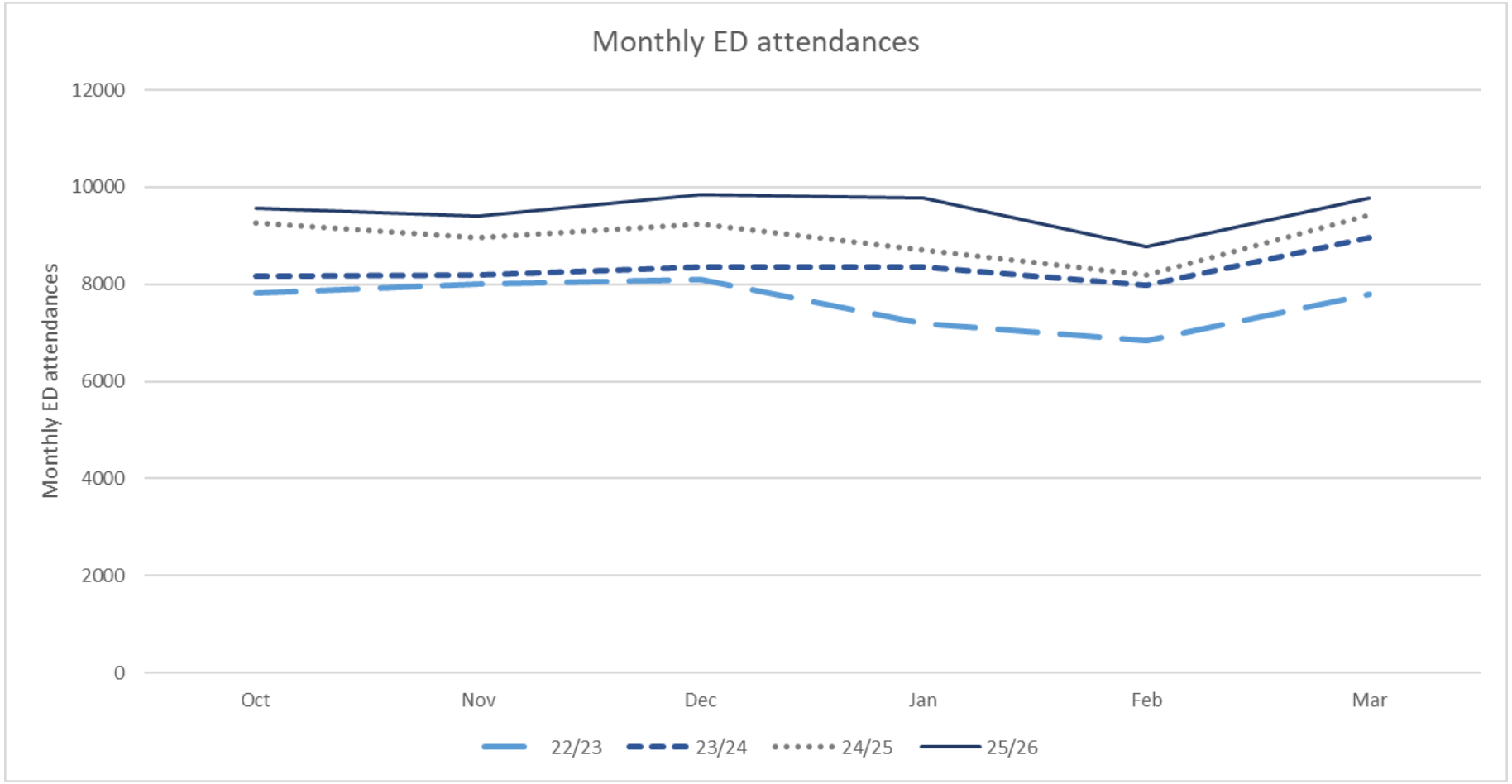


- Despite extensive development of admission avoidance pathways and activity to improve system flow, we have seen unprecedented levels of demand in the Emergency Department (ED)
- The average number of daily attendances was 314 through October to March. We saw the highest ever daily attendance of 412 on 27 April, which was subsequently exceeded with 432 on 29 June.
- ED attendance winter 25/26 was up 6% Oct-Mar compared to the same period 24/25; January 2026 attendances were 12% higher than last year
- This trend is not isolated to Rotherham – demand is up nationally
- Evidence shows that, despite the increased demand, we are managing these increased pressures more effectively as a system.
- 4-hour performance was lower than target throughout much of winter but was 5-8 percentage points higher that the same period 24/25
- In addition, ambulance handover times show a marked improvement of 25% in April 2025/26 compared to compared with April 2024 (18.62 minutes to 14.10 minutes)

Demand for Urgent Care



Winter increases



Lessons learned

Mental Health

Early workforce planning enabled proactive staffing re-views and robust bank holiday cover arrangements.



Social Care

Deployment of additional social worker capacity and ward-based Enablement assessments improved patient flow and service capacity.



Acute

Enhancing the interface between acute and community; development of D2A offer; review of capacity and demand in out of hospital pathways.



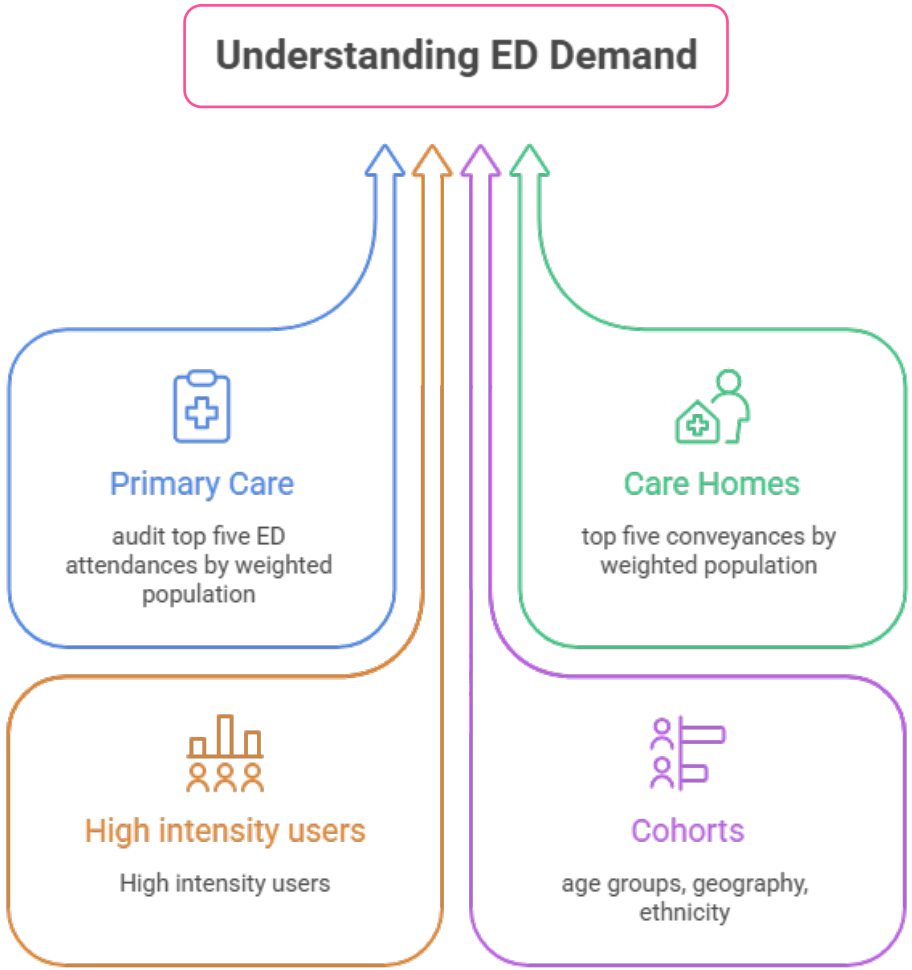
Going into this winter…

- High levels of demand throughout summer – record daily high seen in June
- New ED attendance ‘normal’ level of 320+ daily attendances puts pressure on system flow and discharge pathways
- Increased summer demand reflects a national trend
- 4-hour performance, ambulance handover, and ambulance response times have improved
- Higher levels of complexity & acuity have increased pressure on discharge pathways requiring higher levels of care
- Operational refinements and increased capacity in enablement has seen an increase in contact time
- High intensity user pathway pilot in place



Response to increased demand

- Analysis of ED activity, population demographics, patient insight data and relevant evidence undertaken
- Some underlying drivers of demand and key areas of focus identified
- Focus on prevention, admission avoidance, increasing utilisation of ED alternatives, and addressing the root causes of high-frequency attendance to prevent avoidable presentations and improve patient outcomes



Rotherham Winter Plan

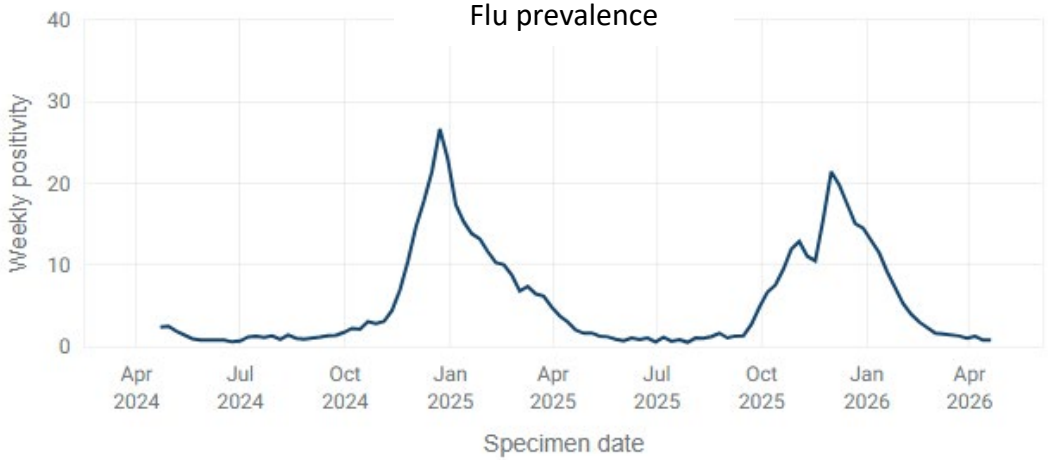
The Rotherham winter plan is designed to support responses to increased demand, provide resilience at times of peak pressure, and deliver against national priorities



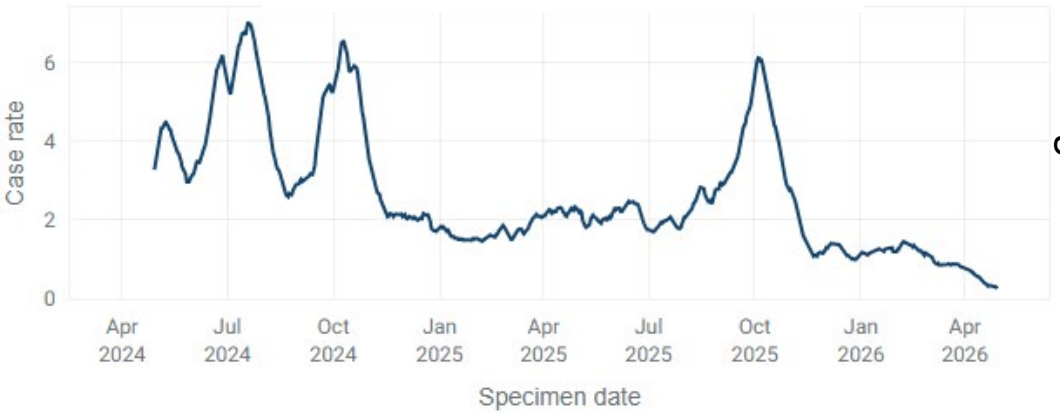
Vaccination

- 2025/26 saw earlier flu onset but lower peak compared to 2024/25
- Flu onset coincided with COVID autumn peak resulting in early pressure in ED
- Retaining the main adult rollout start date of 1 October for 2026/27 balances early seasonal circulation risks against evidence of vaccine effectiveness waning too early if administered ahead of December/January peaks
- Pharmacy Childhood Service for 2–3-year-olds expanded to include clinically at-risk children aged 2-17
- Targeted engagement with care home residents and staff, with work underway to identify and address barriers to vaccination for care home staff
- Flexible staff vaccination offers in place across TRFT, RMBC, and RDaSH to support winter resilience

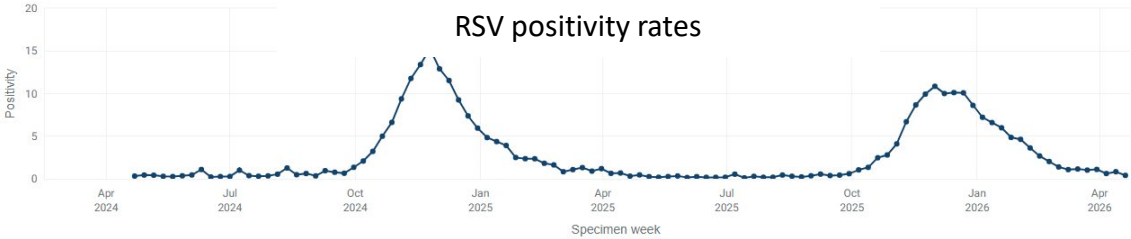
Flu prevalence



COVID rates



RSV positivity rates



National Priorities 2026/27

Target	Rotherham Actions
A&E performance: At least 82% of A&E patients to be admitted, transferred, or discharged within 4 hours by March 2027	• Increased utilisation of community pathways including Hospital at Home as alternatives to ED • ARI Hub providing additional 7-day capacity to support primary care with respiratory assessment and treatment . • New Acute Frailty Unit enabling quicker assessment and onward referral. • Additional winter beds and TES capacity. • Senior decision makers at the front door and rapid assessment processes in ED. • Earlier senior clinical assessment and daily consultant-led board rounds. • Focus on reducing long-stay patients and increasing discharge on the discharge-ready date.
Ambulance standards: Category 2 response times to average ≤ 30 minutes; handover times must not exceed 45 minutes	• Closer working between YAS and UCR with increased utilisation of ‘Push’ and ‘Pull’ pathways • CRES support for vulnerable respiratory patients. • Improved patient flow and discharge initiatives.
12-hour waits: Reduce instances of patients waiting over 12 hours in A&E to under 10% of cases (total time in dept)	• Executive review of longest delays. • Senior clinical decision makers and rapid assessment at the front door

National Priorities 2026/27

Target	Rotherham Actions
Discharge delays: Tackle patients delayed over 21 days, 14 days and 7 days	• Proactive management of all 7-, 14- and 21-day patients. • Executive review of longest delays. • Expanded CRU operating with Sunday opening and extended Saturday hours. • Additional pharmacy technician to support discharge medication. • Extended patient transport weekday and weekend operating hours • Increased Hospital at Home and step-down capacity. • RDaSH discharge coordinators, 15+ day reviews and clinically ready for discharge meetings. • ARI Hub to support admission avoidance • Strengthened TOCH model to reduce duplication and enable quicker decision-making • Improvements to the quality of referral information to support timely decision-making and reduce avoidable delays • Revision of Place escalation process to strengthen the system-wide response and support rapid discharge during periods of high demand.
Mental health waits: Eliminate waits over 12 hours for mental health patients in A&E	• 24/7 Crisis Resolution and Home Treatment Teams. • All-age crisis lines operating throughout winter. • One-hour response standard for emergency referrals. • Improved support for frequent attenders and high-intensity users. • 24/7 mental health patient flow oversight.

National Priorities 2026/27

Target	Rotherham Actions
Paediatric care: Increase children seen within 4 hours	• Planning for predictable paediatric demand peaks in October with additional Paediatric nurse 12 hours a day 7 days a week Oct-Jan • Community childhood vaccination activity
Elective waiting: At least 65% of patients waiting < 18 weeks by March 2026, and a 5-percentage point improvement across trusts	• Protection of elective activity remains a core winter planning principle. • Additional outpatient and theatre activity before and after winter peaks. • Dedicated elective orthopaedic capacity. • Use of day-case pathways to reduce dependency on inpatient beds. • Flow and discharge initiatives designed to protect elective beds. • Admission avoidance measures reducing pressure on inpatient capacity
Cancer targets: 75% for 62-day and 80% faster diagnosis by March 2026	• Explicit commitment to protect urgent cancer pathways during winter. • Protection of cancer diagnostics and diagnostic capacity. • Additional elective activity before and after periods of peak pressure. • Reduced dependence on inpatient beds through day-case pathways. • Whole-system flow initiatives helping maintain diagnostic and treatment capacity.

Risks and Issues (1)

Area	Risk description	Anticipated impact	Mitigation
Front door demand	• Higher than forecast emergency demand, particularly from respiratory illnesses. • Sustained pressure on ED, inpatient beds and urgent care services. • Seasonal surges exceeding planned capacity.	• System flow is compromised leading to patients facing longer waits for treatment and admission • Impact on performance measures including 4-hour standard and ambulance waiting times	• Additional escalation capacity including Sitwell Ward, TES beds and medical outlier capacity. • Expansion of admission avoidance services including Hospital at Home, SDEC and the ARI Hub. • Additional beds across commissioned bed-base to support surge capacity for IMC • Daily operational command structures, OPEL escalation processes and SCC oversight. • Targeted vaccination programmes for staff and vulnerable populations
System flow	Delayed discharges and transfers of care	• Increased occupancy and reduced acute capacity. • Increased numbers of patients with NCTR • Pressure on discharge pathways and community services	• Expansion of the Community Ready Unit (CRU), including Sunday opening, extended weekend hours and additional capacity • Additional pharmacy support and patient transport capacity. • Improved discharge tracking, strengthened Transfer of Care Hub arrangements and escalation meetings. • Focus on reducing long stays and increasing discharge on the discharge-ready date. • Community IMC capacity will be redirected to support flow from the hospital • Home from hospital will continue to operate to provide a level of bridging support. • Practitioner capacity will be flexibly deployed to increase bed base IMC and to support in assessing cases in TOCH, as appropriate

Risks and Issues (2)

Area	Risk description	Anticipated impact	Mitigation
Workforce resilience	• Increased staff sickness due to winter viruses. • Workforce pressures affecting service resilience. • Staffing challenges within specialist services, particularly mental health liaison psychiatry.	• Reduced staffing levels and service capacity during periods of peak demand • Increased pressure on remaining staff and heightened risk of workforce burnout • Delays to assessment, treatment, and discharge • Increased use of bank and agency staff, with associated cost pressures. • Reduced ability to deliver escalation capacity and maintain performance standards. • Delays in mental health assessments and increased length of stay for patients awaiting liaison psychiatry input	• Extensive staff flu vaccination programmes across organisations. • Workforce contingency planning, redeployment and bank staffing arrangements. • Health and wellbeing support programmes. • Flexible cross-cover arrangements and escalation routes. • Flexible deployment of the workforce to key pressure areas and step-down of non-critical activities to strengthen wellbeing and resilience.
Capacity	Insufficient capacity in community pathways and services unable to absorb discharge demand.	• Delays leading to pressure on acute beds, compromised system flow, and increased front door pressures. • Impact on patient experience and performance measures	• Improved care co-ordination • Planned growth in Hospital at Home activity & remote monitoring capability. • Capacity & demand reviews across discharge pathways to increase contact time. • Overflow beds, into other care home footprints, can be opened at the direction of the ICB and RMBC for wider surge capacity if needed • Development of integrated intermediate care and discharge-to-assess arrangements. • Commissioning colleagues are leading discussions with the independent care sector to ensure sufficient capacity and flow during peak winter periods, including care homes and domiciliary care provision

Risks and Issues (3)

Area	Risk description	Anticipated impact	Mitigation
Mental Health	• Increased staff sickness due to winter viruses. • Workforce pressures affecting service resilience. • Staffing challenges within specialist services, particularly mental health liaison psychiatry.	• Delays accessing inpatient mental health beds. • Mental health crisis bed pressures. • Delays in Mental Health Act assessments and Section 136 pathways. • Availability of Section 12 doctors and medical staffing challenges.	• 24/7 Patient Flow Teams and discharge coordination. • Mutual aid arrangements with neighbouring mental health providers. • Crisis alternatives including Safe Space, crisis lines and community-based support. • Strengthened multi-agency management of high-risk patients and frequent attenders.
Winter Vaccination	Low vaccination uptake among some staff groups and vulnerable cohorts, particularly care home staff. .	Greater risk of respiratory outbreaks and workforce absence	• Targeted vaccination comms and messaging • Engagement with lower-performing practices and care homes. • Outreach vaccination services. • Population health data utilised to target vulnerable and underserved groups
System Dependencies and Coordination	Reliance on primary care, social care, mental health services, community providers, Yorkshire Ambulance Service and wider partners.	Problems in any part of the system could adversely impact patient flow and resilience.	• Place-based escalation arrangements. • South Yorkshire SCC oversight and mutual aid processes. • Agreed OPEL action cards and escalation routes. • Regular operational meetings and system-wide intelligence sharing

Acronyms/Glossary

ARI hub: Acute Respiratory Infection Hub

CRES: Community Respiratory Exacerbation Service

CRU: Community Ready Unit

ED: Emergency Department

D2A: Discharge to Assess

ICB: Integrated Care Board

IMC: Intermediate Care

KLOEs: Key Lines of Enquiry

NCTR: No criteria to reside

OPEL: Operational Pressures Escalation Levels

RDASH: Rotherham, Doncaster and South Humber NHS Foundation Trust

RMBC: Rotherham Metropolitan Borough Council

SCC: System Coordination Centre

Section 12: Section 12 of the Mental Health Act 1983 requires two medical recommendations for a person's compulsory hospital admission or guardianship. One of these must be made by a medical professional who has specialised training and expertise in diagnosing and treating mental health disorders (e.g. a psychiatrist).

Section 136: Section 136 of the Mental Health Act 1983 gives police officers the emergency power to remove a person from a public place to a place of safety if they appear to be suffering from a mental disorder and need immediate care or control

SDEC: Same Day Emergency Care Centre

TES: Temporary Escalation Spaces

TRFT: The Rotherham NHS Foundation Trust

UCR: Urgent Community Response

YAS: Yorkshire Ambulance Service

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Health Select Commission – Work Programme 2026-2027

Chair: Cllr Keenan **Vice-Chair: Cllr Yasseen**
Governance Advisor: Kerry Grinsill-Clinton **Link Officer: Emily Parry-Harries**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:
- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:
- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.
- T: Time: is it the tight time, enough resources?
- O: Others: is this duplicating the work of another body?
- P: Performance: can scrutiny make a difference
- I: Interest: what is the interest to the public?
- C: Contribution to the corporate plan

Meeting Date	Responsible Officer	Agenda Item
18-Jun-26	Cllr Baker-Rogers, Caroline Hine and Helen Fisher Nasreen Iqbal, Dr Linda Strettle Governance Advisor	Castle View Transition Plan Rotherham Women's Health Network Introduction and Overview Nominate Representative to Health, Safety and Welfare Panel
23-Jul-26	Cllr Williams, Simon Moss, Cllr Baker-Rogers, Gilly Brenner Simon Langmead Kym Gleeson	Health Hub Development Phase 2 Primary Care Network (PCN) Development Healthwatch Annual Report 2025-26 (For Information Only)
28-Jul-26	Caroline Hine and Joanne Skjold	Castle View Site Visit
24-Sep-26	Cllr Baker-Rogers, Gilly Brenner, Carole Foster Denise Littlewood	Physical Activity for Health (Sport England Main Bid and progress update) Immunisation Programme Commissioning Changes
19-Nov-26	Steph Watt, Emily Parry-Harries, Bob Kirton Jackie Scantlebury, Moira Wilson, Andrew Wells and Cllr Baker-Rogers Cllr Baker-Rogers	Place Partners Winter Plan 26/27 Rotherham Safeguarding Adults Board Annual Report and 2025-2028 Strategic Plan Delivery Update Health and Wellbeing Board Annual Report (For Information Only)
21-Jan-27	Bob Kirton, Helen Dobson, Jodie Roberts Cllr Baker-Rogers, Kirsty Littlewood, Dania Pritchard Emily Parry-Harries	TRFT Annual Report Adult Social Care Strategy 2027-2032 (Pre-Decision Scrutiny) Director of Public Health's Annual Report (For Information Only)
18-Mar-27	Cllr Baker-Rogers, Kirsty Littlewood Bob Kirton, Sally Kilgariff and Helen Dobson	Castle View 6 Month Post Implementation Update TRFT Learning from Prevention of Future Death Reports and Patient Safety Incidents and the Impact on Front-Line Service Delivery
13-May-27	TBC TBC	Drug and Alcohol Service Change and Impact RDaSH Future Plans for Service Delivery (incorporating waiting time reduction strategies and workforce culture and safety strategy)

Substantive Items for Scheduling

TBC (expected early 2027/28 municipal year)	Joanne Martin, Simon Langmead, Bob Kirton and Emily Parry-Harries	Neighbourhood Health Implementation Programme Progress Update
TBC (expected late 2027-mid 2028)	Simon Moss, Cllr Williams, Gilly Brenner and Cllr Baker-Rogers	Health Hub 1 Year Post Implementation Impact Update
TBC (expected late 2029-mid 2030)	Simon Moss, Cllr Williams, Gilly Brenner and Cllr Baker-Rogers	Health Hub 3 Year Post Implementation Impact Update
TBC (expected late 2031-mid 2032)	Simon Moss, Cllr Williams, Gilly Brenner and Cllr Baker-Rogers	Health Hub 5 Year Post Implementation Impact Update
Nov-27	Garry Parvin, Cllr Baker-Rogers	Learning Disability Strategy and the Autism Strategy (pre-decision scrutiny)

Reviews for Scheduling

TBC	TBC	Life Saving Equipment in Rotherham - Understanding the Distribution, Accessibility, Serviceability Public Awareness and Impact of Defibrillators, Bleed Control Kits and Water Safety Equipment in the Borough
TBC	TBC	Caring with Empathy, Dying with Dignity - The End of Life Experience in Rotherham

Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

TBC	Ian Spicer	Casey Commission - Independent Commission on Adult Social Care (Written off agenda briefing)
April/May 2027	Kerry Grinsill-Clinton, Cllr Keenan	Quality Accounts
TBC	Bob Kirton	TRFT's review of Community Services (incorporating understanding of and action in response to the impact of health inequalities on day to day services) - Workshop
TBC	TBC	Cardiovascular Disease Risk Management (Online off agenda briefing)
February 2027 (and 6 monthly thereafter)	Joanne Martin, Simon Langmead and Claire Smith	Primary Care Network (PCN) Develeopment/Neighbourhood Health Implementation Programme Progress Update
TBC (expected late 2028)	Carole Foster, Gilly Brenner and Cllr Baker-Rogers	Physical Activity for Health: Moving Rotherham Strategy Mid-Point Update
Possibly March 27	Simon Moss	Progress update on Health Hub (potentially off-agenda briefing)

Items for Future Consideration

TBC	Bob Kirton	ERCP Reintroduction at TRFT
Mid-Late 2027	Cllr Baker-Rogers, Holly Smith, Scott Matthewman	Adult Social Care Mental Health Strategy - Mid point review of delivery
TBC	Scott Matthewman	Medequip contract changes - bespoke Rotherham offer
TBC	TBC	Extra Care Housing Model Post Implementation Review
April/May 2027	Gilly Brenner	DEFRA Food Grant (online briefing)

Rotherham Metropolitan Borough Council

HEALTH AND WELLBEING BOARD

ANNUAL REPORT 2025/2026



NHS

South Yorkshire POLICE

VoluntaryAction Rotherham

healthwatch Rotherham

Rotherham Metropolitan Borough Council

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FOREWORD

As the Chair of Rotherham's Health and Wellbeing Board, I am delighted to present our eighth Annual Report. Our Board continues to bring together a committed partnership of statutory, voluntary, health, and community organisations that work collectively to improve outcomes for people across the borough. This spirit of collaboration remains our greatest strength as it enables us to respond to challenges, build on local assets, and champion the needs of residents.

This year has been the first under the current Health and Wellbeing Strategy for 2025–2030. It continues to prioritise giving children and young people the best start in life, promoting good and improving physical and mental health and wellbeing, supporting people to live well for longer, and fostering healthy, safe, and resilient communities. This renewed direction reflects the changing needs of Rotherham and outlines how we will work together to reduce inequalities and empower local communities.

The Health and Wellbeing Board has used the opportunity presented by our new Strategy to evaluate our overall impact. This has meant that we have redefined our Action Plan and the metrics for measuring its effectiveness at meeting our Strategy priorities. These changes have enabled us to reassess our ways of working to focus on our output, ensuring more helpful conversations and Board meetings and utilising the leadership of Board members.

Health and wellbeing is central to the lives of our communities. Pressures such as the cost of living and inequalities shape health outcomes. The Board is determined to make meaningful progress towards supporting people in the face of these challenges. Our ambition is for every person, regardless of background, identity, or circumstance, to lead a healthy, safe and fulfilling life, supported and connected to their community.

The Board has celebrated work over the past year that has improved health and wellbeing outcomes for the people of Rotherham and championed its four strategic aims. These successes are possible through our partnership approach and shared commitment to improving health outcomes by bringing together our influence on the wider health system.

We have strengthened support for families, expanded access to mental and physical health services, and invested in prevention. We have built on our strengthened long-term ways of working, particularly those linked to safeguarding, inclusion, and accessible services. Entering 2026/27, we remain committed to ensuring that every resident has the opportunity to live well. I would like to thank the partners, volunteers, and community groups whose dedication and support have made this possible



Councillor Joanna Baker-Rogers
Chair of the Health and Wellbeing Board

ROTHERHAM'S HEALTH AND WELLBEING BOARD OVERVIEW

Rotherham's Health and Wellbeing Board brings together local leaders and decision-makers to deliver our Health and Wellbeing Strategy and to improve the health and wellbeing of people in Rotherham, reduce health inequalities, and promote the integration of services. The Board supports and encourages partnership working, shares good practice, and acts where needed to remove blockages, identify gaps, and hold organisations to account for delivery.

Organisations represented on the board include:

- Rotherham Metropolitan Borough Council
- NHS South Yorkshire Integrated Care Board (Rotherham Place)
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police
- South Yorkshire Children and Young People's Alliance
- Rotherham Children and Young People's Partnership Board

The Board has several specific responsibilities, including overseeing the delivery of the Rotherham Health and Wellbeing Strategy, and receiving Rotherham's Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment, and Child Death Overview Panel Report. Further detail around the role of the Board, including how the Board has met its statutory duties over 2025/26, is outlined below.

Health and Wellbeing Strategy

The Rotherham Health and Wellbeing Strategy is grounded in this understanding of the Rotherham borough and considers the makeup and challenges of its communities. This document provides a high-level framework that directs the Health and Wellbeing Board's activity. It supports the Board in providing leadership for health and wellbeing by making the most of collective resources within Rotherham. The strategy is developed based on the needs identified in the Joint Strategic Needs Assessment.

The four Aims of the Health and Wellbeing Strategy are to:

1. Enable all children and young people up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives
2. Support the people of Rotherham to live in good and improving physical health throughout their lives, accessing and shaping the services and resources they need

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

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local population. It brings together information from various sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery. The JSNA is refreshed annually, with the next update due to be presented to the Board in June 2026. The JSNA is an interactive database that includes a section on small geographies, where relevant information can be accessed at ward level. The JSNA supports the Health and Wellbeing Board to make effective decisions to support residents of Rotherham by informing its understanding of the borough's makeup and challenges.

Rotherham context

Rotherham is one of four metropolitan boroughs in South Yorkshire, divided into 25 wards that cover a wide diversity of urban, suburban, and rural areas. Rotherham developed as a major industrial centre of coal mining and steelmaking, which has shaped the borough's character. Following the decline of traditional industries, regeneration has brought new opportunities to the area, including advanced manufacturing. Rotherham's population has grown from 257,600 in 2011 to 276,595 in 2024 (Nomis). Population growth has resulted from natural increase (more births than deaths), net inward migration, and longer life expectancy. General demographic and socio-economic trends have included a growing and increasingly diverse population. The population is ageing, with a high likelihood of an increase in longer-term health conditions and age-related disabilities. Inequalities persist for workless, disabled, and low-paid people.

Ethnicity

The ethnic profile of Rotherham is continually evolving. Based on the 2021 census, the proportion of residents from ethnic minority communities increased from 8.1% in 2011 to 11.7% in 2021. The Pakistani community is the second largest ethnic group in Rotherham after white British. Rotherham's ethnic minority population is very concentrated in the inner areas of the town whilst the outer areas are 94% white British in 2021. 42% of ethnic minority residents live in areas that are amongst the 10% most deprived in the country and for some groups, the figure is higher. This compares with the borough average of 19.5%.

Age

Rotherham has an ageing population with 55,872 people aged 65 years or over. This is 20.2% of the population, above the national average of 18.4% (Office of National Statistics (ONS), 2025). The population aged 65 and over is projected to increase to 60,939 people by 2029, with over 10% of the population aged 75 or over (ONS). Rotherham has a polarised geography of deprivation and affluence.

Deprivation

Rotherham is more deprived than 82% of local authority districts in England (English Indices of Deprivation, 2025). In Rotherham the most deprived communities are concentrated in the central area of the borough whilst the most affluent areas are to the south, although the overall pattern is complex.

Health inequality

Rotherham had 56,177 people, or 21.1% of the population, with a limiting long-term health problem or disability in 2021, above the national average of 17.5%. People in the most deprived parts of Rotherham experience poorer health and a higher mortality rate than residents living in the least deprived areas. Life expectancy at birth in the borough is 77.8 years for males, compared to 79.1 years nationally, and 80.9 years for females, compared to 83.1 years nationally (2021-2023). The gap between the most deprived 10% and least deprived 10% of Rotherham residents is 9.9 years for males and 9.5 years for females.

Health inequalities are also significant in Rotherham. The average healthy life expectancy at birth was 56 years for males, compared with a national average of 61.5 years and 55.6 years for females, compared with a national average of 61.9 years (Office for Health Improvement and Disparities (OHID), 2021-23).

Gender identity

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

GOVERNANCE

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

South Yorkshire Integrated Care Board (NHS South Yorkshire)

Rotherham is one of the four Places constituting the South Yorkshire Integrated Care Board (ICB). The ICB is directly accountable for NHS spend, delivery, and outcomes within the IC area. It is responsible for the commissioning of healthcare services for the population of South Yorkshire and ensuring the quality and performance of those services within the ICB area. The Health and Wellbeing Board acknowledges the ongoing restructure of ICB services for South Yorkshire and the impact this has on the capacity of the organisation to contribute to Board meetings and the delivery of its Strategy. The Health and Wellbeing Board has maintained a pragmatic and flexible approach in response to ongoing uncertainty at the ICB and is supporting colleagues managing this transition wherever possible.

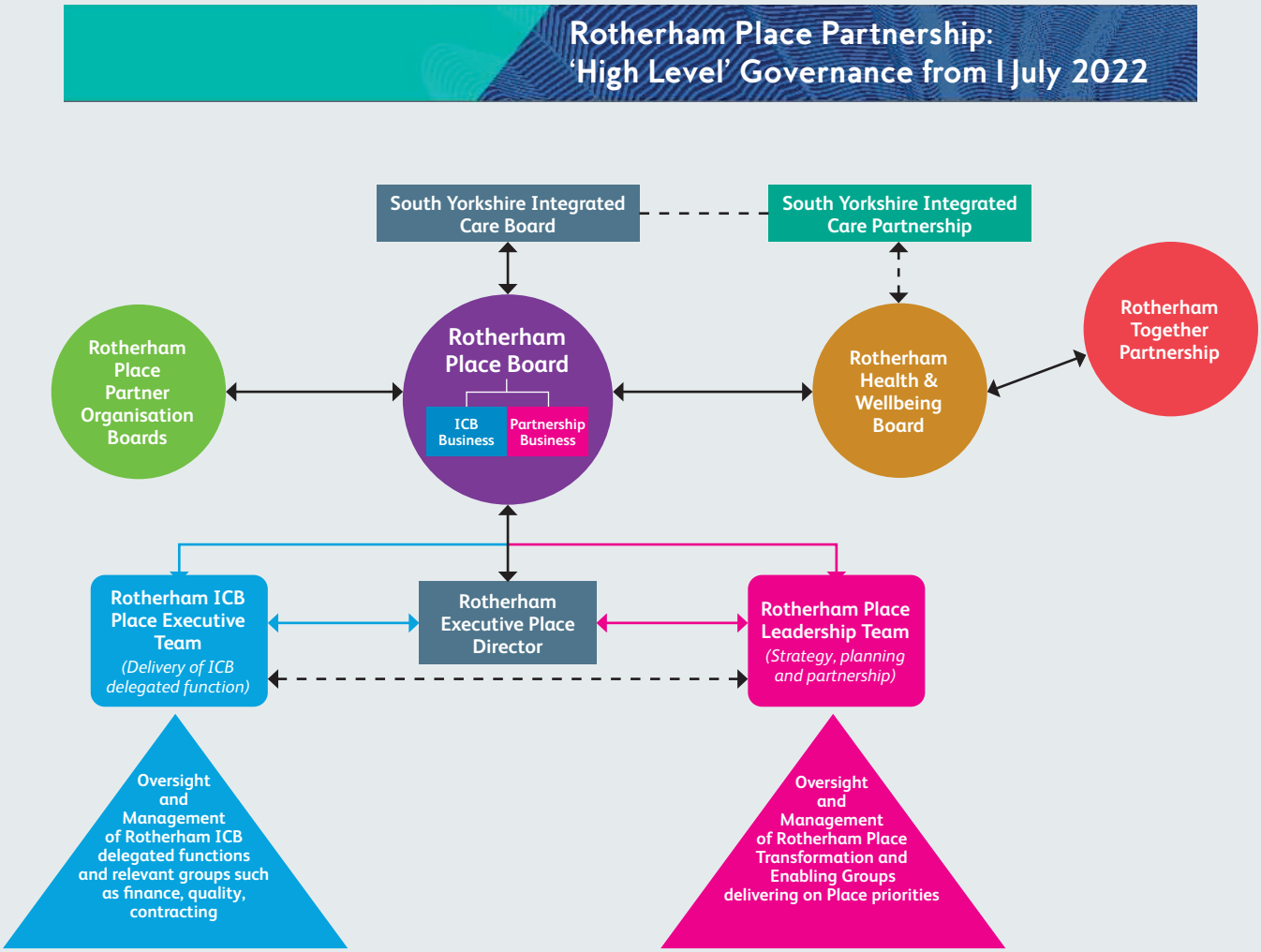
South Yorkshire Integrated Care Partnership

South Yorkshire Integrated Care Partnership (ICP) is a joint committee of the four local councils, (Rotherham, Doncaster, Barnsley, and Sheffield), and the South Yorkshire ICB. The ICP facilitates joint action to improve health and care outcomes and experiences across its population, and to influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies. Between autumn 2022 and March 2023, the Partnership oversaw development of the South Yorkshire Integrated Care Strategy, that directs sub-regional work and is complemented by the four local Health and Wellbeing Strategies. Rotherham's Health and Wellbeing Board nominated five representatives to sit on the South Yorkshire ICP. Much like the wider ICB reforms, the ICP is being restructured, and it is not entirely clear to what extent the involvement of either group in the partnership structure might be impacted moving forward.

Rotherham Place Board

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

Diagram of Rotherham Place Partnership: 'High level' Governance



Rotherham Place Board (has two roles):

1. Alignment of decisions on strategic policy matters relevant to the achievement of the Place Plan.
2. Delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit.

Safeguarding

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

Delivering on the protocol includes each Board delivering and receiving updates from one another, to ensure connectivity and appropriate oversight of issues relating to safeguarding. In 2022/23, the Safeguarding Chairs Group, bringing together the chairs of the four Boards with safeguarding responsibilities, was re-established to share and discuss joint and cross-cutting issues. Ensuring we are taking an integrated and coordinated approach to addressing issues relating to safeguarding has continued to be a focus for 2025/26. In 2025/26, a Safeguarding Board Managers group was established to deliver any priorities from the Chairs Group whilst sharing best practice and any concerns between the Boards.

Rotherham Together Partnership (RTP)

The RTP brings together statutory Boards such as the Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver the priorities of the Rotherham Plan 2026-2036.

The four Game Changers of the Rotherham Plan are:

- A Fair and Thriving Economy
- Strong and Thriving Communities
- Rotherham Gateway and the Don Valley Corridor
- Vibrant Town Centres.

The Health and Wellbeing Board is responsible for supporting Rotherham Together to deliver its four Game Changers and will contribute toward pieces of work and progress that achieve these.

Rotherham Together brings together 8 key local organisations across the borough (RMBC, South Yorkshire Police, South Yorkshire ICB, The Rotherham NHS Foundation Trust, Rotherham, Doncaster and South Humber NHS Trust, Voluntary Action Rotherham, and Rotherham and North Notts (RNN) Group) and facilitates strategic collaboration on key issues with the aim of improving quality of life for residents.

BOARD DELIVERY IN 2025/26

AIM 1: Enable all children and young people, up to age 25, to have the best start to life, maximise their capabilities, and have influence and control over their lives

Baby Packs



Cllr Cusworth, Chair of the Rotherham Children and Young People's Partnership, with a Baby Pack

The Rotherham Baby Pack programme was launched in April 2025 as a universal early help initiative. It supports families during pregnancy and the early months of a child's life. It provides every expectant mother across the borough with a Baby Pack containing essential items for the first six months of their child's life.

The programme complements the Best Start and Beyond Framework and is closely aligned with Rotherham Family Hubs. Receiving a Baby Pack supports early registration. This connection to support services offers improved health and wellbeing outcomes for newborn babies from birth. Parents have voiced the value of receiving practical support early. Families reported feeling more prepared and reassured as they approach birth and early parenthood.

Registration for the Baby Packs takes place through midwives at the 25-week antenatal appointment. Packs are delivered on behalf of the Council in partnership with maternity services at The Rotherham NHS Foundation Trust. This ensures the offer is integrated with routine antenatal care. Each pack contains a range of practical essentials for a baby's first six months. These help families to prepare for birth and early parenthood.



Baby Packs contain the essentials for all expecting Rotherham mothers.

The Baby Packs provide immediate access to essential items. They support a safe and nurturing home environment from day one. Their universal offer removes stigma and ensures all babies benefit equally, improving child outcomes. Automatic registration through maternity services creates an early contact point to Family Hubs. This welcomes families with preventative services as their child grows.

The Baby Pack programme was endorsed by the Rotherham Health and Wellbeing Board in March 2025. It has been supported by Board partners throughout 2025/26. It enables the Board to progress towards enabling every child to have the best start to life. It provides universal early years support from pregnancy, ensuring no child is disadvantaged at birth. The Baby Packs reduce financial barriers that can impact early development and parental wellbeing. They also empower parents to support their child's development.

Baby Packs are now embedded as a core component of Rotherham's Best Start and Beyond approach. As part of the expanded Best Start Family Hubs programme, Baby Packs will continue to help tackle inequalities. They will improve early outcomes and ensure every child in Rotherham has the strongest possible start in life.

Children's Capital of Culture

Rotherham became the world's first Children's Capital of Culture in 2025. This was a programme of free and accessible cultural, creative and sporting activities across Rotherham. It engaged children and families in cultural activity.

This included borough-wide festivals, workshops, performances, exhibitions, and community celebrations. These often took place in everyday local spaces rather than traditional venues. The programme was developed through extensive engagement. It utilised the creativity and lived experiences of children and young people at its heart.



Children's Capital of Culture offered fun events for young people to enjoy in Rotherham.

It responded directly to local challenges including childhood poverty and inequalities in access to opportunity. Children's Capital of Culture empowered young people and supported them to thrive. Youth leadership and governance was at the centre of the programme. Children and young people acted as ambassadors and helped to make decisions. This ensured that activity reflected their priorities and identities. The programme also created skills, training and volunteering opportunities for young people aged 16–25. It helped them develop confidence, employability skills and pathways into creative industries.

The programme was inclusive and accessible. It actively engaged children and young people from diverse communities and circumstances. Removing financial and practical barriers helped reduce inequalities in access. The programme strengthened children and young people's sense of belonging, pride and connection to the borough. Trusting them to lead and create has resulted in young people reporting increased confidence, resilience and belief in their own capabilities.

Participation in creative and physical activity supported positive mental health, social skills and developmental outcomes. The programme also created safe, welcoming spaces for self-expression and social connection. Skills development and employment pathways provided young people with greater control over their futures.



Children's Capital of Culture has helped young people to develop skills and get creative.

Children's Capital of Culture demonstrates strong delivery against Aim 1 of the Health and Wellbeing Strategy. It enables children and young people to play a leadership role in shaping cultural activity and decision-making. The programme promoted positive wellbeing, social connection and access to new experiences from early childhood through to young adulthood. It also reduced inequalities by providing free and accessible activity in communities.

The programme leaves a legacy by embedding younger voices into planning for cultural and education events. Young people reported increased confidence, a stronger sense of belonging, and pride in shaping activities that reflect their communities. It demonstrates the value of listening to children and young people as active contributors to population health and wellbeing. Children's Capital of Culture has driven an early intervention approach to addressing long-term health outcomes. It has also championed Rotherham's ambition to be a place where every child and young person can thrive.

AIM 2: Support the people of Rotherham to live in good and improving physical health throughout their lives, accessing and shaping the services and resources they need

National Neighbourhood Health Implementation Pilot
(April 2026 - April 2027)

Rotherham was formally accepted onto the National Neighbourhood Health Implementation Programme in September 2025. This is a national pilot looking to accelerate neighbourhood-based working. It aims to increase proactive and preventative care. A Neighbourhood Compact Agreement was signed in December 2025. This set out shared principles, roles and ways of working across partners.



The National Neighbourhood Health Leads visit Rotherham and South Yorkshire Neighbour Doncaster pilot sites.

The programme aims to promote collaboration between health and community partners. It seeks to better meet the needs of residents, particularly those with multiple long-term conditions and those at risk of poor health. In November 2025, the Health and Wellbeing Board agreed to act as a feedback loop for the pilot.

The pilot officially launched in April 2026. It is being used in Rotherham to build on existing neighbourhood models and community assets. This supports the delivery of preventative treatment. It will reduce health inequalities and improve physical health outcomes across the life course.

The pilot focuses on adults with multiple long-term conditions or rising risk due to deprivation and health inequalities. Its proactive care models aim to identify people earlier. They provide personalised support before health deteriorates. Local partners are using the pilot to support broader prevention activity. This includes work on diabetes, heart health, smoking, obesity and hypertension.

As a result, residents at higher risk of poor physical health are being identified earlier. They are supported in their local communities. This supports care closer to home and helps people to manage conditions, stay independent and avoid unnecessary hospital care. Targeted prevention activity aims to reduce the burden of long-term conditions in areas experiencing the greatest health inequalities. Communities and partners are actively shaping delivery. This ensures neighbourhood models reflect local assets, needs and priorities.

The Neighbourhood Health Working pilot demonstrates progress against Aim 2 of the Health and Wellbeing Strategy. It promotes proactive and preventative approaches to physical health. By supporting residents to access easy-to-understand services and addressing health inequalities, the pilot is strengthening community and system capacity. It helps support long-term physical health and independence. This is embedding a culture of place based, person centred care across health and care partners.

Over the course of the pilot, partners will continue to test and refine neighbourhood approaches to health. This experience will inform future development. The Health and Wellbeing Board will continue to support this process. It will promote conversations to support a more preventative and integrated system. The pilot will engage with Rotherham residents to champion community voice during its programme.

Winter Plan



The Winter Plan for 2025 saw all successful schemes integrated into business-as-usual practice moving forward.

Rotherham's Winter Plan set out how health and care partners work together to prepare for increased demand. It also outlined how they manage the complexity associated with winter pressures. This was presented to the Health and Wellbeing Board in November 2025. It demonstrates how the Board updates system leaders on borough-wide plans. The Plan was coordinated by the ICB. It was delivered through a strong place-based partnership involving the Council, NHS providers, primary care and the voluntary sector.

From November to March, the Winter Plan determined how the system responded to respiratory illness and increased demand on urgent and emergency care. It also addressed the impact of cold weather on vulnerable residents.

The Winter Plan was jointly developed across local partners. These included The NHS Foundation Trust, Primary Care Services, Council Mental Health Services and Voluntary Action Rotherham. It is a co-produced piece of work. It allows partners to learn from successful approaches used in previous years.

For 2025/26 this included investment in out of hospital services to enable more people to be safely supported at home. An Acute Respiratory Infection Hub was also brought forward to respond to early increases in flu and respiratory illness. A vaccine immunisation programme against a range of diseases, including flu, was delivered with a focus on protecting vulnerable groups and the health and care workforce. This included Flu vaccines.

The opening of a new Same Day Emergency Care unit, alongside additional clinical, pharmacy and support staff, also helped relieve pressure on hospital services. Investment from the Better Care Fund strengthened joint working between health and care services across the winter period.

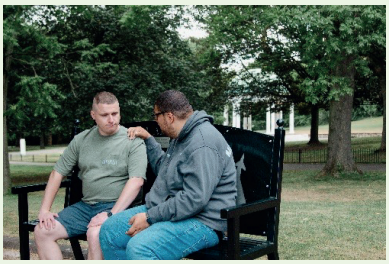
Targeted support for residents experiencing mental health crises was strengthened over the winter period with enhanced crises responses and extended safe space provision. This was part of a whole family approach that supported those most at risk during periods of heightened pressure on services.

There were many successes noted over the course of the winter plan. These included a reduction in ambulance wait times for major issues from 35 minutes to 30, a reduction in patients waiting over 12 hours for admission or discharge, and a reduction in waits of over 24-hours for mental health care.

The Winter Plan demonstrates clear progress against Aim 2 of the Health and Wellbeing Strategy by supporting residents to maintain their physical health during periods of increased risk. The measures taken ensured continued access to urgent and emergency care over a busy period for healthcare services. The health and wellbeing system comes together to support frontline services during a period of increased pressure. Winter planning in Rotherham continues to develop annually through conversations at the Health and Wellbeing Board as it allows system leaders to learn from their previous conversations to improve future responses.

AIM 3: Support the people of Rotherham to live in good and improving mental health throughout their lives, accessing and shaping the services and resources they need

Be The One Campaign



The Be the One Campaign allowed those with real life experiences to share them with others to spread awareness.

Be The One is Rotherham's suicide prevention and mental health awareness campaign. It was launched on World Suicide Prevention Day and encourages people to talk, listen and care. It supports residents recognise signs of mental distress and to feel confident and act early when someone may be struggling.

The campaign was endorsed by the Health and Wellbeing Board in March 2025, and delivery supported by Board partners throughout 2025/26. The launch event at Arc Cinema on Forge Island in September 2025 brought together partners, community organisations and residents to reinforce suicide prevention as a collective responsibility instead of a clinical issue. The launch event included users of the Be the One service sharing their own personal experiences. Organisations were invited to commit to action and embed the campaign across workplaces. Attendees reported feeling more confident recognising when someone may be struggling and more willing to start conversations about mental health.

Be The One looks to create a shared message across Rotherham to normalise conversations about mental health and suicide prevention. It promotes the idea that anyone can intervene, whether a friend, family member, colleague or professional, by listening.



The Be the One Campaign looks to normalise mental health issues and encourage better prevention support before people reach crisis point.

By encouraging early recognition of mental health crises, the campaign supports timely signposting to local support and services. This encourages a wider approach to improve access to mental health support. An early recognition approach aligns with the Health and Wellbeing Board's commitment to the Prevention Concordat for Mental Health.

Be the One will make residents better equipped to recognise distress and feel more confident starting conversations about mental health. The campaign supports a culture shift towards seeking help being more actively encouraged and stigma being challenged. Earlier intervention will help prevent the escalation of crises whilst supporting people's recovery and reducing the impact on individuals, families and communities.

The Be The One campaign supports progress against Aim 3 of the Health and Wellbeing Strategy by promoting good mental health and emotional wellbeing support. This is done by encouraging early intervention and prevention. It improves awareness of how and where to access support in Rotherham whilst reducing stigma and strengthening community confidence to talk about mental health.

Policy Proofing Work



RDaSH set out its poverty proofing commitments in its July 2025 Promises Report.

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) has been working on recognising the link between poverty, financial insecurity and poor mental health outcomes. People experiencing poorer mental health are more likely to experience issues such as debt, unemployment, housing insecurity and food poverty. Financial stress can also exacerbate or trigger mental health difficulties.

RDaSH has committed to a poverty proofing approach across their mental health services in Rotherham. This work uses the lived experiences of people using services to identify where current systems unintentionally create financial hardship. Changes are then made based on these findings to reduce avoidable costs and barriers to care.

RDaSH has worked in partnership with service users, carers, frontline staff and partners to understand the design and delivery of mental health services. This work has explored whether appointment locations, times or expectations create additional costs for people on low incomes. It also considers the impacts of travel requirements, missed appointment policies, or prescription charges affect access to care. Routine support to access financial advice, welfare benefits or practical help at the point of need were also considered.

The results showed that concerns for some are the cost of transport to appointments, a lack of access to digital resources, and limited awareness of financial support. These concerns significantly affected engagement with mental health services. Stress and anxiety caused by financial pressures were not always recognised or addressed.

Many practical changes were introduced in response. Clearer information about travel options and reimbursement was provided. Increased community-based outreach appointments were offered. Stronger referral pathways for additional support were assured and increased staff awareness of poverty as a mental health risk factor.

The work has helped reduce practical and financial barriers to accessing mental health support, particularly for people living in the most deprived communities. By recognising financial stress as a factor in mental health, services can provide more compassionate support. People reported feeling better understood and not blamed for missed appointments or difficulties engaging. Feedback sessions were offered to service users to capture their feedback and discuss findings collaboratively.

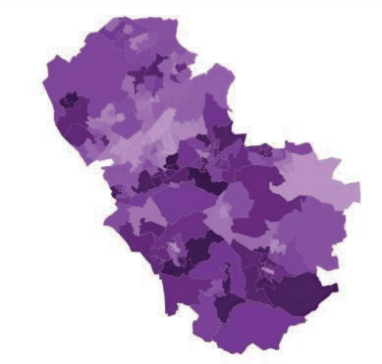
This poverty proofing work demonstrates strong delivery against Aim 3 of the Health and Wellbeing Strategy by supporting good and improving mental health through tackling a key driver of distress in financial insecurity. This has allowed RDaSH to improve access to services by reducing practical and cost barriers that disproportionately affect people on low incomes. This has been done by embedding lived experience into this process so that services are shaped by the voices of people who use them. This not only addressed inequalities but also recognised that poverty and mental ill health are intricately linked and require joined up solutions.

This is part of a shift away from traditional health responses towards a more open-ended approach to mental wellbeing. Embedding poverty proofing into RDaSH services will support people to access and remain engaged in mental health services whilst strengthening links between health care services and community support. This is a strong example of system leadership in action. It demonstrates how mental health services can adapt to better meet the needs of residents and contribute to long-term improvements in wellbeing and equity across Rotherham.

AIM 4: Sustain an environment where detrimental impacts from commercial and wider determinants of health are reduced and opportunities for healthier living are nurtured

Healthy Homes Plan

In September 2025, the Health and Wellbeing Board endorsed the Healthy Homes Plan for 2025 and the Housing Strategy 2025–2030. This allowed members to consider issues that sit outside of their traditional remit. Partners considered how organisations can improve health outcomes for residents by considering the wider determinants of health.



RDaSH set out its poverty proofing commitments in its July 2025 Promises Report.

The Healthy Homes Plan outlined the impact of poor housing conditions as a major driver of health inequality. Excess cold, damp, mould, and fuel poverty were explained as linked to respiratory illness, cardiovascular disease, poor mental health and reduced healthy life expectancy. These were discussed as issues that disproportionately affect residents living in more deprived communities and contribute to residents relying on health and care services.

This enabled the Board to have productive conversations considering ways partners can support people. These included reducing fuel poverty, improving energy efficiency, tackling damp and mould, and preventing housing related illness through upstream intervention.

Conversations such as this one support the Health and Wellbeing Board to deliver Aim 4 of the Health and Wellbeing Strategy by addressing a key social determinant of health. Considering issues such as housing quality and affordability rather than limiting conversations about responding to downstream illness shifts focus to reducing health inequalities. This is due to fuel poverty and poor housing conditions being more prevalent in deprived areas. This approach sees the Board include colleagues from outside of the Board membership to champion a Health in All Policies approach.

This conversation at the Health and Wellbeing Board helped to incorporate more voice into the development of the Healthy Homes Plan. This was done by contributing the insight of several partner organisations that work with and listen to the concerns and views of vulnerable Rotherham residents. This acted as a testing opportunity for the effectiveness of a health and wellbeing related strategic document.

The Health and Wellbeing Board used its influence to guide partners through its conversation about the Healthy Homes Plan. Preventing housing related ill health will support healthier and more resilient communities. This will ensure the Board focusses on contributing to long-term sustainability of the health and care system.

Strengthening Community Resilience through the Voluntary and Community Sector

In November 2025, the Health and Wellbeing Board had an extended conversation about the impact and influence of the Voluntary, Community and Social Enterprise (VCSE) sector on the health and wellbeing system. This focused on the VCSE sector playing a critical role in addressing these wider determinants. It also included considering their role in supporting people before problems escalate to crises and how the Board can utilise this role better moving forward.

VCSE colleagues noted their awareness of problems such as social isolation, poverty, housing insecurity, digital exclusion and lack of access to advice. These are all significant contributors to poor health and widening inequalities in Rotherham. Many of these issues sit outside the direct control of health services but strongly influence physical and mental wellbeing. The VCSE organisation highlighted their value in inputting resident voice by utilising trusted relationships within communities. Their ability to reach individuals who may not engage with statutory services is invaluable to the Health and Wellbeing Board conversations.

The Board recognised VCSE organisations as core health-creating infrastructure, rather than supplementary or short-term provision. This conversation helped to understand the unique position of the VCSE sector in relation to tackling cost-of-living pressures, reducing isolation and loneliness, improving access to advice, advocacy and support, and strengthening community networks in areas of highest need.



Voluntary Action Rotherham and other VCSE organisations emphasised their value in connecting partners to the voices of residents and their communities.

The VCSE sector work demonstrates delivery of Aim 4 of the Health and Wellbeing Strategy. Their work frames the wider determinants of health to include financial insecurity, social isolation and access to support. This helped to explore avenues of building resilient communities rather than relying solely on statutory services. This better supports prevention and early intervention and reducing escalation to crises services or long-term dependency.

This illustrates how the Health and Wellbeing Board can use its system leadership role to shift focus from reactive responses to resilience and prevention. The conversation involved members in a conversation around valuing and aligning VCSE activity with population health priorities. By doing this the Board set the tone for future work in supporting healthier communities through social connection.

ITEMS FROM MEETINGS JUNE 2025 – MARCH 2026

The following items were presented and discussed at the five Rotherham Health and Wellbeing Board meetings over 2025/26. A record and all materials from each meeting can be accessed **here**.

25th June 2025

- Rotherham Breastfeeding Friendly Borough Declaration
- Joint Strategic Needs Assessment
- Rotherham Suicide Prevention and Self Harm Action Plan 2025-28
- Health and Wellbeing Annual Report 2024/25
- Health and Wellbeing Board Terms of Reference.

24th September 2025

- Director of Public Health Annual Report
- Healthy Homes Plan
- Tobacco Control Update
- Child Death Overview Panel Annual Report 2024/25
- Pharmaceutical Needs Assessment
- Evaluation of the 3-4 Months Health Visit Check.

25th November 2025

- 2025/26 Water Plan
- Working with the Voluntary and Community Sector to Provide a More Integrated Approach to Care
- School Survey Analysis
- Health and Wellbeing Strategy Update
- Health Protection Annual Report
- Rotherham Food Network
- Neighbourhood Working.

28th January 2026

- Family Hubs Update
- Health and Wellbeing Strategy Update
- The Borough That Cares All-Age Strategy 2026-31
- Public Mental Health Action Plan
- Foetal Alcohol Spectrum Disorder Project.

1st April 2026

- Combatting Drugs Partnership Update
- Loneliness Action Plan Refresh
- Health and Wellbeing Strategy Update
- Ethnicity and Unequal Ageing Programme: Experiences in Rotherham and Sheffield

Over the course of 2026/27 the Health and Wellbeing Board is planning to focus on a range of topics including but not limited to:

- Moving Rotherham
- Suicide Prevention
- Breastfeeding Friendly Borough
- Tobacco Control
- Carers
- Health Protection
- Rotherham Food Network
- Best Start Local Plan
- Public Mental Health
- Combatting Drugs
- Loneliness
- Prevention and Health Inequalities.

LOOKING AHEAD

The ambition for 2026/27 is to build upon the progress from this report and to deliver the following:

- Carry out the agreed Action Plan which sets out the core activities that the Board will oversee in 2026/27
- Continue to work collaboratively as a partnership to monitor the delivery of activities to meet the Aims and measure against the priorities of our Strategy
- Continue to support and accommodate the ongoing changes across the South Yorkshire Integrated Care System and ensure we continue to deliver against our Aims in the new and emerging landscape
- Influence other bodies and stakeholders, including those with a role in addressing the wider determinants of health, to embed health equity in all policies across Rotherham
- Continue to focus on reducing health inequalities between our most and least deprived communities
- Champion positive news stories coming from across the health and wellbeing network and share best practice across partners
- Continue to produce an annual report each year with case studies, giving people the chance to hear about what the Board has achieved and the impact it has had.

CONCLUSION

The 2025/26 Annual Report marks an important milestone as the first developed under the Rotherham Health and Wellbeing Strategy for 2025–30. This new Strategy has provided an opportunity to refresh and realign our approach by reviewing and updating our strategic priorities and Action Plan.

This renewed Action Plan sets out a strengthened programme of work, designed to maximise opportunities for meaningful and sustainable impact. It emphasises collaboration across partners, promotes innovation in tackling health inequalities, and supports a more integrated approach to improving health and wellbeing outcomes. By building on previous achievements, we aim to drive forward progress in a way that is both responsive and forward-looking.

The Health and Wellbeing Board remains committed to its leadership role in championing system-wide change. This includes fostering stronger partnerships across health, care, and community sectors, influencing the wider determinants of health, and ensuring that the voices of Rotherham residents are central to decision-making. Through this collective effort, the Board will continue to advocate for and enable changes that lead to improved, equitable health and wellbeing outcomes for all residents of Rotherham into the future.

ACRONYMS

BCF – Better Care Fund

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICS – Integrated Care System

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

ONS – Office for National Statistics

OHID – Office for Health Improvement and Disparities

PNA – Pharmaceutical Needs Assessment

RDaSH – Rotherham, Doncaster and South Humber NHS Foundation Trust

RMBC – Rotherham Metropolitan Borough Council

RNN – Rotherham and Notts Network

TRFT – The Rotherham Foundation Trust

VAR – Voluntary Action Rotherham

VCSE – Voluntary, Community and Social Enterprise (Sector)

KEY TERMS

Action Plan – Detailed plan outlining actions, responsibilities, and measures

Best Start and Beyond Framework – Local strategic approach focused on improving outcomes for children and families, particularly in the early years

Better Care Fund – National funding programme supporting integration between health and social care services

Deprivation – Lack of resources such as income, housing, or opportunities

Determinants of Health (Wider Determinants) – Social, economic, and environmental factors influencing people's health, such as housing, employment, education, and income

Early Intervention – Providing support at an early stage to prevent problems from becoming more serious or requiring more intensive services later

Family Hubs – Community-based centres that provide integrated support services for children, young people, and families

Health Inequalities – Unfair and avoidable differences in health outcomes between different groups of people, often linked to deprivation or social disadvantage

Health in All Policies – Approach that ensures health and wellbeing are considered in decision-making across all policy areas, not just healthcare

Healthy Life Expectancy – The number of years a person can expect to live in good health, without significant illness or disability

Integrated services – Different organisations working together in a joined-up way

Limiting Long-Term Condition – A chronic illness or disability that affects a person's daily activities over a long period

Neighbourhood Working/ Neighbourhood Health – Approach to delivering services at a local level, bringing together health, care, and community services to meet the needs of specific populations

Place-Based Working (Place Partnership) – Collaborative approach where organisations work together within a specific geographic area to improve outcomes for the local population

Prevention – Actions taken to reduce the likelihood of health problems occurring or worsening

Safeguarding – Protection of children and adults from abuse, neglect, and harm, ensuring safety and wellbeing

Social Determinants (of Health) – Another term for wider determinants of health, focusing on how living conditions influence wellbeing

System Leadership – Leadership that brings together multiple organisations and sectors to work collaboratively towards shared goals

Resilience – Ability of individuals or communities to cope with challenges

Universal Offer – Service or programme that is available to everyone, regardless of need or background

Upstream Intervention – Early action addressing root causes of issues before they cause more serious problems

Voluntary Sector Infrastructure – Networks, organisations, and systems that enable voluntary and community groups to operate effectively

Whole-System Approach – Coordinated way of working across organisations and sectors to address complex issues such as health inequalities

Ward - a local area within a council, represented by elected councillor(s).

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